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ON KNOWLEDGE REGARDING IMPORTANCE OF MAINTAINING PROPER BODY POSTURE AMONG OFFICE EMPLOYEES OF KOLLAM.

Nursing

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ABSTRACT

Introduction:- Body mechanics is a term that indicates a coordinated effort of the musculoskeletal and nervous systems to maintain balance, posture, and body alignment in daily life, which is directly related to effective bodily functioning. Improper working posture increases the risk of damage to the body. Body mechanics refers to the method of efficiently using the body when making movements, such as bending the body, lifting a heavy object or person, stretching an arm, sitting, standing, or lying while performing tasks.

Materials and methods

- **Research approach and design:** One group pre test post test research design was used to conduct the study.
- **Sampling technique:** purposive sampling method was adopted.
- **Sample:** 29 office employees of Kollam.
- **Tool:** structured knowledge questionnaire was used to assess the knowledge regarding the importance of maintaining proper body posture among employees.

Result: The data shows that out of 29 samples 57.93 belongs to 41-50 years of age group, 58.62 percentage were males, 41.37 were having education post graduation, 75.86 were married, 37.93 were having, 68.96 percentage were belongs to nuclear family, 65.51 were belongs to APL, 37.93 had BMI between 29-39.

Conclusion: the findings of the study revealed that there was statistically significant difference in the knowledge of the importance of maintaining proper body posture among employees. the present study indicated that there was a significant difference between mean pretest and post test knowledge score regarding knowledge of the importance of maintaining proper body posture among employees. Since the calculated t value 1.89 is greater than the p value 0.03398, at 0.05 level of significance, the research hypothesis is accepted and video assisted teaching is found to be effective at kollam.

KEYWORDS

Video assisted teaching, Knowledge, Body posture, Office employees

INTRODUCTION

Poor body mechanics are often the cause of back problems. When we don't move correctly and safely, the spine is subjected to abnormal stresses that over time can lead to degeneration of spinal structures like discs and joints, injury, and unnecessary wear and tear. Good body mechanics are based on good posture. Good posture means the spine is in a "neutral" position - not too rounded forward and not arched back too far. Being aware of your posture during all of your daily activities is the best way to ensure you are using good body mechanics.

Low back pain is an important public health problem in all industrialized countries. It remains the leading cause of disability in persons younger than 45 years old and comprises approximately 40% of all compensation claims in the United States. More than one-quarter of the working population is affected by LBP each year with a lifetime prevalence of 60-80% and a large percentage of LBP claims for long durations (more than 90 workdays lost). With the rapid development of modern technology, sitting has now become the most common posture in today's workplace.

MATERIALS AND METHODS

quantitative approach One group pre test post test research design was used in this study. Purposive sampling technique was applied for the selection of samples, sample were 29 office employees to assess the effectiveness of video assisted teaching on knowledge regarding importance of maintaining proper body posture at Kollam, prior to data collection a formal return permission was obtained from the institution the purpose of the study was explained to the sample, pretest was done on the first day followed by video assisted teaching on knowledge regarding importance of maintaining proper body posture and the post test was conducted on the 7th day. The data collection terminated by thanking the participants for their co-operation the data collected was then compiled for analysis.

RESULT:

SECTION I

Description of demographic variables.

This section deals with the frequency and the percentage distribution of demographic variable

Samples according to their age- The data shows that out of 29 samples 3.44% belongs to age group of 20-30 years, 34.48% belongs to 31-40 years, 37.93% belongs to 41-50 years of age and 20.68% belongs to 51-60 years of age group.

Samples of according to their sex- 58.62 percentage were males and 41.37 were females.

Samples of according to their education- 17.24 percentage have diploma, 37.93 have degree and 41.37 were having post graduation.

Samples according to their marital status- 75.86 were married, 20.68 were unmarried and 3.44 are widow.

samples of according to their job experience- 17.24% were having 1-5 years of experience, 24.13% were having 6-10 years of experience, 37.93% were having 11-15 years of experience and 24.13% percentage were having above 15 years of experience.

Samples of according to their Family- 31.34% were in joint family and 68.96% percentages were belongs to nuclear family.

Samples of according to their economic status- 34.48 were belongs to BPL and 65.51 were belongs to APL.

Samples of according to their previous knowledge- Out of 29 samples majority of the samples were not having any

previous knowledge

samples according to their Body Mass Index-37.93% were having BMI between 29-39 and 62.68% were having BMI between 40-50.

SECTION 2

Analysis of knowledge regarding proper body posture.

Table 1: Frequency and percentage distribution of pre test knowledge regarding the importance of maintaining proper body posture among employees. (N=29)

Score	Frequency	Percentage
Moderate	01	3.44%
Average	28	96.55%
Good	0	0%

The data presented in the table 1 show that out of 29 samples 3.44% had moderate knowledge and 96.55% had average knowledge.

Table 2: Frequency and percentage distribution of post test knowledge regarding the importance of maintaining proper body posture among employees. (N= 29)

Level of Knowledge	Frequency	Percentage
Moderate	0	0
Average	20	68.96%
Good	9	31.03%

The data presented in the table 2 shows that out of 29 samples 68.96% have average knowledge and 31.03% have good knowledge. No one have moderate knowledge.

Table 3: Effectiveness of video assisted teaching module. (N= 29)

	Mean (x)	Standard Deviation	T
Pre test	13.34	2.32	1.89
Post test	14.93	3.44	

The table shows that in the pre test the mean is 13.34 and the standard deviation is 2.32. In the post test the mean is 14.93 and the standard deviation is 3.44.

Since the calculated t value 1.89 is greater than the p value 0.03398, at 0.05 level of significance, the research hypothesis is accepted and video assisted teaching is found to be effective.

SECTION 4

To find out the association of knowledge regarding the importance of maintaining proper body posture among office employees with selected demographic variables.

Table 1: Chi square value showing association of knowledge regarding the importance of maintaining proper body posture among office employees with selected demographic variables (N= 29)

Sl. No	Demographic variables	Knowledge			Chi square values	Level of significance
		Moderate	Average	Good		
1.	Age				1.603	NS
	20-30	0	1	0		
	31-40	0	10	0		
	41-50	1	11	0		
2.	Sex				1.467	NS
	Male	0	17	0		
	Female	1	28	0		
3.	Education				3.970	NS
	Diploma	1	5	0		
	Degree	0	11	0		
4.	Marital Status				0.330	NS
	Married	1	21	0		
	Unmarried	0	6	0		

5.	Job experience				1.787	NS
	1-5 years	0	5	0		
	6-10 years	0	7	0		
	11-15 years	1	10	0		
6.	Family				2.302	NS
	Joint	1	8	0		
	Nuclear	0	20	0		
7.	Economic status				0.545	NS
	BPL	0	10	0		
	APL	1	18	0		
8.	Previous knowledge				0.166	NS
	Yes	0	4	0		
9.	BMI				-	NS
	29-39	0	11	0		
	40-50	0	18	0		

DISCUSSION

A longitudinal observational study of back pain incidence, risk factors and occupational physical activity in Swedish marine trainees to evaluate the occurrence of low back pain (LBP) and LBP that limits work ability, to identify their potential early risks and to quantify occupational physical activity in Swedish Armed Forces marines during their basic 4 month marine training course. In the present study assess the effectiveness of video assisted teaching on knowledge regarding importance of maintaining proper body posture among office employees. Participants Fifty-three Swedish marine trainees marines entering the training course. In the present study 29 office employees were selected with purposive sampling technique. Results During the training course, 68% of the marines experienced at least one episode of LBP. This yielded a LBP and LBP limiting work ability incidence rate of 13.5 (95% CI 10.4 to 17.8) and 6.3 (95% CI 4.2 to 10.0) episodes per 1000 person-days, respectively. Previous back pain and shorter body height (≤ 1.80 m) emerged as independent risks for LBP (HR 2.5, 95% CI 1.4 to 4.3; HR 2.0, 95% CI 1.2 to 3.3, respectively), as well as for LBP that limited work ability (HR 3.6, 95% CI 1.4 to 8.9; HR 4.5, 95% CI 2.0 to 10.0, respectively). Furthermore, managing fewer than four pull-ups emerged as a risk for LBP (HR 1.9, 95% CI 1.2 to 3.0), in the present study the pre test shows that out of 29 samples 3.44% had moderate knowledge and 96.55% had average knowledge and the post test knowledge score was 68.96% had average knowledge and 31.03% have good knowledge. No one have moderate knowledge, while physical training of fewer than three sessions per week emerged as a risk for LBP that limited work ability (HR 3.0, 95% CI 1.2 to 7.4). More than 80% of the work time measured was spent performing low levels of ambulation; however, combat equipment (≥ 17.5 kg) was carried for more than half of the work time. Incidents of LBP are common in SwAF marines' early careers. The link between LBP and previous pain as well as low levels of exercise highlights the need for preventive actions early on in a marine's career. The role of body height on LBP needs further investigation, including its relationship with body-worn equipment, before it can effectively contribute to LBP prevention. In the present study the effectiveness of video assisted teaching shows that in the pre test the mean is 13.34 and the standard deviation is 2.32. In the post test the mean is 14.93 and the standard deviation is 3.44. Since the calculated t value 1.89 is greater than the p value 0.03398, at 0.05 level of significance, the research hypothesis is accepted and video assisted teaching is found to be effective. The calculated value was greater than the table value at 0.05 levels of significant

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EFFECT OF INDIVIDUALIZED MEDICATION EDUCATION PROGRAMME ON KNOWLEDGE AND DRUG TAKING CHARACTER AMONG CARDIAC PATIENTS IN BISHOP BENZIGER HOSPITAL



Nursing

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ABSTRACT

Introduction: Patients with coronary disease who understand the rationale behind recommended life style changes and recognize the potential benefits that can result are more likely to cooperate with physician in implementing treatment. Setting goals, outlining methods for achieving these goals and monitoring the patient progress are also critical to the success of life style modification strategies.

Materials and Methods

- **Research approach and design:** Quantitative approach with Pre-experimental one group pretest posttest design was used in this study.
- **Sampling technique:** Purposive sampling technique was applied for the selection of samples.
- **Samples:** Samples were 50 cardiac patient who attended in Outpatient Department at Bishop Benziger Hospital, Kollam.
- **Tools:** Structured Knowledge Questionnaire was used to assess the effect of individualized medication education programme on knowledge and drug taking character among cardiac patient in Bishop Benziger Hospital

Results: The data were analyzed using both descriptive and inferential statistics on the basis of the hypotheses of the study. The findings of the study shows that there was a significant increase in mean posttest knowledge score of the sample ($P < 0.0001$) regarding individualized medication education programme among cardiac patient in Bishop Benziger Hospital. The study results shows that mean posttest knowledge score of selected samples (13.98) was higher than the mean pretest score (9.28). The calculated value was greater than the table value at 0.0001 level of significance.

Conclusion: The findings of the study revealed that there was statistically significant difference in the knowledge of cardiac patients regarding drug taking character before and after the administration of the intervention in the selected samples. The present study indicated that there was a significant difference between mean pretest and posttest knowledge score regarding individualized medication education programme among cardiac patient in Bishop Benziger Hospital.

KEYWORDS

Coronary disease, life style modification

INTRODUCTION

Cardiac disease generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as those that affect your heart muscles, valves or rhythm, are considered forms of heart disease. Cardiac diseases are the number one cause of death worldwide, with an estimated 17.7 million deaths in 2015, with around 7.4 million (over 41%) of these due to specifically to CHD and about 6.7 million (just over 39%) specifically due to stroke (WHO 2017). According to centre for disease control, heart disease is the leading cause of death in the United Kingdom. Heart disease had topped the chart in Kerala in 1990 and also now in 2016. A substantial aspect of health literacy is the knowledge of prescribed medication. In chronic heart failure, incomplete intake of prescribed drugs (medication non-adherence) is inversely associated with clinical prognosis.

MATERIALS AND METHODS

Quantitative approach with Pre-experimental one group pretest posttest design was used in this study. Purposive sampling technique was applied for the selection of samples. Samples were 50 cardiac patients who attended in Outpatient Department at Bishop Benziger Hospital, Kollam. Structured Knowledge Questionnaire was used to assess the effect of individualized medication education programme on knowledge and drug taking character among cardiac patient in Bishop Benziger Hospital. Prior to data collection a formal written permission was obtained from the head of the institutions. The purpose

of the study was explained to the samples. Purposive sampling technique was used to select the participants. Written consent was taken from the participants. Pretest was done on the first day followed by individualized medication education programme (Day 1) to all the samples and posttest on the 7th day. The data collection was terminated by thanking the participants for their co-operation. The data collected was then compiled for analysis.

RESULTS

Frequency and percentage distribution of demographic data

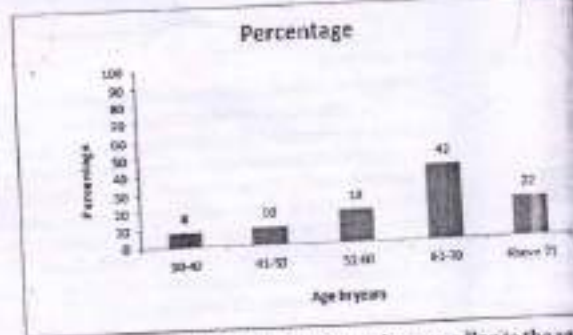


Figure 1. Percentage distribution of samples according to the age



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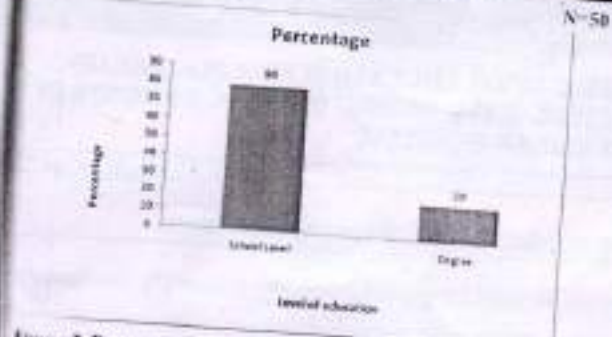


Figure 2. Percentage distribution of samples according to the level of education

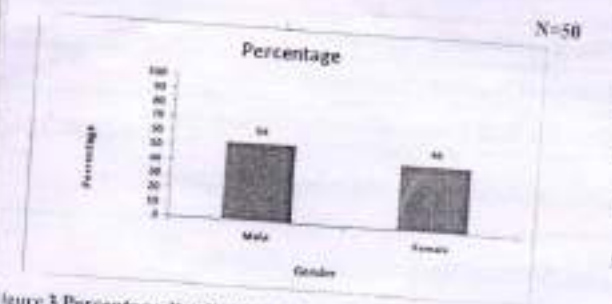


Figure 3. Percentage distribution of samples according to gender

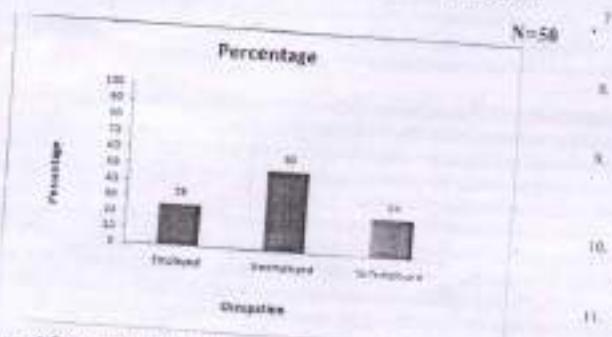


Figure 4. Percentage distribution of samples according to occupation

Table 1. Frequency and percentage distribution of knowledge

Level of knowledge	Pre test		Post test	
	Frequency	Percentage	Frequency	Percentage
Poor (0-5)	6	12%	0	0%
Average (6-10)	25	50%	1	2%
Good (11-15)	19	38%	49	98%

Table 2. Mean, Standard Deviation and t value of pretest and posttest knowledge score after individualized education programme

Group	Mean	Standard Deviation	t value
Pretest	9.28	2.73	9.30889
Posttest	13.98	1.74	

DISCUSSION

In a prospective randomized controlled study by Cabezas et al, nurses delivered a year-long educational intervention to 131 participants after discharge to improve adherence rates. In this study, 70 participants were assigned to the intervention group and 61 to the control group. In the present study 50 participants were selected with purposive sampling technique. The intervention group received education from the nurses and telephone follow-up every month for the first 6 months and every 2 months for the remainder of the study. The control group received regular care with a telephone follow-up. In the present study the participants received individualized education programme. Medication adherence rates were measured by pill count. The patients

were classified as reliable (taking 95%-100% of prescribed doses), partially reliable (85%-95%), and not reliable (<85%). The intervention group had a medication adherence rate of 85% at 12 months, while the control group had an adherence rate of 73.9%. Also, the intervention group had only 410 days of hospital stay, while the control group had a total of 611 days of hospital stay. The differences in medication adherence and hospital days were not significant for this study due to positive effect on participating in a research study. Participants in the intervention group had a lower mortality rate than those in the control group (29.7% vs 12.9%, P=0.017). The effect of individualized medication education programme on knowledge and drug taking character among cardiac patients were assessed. The study results shows that mean posttest knowledge score of selected samples (13.98) was higher than the mean pretest score (9.28). The calculated value was greater than the table value at 0.0001 level of significance.

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A Study to Assess Effectiveness of an Interventional Programme on Knowledge Regarding Use of Amruthum Nutrimix Among Mothers of Under Five Children in Selected Urban Anganwadis of Kollam, Kerala

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Abstract: The amruthum nutrimix is a health supplement provided by ICDS to satisfy nutritional requirements of the children of Kerala between the age group of 6 months to 3 years. Under nutrition in children is a wide spread health problem in our country. ICDS address the problem of malnutrition has been unsuccessful even after three decades of implementation. Amruthum nutrimix given to underfive children is not utilized due to tedious mode of preparation and unlikable taste. During the period of community health nursing posting, the researcher visited an anganwadi in Palithottam where majority of the student children will come to anganwadi at morning with pre processed food packets like bingo, lays and kurture though each student was the benefactor of amruthum nutrimix. Many parents do not have enough knowledge concerning the nutritive value of it. They use them as poultry feed or wasting the product without knowing its utility. So researcher felt the need to provide awareness regarding the proper use amruthum nutrimix. Quantitative research approach, pre experimental one group pretest posttest design was used in research. The results of the study showed that, the mean pretest score of experimental group is 6.15 ± 1.90 and posttest score of experimental group is 12.73 ± 2.01 . And calculated 't' value 23.87 is greater than table value at 0.05 level of significance. There was no significant association between levels of knowledge and demographic variables such as age of mother, religion, occupation, education, type of family and annual income. Since the tabulated values were more than calculated value at 0.05 level of significance. The study concluded that, the calculated 't' value 23.87 is greater than table value at 0.05 level of significance. So there is a significant difference in posttest knowledge scores before and after intervention. This shows that the interventional programme is effective in improving knowledge regarding use of amruthum nutrimix among mothers of under five children in selected urban anganwadis. There was no significant association between levels of knowledge and demographic variables such as age of mother, religion, occupation, education, type of family and annual income. Since the tabulated values were more than calculated value at 0.05 level of significance.

INTRODUCTION

The word "Nutrition" is derived from the word 'nourish' which means that the food consumed by us and all the reactions involved in it for better health. Moreover, nutrition is a major factor for assessing the health status of an individual, family and community. [1-2] According to world health organization the number of people in the world suffering from hunger is 815 million. In Asia it is 520 million. [3] According to Global Hunger Index report of 2017, India was seen in the top hundred ranking, indicating a high time for address this issue. [4] According to World Hunger Index statistics, the severity of hunger and malnutrition in Kerala is the second lowest in India and is considered to be serious. 19% of children are underweight and 28.6% are undernourished. [5] The Integrated Child Development Services [ICDS] scheme is a government initiative started by Government of India in 1975 with the aim of all round development of underfive children. [6] Supplementary nutrition is one of the services provided under ICDS which is formulated to bridge the gap between recommended dietary allowance and average daily intake. [7] The Amruthum Nutrimix is a health supplement provided by ICDS to satisfy nutritional requirements of the children of Kerala between the age group of 6 months to 3 years. ICDS address the problem of malnutrition has been unsuccessful even after three decades of implementation. Amruthum Nutrimix given to underfive children is not

utilized due to tedious mode of preparation and unlikable taste. [1]

The objectives were the study to assess the knowledge regarding use of Amruthum Nutrimix among mothers of under five children in selected urban anganwadis of Kollam, to assess the effectiveness of interventional programme on knowledge regarding use of Amruthum Nutrimix among mothers of under five children and to find the association between pretest knowledge score and selected demographic variables.

A study was published in National Journal of Nutrition on innovative products using Amruthum Nutrimix and its popularization among mothers done by Subhasree *et al.* [8] This study showed that the mix can be incorporated or made into a variety of dishes rather than give it's as just as porridge. They made various dishes with Amruthum Nutrimix. Among 20 preparations, vegetable roll, mixture and pakkavada had the highest scores [4.96] for appearance. Vegetable roll was the most preferred dish with highest scores for colour [5.00], flavor [5.00], texture [4.93] and taste [5.00]. The six best products selected by ANOVA were vegetable roll [4.97], mixture [4.9], onion vada [4.89], Amruthum kheer [4.87], ela-ada [4.85] and sweet ball [4.87]. The developed products obtained higher mean scores than the scores obtained for plain Amruthum mix [3.8 out of 5.76% acceptability] as reported by CPCRI, Kerala. The products prepared were displayed and popularized during the nutrition education session. A recipe book indicating the proportion of ingredients, method of preparation, yield and serving size was provided to all the participants. The mean pretest [30] and posttest

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scores [44] ($P < 0.05$) revealed that the awareness programme conducted was very effective in improving knowledge of the participants about Amruthum Nutrimix and its nutritional significance in children.

Statement of the Problem

A study to assess effectiveness of an interventional programme on knowledge regarding use of Amruthum Nutrimix among mothers of under five children in selected urban anganwadis of Kollam, Kerala.

Objectives

1. To assess the knowledge regarding use of Amruthum Nutrimix among mothers of under five children in selected urban anganwadis of Kollam.
2. To assess the effectiveness of interventional programme on knowledge regarding use of Amruthum Nutrimix among mothers of under five children.
3. To find the association between pretest knowledge score and selected demographic variables.

Hypotheses

All hypotheses will be tested at 0.05 level of significance.

H₁: There is significant difference between mean pretest and posttest knowledge score of the mothers of under five children.

H₂: There is significant association between pretest knowledge score and selected demographic variables.

METHODOLOGY

Research Approach: Quantitative research approach.

Research Design: Pre experimental one group pretest posttest design.

Variables

1. **Independent Variable:** Interventional programme on use of Amruthum Nutrimix from anganwadis.
2. **Dependent variable:** Knowledge of mothers of under five children, who are the beneficiaries of anganwadis
3. **Demographic variable:** Age of the mother, religion, occupation, education, type of family, annual income.

Setting of the Study: Urban Anganwadis coming under Community health centre, Pallithottam.

Population: Mothers of under five children who are the beneficiaries of anganwadi.

Sample: 100 mothers of under five children who are the beneficiaries of anganwadi

Sampling Technique: Convenient sampling was used.

Inclusion Criteria: Mothers who can read Malayalam.

Exclusion Criteria: Mothers who are mentally challenged, Mothers who are critically ill, Mothers who attended any health education programme on use of Amruthum Nutrimix delivered through anganwadis

Tool

The following tools were used for the present study.

1. Section A: A demographic proforma used to collect the baseline information regarding the samples.
2. Section B: Structured knowledge questionnaire. Section B consists of 3 parts.
 - a. Part A: Composition of Amruthum Nutrimix,
 - b. Part B: Nutritional value of Amruthum Nutrimix
 - c. Part C: Benefits of Amruthum Nutrimix.
3. Section C: Interventional programme
 - a. Part A: Structured teaching programme
 - b. Part B: Self instructional module
 - c. Part C: Cooking demonstration

RESULTS

Section A

This section deals with the frequency and percentage distribution of sample characteristics of mothers of under five children in selected urban anganwadis according to age of mother, religion, occupation, education, type of family and annual income.

Table 1 shows that:

1. Majority [72%] of the sample belong to the category of 22 to 25 years of age group. 14% of the sample belongs to the category of 18 to 21 years of age group. And again 14 % belongs to the 26 to 29 years of age group.
2. The highest percentage of the sample [90%] belongs to Christian religion. 5% of sample belongs to Hindu religion and 5 % of sample belong to Muslim religion.
3. A high percentage of the sample [76%] are unemployed women. About 11% of women work in private firms, 10% of women are self employed and only 4% of the total sample occupy job in government sector.
4. Regarding the educational status of women, 50% of women have higher secondary education, 35% of women are graduates, 10% have only high school education and 5% of total sample are women with post graduation
5. Majority of the women [71%] are from joint family. Some belong to nuclear family [20%] and 9% of women belong to extended family
6. Considering the annual income of the sample. It was found that 55% of the women are in 5000-10000 range of annual income category, 20% of women are belong to 10001-20000 range of annual income, 15% are belong to 20001 to 40000 range of annual income and 10% are belong to above 40000.

Data in the Table 2 shows that in pretest majority [58%] belongs to poor level of knowledge and remaining 42% are having average level of knowledge. In posttest majority [75%] are having good level of knowledge, remaining 18% have very good level of knowledge and 7 % are having average level of knowledge.

Section B

Effectiveness of interventional programme on knowledge regarding use of Amruthum Nutrimix among the mothers of under five children in anganwadi.

Table 1: Frequency and Percentage Distribution of Samples According to Demographic Variables of Sample (N=100)

S.No	Demographic Variables	Frequency	Percentage
1	Age of Mother		
	18 - 21 years	14	14%
	22- 21 years	72	72%
2	Religion		
	Hindu	5	5%
	Christian	90	90%
3	Occupation		
	Government employee	4	4%
	Private employee	11	11%
	Self employee	10	10%
4	Education		
	Unemployed	75	75%
	Up to high school level	10	10%
	Higher secondary level	50	50%
5	Type of family		
	Graduate level	35	35%
	Post graduate and above	5	5%
	Annual income		
6	Annual income		
	5000-10000	55	55%
	10001-20000	20	20%
	20001-40000	15	15%
	Above 40001	10	10%

Table 2: Comparison of Pretest and Posttest Knowledge Scores (N=100)

Level of Knowledge	Pretest		Post test	
	Frequency	Percentage [%]	Frequency	Percentage [%]
Very good			18	18%
Good			75	75%
Average	42	42%	7	7%
Poor	58	58%	-	-

Table 3: Mean, Standard Deviation, t Value of Pretest and Posttest Knowledge Scores of Samples

	Mean	Standard Deviation	t value
Pretest	6.15	1.90	23.87*
Posttest	12.73	2.01	

*t value [120] = 1.98*Significant at 0.05 level of significance

According to the data shown in Table 3, the calculated paired t value is greater than table value [120] at 0.05 level of significance; hence research hypothesis H_1 was accepted. So there is a significant difference pretest and posttest knowledge scores after intervention.

Section C

Association between pre test level of knowledge and selected demographic variables.

The data presented in the Table 4 shows that there was no significant association between levels of knowledge and demographic variables such as age of mother, religion, occupation, education, type of family and annual income. Since the tabulated values were more than calculated value at 0.05 level of significance. Hence for these variables the research hypothesis H_2 is rejected.

DISCUSSION

The major findings of the study was discusses in relation to similar studies conducted by other researchers. The study intended to find the effectiveness of an interventional programme on knowledge regarding use of Amruthum nutrimix among mothers of under five children in selected urban anganwadis of Kollam, Kerala. The findings of the study are discussed in reference to the objectives and hypothesis stated.

Effectiveness of Interventional Programme on Knowledge Regarding Use of Amruthum Nutrimix among the Mothers of Under Five Children in Selected Anganwadis

The findings of the present study showed a significant difference between pretest and posttest knowledge score

Table 4: Association between Knowledge Scores with Selected Demographic Variables Like Age of Mother, Religion, Occupation, Type of Family, Annual Income and Education

S. No	Demographic Variables	Knowledge Level		df	Table Value	Chi-Square	Significance
		Poor	Average				
1	Age of Mother						
	18 - 21 years	9	5	2	5.99	0.64	NS
	22 - 25 years	43	29				
26 - 29 years	7	7					
2	Religion						
	Hindu	2	3	2	5.99	0.78	NS
	Christian	54	36				
Muslim	3	2					
3	Occupation						
	Government employee	1	3	3	7.83	2.02	NS
	Private employee	7	4				
	Self employee	5	5				
Unemployed	43	32					
4	Education						
	School level	6	4	3	7.83	1.36	NS
	Higher secondary school	28	22				
	Graduates	18	17				
Post graduates	4	1					
5	Type of Family						
	Nuclear family	10	10	2	5.99	3.17	NS
	Joint family	44	27				
Extended family	3	6					
6	Annual Income						
	5000-10000	31	24	3	7.87	3.56	NS
	10001-20000	8	12				
	20001-40000	10	5				
Above 40000	7	3					

[NS- Non significant, S- Significant]

of selected sample after intervention. This result indicates and strongly suggests that interventional programme is effective in improving knowledge of among mothers of under five children in selected urban anganwadis.

Study was conducted on innovative products using amruthum nutrimix and its popularization among mothers. The study was conducted in a semi urban anganwadi centre located in Kottayam District, Kerala. The sample consisted of 22 young women, who are the mothers of the children in the anganwadi. This study shows that the mix can be incorporated or made into a variety of dishes rather than giving it's as just as porridge. They made various dishes with amruthum nutrimix. Among 20 preparations, vegetable roll, mixture and pakkavada had the highest scores [4.96] for appearance. Vegetable roll was the most preferred dish with highest scores for colour [5.00], flavor [5.00], texture [4.93] and taste [5.00]. The six best products selected by ANOVA were vegetable roll [4.97], mixture [4.9], onion vada [4.89], Amruthum kheer [4.87], ela-ada [4.85] and sweet ball [4.87]. The developed products obtained higher mean scores than the scores obtained for plain Amruthum mix [3.8 out of 5.76% acceptability] as reported by CPCRI, Kerala. The products prepared were displayed and popularized during the nutrition education session. A recipe book indicating the proportion of ingredients, method of preparation, yield and serving size was provided to all the participants. The mean pretest [30] and posttest scores [44] ($P < 0.05$) revealed that the

awareness programme conducted was very effective in improving knowledge of the participants about Amruthum Nutrimix and its nutritional significance in children. [18]

The findings of the present study compared with study on innovative products using amruthum nutrimix and its popularization among mothers. Quantitative research approach was used for both studies. Pre experimental one group pretest posttest design was used in both studies. The sample size of the present study was 100 and the similar study was 22. Convenient sampling technique was used for the present study and the comparing study was purposive sampling. Mothers of under five children were the samples of both study. The tool used in both study were structured knowledge questionnaire. Intervention consisting of structured teaching program, self instructional module and cooking demonstration in the present study, but in similar study it was nutrition education session, cooking demonstration and recipe book. The present study used to assess the effectiveness of interventional program and the association between pretest knowledge score and selected demographic variable. The similar study used to assess the impact of nutrition education and sensory evaluation of prepared dishes. Then using ANOVA to select the best products from prepared dishes.

The result of the present study showed that, the mean pretest score of experimental group is [6.15±1.90] and

posttest score of experimental group is $[12.73 \pm 2.01]$. Calculated 't' value $[23.87]$ is greater than table value at 0.05 level of significance. In similar study the mean pretest $[30]$ and posttest scores $[44]$ $[P < 0.05]$ revealed that the awareness programme conducted was very effective in improving knowledge of the participants about Amruthum Nutrimix and its nutritional significance in children. The settings of both studies were in the urban anganwadis. The study results along with the supportive study shows that the interventional programme is effective in improving the knowledge of mothers of under five children in selected urban anganwadis.

Association between Pre Test Level of Knowledge and Selected Demographic Variables

Association of knowledge score with selected demographic variables includes age of mother, religion, occupation, education, type of family and annual income were computed by Chi-square test shows that there is no association between knowledge among mothers of under five children in selected anganwadis and selected demographic variables at $[p < 0.05]$ level of significance.

Study was conducted to analyze effectiveness of structured teaching programme on malnutrition and the preparation of Hydrabadi and Davanagere Mix recipe among mothers of under five children in selected anganwadi centre of Hattikeri P. H. C., Ankola (U.K.), Karnataka. The study was conducted to assess the pre test score of mothers on malnutrition and the preparation of Hydrabadi and Davanagere mix recipe, evaluate the effectiveness of structured teaching programme and to find out association between pre test and post test knowledge score demographic variables. Sample size was 20. Mothers of under five children were the samples. Self structured questionnaire was used as the tool. The result denotes that statistically significant effectiveness of structured teaching program was found. There was no significant association was found with selected demographical and knowledge score. ^[7]

The findings of the present study compared with a study to assess the effectiveness of structured teaching programme on malnutrition and the preparation of Hydrabadi and Davanagere mix recipe among mothers of under five children in selected anganwadi centre of Hattikeri P. H. C., Ankola, Karnataka. Quantitative research approach is used for both studies. Pre experimental one group pretest posttest design was used in both study. The sample size of the present study was 100 and the similar study was 20. Convenient sampling technique was used for the present study and the comparing study was purposive sampling. Mothers of under five children were the samples of both study.

The setting of both study were in anganwadis. The tool used in the both study were structured knowledge questionnaire. Intervention consisting of structured teaching program, self instructional module and cooking demonstration in the present study, but in the similar study was the structured teaching program. The present study used to assess the pretest level of knowledge of mothers,

effectiveness of interventional program and the association between pretest knowledge score and selected demographic variable.

The similar study also used to assess the pre test score of mothers on malnutrition and the preparation of Hydrabadi and Davanagere mix recipe, evaluate the effectiveness of structured teaching programme and to find out association between pre test and post test knowledge score with demographic variables. Statistically significant effectiveness of intervention was found in both study. There was no significant association was found with selected demographic variables and knowledge scores in both study.

NURSING IMPLICATIONS

The present study has various implications in the field of nursing practice, nursing education, nursing research and nursing administration.

Implications for Nursing Practice

1. Community Health Nurses, have an important role in improving the general health and wellbeing and the quality of life of underfive children in the community.
2. For the prevention of protein energy malnutrition, Community Health Nurse should take efforts to improve the nutritional status of underfive children by encouraging the mothers to prepare dishes with Amruthum Nutrimix and give them to their children.

Implications for Nursing Education

1. The Community Health Nursing professionals are expected to impart their knowledge regarding the use of Amruthum Nutrimix to the community people through audio visual education.
2. Community Health Nurse educator should make the student nurses to apply their knowledge regarding malnutrition and their prevention by giving awareness programmes to the mother's of under five children.
3. Community Health Nurse educator should teach the mothers of anganwadi children to prepare traditional type of protein rich food instead of pre processed foods in order to prevent the threats of malnutrition
4. Along with the education to the students, nurse educator should take initiative in imparting knowledge to newly appointed staff nurses in community settings.
5. Undertake malnutrition assessment of Anganwadi children in community nursing curriculum for nursing students

Implications for Nursing Research

1. There is a great scope for the nurses to conduct research to assess the knowledge among under five mothers regarding malnutrition and the intervention that help to improve the health status of children.
2. Based on the result of the study nurse researchers can undertake similar studies in another setting.
3. Disseminate the research findings through presentation and publishing will add to the body of knowledge and help in nursing practice.

4. Inform the finding of the study to the government authorities like ICDS Office, Department of Social Justice and Welfare and CPCRI.
5. The Social Justice Department of Kerala can take as this study as a major project and implement it in all Anganwadis in Kerala to reduce under five malnutrition and popularize Amruthum Nutrimix widely.

Implications for Nursing Administration

1. The nurse administrator can take the initiative in imparting information about the result of the study by individual and group teaching in the community settings.
2. Administrative authority shall make arrangements for organizing programmes related to prevention of malnutrition.
3. Nurse administrator in the community settings should be aware of the dietary management to prevent the malnutrition and can suggest their subordinates to communicate it to the community.

Limitations

1. Focus on knowledge assessment only.
2. Study confined to the urban settings.

Recommendations

Keeping in view of present research findings, the following recommendations have been made.

1. A study can be conducted to find out knowledge and practice regarding Amruthum Nutrimix among the mothers of under five children in anganwadi.
2. A correlative study can be conducted to find out the correlation between knowledge regarding Amruthum Nutrimix among the mothers of under five children and their practice.
3. A study can be done using true experimental research design.
4. Based on the results of this study nurse researcher can undertake similar studies among mothers of under five children in rural anganwadis.

CONCLUSION

The present study was aimed to find the effectiveness of an interventional programme on knowledge regarding use of Amruthum Nutrimix among mothers of under five children in selected urban anganwadis of Kollam. The result of the study showed that, the mean pretest score of experimental group is [6.15±1.90] and posttest score of experimental group is [12.73±2.01]. And calculated 't' value [23.87] is greater than table value at 0.05 level of significance. Hence H_1 was accepted. So there is a significant difference in posttest knowledge scores before and after intervention. This shows that the interventional programme is effective

in improving knowledge regarding use of Amruthum Nutrimix among mothers of under five children in selected urban anganwadis. Association of knowledge with selected demographic variables such as age of mother, religion, occupation, education, type of family and annual income were computed by Chi-square test. As calculated, Chi-square values are less than table value at 0.05 level of significance. So there is no association between knowledge among mothers of under five children in selected urban anganwadis and selected demographic variables.

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ASSESS THE EFFECTIVENESS OF TEACHING PROGRAMME ON KNOWLEDGE OF STAFF NURSES REGARDING EARLY IDENTIFICATION AND MANAGEMENT OF SELECTED COMPLICATIONS OF PATIENTS ADMITTED IN ICUS AT SELECTED HOSPITALS, KOLLAM

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ABSTRACT

A pre experimental study was done to assess the effectiveness of teaching programme on knowledge of staff nurses regarding early identification and management of selected complications of patients admitted in ICUS at selected hospital in Kollam. The objectives of the study were to assess the effectiveness of teaching programme on knowledge of staff nurses regarding early identification and management of selected complications of patients admitted in ICUs at selected hospitals, Kollam and to find out the association between pretest knowledge score of staff nurses regarding early identification and management of selected complication of patient admitted in ICUs with their selected demographic variables including age, gender, qualification, total years of experience as staff nurses, years of experience in ICU and source of information. Quantitative research approach was used with pre experimental one group pretest posttest research design. Purposive sampling technique was used to select 50 intensive care unit staff nurses who meet the inclusion criteria. Pretest was done on the first day followed by teaching programme (Day 1) and posttest was done on 7th day. The findings of the study revealed that there was a significant increase in mean posttest knowledge score of the samples ($P < 0.05$) regarding early identification and management of selected complications of patients admitted in ICUs among staff nurses at selected hospital in Kollam after teaching programme.

KEYWORDS: Knowledge, Practice, Teaching Programme, Staff Nurses, Selected Complications of Patients Admitted In ICUs; Selected Hospital; Intensive Care Units.

INTRODUCTION

In today's health care environment, there is heightened awareness of the importance of infection control and prevention. This concern is partly in response to the high number of nosocomial infection acquired each year especially in intensive care units of hospitals, posing serious problem in terms of morbidity, mortality and overall costs for health care system.

Intensive care units are the special areas of hospital that provides care to patients with severe and life threatening illnesses and injuries which require constant close monitoring and support from special equipment and medications in order to ensure normal bodily functions.^[1]

Nursing is the core activity of any hospital which plays the most important role in bringing quality care. Commonly tracked indicators are pressure sores, patient

falls, intravenous line infection, hand hygiene practices, blood stream infections, urinary tract infections, medication error and ventilator associated pneumonia.^[1] Patients in intensive care units (ICU) are usually at high risk of mortality not only from their critical illness but also from secondary complication. For example nosocomial pneumonia, a common ICU infection, affects 27% of all critically ill patients, where 86% of it is associated with mechanical ventilation. Ventilator associated pneumonia occurs in 28% of patients who receive mechanical ventilation, where its rate of occurrence varies with the duration of mechanical ventilation. Estimated rates are 3% per day for the first 5 days, 2% per day for days 6-10, and 1% per day after day 10. Central catheter-associated bloodstream infections, ventilator-associated pneumonia and urinary tract infections account for 25.6 percent of all hospital

acquired infections. Pressure ulcers are very common in bedridden patients.^[2]

Objectives

1. To assess the effectiveness of teaching programme on knowledge of staff nurses regarding early identification and management of selected complications of patients admitted in ICUs at selected hospitals, Kollam.
2. To find out the association between pretest knowledge score of staff nurses regarding early identification and management of selected complication of patient admitted in ICUs with their selected demographic variables including age, gender, qualification, total years of experience as staff nurses, years of experience in ICU and source of information.

MATERIALS AND METHODS

In the view of nature of problem selected and the objectives to be accomplished, a quantitative approach was adopted to assess the effectiveness of teaching programme on knowledge of staff nurses regarding early identification and management of selected complications of patients admitted in ICUs.

Research design

A pre experimental, one group pretest posttest research design.

Inclusion criteria

- Staff nurses who hold RN/RM registration
- Nurses those who work in ICU
- Nurses who are willing to participate for the study
- Staff nurses who are involved in direct patient care

Exclusion Criteria

- Nurse incharge of ICUs.

Data collection process

The study was conducted in intensive care units of Bishop Benziger Hospital, Kollam. The data collection period was from 03/12/2018 to 29/12/2018. Clearance certificate was obtained from the institutional ethics committee of Bishop Benziger College Of Nursing, Kollam. A formal permission was obtained from the administrator of the selected hospital before data collection. Samples were selected by using purposive sampling method. The researcher introduced herself to the sample and gave a brief introduction about the study and a written informed consent was obtained from the staff nurses. Baseline data was collected from the participants. The knowledge was assessed by using structured questionnaire. After the pretest, the researcher provided teaching programme for a period of 30 minutes on the same day. On the 7th day of intervention posttest knowledge was assessed by using same knowledge questionnaire. The data collection was terminated by thanking the participants for their co-operation. The data collected was then compiled for analysis.

Statistical analysis

Data collected were analyzed according to objectives. Data were analyzed using descriptive and inferential statistics.

RESULTS

Section A: Sample characteristics.

Section B: Effectiveness of teaching program on knowledge of staff nurses regarding early identification and management of selected complications of patients admitted in ICUs.

Section C: Association between knowledge with selected demographic variables like age, gender, qualification, total years of experience as staff nurse, total years of experience in ICU and source of information.

SECTION A

Table 1: Frequency and percentage distribution of demographic variables

N= 50

Sl no. Demographic variables Frequency Percentage			
1. Age in years			
a)	20-30	27	54%
b)	31-40	20	40%
c)	41-50	3	6%
2. Gender			
a)	Male	0	0
b)	Female	50	100%
3. Qualification			
a)	GNM	37	74%
b)	Basic BSc Nursing	10	20%
c)	Post basic BSc Nursing	3	6%
d)	MSc Nursing	0	0
4. Experience as staff nurses in years			
a)	<1	4	8%
b)	1-5	31	62%
c)	6-10	11	22%
d)	>11	4	8%
5. Years of experience in ICU			
a)	0-5	39	78%
b)	6-10	9	18%
c)	>11	2	4%
6. Source of information			
a.	CNE	0	0
b.	Medias	3	6%
c.	Co workers	6	12%
d.	CNE & Medias	10	20%
e.	Medias & co workers	25	50%
f.	CNE & co workers	1	2%
g.	CNE, medias & co-workers	5	10%
h.	No information	0	0

Table 2: Frequency and percentage distribution of knowledge score

N= 50

Level of Knowledge	Pre Test		Post Test	
	Frequency	Percentage	Frequency	Percentage
Poor (0-10)	11	22%	0	0
Average (11-20)	39	78%	21	42%
Good (21-30)	0	0	29	58%

Data in Table 2 shows that in pretest, majority (78%) belong to average level of knowledge and the remaining 22% have poor level of knowledge. In posttest majority

58% belong to good level of knowledge and the remaining 42% have an average level of knowledge.

Section B: Effect of Teaching Program on Knowledge Regarding Early Identification And Management of Selected Complications of Patients Admitted in ICUs.

Table 3: Mean, standard deviation and t value of pretest and posttest knowledge score after teaching program

N= 50

Group	Mean	Standard Deviation	t value	Level of significance
Pre Test	12.2	2.36		21.9
Post Test	21.16	3.06		S*

*Significant at 0.05 level of significance

Table value t = 2.0096

The calculated paired 't' value is greater than the table value at 0.05 level of significance. So there is a significant difference between mean pretest and posttest knowledge scores regarding early identification and management of selected complications of patients admitted in ICUs after teaching programme.

Section C: Association Between Knowledge With Selected Demographic Variables Like Age, Gender, Qualification, Total Years Of Experience, Years Of Experience In ICU And Source Of Information

Association between pretest knowledge score with demographic variables like age in years, gender, qualification, total years of experience as staff nurse, years of ICU experience and source of information were computed using chi square test. As the calculated chi square value for age in years (9.42) was higher than the table value (5.99) at 0.05 level of significance, there was a statistically significant association between knowledge and age in years. As the calculated chi square value for qualification of staff nurses, total years of experience as staff nurse, years of ICU experience and source of information were less than the table value, there was no significant association between pretest knowledge and these demographic variables.

DISCUSSION

The findings of the present study were supported by another study meant to evaluate the effectiveness of planned teaching program on knowledge of staff nurses regarding ventilator associated pneumonia. In the reference study 60 Staff nurses working in Intensive care unit were selected by simple random sampling. In present study, 50 staff nurses were purposively selected. In both studies structured knowledge questionnaire was used to assess the knowledge of the staff nurses. In both the studies pre experimental one group pre-test posttest research design was used. Results of the both studies revealed that the mean post intervention knowledge score of staff nurses was significantly higher than the mean pre intervention knowledge score. The selected intervention was effective in enhancing the knowledge of staff nurses regarding prevention of complications of patients admitted in ICUs.¹⁴

The findings of the present study were supported by a study conducted to assess knowledge of staff nurses regarding prevention of complications of patients admitted in ICU like ventilator associated pneumonia and to investigate if there is any relationship between the knowledge and demographic characteristics. The present study is pre experimental while the reference study was quasi experimental. In both the studies structured questionnaire was used for data collection. The referent study sample included 60 nurses from adult ICUs from 2 hospitals while in present study 50 staff nurses are selected from adult ICUs of one hospital. In the reference study the knowledge scores and years of experience found to be significant while in the present study

knowledge of staff nurse is statistically significant with age.¹⁵

CONCLUSION

The present study aimed to assess effectiveness of teaching programme on knowledge of staff nurses regarding early identification and management of selected complications of patients admitted in ICUs at selected hospitals in Kollam. The study results showed that the mean posttest knowledge score of selected samples (21.16) was higher than the mean pretest knowledge score (12.12). The calculated t value (21.9) was greater than the table value (2.01) at a 0.05 level of significance. This indicated that there was a significant difference between mean pretest and posttest knowledge scores regarding early identification and management of selected complications of patients admitted in ICUs after teaching programme.

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EFFECTIVENESS OF NURSE LED INTERVENTIONAL PACKAGE ON KNOWLEDGE OF MOTHERS REGARDING HOME CARE MANAGEMENT OF CHILDREN WITH BRONCHIAL ASTHMA IN OUTPATIENT DEPARTMENT OF THE SELECTED HOSPITALS AT KOLLAM DISTRICT

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ABSTRACT

A quantitative study was conducted to assess the effectiveness of nurse led interventional package on knowledge of mothers regarding home care management of children with bronchial asthma in outpatient department of the selected hospitals at Kollam district. A pre- experimental one group pretest posttest design was used and fifty samples were selected by using non probability purposive sampling technique. The tool used was self-structured knowledge questionnaire. Posttest was conducted on the 7th day of pretest. The collected data were analyzed using descriptive and inferential statistics. The result shows that the mean pretest and posttest score were 11.42 and 20.94 respectively. The calculated 't' value is 36.08 which was greater than the table value at 0.05 level of significance. It concludes that there is significant difference between mean pretest and posttest knowledge scores of mothers. The findings of the study suggest that nurse led interventional package was effective in improving the knowledge of mothers regarding home care management of children with bronchial asthma.

KEYWORDS: Nurse led interventional package, mothers of children with bronchial asthma, knowledge, home care management.

INTRODUCTION

An important aspect of parenting is understanding the changes your child will encounter during growth and development. As children advance through a sequence of growth stages they may face several challenges and relatively common problems. Although no children are exactly alike, there are universally accepted theories of human development and growth patterns. Children not only vary in physical appearance, but also express differences socially and mentally, as well as through personality and behavior.^[1] Bronchial asthma is a reactive airway disease characterized by airway obstruction or narrowing that is reversible either spontaneously or with treatment, airway inflammation and airway hyper responsiveness to variety of stimuli.^[2]

Bronchial asthma is the most common chronic disease among children that causes difficulty in breathing and is common in kids and teens. Symptoms include coughing, wheezing and shortness of breath. Children with asthma may have trouble completing task and getting along with other children compared to their peers without breathing problem. Bronchial asthma is a multifactorial disease, in which environmental, infectious, allergic and psychological elements all play a part. There is evidence

that emotional stress can either precipitate or exacerbate both acute and chronic asthma. Whatever precipitate an asthmatic attack, anxiety is likely to accompany it.^[3]

A study was conducted to assess the effectiveness of planned teaching programme on knowledge regarding prevention and management of childhood asthma and other allergic disorders among mothers of underfive in selected community population of Kanchipuram district. Pre experimental one group pretest-posttest research design was adopted and 60 mothers were selected by non-probability convenient sampling technique. The collected data were tabulated and analyzed by descriptive and inferential statistics. The mean pretest score was 9.82 and posttest score was 26.24. The 't' value obtained was 45.91 and is found to be significant at 0.05 level of significance. The study reveals that there was improvement in knowledge level of mothers, hence it indicates that the planned teaching programme was effective.^[8]

A study was conducted a study on asthma related knowledge, attitude and practice of parents of children with bronchial asthma. 100 parents of asthmatic children were enrolled by convenient sampling technique. The

study result shows that 80% parents did not know what is inhaled corticosteroid and most (85%) of them did not know how it worked, while 41% were aware of aerosol therapy, 8% had never used it for children. The study concluded that, there is an urgent need for preparation for parental education guidelines for preventing asthma exacerbation among asthmatic children living in India.^[9]

The rate of admission has been increased during seasonal variations in selected hospitals at Kollam. It is important to teach the mothers about the prevention of asthmatic attacks in children. So the researcher felt the need to conduct a study on mothers of children with bronchial asthma, and teach them how to prevent and manage bronchial asthma.

OBJECTIVES

- ❖ To assess the knowledge of mothers regarding home care management of children with bronchial asthma.
- ❖ To assess the effectiveness of nurse-led interventional package on knowledge of mothers regarding home care management of children with bronchial asthma.
- ❖ To find the association between pretest knowledge scores of mothers with selected demographic variables such as age, education, occupation, type of family, type of house, previous knowledge regarding home care management of children with bronchial asthma, area of residence and duration of care of child with bronchial asthma.

MATERIALS AND METHODS

The present study selected a quantitative approach to assess the effectiveness of nurse led interventional package on knowledge of mothers regarding home care management of children with bronchial asthma.

Study design

A pre experimental one group pretest posttest design was used.

Sample and sampling technique

In the present study, sample consisted of 50 mothers of children with bronchial asthma.

Inclusion criteria

- Mothers of children with bronchial asthma.
- Mothers willing to participate in the study.
- Mothers available during the time of data collection.

Exclusion criteria

- Mothers whose children are below 4 years of age.

Tool

The tool used for the study was structured knowledge questionnaire. It consisted of two sections,

Section A: Demographic proforma to collect the baseline information regarding the samples.

Section B: Structured knowledge questionnaire regarding home care management of children with bronchial asthma.

Technique/ intervention

The technique used for the study was nurse led interventional package. It consisted of video assisted teaching programme, pamphlet and demonstration of breathing exercise. The video include introduction, definition, incidence, causes, risk factors, clinical features, diagnostic method, medical management and home care management.

Data collection process

Institutional ethics committee clearance certificate was obtained from Bishop Benziger College of Nursing. The data were collected after obtaining prior permission from the concerned administrative authority of Bishop Benziger Hospital and Sanker's Hospital, Kollam and informed consent from the mothers. A brief introduction was given about the study and consent was taken from the mothers. Pretest was conducted on 1st day and nurse led interventional package was administered on the same day. Posttest was collected on the 7th day of pretest.

RESULTS

Data were analyzed under the following headings

Section A: Description of sample characteristics.

Section B: Evaluation of effectiveness of nurse led interventional package on knowledge of mothers regarding home care management of children with bronchial asthma.

Section C: Association between pretest knowledge scores with selected demographic variable such as age, education, occupation, type of house, type of family, previous knowledge of mothers regarding home care management of children with bronchial asthma, area of residence and duration of care of child with bronchial asthma.

Section A:

Table 1: Frequency and percentage distribution of sample according demographic variables.

Sl No	Variables	Category	Frequency	Percentage
1	Age	20-30	35	70
		31-40	15	30
2	Education	Higher Secondary	22	44
		Degree	25	50
		Post-graduation	3	6
3	Occupation	House wives	33	66
		Private employee	14	28
		Government employee	1	2
		Others	2	4
4	Type of family	Joint family	10	20
		Nuclear family	40	80
5	Type of house	Terraced	38	76
		Tiled	10	20
		Flat	2	4
6	Previous knowledge	Health professional	3	6
		Media	2	4
		Health professional & relatives	15	30
		Relatives & media	13	26
		Health professional & media	2	4
7	Area of residence	Rural	12	4
		Urban	38	76
8	Duration of care	<1 year	14	28
		1-3 year	26	52
		3-5year	9	18
		>5 year	1	2

- Most of the samples (70%) were in the age group of 20-30 years and remaining 30% of samples belongs to the age group of 21-30.
- In regards of educational status half of the mothers (50%) have degree qualification. Most of the samples (66%) were house wives.
- Most of the samples (80%) were lives as nuclear family, among that 76% samples are lives in terraced house.
- Majority of the samples (76%) are lives in urban area and remaining 24% of samples are lives in village area.

Table 2: frequency and percentage distribution of sample according to knowledge scores.

Level of knowledge	Pretest		Posttest	
	Frequency	Percentage	Frequency	Percentage
Poor	22	44%	0	0
Average	28	56%	19	38%
Good	0	0	31	62%

It shows that in pretest, 56% of samples have average level of knowledge and remaining 44% of samples have poor level of knowledge. In posttest majority 62% of

samples have good level of knowledge and remaining 38% of samples have average level of knowledge.

Section B

Evaluation of effectiveness of nurse led interventional package on knowledge of mothers regarding home care management of children with bronchial asthma.

Table 3: Mean, standard deviation and 't' value of pretest and posttest knowledge scores of mothers regarding home care management of children with bronchial asthma.

	Mean	Standard deviation	't' value	Level of significance
Pretest	11.2	2.77	36.08	S*
Posttest	20.94	2.32		

*t value [60] = 2.000 *Significant at 0.05 level of significance.

The mean pretest scores of selected samples were [11.4 +2.77] higher than the mean posttest score [20.9 + 2.32].

Calculated 't' value was greater than the table value at 0.05 level of significance. This shows that nurse led

interventional package on home care management of bronchial asthma was effective in improving the knowledge among mothers of children with bronchial asthma.

Section C

Association between pretest knowledge scores with selected demographic variables.

Table 3: Association between pretest knowledge scores with selected demographic variables such as age, education, occupation, type of family, type of house, previous knowledge of mothers regarding home care management of children with bronchial asthma, area of residence and duration of care of children with bronchial asthma.

Sl no:	Demographic Variable	Knowledge level		Df	Table value	Chi square	Significance
		Poor	Average				
1.	Age of mother						
	20-30 years	21	14	1	3.84	12.12	S*
	31-40 years	1	14				
	>40 years	0	0				
2	Education						
	Illiterate	0	0	2	5.99	3.94	NS
	Secondary	7	15				
	Degree	15	10				
Post graduation	2	1					
3	Occupation						
	House wife	14	19	3	7.81	1.05	NS
	Private employee	7	7				
	Government employee	1	0				
Others	1	1					
4	Type of family						
	Joint family	4	6	1	3.84	0.08	NS
	Nuclear family	18	22				
5	Type of house						
	Hut	0	0	2	5.99	2.66	NS
	Terraced	16	22				
	Tiled	4	6				
	Flat	2	0				
6	Previous knowledge						
	Health professional	1	2	5	11.07	10.55	NS
	Relatives	0	0				
	Media	1	1				
	No information	0	0				
	a& b	10	5				
	b& c	5	8				
	a& c	1	1				
a, b &c	1	11					
7	Area of residence						
	Rural	9	3	1	3.84	6.15	S
	Urban	13	25				
8	Duration of care						
	<1 year	12	2	3	5.99	8.60	S
	1-3 year	11	15				
	3-5year	4	5				
	>5 year	1	0				

The calculated chi square value for age is 12.12 for area of residence is 6.15 and for duration of care child with bronchial asthma is 8.60 were found to be greater than table value. Hence there is a significant association between pretest knowledge scores and demographic variables like age, area of residence and duration of care of child with bronchial asthma.

DISCUSSION

This is intended to assess the effectiveness of nurse led interventional package on knowledge of mothers regarding home care management of children with bronchial asthma. The findings of the study are discussed with reference to the objectives, hypotheses and findings of other studies.

A pre experimental study was conducted by Liva, N. J. to analyze the effectiveness of structured teaching programme on knowledge regarding bronchial asthma among mothers of underfive children. One group pretest posttest design was used. A sample size of 50 mothers of underfive children were selected by convenient sampling technique. The result denotes that statistically significant effectiveness of structured teaching programme was found. There was significant association was found in previous knowledge of mothers regarding bronchial asthma. No association was found in age, education, occupation, family income, type of house, type of family, past history of asthma and family history.^[10]

The findings of the present study, when compared with the referent study, it was found that, both studies are pre experimental one group pretest posttest study. The sample size of the both studies were similar that is 50 samples of mothers. But in the referent study the samples were mothers of underfive children, in the present study it is mothers of children who aged between 4-15 years. In the present study non probability purposive sampling technique was used, while in referent study it is convenient sampling technique was adopted. The setting of the both studies were hospital. The tool used in both studies were structured knowledge questionnaire. Statistically significant effectiveness was found in both studies. In present study, it was found that significant association was found between pretest knowledge scores with selected demographic variables such as age, area of residence and duration of care of child with bronchial asthma. While in the referent study it was found that, significant association was found between pretest knowledge score and demographic variable such as previous knowledge.

CONCLUSION

The present study was aimed to find the effectiveness of nurse led interventional package on knowledge of mothers regarding home care management of children with bronchial asthma. The result of the study shows that, the pretest score of samples were 11.42 and posttest score was 20.94. And calculated 't' value (36.08) is greater than the table value (2.00) at 0.05 level of significance. So there is significant difference between pretest and posttest knowledge scores before and after intervention. This shows that nurse led interventional package was effective in improving the knowledge of mothers regarding homecare management of children with bronchial asthma.

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**EFFECTIVENESS OF TOPICAL APPLICATION OF BREAST MILK AND POVIDONE
IODINE ON UMBILICAL CORD HEALING AMONG THE NEWBORNS**

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ABSTRACT

A comparative study to assess the effectiveness of topical application of breast milk and povidone iodine on umbilical cord healing among newborns in selected hospitals at kollam. The objectives of the study were to assess the effectiveness of topical application of breast milk on umbilical cord healing among the newborns (group 1), to assess the effectiveness of topical application of povidone iodine on umbilical cord healing among the newborns (group 2) and to compare the effectiveness of topical application of breast milk in group 1 and povidone iodine in group 2 on umbilical cord healing among the newborns. A quasi experimental time series design was used and consisted of 80 newborns born by Caesarean section were randomly assigned to Group 1 and Group 2. The tools used were demographic proforma and an observational checklist for assessing umbilical cord healing process. The intervention was provided to both groups thrice a day for seven days including cord swab culture on day 3 and at cord separation. Healing process was assessed on day 3, 5 and 7. The data collected was analyzed with descriptive statistics and inferential statistics. On comparing the signs of infection on Group 1 and Group 2, it showed that abnormal findings in Group 2 were comparatively higher than Group 1. On comparing the overall healing process between groups on day 3, day 5 and day 7, calculated 'z' value was greater than table value. It concludes that there is a significant difference in healing process among the newborns with topical application of breast milk in comparison to povidone iodine. The findings of study suggest that topical application of breast milk helps in early detachment of cord, less infection and better cord healing in comparison to povidone iodine.

KEYWORDS: Newborn; umbilical cord; topical application of breast milk and povidone iodine; healing.

INTRODUCTION

"The motherhood is a blessing from the Almighty God. It is the right of every woman to become a mother. The birth of the baby brings happiness and joy towards the family. It is the duty of the care givers to protect the child from various diseases and provide a healthy living environment to maintain a good health."

Each year approximately one million newborns worldwide die from infection caused by bacteria that enter the body through the umbilical cord. The WHO estimate that 4 million children die during the neonatal period each year, with most deaths occurring in the developing countries. Infections are the most important cause of neonatal mortality. WHO estimated that 3, 00000 infants die annually from tetanus and further 4, 60000 die due to severe bacterial infection of which umbilical cord infection are an important precursor.^[1]

Globally, ten million infants and children die each year before their fifth birthday, 99% of these deaths occur in developing countries.^[2]

Infant mortality rates ranged from 4.40 per 1,000 live births for Asian or Pacific Islander mothers to 12.40 for non-Hispanic black mothers. Infant mortality was higher for male infants and infants born preterm or at low birth weight.^[3]

According to the UNICEF, India's infant mortality rate shown a minor decline in 2012 compared to 2011. Infant Mortality rate decreased from 44 deaths for every 1000 live births in 2011 to 42 deaths for every 1000 live in 2012.^[4]

The registered infant mortality rates of Kerala were seven deaths for every 1,000 births in comparison with the national average of 34 during last year.^[4]

The four leading causes of infant death— cord infections, congenital malformations, low birth weight, and sudden infant death syndrome—accounted for 46% of all infant deaths.^[3]

The World Health Organization recommends improving newborn care practices at birth in order to reduce morbidity and mortality. It is referred to as essential newborn care, in which clean cord care is one of the important factors in preventing early neonatal infection.^[1]

Research references show breast milk application as a better effective method in cord care. So, the investigator thought of conducting a comparative study to assess the effect of breast milk over povidone iodine application on umbilical cord healing among the newborns. The study findings could be of help in bringing out evidences based practice in present study set up.

OBJECTIVES

1. To assess the effectiveness of topical application of breast milk on umbilical cord healing among the newborns (group 1).
2. To assess the effectiveness of topical application of povidone iodine on umbilical cord healing among the newborns (group 2).
3. To compare the effectiveness of topical application of breast milk in group 1 and povidone iodine in group 2 on umbilical cord healing among the newborns.

Hypotheses

The following research hypotheses and sub hypotheses were formulated. Hypotheses will be tested at 0.05 level of significance.

- H₁**: There will be a significant difference in the healing process based on the pre assessment and post assessment scores of umbilical cord healing among group 1 newborns on topical application of breast milk.
- H_{1a}**: There will be a significant difference in the healing process based on the pre assessment and post assessment scores of umbilical cord healing among group 1 newborns on topical application of breast milk, in terms of colour of cord.
- H_{1b}**: There will be a significant difference in the healing process based on the pre assessment and post assessment scores of umbilical cord healing among group 1 newborns on topical application of breast milk, in terms of texture of cord.
- H_{1c}**: There will be a significant difference in the healing process based on the pre assessment and post assessment scores of umbilical cord healing among group 1 newborns on topical application of breast milk, in terms of umbilical cord infection.
- H_{1d}**: There will be a significant difference in the healing process based on the pre assessment and post assessment scores of umbilical cord healing among group 1 newborns on topical application of breast milk, in terms of drying process of cord.
- H₂**: There will be a significant difference in the healing process based on the pre assessment scores and post assessment of umbilical cord healing among group 2 newborns on topical application of povidone iodine.

H_{2a}: There will be a significant difference in the healing process based on the pre assessment and post assessment scores of umbilical cord healing among group 2 newborns on topical application of povidone iodine, in terms of colour of cord.

H_{2b}: There will be a significant difference in the healing process based on the pre assessment and post assessment scores of umbilical cord healing among group 2 newborns on topical application of povidone iodine, in terms of texture of cord.

H_{2c}: There will be a significant difference in the healing process based on the pre assessment and post assessment scores of umbilical cord healing among group 2 newborns on topical application of povidone iodine, in terms of umbilical cord infection.

H_{2d}: There will be a significant difference in the healing process based on the pre assessment and post assessment scores of umbilical cord healing among group 2 newborns on topical application of breast milk, in terms of drying process of cord.

H₃: There will be a significant difference in healing process among the newborns with topical application of breast milk in comparison to povidone iodine.

H_{3a}: There will be a significant difference in healing process among the newborns with topical application of breast milk in comparison to povidone iodine, in terms of colour of cord.

H_{3b}: There will be a significant difference in healing process among the newborns with topical application of breast milk in comparison to povidone iodine, in terms of texture of cord.

H_{3c}: There will be a significant difference in healing process among the newborns with topical application of breast milk in comparison to povidone iodine, in terms of umbilical cord infection.

H_{3d}: There will be a significant difference in healing process among the newborns with topical application of breast milk in comparison to povidone iodine, in terms of drying process of cord.

MATERIAL AND METHODS

Research approach

Quantitative research approach was used for the study.

Research design: Quasi experimental time series design.

Setting of the study

The study conducted in Bishop Benziger Hospital Kollam.

Population

In the present study, the population was healthy term newborns born by caesarean section.

Variables

Independent variable: In this study, it is the application of the breast milk and povidone iodine on the umbilical cord.

Dependent variable: In this study, it refers to healing of the umbilical cord among newborns.

Sample and sampling technique

In the present study, the samples are healthy term newborns born by caesarean section of Bishop Benziger Hospital, Kollam. The sampling technique is purposive sampling technique.

Sample size: The sample size is 80, Group 1-40, Group 2-40.

Sampling criteria

Inclusion criteria

- Healthy term babies born by caesarean section.
- Newborns of mothers who were willing to participate in study.

Exclusion Criteria

- Newborns with congenital problems.
- Newborns delivered by normal vaginal delivery.
- Newborns who are sick and requires minimum handling.

Tool / Instruments

A tool used for the data collection is a vehicle that could best obtain the data pertinent to the study and at the same time adds to the body of knowledge in the discipline.^[36]

Part 1: Demographic Proforma - it includes gender, date of birth, vital signs, anthropometric measurements, time of cord clamping, apgar score, gestational age, antenatal and intranatal condition of mother and foetus and condition of cord at birth.

Part 2: Observational check list on umbilical cord healing including normal features of cord (colour, texture), parameters to assess umbilical cord infection (redness, swelling, discharge, foul smell, skin tenderness around cord, infant fussiness, lethargy, fever), bacterial culture, drying process of cord, detachment of cord.

Technique/Intervention

Umbilical cord care as an intervention, Breast milk application in Group 1 and povidone iodine application in Group 2.

Data collection process

The data will be collected after obtaining prior administrative permission and informed consent from parents. The tools for data collection procedure are demographic proforma including gender, date of birth, vital signs, anthropometric measurements, time of cord clamping, apgar score, gestational age, antenatal and intranatal condition of mother and foetus and condition of cord at birth. The umbilical cord checklist including normal features of cord (colour, texture), parameters to assess umbilical cord infection (redness, swelling, discharge, foul smell, skin tenderness around cord, infant fussiness, lethargy, fever), bacterial culture, drying process of cord, detachment of cord.

The newborn was kept for 24 hours observation in NICU and then the babies were shifted to postnatal ward. First day, observation of cord status will be done in NICU. The babies will be selected alternatively to group1 and group2 from postnatal wards.

Next day onwards breast milk was applied on the umbilical cord thrice a day to group one and povidone iodine was applied on the umbilical cord thrice a day to group two for seven days. The post interventional assessment carried out on 3rd day, 5th day, and 7th day for both the groups.

Umbilical cord swab culture

The swab was collected 2 times from each sample of newborns to detect bacterial growth among the two groups. The first swab was collected on 3rd day and second swab at the time of cord separation. The swab will be sent for culture and is incubated for 48 hours in the laboratory and conclusions were made on the basis of result graded as: sterile, scanty, moderate and heavy.

Plan for data analysis

The researcher will analyze the data by using descriptive and inferential statistics based on the objectives and hypotheses of the study. To compute the data, a master data sheet was prepared by the investigator.

Sections were analyzed under following headings

Section A

Description of sample characteristics.

Section B

Evaluation of effectiveness of topical application of breast milk on umbilical cord healing in Group 1.

- a) Overall item wise analysis and distribution of sample in Group 1 in terms of umbilical cord status on day 1, day 3, day 5 and day7.
- b) Evaluation of effectiveness of topical application of breast milk on umbilical cord healing in terms of colour of cord.
- c) Evaluation of effectiveness of topical application of breast milk on umbilical cord healing in terms of texture of cord.
- d) Evaluation of effectiveness of topical application of breast milk on umbilical cord healing in terms of umbilical cord infection.
- e) Evaluation of effectiveness of topical application of breast milk on umbilical cord healing in terms of drying process of cord.

Section C

Evaluation of effectiveness of topical application of povidone iodine on umbilical cord healing in Group 2.

- a) Overall item wise analysis and distribution of sample in Group 2 in terms of umbilical cord status on day 1, day 3, day 5 and day7.
- b) Evaluation of effectiveness of topical application of povidone iodine on umbilical cord healing in terms of colour of cord.

- Evaluation of effectiveness of topical application of povidone iodine on umbilical cord healing in terms of texture of cord.
- Evaluation of effectiveness of topical application of povidone iodine on umbilical cord healing in terms of umbilical cord infection.
- Evaluation of effectiveness of topical application of povidone iodine on umbilical cord healing in terms of drying process of cord.

Section D

Compare the effectiveness of topical application of breast milk (Group 1) and povidone iodine (Group 2) on umbilical cord healing.

- Comparison of umbilical cord colour among newborns with topical application of breast milk (Group 1) and povidone iodine (Group 2).
- Comparison of umbilical cord texture among newborns with topical application of breast milk (Group 1) and povidone iodine (Group 2).
- Comparison of umbilical cord infection status among newborns with topical application of breast milk (Group 1) and povidone iodine (Group 2).
- Comparison of umbilical cord drying among newborns with topical application of breast milk (Group 1) and povidone iodine (Group 2).
- Comparison of umbilical cord separation time among newborns with topical application of breast milk (Group 1) and povidone iodine (Group 2).

RESULTS AND DISCUSSION

Description of sample characteristics

This section describes the characteristics of newborns in terms of gender, anthropometric measurements and Apgar score. This data is presented in following figures 1-6.

(N=80)

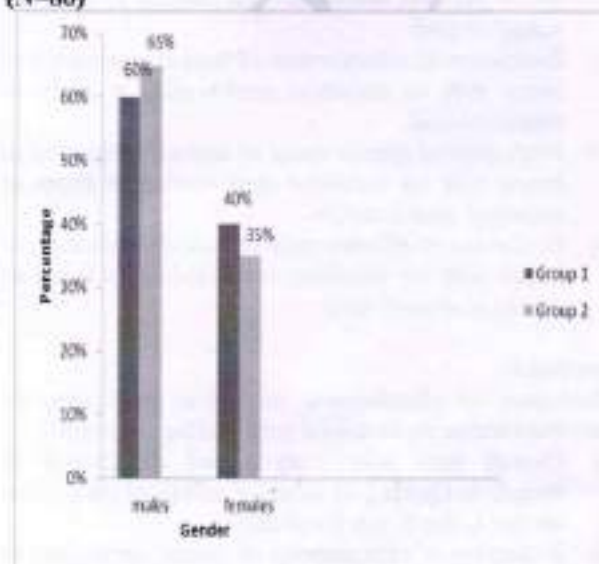


Figure 1: Percentage wise distribution of newborns according to gender.

The data presented in figure 1 shows the percentage wise distribution of gender among newborns. Most of the samples of the group 1 were males (60%) and 40 % were females while in Group 2, 65 % were males and 35 % were females.

(N=80)

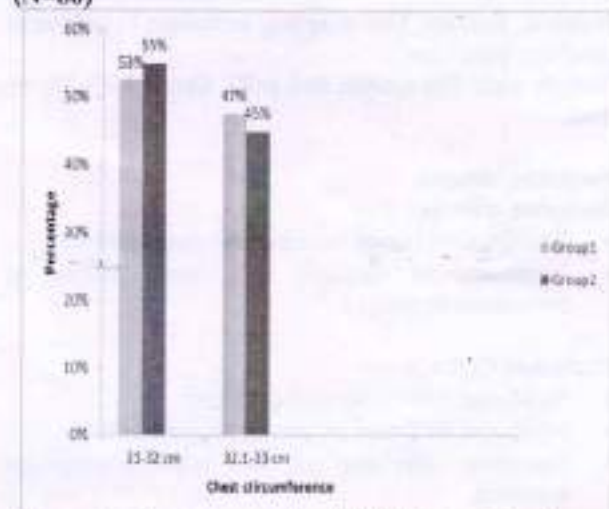


Figure 2: Percentage wise distribution of newborns according to their chest circumference.

The data presented in figure 2 reveals that 53 % of newborns in Group 1 and 55 % of newborns in Group 2 had a chest circumference ranging between 31- 32 cm. The remaining, 47% of newborns in Group 1 and 45% of newborns in Group 2 had a chest circumference ranging between 32.1- 33 cm.

(N=80)

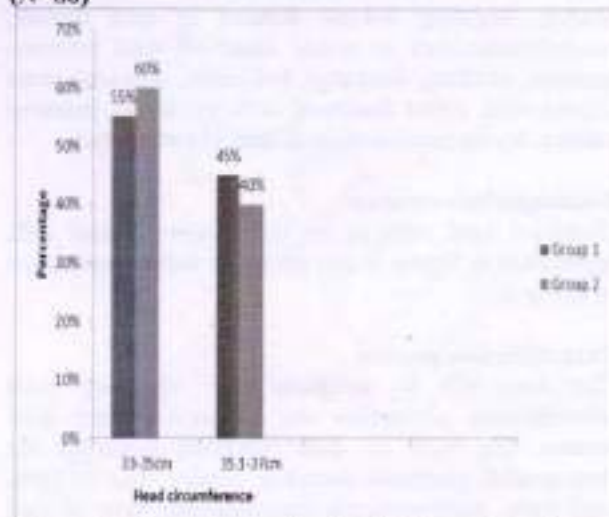


Figure 3: Percentage wise distribution of newborns according to head circumference.

The data presented in figure 3 shows that 55% of newborns in Group 1 and 60 % of newborns in Group 2 had a head circumference ranging between 33- 35 cm and 45% of newborns in Group 1 and 40% of newborns in Group 2 had a head circumference ranging between 35.1- 37 cm.

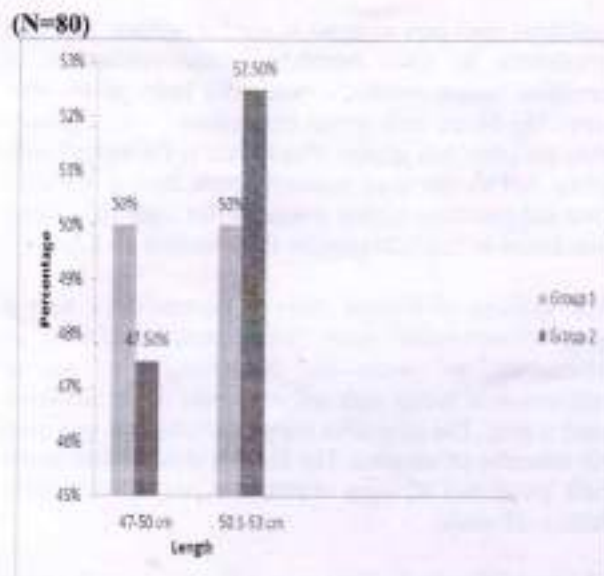


Figure 4: Percentage wise distribution of newborns according to length.

The data in the figure above describes that in Group 1, 50% of newborns had the length ranging between 47-50 cm and other 50% has 50.1-53 cm. In Group 2, 47.5% of newborn had length between 47-50 cm and remaining 52.5% had 47-50 cm.

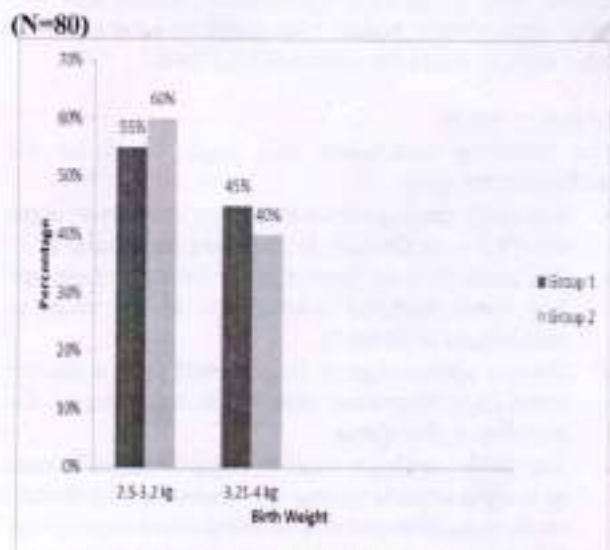


Figure 5: Percentage wise distribution of newborns according to birth weight.

The figure above presents data that, in Group 1, 55% of the newborns had birth weight between 2.5-3.2 kg and 45% had weight between 3.21-4 kg. In Group 2, 60% had birth weight between 2.5-3.2 kg and 40% had weight between 3.21-4 kg.

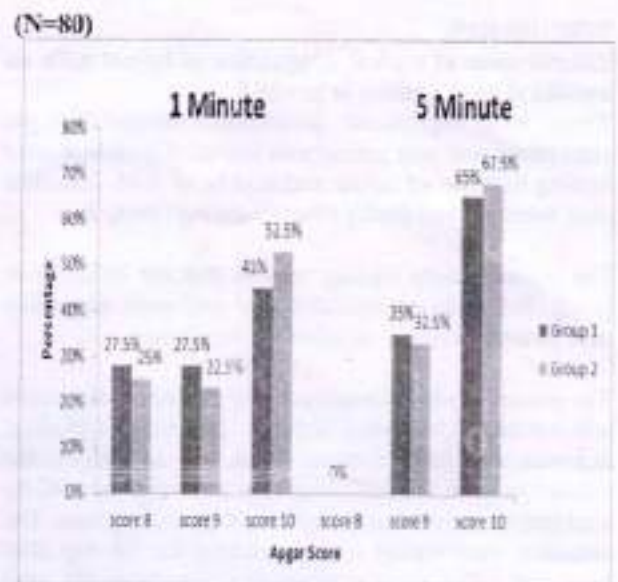


Figure 6: Percentage wise distribution of newborns as per Apgar score at 1 minute and 5 minute.

The data presented in figure 6 shows the percentage wise distribution of Apgar score among newborns. The figure describes that in Group 1, in first minute, 45% of the samples had an Apgar score of 10, 27.5% each had an Apgar score of 8 and 9 and in fifth minute, 65% of samples had an Apgar score of 10, 35% comes had a score of 9. In Group 2, the Apgar score in first minute is that 52.5% had a score of 10, 22.5% belongs to score 9, 25% belongs to score 8 and in fifth minute, 67.5% had the score of 10, 32.5% of the samples had score of 9.

Effectiveness of topical application of breast milk on umbilical cord healing in group 1.

There is a significant difference between the pre assessment and post assessment scores of umbilical cord healing in terms of colour and texture of cord, umbilical cord infection and drying process among Group 1.

Comparison of effectiveness of topical application of breast milk over povidone iodine on umbilical cord healing

The present study concludes that there is a significant difference in healing process among the newborns with topical application of breast milk in comparison to povidone iodine.

The present study finding reveals that the breast milk group had reduced infection rate in comparison to povidone iodine group.

The present study findings shows that breast milk group had shorter cord separation time than povidone iodine group.

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EFFECTIVENESS OF NURSE LED INTERVENTIONAL PACKAGE ON KNOWLEDGE OF MOTHERS REGARDING HOME CARE MANAGEMENT OF CHILDREN WITH BRONCHIAL ASTHMA IN OUTPATIENT DEPARTMENT OF THE SELECTED HOSPITALS AT KOLLAM DISTRICT

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ABSTRACT

A quantitative study was conducted to assess the effectiveness of nurse led interventional package on knowledge of mothers regarding home care management of children with bronchial asthma in outpatient department of the selected hospitals at Kollam district. A pre- experimental one group pretest posttest design was used and fifty samples were selected by using non probability purposive sampling technique. The tool used was self-structured knowledge questionnaire. Posttest was conducted on the 7th day of pretest. The collected data were analyzed using descriptive and inferential statistics. The result shows that the mean pretest and posttest score were 11.42 and 20.94 respectively. The calculated 't' value is 36.08 which was greater than the table value at 0.05 level of significance. It concludes that there is significant difference between mean pretest and posttest knowledge scores of mothers. The findings of the study suggest that nurse led interventional package was effective in improving the knowledge of mothers regarding home care management of children with bronchial asthma.

KEYWORDS: Nurse led interventional package, mothers of children with bronchial asthma, knowledge, home care management.

INTRODUCTION

An important aspect of parenting is understanding the changes your child will encounter during growth and development. As children advance through a sequence of growth stages they may face several challenges and relatively common problems. Although no children are exactly alike, there are universally accepted theories of human development and growth patterns. Children not only vary in physical appearance, but also express differences socially and mentally, as well as through personality and behavior.^[1] Bronchial asthma is a reactive airway disease characterized by airway obstruction or narrowing that is reversible either spontaneously or with treatment, airway inflammation and airway hyper responsiveness to variety of stimuli.^[2]

Bronchial asthma is the most common chronic disease among children that causes difficulty in breathing and is common in kids and teens. Symptoms include coughing, wheezing and shortness of breath. Children with asthma may have trouble completing task and getting along with other children compared to their peers without breathing problem. Bronchial asthma is a multifactorial disease, in which environmental, infectious, allergic and psychological elements all play a part. There is evidence

that emotional stress can either precipitate or exacerbate both acute and chronic asthma. Whatever precipitate an asthmatic attack, anxiety is likely to accompany it.^[3]

A study was conducted to assess the effectiveness of planned teaching programme on knowledge regarding prevention and management of childhood asthma and other allergic disorders among mothers of underfive in selected community population of Kanchipuram district. Pre experimental one group pretest-posttest research design was adopted and 60 mothers were selected by non-probability convenient sampling technique. The collected data were tabulated and analyzed by descriptive and inferential statistics. The mean pretest score was 9.82 and posttest score was 26.24. The 't' value obtained was 45.91 and is found to be significant at 0.05 level of significance. The study reveals that there was improvement in knowledge level of mothers, hence it indicates that the planned teaching programme was effective.^[8]

A study was conducted a study on asthma related knowledge, attitude and practice of parents of children with bronchial asthma. 100 parents of asthmatic children were enrolled by convenient sampling technique. The

study result shows that 80% parents did not know what is inhaled corticosteroid and most (85%) of them did not know how it worked, while 41% were aware of aerosol therapy, 8% had never used it for children. The study concluded that, there is an urgent need for preparation for parental education guidelines for preventing asthma exacerbation among asthmatic children living in India.^[9]

The rate of admission has been increased during seasonal variations in selected hospitals at Kollam. It is important to teach the mothers about the prevention of asthmatic attacks in children. So the researcher felt the need to conduct a study on mothers of children with bronchial asthma, and teach them how to prevent and manage bronchial asthma.

OBJECTIVES

- ❖ To assess the knowledge of mothers regarding home care management of children with bronchial asthma.
- ❖ To assess the effectiveness of nurse-led interventional package on knowledge of mothers regarding home care management of children with bronchial asthma.
- ❖ To find the association between pretest knowledge scores of mothers with selected demographic variables such as age, education, occupation, type of family, type of house, previous knowledge regarding home care management of children with bronchial asthma, area of residence and duration of care of child with bronchial asthma.

MATERIALS AND METHODS

The present study selected a quantitative approach to assess the effectiveness of nurse led interventional package on knowledge of mothers regarding home care management of children with bronchial asthma.

Study design

A pre experimental one group pretest posttest design was used.

Sample and sampling technique

In the present study, sample consisted of 50 mothers of children with bronchial asthma.

Inclusion criteria

- Mothers of children with bronchial asthma.
- Mothers willing to participate in the study.
- Mothers available during the time of data collection.

Exclusion criteria

- Mothers whose children are below 4 years of age.

Tool

The tool used for the study was structured knowledge questionnaire. It consisted of two sections,

Section A: Demographic proforma to collect the baseline information regarding the samples.

Section B: Structured knowledge questionnaire regarding home care management of children with bronchial asthma.

Technique/ intervention

The technique used for the study was nurse led interventional package. It consisted of video assisted teaching programme, pamphlet and demonstration of breathing exercise. The video include introduction, definition, incidence, causes, risk factors, clinical features, diagnostic method, medical management and home care management.

Data collection process

Institutional ethics committee clearance certificate was obtained from Bishop Benziger College of Nursing. The data were collected after obtaining prior permission from the concerned administrative authority of Bishop Benziger Hospital and Sanker's Hospital, Kollam and informed consent from the mothers. A brief introduction was given about the study and consent was taken from the mothers. Pretest was conducted on 1st day and nurse led interventional package was administered on the same day. Posttest was collected on the 7th day of pretest.

RESULTS

Data were analyzed under the following headings

Section A: Description of sample characteristics.

Section B: Evaluation of effectiveness of nurse led interventional package on knowledge of mothers regarding home care management of children with bronchial asthma.

Section C: Association between pretest knowledge scores with selected demographic variable such as age, education, occupation, type of house, type of family, previous knowledge of mothers regarding home care management of children with bronchial asthma, area of residence and duration of care of child with bronchial asthma.

Section A:

Table 1: Frequency and percentage distribution of sample according demographic variables.

Sl No	Variables	Category	Frequency	Percentage
1	Age	20-30	35	70
		31-40	15	30
2	Education	Higher Secondary	22	44
		Degree	25	50
		Post-graduation	3	6
3	Occupation	House wives	33	66
		Private employee	14	28
		Government employee	1	2
		Others	2	4
4	Type of family	Joint family	10	20
		Nuclear family	40	80
5	Type of house	Terraced	38	76
		Tiled	10	20
		Flat	2	4
6	Previous knowledge	Health professional	3	6
		Media	2	4
		Health professional & relatives	15	30
		Relatives & media	13	26
		Health professional & media	2	4
7	Area of residence	Rural	12	4
		Urban	38	76
8	Duration of care	<1 year	14	28
		1-3 year	26	52
		3-5 year	9	18
		>5 year	1	2

- Most of the samples (70%) were in the age group of 20-30 years and remaining 30% of samples belongs to the age group of 21-30.
- In regards of educational status half of the mothers (50%) have degree qualification. Most of the samples (66%) were house wives.
- Most of the samples (80%) were lives as nuclear family, among that 76% samples are lives in terraced house.
- Majority of the samples (76%) are lives in urban area and remaining 24% of samples are lives in village area.

Table 2: frequency and percentage distribution of sample according to knowledge scores.

Level of knowledge	Pretest		Posttest	
	Frequency	Percentage	Frequency	Percentage
Poor	22	44%	0	0
Average	28	56%	19	38%
Good	0	0	31	62%

It shows that in pretest, 56% of samples have average level of knowledge and remaining 44% of samples have poor level of knowledge. In posttest majority 62% of

samples have good level of knowledge and remaining 38% of samples have average level of knowledge.

Section B

Evaluation of effectiveness of nurse led interventional package on knowledge of mothers regarding home care management of children with bronchial asthma.

Table 3: Mean, standard deviation and 't' value of pretest and posttest knowledge scores of mothers regarding home care management of children with bronchial asthma.

	Mean	Standard deviation	't' value	Level of significance
Pretest	11.2	2.77	36.08	S*
Posttest	20.94	2.32		

*t value [60] = 2.000 *Significant at 0.05 level of significance.

The mean pretest scores of selected samples were [11.4 +2.77] higher than the mean posttest score [20.9 + 2.32].

Calculated 't' value was greater than the table value at 0.05 level of significance. This shows that nurse led

interventional package on home care management of knowledge among mothers of children with bronchial asthma was effective in improving the asthma.

Section C

Association between pretest knowledge scores with selected demographic variables.

Table 3: Association between pretest knowledge scores with selected demographic variables such as age, education, occupation, type of family, type of house, previous knowledge of mothers regarding home care management of children with bronchial asthma, area of residence and duration of care of children with bronchial asthma.

Sl no:	Demographic Variable	Knowledge level		Df	Table value	Chi square	Significance
		Poor	Average				
1.	Age of mother						
	20-30 years	21	14	1	3.84	12.12	S*
	31-40 years	1	14				
	>40 years	0	0				
2	Education						
	Illiterate	0	0	2	5.99	3.94	NS
	Secondary	7	15				
	Degree	15	10				
Post graduation	2	1					
3	Occupation						
	House wife	14	19	3	7.81	1.05	NS
	Private employee	7	7				
	Government employee	1	0				
Others	1	1					
4	Type of family						
	Joint family	4	6	1	3.84	0.08	NS
	Nuclear family	18	22				
5	Type of house						
	Hut	0	0	2	5.99	2.66	NS
	Terraced	16	22				
	Tiled	4	6				
	Flat	2	0				
6	Previous knowledge						
	Health professional	1	2	5	11.07	10.55	NS
	Relatives	0	0				
	Media	1	1				
	No information	0	0				
	a& b	10	5				
	b& c	5	8				
	a& c	1	1				
a, b &c	1	11					
7	Area of residence						
	Rural	9	3	1	3.84	6.15	S
	Urban	13	25				
8	Duration of care						
	<1 year	12	2	3	5.99	8.60	S
	1-3 year	11	15				
	3-5year	4	5				
	>5 year	1	0				

The calculated chi square value for age is 12.12 for area of residence is 6.15 and for duration of care child with bronchial asthma is 8.60 were found to be greater than table value. Hence there is a significant association between pretest knowledge scores and demographic variables like age, area of residence and duration of care of child with bronchial asthma.

DISCUSSION

This is intended to assess the effectiveness of nurse led interventional package on knowledge of mothers regarding home care management of children with bronchial asthma. The findings of the study are discussed with reference to the objectives, hypotheses and findings of other studies.

A pre experimental study was conducted by Liva, N. J. to analyze the effectiveness of structured teaching programme on knowledge regarding bronchial asthma among mothers of underfive children. One group pretest posttest design was used. A sample size of 50 mothers of underfive children were selected by convenient sampling technique. The result denotes that statistically significant effectiveness of structured teaching programme was found. There was significant association was found in previous knowledge of mothers regarding bronchial asthma. No association was found in age, education, occupation, family income, type of house, type of family, past history of asthma and family history.^[10]

The findings of the present study, when compared with the referent study, it was found that, both studies are pre experimental one group pretest posttest study. The sample size of the both studies were similar that is 50 samples of mothers. But in the referent study the samples were mothers of underfive children, in the present study it is mothers of children who aged between 4-15 years. In the present study non probability purposive sampling technique was used, while in referent study it is convenient sampling technique was adopted. The setting of the both studies were hospital. The tool used in both studies were structured knowledge questionnaire. Statistically significant effectiveness was found in both studies. In present study, it was found that significant association was found between pretest knowledge scores with selected demographic variables such as age, area of residence and duration of care of child with bronchial asthma. While in the referent study it was found that, significant association was found between pretest knowledge score and demographic variable such as previous knowledge.

CONCLUSION

The present study was aimed to find the effectiveness of nurse led interventional package on knowledge of mothers regarding home care management of children with bronchial asthma. The result of the study shows that, the pretest score of samples were 11.42 and posttest score was 20.94. And calculated 't' value (36.08) is greater than the table value (2.00) at 0.05 level of significance. So there is significant difference between pretest and posttest knowledge scores before and after intervention. This shows that nurse led interventional package was effective in improving the knowledge of mothers regarding homecare management of children with bronchial asthma.

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**A STUDY TO EXPLORE THE VIEWS OF FIRST YEAR B.SC NURSING STUDENTS
REGARDING SEXUAL ABUSE IN SELECTED NURSING COLLEGE**

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ABSTRACT

The objective of the study was to explore the views of first year B.sc Nursing students regarding sexual abuse. Ethnography design was used for this study. Convenient sampling technique was used to select the samples. Interview method was used to collect the data by using semi-structured focused questioner. The study included 10 Adolescence Girls between the age group of 18-19 years in Selected College of Nursing, Kollam. All samples were aware of sexual abuse problems as a common problem in our society. The act of sexual abuse is a social evil that must be eradicated from society. Participants emphasize the need of gender equality in our society and awareness classes to the parents regarding the safety of their children as strategies to prevent the incidence of sexual abuse in children and adolescents.

KEYWORDS: Sexual, abuse, nursing, students.

INTRODUCTION

Sexual abuse is abusive sexual behavior by one person upon another. Long term symptoms include anxiety, fear or post-traumatic stress disorder. Abuse often causes medical and psychological complications and is, therefore, a factor in medical emergencies. Children, older adults, and disabled individuals are at significantly higher risk for abuse. Individuals with cognitive impairment also have a greater risk for abuse. The abused victims often try to hide abuse or protect the abuser from consequences. The most state has mandatory reporting requirements for health care personnel regarding sexual abuse.

A study was conducted in U.S regarding the prevalence of sexual abuse among 13052 children and adolescents aged 0-17 years. The data were collected at three different times (2008, 2011 and 2014) through telephonic interview. The result revealed that 76.70% of males and 70.1% of females were victims of sexual abuse. Girls were abused by males (88.40%), whereas boys were abused by both males (45.60) and females (54.40%)^[1]

A study was conducted in 2014 regarding the prevalence and spectrum of sexual abuse among adolescents in Kerala. Adolescents belonged to the age 15-19 years studying in plus one and plus two classes were selected. Among respondents 36% of boys and 35% of girls had experienced sexual abuse at some point of their life while using public transport. It was also revealed that the

feeling of insecurity and isolation, dislike by parents and depression were significantly more in adolescents.^[2]

Objective: To explore the views of first year B.sc Nursing students regarding sexual abuse.

MATERIAL AND METHOD

Approach: Qualitative Approach

Design: Ethnography design

Population: Adolescence of Selected Nursing Colleges, Kollam

Samples: 1 Year BSc Nursing Students

Sampling technique: Non-Probability Convenient Sampling technique was used to select the Sampling.

Sample size: The sample size was 10

Tool: Semi-Structured focused questioner

Setting: The study was conducted in Bishop Benziger College of Nursing, Kollam

Data Collection Method: Interview method was used to collect the Data.

RESULT

What is a bad touch? Participants 1,2 and 3 said that "Touch Without once permission". Participants 4, 5,6,7,8 and 10 said "Touching in a bad way". Remaining one Participant said, "Touch which is not comfortable". Participants identified that touching in a bad way can be considered as a bad touch.

What is sexual abuse? Participants 4,5,7,8 and 9 said "abusing the person sexually". Participants 1 said "Act

using force for getting pleasure". The participant 2 and 10 said, "Sexually harassing others". Participants identified that Sexual abuse viewed as sexually harassing others for getting pleasure.

Risk persons for sexual abuse? Participants 6, 7,9,10 said, "Children especially females are the Risk persons for sexual abuse". Participants 2 said that "mentally disabled those who are not in a safe environment and Women and children, particularly teenagers, are at very risk for sexually abused". Participants 1 said that "Children, Adolescent, Females are a risk for sexually abused". Participant 5 said "female especially teenagers risk for sexually abused". The participants explored that female children, mentally disabled, female teenagers are at risk for sexually abused.

Reason for sexual abuse? Participants 1 and 2 said, "Family problems are the main reason for sexual abuse act". Participants 3 said sexual abuse related to the "person Attitude". Participants 6 said that "watching bad things is the main reason for sexual abuse". Participant 8 said, "Lack of proper sex education is the main cause for sexual abuse". The participants identified that the "family problems, person Attitude, watching bad things and Lack of proper sex education" are the main Reason for sexual abuse.

The warning sign of sexual abuse? Participants 2, 3, 6 and 8 expressed that "person's Way of behaving is the main sign of Warning sign of sexual abuse". Participants 4, 6, 8 said, Bad talk is the main Warning sign of sexual abuse. Participants 4 said, bad touches also a Warning sign of sexual abuse. Participant 9 said substance abuse may be the Warning sign of sexual abuse. The participants identified that Way of behaving, bad talk, bad touches, and substance abuse are the main warning signs of sexual abuse.

How can we identify these persons? Participants 1, 5, 6, 7 said, "The way of behavior we can identify the problematic person". Participants 2 said, "They do not maintain eye contact with others". Participants 4 said, "Based on the talk" can identify these people. The participants identified that Way of behave, do not maintain eye contact with others, Based on the talk we can identify the problematic person.

After the effect of sexual abuse? Participants said that 3, 4,5,6,7,8,10 "Depressed is the effect of a sexual abuse victim. Participants 1, 3, 9 said "Lack of interest in life". Participant 1, 10 said "social Withdrawal". Participant 5 said that "Suicidal attempts" will be after the effect of sexual abuse. Participants explore that Depressed, Lack of interest in life, social Withdrawal, Suicidal attempts are the main effect of sexual abuse.

How to do rehabilitation in sexual abused? Participants 8,9,10 said that "Support victim, Help the victim to overcome situations". Participants 3, 5 said "give proper

Psychological support in Rehabilitation centers, Participants 4 said, Punish the person who did the act. Participants identify that Support victims, Help victims to overcome situations and give proper Psychological support are the main Rehabilitation measures

CONCLUSION

The Following themes were identified.

1. Touching in a bad way can be considered as bad touch
2. Sexual abuse viewed as sexually harassing others for getting pleasure
3. Female children, mentally disabled, female teenagers are at risk for sexually abused.
4. family problems, person attitude, watching bad things and Lack of proper sex education are the main Reason for sexual
5. Person's Way of behaving, Bad talk, bad touches, and substance abuse are the main warning signs of sexual abuse.
6. Way of behave, do not maintain eye contact with others, Based on the talk we can identify the problematic person.
7. Depressed, Lack of interest in life, social Withdrawal, Suicidal attempts are the main effect of sexual abuse.
8. Support victim, Help victim to overcome situations and give proper Psychological support are the main Rehabilitation measures.

DISCUSSION

Childhood sexual abuse is over-represented among incarcerated girls and women. The purpose of the study was to assess the CSA (Childhood sexual abuse) and CSA disclosure experiences of incarcerated female adolescents and young adults. Participants were 94 serious female offenders, aged 15-24 (M=18.72, SD=1.94), incarcerated in a secure juvenile facility. In one-on-one interviews, participants answered questions about abuse characteristics, whether they had previously disclosed, to whom they had disclosed and after how long, and reasons for prior disclosure or nondisclosure. Half of the sample (51.8%) reported experiencing Childhood sexual abuse. Most individuals who reported a CSA history had previously disclosed (79.5%, n = 35), with approximately equal proportions claiming to disclose within one week (40%) and after a year or years (45.8%). However, 20.5% (n = 9) claimed that our study interview was their first disclosure. Several reasons for their disclosure patterns were endorsed: Most commonly feelings of shame or embarrassment prevented disclosure (56%) and no longer wanting to keep the abuse a secret motivated disclosure (44%). Although many incarcerated girls and women share a history of CSA, the results indicate that the abuse and disclosure experiences of incarcerated females are diverse. Understanding their disclosure patterns can benefit mental health services, rehabilitation, and professional interviewers to go deep in to the subject.^[3]

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RESEARCH ARTICLE

A Descriptive study to assess the Knowledge regarding dementia in geriatrics among above the age group of 60 years in selected community area, Sakthikulangara, Kollam.

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ABSTRACT:

The present study entitled "A descriptive study to assess the knowledge regarding dementia in geriatrics among above the age group of 60 years in selected community area, Sakthikulangara, Kollam". The objective of the study was to assess the pretest knowledge regarding dementia in geriatrics among above the age group of 60 years, to find out the association between the demographic variables and knowledge regarding dementia in geriatrics among above the age group of 60 years. The sample comprised of 30 household members in selected area of Sakthikulangara, Kollam. The tool used for data collection was structured questionnaire for assessing pretest knowledge. The collected data were analyzed by using inferential statistics. The result of pretest showed that 3.33% had adequate knowledge 90% had moderate knowledge and 6.66% had inadequate knowledge. It was completed to determine the association between level of knowledge regarding dementia and selected demographic variables and it shows that there is no significant association with knowledge and selected demographic variables.

KEYWORDS: Assess, Knowledge, Dementia, Geriatrics

INTRODUCTION:

Aging (ie, pure aging) refers to the inevitable, irreversible decline in organ function that occurs over time; in the absence of injury, illness, environmental risks, or poor lifestyle choices (eg, unhealthy diet, lack of exercise, substance abuse). Geriatrics refers to medical care for older adults, an age group that is not easy to define precisely. Gerontology is the study of aging, including biologic, sociologic, and psychological changes. Overall, women live about 5 years longer than men, probably because of genetic, biologic, and environmental factors. These differences in survival have changed little despite changes in women's lifestyle (eg, increased smoking, increased stress) over the late 20th century and into the 21st.¹

Diseases interact with pure aging effects to cause geriatric-specific complications (now referred to as geriatric syndromes), particularly, in the weak-link systems-even when those organs are not the primary ones affected by a disease. Typical examples are delirium complicating pneumonia or urinary tract infections and the falls, dizziness, syncope, urinary incontinence, and weight loss that often accompany many minor illnesses in older adults. Aging organs are also more susceptible to injury; eg, intracranial hemorrhage is more common and is triggered by less clinically important injury in older adults.¹

Dementia is usually a disease of the elderly and is characterized by progressive loss of memory and other mental faculties such as language, judgment, and planning, impairment of daily activities, and deficiency in social interaction. Dementia impacts personal, family, and societal life. It reduces life span, induces caregiver's

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strain at family level, and utilizes health care facility, inflicting strain on national income. It is expected that the burden of dementia will be increasing in developing countries due to increase in longevity and increasing prevalence of risk factors such as hypertension and stroke and lifestyle changes. There are over 100 forms of dementia. The most well-known form of dementia is Alzheimer's disease, which accounts for 50-60% of all cases.²

India has a unique situation characterized by rapid epidemiological transition leading to increasing aging population and higher prevalence and incidence of non-communicable diseases such as stroke and cardiovascular diseases, similar to other developing countries in the world.²

Dementia is not a specific disease. It is a descriptive term for a number of symptoms that can be caused by a number of disorders that affect the brain. Dementia patients have significantly impaired intellectual functioning that interferes with normal activities and relationships. They lose their ability to solve problems and maintain emotional control, and they also may experience personality changes and behavioral problems such as agitation, delusions, and hallucinations. While memory loss is a common symptom of dementia, memory loss by itself does not mean that a person has dementia. Doctors diagnose dementia only if two or more brain functions were affected- such as memory, language skills, perception, or cognitive skills including reasoning and judgment are significantly impaired without loss of consciousness.³

There are many disorders that can cause dementia. In people aged 65 and older Alzheimer's disease (AD) is the most common cause of dementia. Nearly all the brain functions, including memory, movement, language, judgment, behavior and abstract thinking are eventually affected. AD is characterized by two abnormalities in the brain: amyloid plaques and neurofibrillary tangles. Around 50-75% proportion of dementia cases in India are because of Alzheimer's disease. Vascular dementia is caused by brain damage from cerebrovascular or cardiovascular problems - usually strokes. It also may result from genetic diseases, endocarditis (infection of a heart valve), or amyloid angiopathy (a process in which amyloid protein builds up in the brain's blood vessels, sometimes causing hemorrhagic or "bleeding" strokes). In many cases, it may coexist with AD.³

Dementia refers to loss of cognitive function that affects memory along with the ability to think, solve problems and control emotions. Dementia itself is not a disease, but describes a group of symptoms caused by a brain disorder. When dementia becomes severe, it would say that is a complication. Sometimes patients may have

severe paranoia, which can lead to psychosis, delusions and even aggression. Sometimes they become totally depressed and withdrawn, and if they aren't eating and drinking properly, their body may become weak. Other possible complications of dementia, regardless of its cause, include: loss of previous ability to function or care for self, loss of previous ability to interact with others, reduced lifespan, increased infections within the body.³ Dementia care may not be equivalent to other old age care and should be given attention separately from any other form of old age care. In developing country like India the devalued field of care for elderly people, caring for those with dementia has been seen as an unrewarding job. Because of the rapid aging of India's population, there has been proportionate increase in prevalence of the dementia leading to emergence of major socioeconomic challenges in dementia care and care giving. Lack of community awareness, rapid erosion of family support and poor government initiatives on these issues have been the well-recognized drawbacks of dementia care in this country.⁶

NEED FOR THE STUDY:

Someone in the world develops dementia every 3 seconds. In worldwide there were an estimated 46.8 million people living with dementia in 2015 and this number is believed to be close to 50 million people in 2017. Over 9.9 million new cases of dementia in each year worldwide, implying one new case every 3.2 seconds.

A 2-phase survey was conducted in 2010 to assess the prevalence of AD and dementia in Kerala, South India, and effects of age, education and gender on it and 2466 individuals aged ≥ 55 years living in community. The method of assessment through instrumental activity of daily living scale for the elderly (IADL-E) and the Addenbrooke's cognition examination (ACE). Diagnostic-assessment (Phase II) was in 532 screen-positives and 247 (10%) screen-negatives. The Results shows that 93 (3.77%) ≥ 55 years and 81 (4.86%) ≥ 65 years of age had dementia. Age adjusted (against US-population in 2000) dementia (and AD) in age ≥ 55 years were 4.86% (1.91%) age and 6.44% (3.56%) in ≥ 65 years. Odds for dementia (and AD) were high with increasing-age 5.89 (15.33) in between the age of 75-84 years, 13.23 (25.92) ≥ 85 years, and in women 1.62 (2.95); and low 0.27 (0.16) if education was ≥ 9 years. The study summarizes that age and low education increases dementia and age and gender (female) increased AD. Prevalence of dementia and AD is higher than any reported from the subcontinent suggesting that dementia in Kerala in South India is not uncommon. Increasing age increased dementia and AD. Low-education is associated with dementia and female-gender with AD.⁷

Nearly 3.7 million people in India are suffering from dementia and this number is set to double over the next 20 years, according to the World Health Organization (WHO). India's population of sufferers from Alzheimer's disease and Vascular Dementia (the two major afflictions that denote this condition) is estimated to more than double by 2030 and then grow exponentially by 2050.

Worldwide, nearly 35.6 million people live with dementia as of 2010. By 2030 this number is expected to double about 65.7 million and more than triple by 2050 about 115.4 million. Much of the increase will be in developing countries. Already in developing countries 58% of people lives with dementia, but by 2050 this will rise to 71%. The fastest growth in the elderly population is taking place in China, India, and their South Asian and Western Pacific neighbors. With a documented 3.7 million elderly people suffering from dementia, India currently ranks third, behind only China and the USA. Demographic ageing is a worldwide process that shows the successes of improved health care over the last century.³

According to the 10/66 Dementia study which was conducted in seven low and middle income countries in eleven sites which included both rural and urban India. The population trend projects to a rise from 5.63% of older adults in 1961 to 6.58% in 1991 reaching 7.5 per cent in 2001. Men and women between the age group of 75 - 79 years account to 5.7% (women) and 15.7% (men) of dementia sufferers respectively. This figure rises to 11% and 29.4% when the age group of 80 years and above is considered. The educational background, social status, urban / rural living, understanding of assessment process and validation of the assessment tools used are to be taken into account when diagnosing somebody with dementia. Large families living together for generations in the same house provide supportive care to the elderly they also are affected by the carer burden. This in turn has an effect on the negative economy due to lack of income generation by that member of family in addition to the psychosocial stress faced by them. India is currently spending INR 0.15 to 160 billion per year for care of people with dementia. It is predicted that the current number of people with dementia would double by 2030 (3.69 million to 7.61 million) and the immediate consequence would be that the cost of care would also double.⁴

According to the latest Dementia-India Report of Alzheimer's and Related Disorders Society of India (ARDSI), the projected prevalence of dementia among elderly, aged 65 years and above, in Kerala was 1.5 lakh in 2011. Kerala is estimated to have over two lakh dementia patients by 2021, said a report on the eve of

World Alzheimer's Day, which is observed each year on September 21.⁵

People with dementia are frequently denied the basic rights and freedoms available to others. In many countries, physical and chemical restraints are used extensively in care homes for older people and in acute-care settings, even when regulations are in place to uphold the rights of people to freedom and choice.

An appropriate and supportive legislative environment based on internationally-accepted human rights standards is required to ensure the highest quality of service provision to people with dementia and their carers.

Home based support for caregivers of persons with dementia, which focus on the use of locally available, low-cost human resources, is feasible, acceptable and leads to significant improvements in caregiver mental health and burden of caring.

Dementia affects 50 million people worldwide, with every 3 seconds a new case of dementia occurring somewhere in the world. Dementia can also affect individuals under the age of 65 and it is called as young onset dementia. Greater awareness and understanding of dementia is important to challenge the myths and misconceptions that surround the condition.

This study is mainly focusing on the geriatrics and to assess the knowledge level of these regarding the dementia and make them and the family aware about dementia. It helps to improve the health status and can help the community from the occurrence of dementia. In this study the, in the particular area dementia cases were present and the geriatric population also greater.

OBJECTIVES OF THE STUDY ARE:

- To assess the pretest knowledge regarding dementia in geriatrics among above the age group of 60 years
- Find out the association between the demographic variables and knowledge regarding dementia in geriatrics among above the age group of 60 years.

REVIEW OF LITERATURE:

1.Literature related to the knowledge of dementia in geriatrics.

A population-based, cross-sectional study was conducted on public knowledge about dementia of 926 subjects, and living in Gwangmyeong City, Korea in between June and September 2014. A 12-item questionnaire with true/false responses was used to assess the knowledge about dementia. The data obtained were analyzed using quantitative methods. The result shows that, the mean score for the knowledge about dementia was 7.9862.5

points out of 12 points. The level of dementia knowledge was negatively associated with increasing age and positively with higher education level and People who have not connected to dementia information.¹²

Another cross sectional study was conducted to assess community health professionals' dementia knowledge, attitudes and care approach in China, 450 health professionals were recruited into the study using random sampling from community health service centers in Changsha, China. Their knowledge, attitudes and care approach were assessed utilizing the Chinese version of the Alzheimer's Disease Knowledge Scale, Dementia Care Attitude Scale and Approach to Advanced Dementia Care Questionnaire respectively. A total number of 390 participants were returned the questionnaire (response rate 87%). Age, education, professional group and care experience were associated with knowledge scores, and overall dementia knowledge was poor. Attitudes were generally positive and it is influenced by age, professional group, gender and care experience. The experience of caring for people with dementia was positively associated with a person-centered care approach, although the participants tended not to use a person-centered care approach. A statistically significant association was found between knowledge and attitudes ($r = 0.379$, $P < 0.001$), and between attitudes and care approach ($r = 0.143$, $P < 0.001$). However, dementia knowledge has no relationship with a person-centered approach. The results suggest that a multifaceted approach which consisting of educational interventions for community health professionals, and policy and resource development to meet the demand for community dementia care services, is urgently needed in China.¹³

A study conducted to assess the knowledge of the family members of elderly regarding Alzheimer's disease in a selected urban community at Mangalore. A preexperimental research design of one group pretest and posttest with an evaluative approach was adopted for the study. Analysis revealed that the mean posttest knowledge (20.78 ± 3.31) was higher than mean pretest knowledge scores (12.90 ± 2.43). Significance of difference between pretest and posttest was statistically tested using paired t test and it was found very highly significant ($t = 40.85$, $P < 0.05$). Majority of the variables showed no significant association between pretest and posttest knowledge score and with demographic variables. The findings revealed that the planned teaching program is an effective strategy for improving the knowledge of the subjects.¹⁴

1. Literature related to the management of dementia.

An interpretative study was conducted to understand the experiences of people with dementia and their caregivers

in engaging in dementia diagnosis in China. In total, 23 participants contributed to the interviews or focus group. The aim of the study was to understand the experiences of people with dementia and their caregivers in engaging in dementia diagnosis. An interpretative study design informed by Gadamer's hermeneutic principles was applied to the present study to achieve the aim of the study. The study was strengthened by applying a social ecological framework to the study design. Thematic analysis was applied to data analysis: 4 themes were determined from data and described as: capabilities to detect the memory loss in an early stage, perceptions and beliefs of dementia in the community, different journeys toward the diagnosis and expectations of a smooth journey for others. The study findings illuminate a social ecological perspective of improving early detection and diagnosis of dementia in the community settings. And this study findings have implications for policy, resource, and practice development. Consumers expect that government subsidized dementia care services in primary care and specialist care settings are needed in order to enable consumer-driven timely diagnosis and dementia management in home care settings.¹⁵

A study was conducted in Bangalore to assess the cost of dementia care in India. The study result shows the total expense was similar to that reported by individual households. The annual household cost of caring for a person with dementia in India, depending on the severity of the disease, ranged between INR 45,600 to INR 20,2450 in urban areas and INR 20,300 to INR 66,025 in rural areas. Costs increased with increasing severity of the disease process. In the rural or urban area, the costs of informal care contributed to nearly half of the total costs. Thus with increasing severity, proportion of medical costs decreased while social cost increased. Medical costs in rural areas were nearly one-third of the total costs as against less than one-fifth in urban areas.¹⁶

A randomised controlled trial from Goa, India. It measured caregiver mental health (General Health Questionnaire), caregiver burden (Zarit Burden Score), distress due to behavioral disturbances (NPI-D), behavioral problems in the subject (NPI-S) and activities of daily living in the elder with dementia (EASI). Outcome evaluations were masked to the allocation status. Analyzed each outcome with a mixed effects model. Eighty-one families enrolled in the trial, were 41 randomly allocated to the intervention. 59 completed the trial and 18 died during the trial. The intervention led to a significant reduction of GHQ (-1.12 , 95% CI -2.07 to -0.17) and NPI-D scores (-1.96 , 95% CI -3.51 to -0.41) and non-significant reductions in the ZBS, EASI and NPI-S scores and also observed a non-significant reduction in the total number of deaths in people with dementia in the intervention arm (OR 0.34, 95% CI 0.01 to 1.03).¹⁷

2. Studies related to the incidence and prevalence of dementia.

A systematic search of studies published in Italy between 1980 and April 2014 aims to investigating the prevalence of dementia and AD and then evaluated the quality of the selected studies. A systematic search were performed using PubMed/Medline and Embase to identify the Italian population-based studies on the prevalence of dementia among people aged ≥ 60 years. The quality of the studies was scored according to the Alzheimer's Disease International (ADI) criteria. About sixteen articles on the prevalence of dementia and AD in Italy were eligible and 75 % of them were published before the year 2000 and only one study was a national survey, whereas most of the studies were locally based (Northern Italy and Tuscany). Overall, the 16 studies were attributed a mean ADI quality score of 7.6 (median 7.75). Full implementation of a Dementia National Plan is highly needed to better understand the epidemiology of the disease and monitor dementia patients.¹⁸

A Study conducted on the Prevalence of Dementia in Migrant, Urban, Rural, and Tribal Elderly Population of Himalayan Region in Northern India. The aim of the study was to generate data on the prevalence of dementia and to generate a hypothesis on the differential distribution across populations. The settings identified for the purpose of this study which included a migrant, urban, rural, and tribal. This study was conducted in two phases: 1) A screening phase and 2) a clinical phase. Sample size is 2,000 individuals above 60 years of age. Out of 2,000 samples, 500 individuals were approached from each site. Nobody refused to participate. A total of 32/2,000 (1.6%) elderly individuals were classified as demented. No case of dementia was reported from tribal population. Sex differential reveals that majority (21/32; 66%) of individuals identified as demented were females. As age advanced with elders above 80 years showing decreased lowest scores on cognitive screen. Out of 32, 56% (18) of patients classified as demented were more than 80 years of age. The findings of this study are in agreement with previous studies which point towards differential distribution of dementia across populations.¹⁹

A community-based epidemiologic study of dementia in a rural community in Kerala India investigated the prevalence of various dementing disorders in the community, psychosocial correlates of the morbidity, and assessment of the risk factors associated with dementia. Andoor to door survey was conducted to identify elderly people aged 60 and above. A total of 2067 elderly persons were screened with a vernacular adaptation of the MMSE. All those who scored 23 and below had undergone a detailed neuropsychological evaluation by CAMDEX-Section B, and the care-givers of the people with confirmed cognitive impairment were

interviewed using CAMDEX-Section H to confirm the history of deterioration or impairment in social or personal functioning. 5% of those whose screening was negative were randomly selected and evaluated during each stage. Out of 2067 persons aged 60, sixty-six cases of dementia were identified, a prevalence rate of 31.9 per thousand. Fifty-eight percent of the dementia cases were diagnosed as vascular dementia and 41% satisfied the criteria for ICD-10 dementia in Alzheimer's disease. There were more women in the Alzheimer's disease group; smoking and hypertension were associated with vascular dementia while a family history of dementia was more likely in the Alzheimer's group. Dementia is an important cause of morbidity in the geriatric population in this community, where families take responsibility for the care of relatives with dementia.²⁰

MATERIALS AND METHOD:

Methods:

A quantitative approach is used in that the research design is adopted for the study is non experimental descriptive design. The setting will be Sakthikulangara community area situated at kollam. The populations in the study include residents in selected villages at kollam. Convenience sampling used in this study.

Tools / instruments:

The instruments used for the present study are demographic proforma and structured questionnaire which were validated by the experts.

Data collection:

The data collection was conducted from the setting for the study was Community area of Sakthikulangara at Kollam. The data collected after obtaining administrative approval and permission from authorities of community Centre. The subjects were collected based on inclusion and exclusion criteria. The household members of who are residing Sakthikulangara areas were selected. A total of 30 samples were selected using convenience sampling technique. The investigators introduced them to the subjects and purpose of the study was explained to them. Confidentiality was assured and a written consent was obtained. Structured questionnaire was used to find out the knowledge regarding dementia. After conducting the study pamphlets was given to household members to increase knowledge regarding dementia and its management. The data collection was completed by thanking the respondents for their cooperation. The data collected were compiled for analysis.

Data analysis:

The researcher will analyse the data by using descriptive and inferential statistics based on the objectives and hypothesis of the study. To compute the data, a master data sheet was prepared by the investigator.

FINDINGS OF THE STUDY:

SECTION A

Description of demographic data of geriatrics regarding dementia.

This section deals with the percentage wise distribution of demographic variables.

SECTION A

Description of sample according to their demographic variables.

This section deals with the percentage distribution of demographic variables

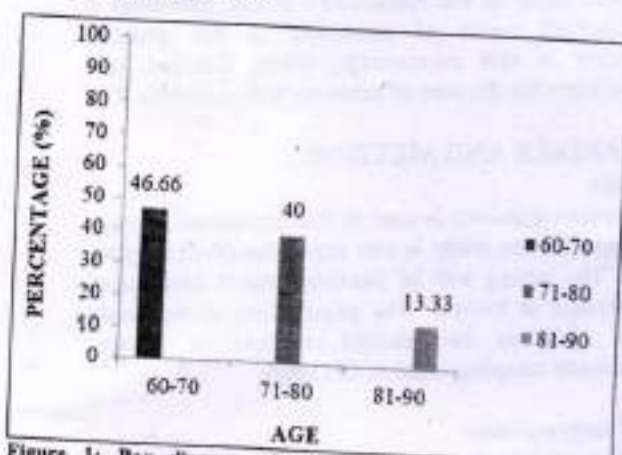


Figure 1: Bar diagram showing frequency and percentage distribution of samples according to their Age. N=30

The data presented in the figure shows that 46.66% are 60-70 years of age, 40% are between 71-80 years of age and 13.33% are between 81-90 years of age group.

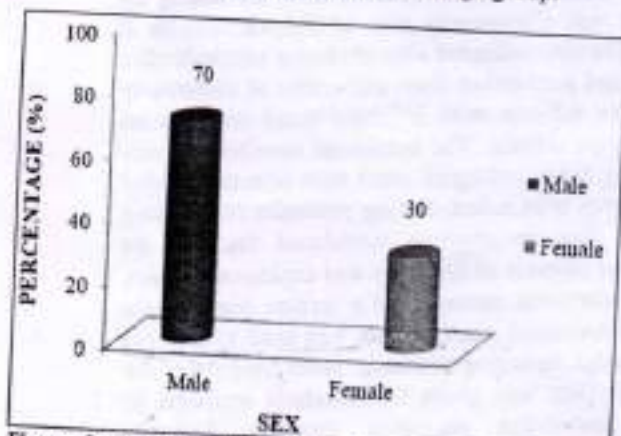


Figure 2: Bar diagram showing frequency and percentage distribution of samples according to their Sex. N=30

The data presented in the figure 2 shows that 70% were males and 30% were females.

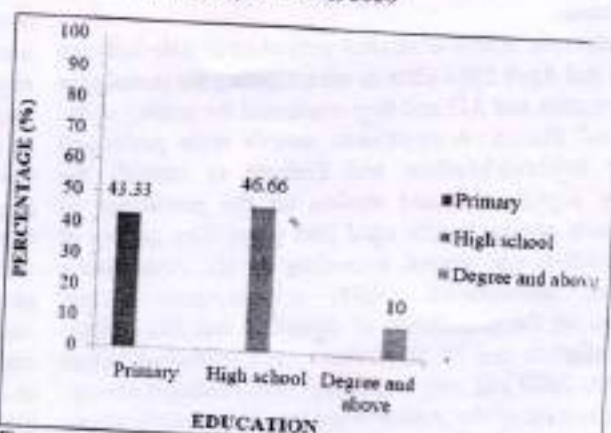


Figure 3: Bar diagram showing frequency and percentage distribution of samples according to their Education. N=30

The data presented in the figure 3 shows that 43.33% had primary education, 46.66% had high school education and 10% were graduates.

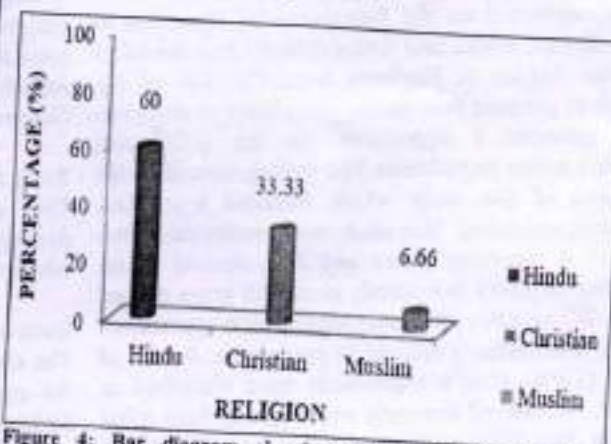


Figure 4: Bar diagram showing frequency and percentage distribution of samples according to their Religion. N=30

The data presented in the figure 4 shows that 60% were Hindus, 33.33% were Christians and 6.66% were Muslims.

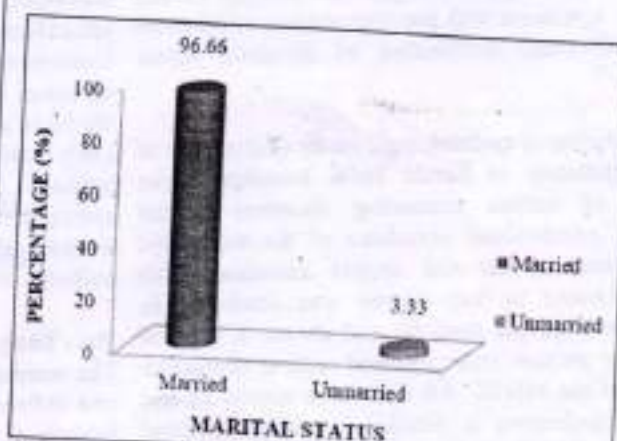


Figure 5: Bar diagram showing frequency and percentage distribution of samples according to their marital status. N=30

The data in presented in the figure 5 shows 96.66% were married and 3.33% were unmarried.

SECTION B:
Analysis of knowledge of samples regarding dementia.

Figure 7 shows that 6.66% were gets marks between 0-6, 90% were gets marks between 7-14 and 3.33% were gets marks between 15-20.

SECTION B: Assessing the knowledge regarding Dementia in geriatrics among above the age 60 years in selected community area at Kollam.

Table 1: Frequency and percentage distribution of score on knowledge regarding Dementia in geriatrics among above 60 years.

Score	Score range	Frequency	Percentage
0-6	Inadequate	2	6.66%
7-14	Moderate	27	90%
15-20	Adequate	1	3.33%

The data presented in table 1 shows that 6.66% have inadequate knowledge, 90% have moderate knowledge and 3.33% have adequate knowledge.

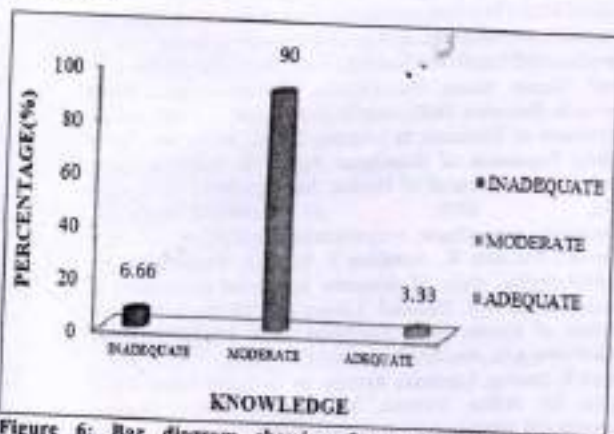


Figure 6: Bar diagram showing frequency and percentage distribution of samples according to their marks rewarded. N=30

SECTION C: Association between knowledge regarding Dementia and selected demographic variables.

TABLE 2: Association between knowledge and selected demographic variables.

Sl no	Variables	Knowledge			df	Chisquare value	Level of Significance
		Inadequate	Moderate	Adequate			
1.	Age in years				4	4.226	NS
	60-70	1	12	1			
	71-80	0	12	0			
2.	Sex				2	3.192	NS
	Male	2	19	0			
	Female	0	8	1			
3.	Education				4	3.846	NS
	Primary	2	11	0			
	High school	0	13	1			
4.	Religion				4	1.025	NS
	Hindu	1	16	1			
	Christian	1	9	0			
5.	Marital status				2	0.115	NS
	Married	2	26	1			
	Widow	0	0	0			
	Unmarried	0	1	0			

Table 2: The association was computed by using chi square test. It was inferred that the present study showed no significant association between the knowledge, age, sex, religion, education, marital status (calculated value is greater than tabulated value at 0.05 level of significance). So there was no significant association between the demographic variables and knowledge at 0.05 level of significance.

are in between 81-90 years of age. In the study 70% of samples were males and 30% were females. Among the samples 43.33% have primary education, 46.66% have high school education and 10% were graduates and among the samples 60% were Hindus, 33.33% were Christians and 6.66% were Muslims. Samples of 96.66% were married and 3.33% were unmarried.

CONCLUSION:

Out of 30 samples 46.66% are in between 60-70 years of age, 40% are in between 71-80 years of age and 13.33%

Out of 30 samples 6.66% have inadequate knowledge, 90% have moderate knowledge and 3.33% have adequate knowledge.

RECOMENTATION:

Based on the findings of the study is recommended that

- A similar kind of study can be conducted for adult
- The same study can be conducted for large group
- A structured teaching programme can be planned for a large group.

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RESEARCH ARTICLE

A Study to Assess the Knowledge on Mothers of Underfive Children Regarding Importance of Vitamin A among Selected Areas of Pallithottam, Kollam

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ABSTRACT:

A Study to assess the knowledge on mothers of under five children regarding importance of vitamin A among selected areas of pallithottam Kollam. The objectives of the study were to; a) to assess the knowledge on mothers of under five children regarding importance of vitamin A. b) to find out the association between knowledge on mothers of under five children regarding importance of vitamin A and selected demographic variables. A quantitative research approach was used with non-experimental survey method design. Convenience sampling was used. Sample size was 30. The investigator assessed the mothers knowledge using structured questionnaire regarding importance of Vitamin A. The analysis of the data was based on the objectives of the study using descriptive and inferential statistics. It is found that there is no significant association between knowledge and demographic variables like age, type of family, education, religion, monthly income and nutritional status. The findings of the study showed that there was majority of the mother of under five children have average knowledge regarding the importance of vitamin A.

KEYWORDS: Assess; Knowledge; Mothers; under five children; Importance; Vitamin A.

INTRODUCTION:

A human life is divided in five main stages mainly infancy, childhood, adolescence, adulthood and old age. Among this early childhood is considered as one of the most important and precious time between the attainment of adulthood. The first five years of life are crucial for child development and it entails the biological, psychological and emotional changes occur.¹ During the development stage they require adequate nutrients which influencing the growth and immunity. If they are not fulfilled with adequate requirement they suffer from certain deficiency disorder.²

Among Vitamin A is an essential nutrient for the normal functioning of the visual system and maintenance of cell function for growth, epithelial, red blood cell production, immunity and reproduction.³ Vitamin A deficiency is one of the important factor for childhood blindness and a major contributing factor to morbidity and mortality among under-five children. It is mostly seen in poorer people and developing countries. About 2, 50,000 to 5, 00,000 malnourished children in the developing world go blind each year. Vitamin A deficiency can be combated with a variety of food and medicine based approaches including increased food diversity, food fortification and medical Vitamin A supplements in every six months.⁴

OBJECTIVES:

- To assess the knowledge regarding importance of vitamin A among mothers of under five children.

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- To find out the association between knowledge on under five mothers regarding importance of vitamin A and selected demographic variables.

REVIEW OF LITERATURE:

1. Literature related to knowledge regarding importance of vitamin A:

A descriptive Study was conducted to assess the Knowledge of Mothers of under-five children regarding vitamin A in Selected areas of Bagalkot. A total of 100 subjects were selected through non-probability purposive sampling technique. Data was collected by using structured questionnaire. The study revealed that out of 100 sample 42% of the subjects were between 26-30 years, and 08% was in between 31-35 years and (72%) of the sample was housewife and the rest 28% employee. The results shows that majority of the mothers 41% had satisfactory knowledge level (41 mothers), inadequate knowledge about 36% (36 mothers) and 23% (23 mothers) were had adequate knowledge.⁵

A cross-sectional study to assess the knowledge, attitude and practices of mothers of pre-school children regarding Vitamin A supplementation and it was carried out in the urban field practice area of GCS Medical College, Ahmedabad. A total of 250 mothers of pre-school children (1-5 years of age) were interviewed through house to house survey using a pretested questionnaire. The result revealed that Only 4.4% mothers answered night blindness as disease caused by vitamin A deficiency followed by vision problem (4.4%), 36.6% mothers had knowledge that Green leafy vegetables are good source of vitamin A followed by Banana (35.7%) and Papaya (24.4%) and 8.0% mothers had received information of Vitamin A rich food.⁶

A Non Experimental descriptive study was to assess the knowledge regarding Vitamin A deficiency disorders among mothers of under five children in selected rural area of District Ludhiana, Punjab, The study was conducted on 60 mothers of village Kaddon, Ludhiana. Data collection procedure was done by using convenience sampling technique. Self structured questionnaire was used to assess the knowledge of mothers of under five children. The result of the study was majority of mothers 37(61.67%) had average knowledge and 23(38.33%) had good knowledge regarding Vitamin A deficiency disorders.⁷

2. Literature related to awareness regarding vitamin A deficiencies:

A cross-sectional study was conducted among mothers of pre-school children regarding the awareness of vitamin A intake and their deficiency disorders in Khirasara village of Rajkot district. Out of total 196 mothers of pre-school children in the village were selected by using convenient sampling. Interview was conducted using a

pretested semi structured questionnaire. Result of the study was the Mean age was 25.9 years, 38.9% were illiterate and 80% were non-working, 32.6% knew about vitamin A rich foodstuffs, 18.9% were aware about vitamin A prophylaxis programme, 27.4% included vitamin A rich foods in diet of their children, 68.0% didn't know about any symptoms about vitamin A deficiency disorders.⁸

A cross-sectional study to assess the vitamin A supplementation (VAS) awareness, attitudes and beliefs among mothers of children under five years old attending Mbagathi District Hospital in Kenya. The setting of the study was Mbagathi District Hospital (MDH) Maternal and Child Health Clinic (MCH) and Pediatric Out Patient Department and the participants were Mothers attending MDH, MCH and POPD. Data collected both quantitative and qualitative data using questionnaires. A systematic random sampling were used. The result revealed that Ninety four percent of the respondents reported having heard about vitamin A, major source of information being the health worker (82%). While 58% of the respondents were aware that the recommended schedule for vitamin A supplementation for children is every 6 months, almost half (49%) of respondents were aware vitamin A was given to mothers.⁹

A study to assess the awareness of Vitamin A Supplementation among Mothers of Under-five Children in Selected Urban and Rural Areas. A descriptive comparative design was used. Structured questionnaire were used to collect data. SPSS 16.0 software was used for data analysis. The result of the study is found that there is no significant difference in the mean awareness scores of Vitamin A supplementation in urban and rural areas and awareness was found more in rural area.¹⁰

3. Literature related to prevalence of vitamin A deficiency:

A community-based cross-sectional study was to assess the prevalence of vitamin A deficiency among rural pre-school children in Madhya Pradesh. A total of 8777 pre-school children were clinically examined for vitamin A deficiency and blood vitamin A levels were estimated in a sub-sample by dried blood spot method. The result revealed that the prevalence of night blindness and Bitof's spot was 0.8% and 1.4%, respectively, and prevalence increased significantly with age. The proportion of children with blood vitamin A deficiency was 88%. The prevalence of Bitof's spot was significant higher among children of lower socio-economic communities, 3-5-year age group and those of illiterate mother.¹¹

A Cross-sectional study to assess the prevalence of vitamin A deficiency in children aged 6-9 years in

northern Ethiopia. The data were analyzed for 824 (61.5%) of 1339 eligible children for whom there was complete information on biochemical vitamin A status, dietary vitamin A intake, ocular examination for xerophthalmia, and anthropometry. The result of the study was the prevalence of xerophthalmia was 5.8%; serum retinol levels were below 0.35mmol/l and between 0.35 and 0.70 mmol/l in 8.4% and 51.1% of the children respectively. The liver vitamin A reserve was low in 41.0% of the children.¹²

A study was conducted a nationwide food consumption and nutrition survey in Nigeria to help formulate strategies to address vitamin A deficiencies. The objective was to assess vitamin A status of children <5y old. A total of 6480 households with a mother and child <5y old were randomly selected. Blood samples were collected by venipuncture and processes to obtain serum for measurement of retinol concentration. Nationwide 29.5% of children less than 5 y old were vitamin A deficient. More children with severe deficiencies lived in the humid forest (7.1%) than in the dry (3.1%) or moist savanna (2.4 %). The distribution of vitamin A in children <5y old was 25.6% in the rural sector, 32.6% in the medium and 25.9% in the urban sectors.¹³

MATERIALS AND METHODS:

Methods

A quantitative research approach was used in that research design adopted for the study is non experimental survey method design. Here, research variable was knowledge regarding importance of vitamin A among mothers of under five children and demographic variables is that influence the knowledge of mothers of under five children such as age, education level, religion, monthly income and nutritional status. The setting will be Pallihottam Community area situated at Kollam. The populations in this study includes mothers of under five children in selected villages at Kollam. convenience sampling is used in the study.

Tools/instruments:

The instrument used for the present study is demographic profoma and structured questionnaire which were validated by the experts.

Data collection:

Data will be collected after obtaining prior administrative permission and informed consent from mothers. The tool for data collection procedure are demographic profoma including age, education level, religion, monthly income and nutritional status and structured questionnaire regarding importance of vitamin A.

The data collection was conducted from 11-12-18 to 14-12-18.

The convenience sampling was used to select the samples. Setting for the study is Pallihottam areas at Kollam. Initially, the structured questionnaire was given to 30 samples. On the first day, data collected by using demographic profoma and structured questionnaire regarding importance of vitamin A. Then information pamphlet given to the mothers.

Data analysis:

The researcher will analyze the data by using descriptive and inferential statistics based on the objectives and hypotheses of the study. To compute the data, a master data sheet was prepared by the investigator.

FINDINGS OF THE STUDY:

Description of sample characteristics

This section describes the percentage wise distribution of demographic variables.

Section 1:

Description of Demographic Data of mothers of under five children in selected community area.

(N=30)

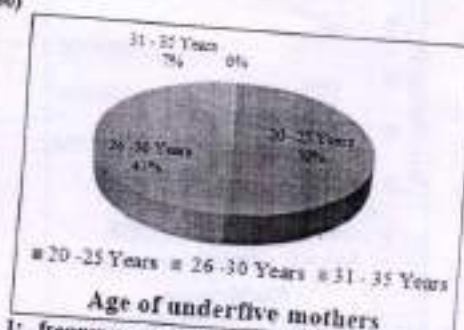


Figure 1: frequency and percentage distribution of samples according to their age.

The data presented in figure 1 show that out of 30 samples (50%) were in the age group of 20-25 years, (43.3%) in the age group of 26-30 years and (6.6%) were in the age group of 31-35 years.

(N=30)

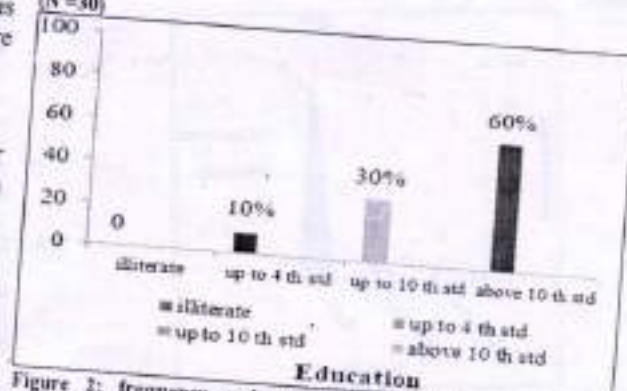


Figure 2: frequency and percentage distribution of samples according to their education.

The data presented in figure 2 shows that (10%) are up to 4th standard, (30%) belongs to 10th standard and below and (60%) belongs to 10th standard and above.

(N=30)

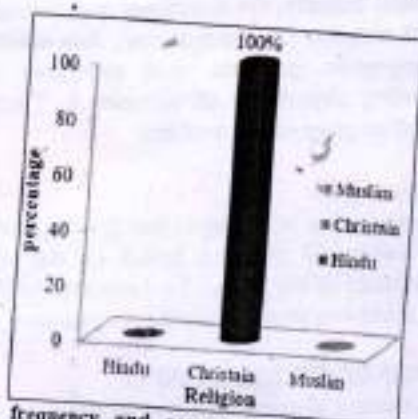


Figure 3: frequency and percentage distribution of samples according to their religion.

The data presented in figure 3 show that 30 samples (100%) belongs to Christian religion.

(N=30)

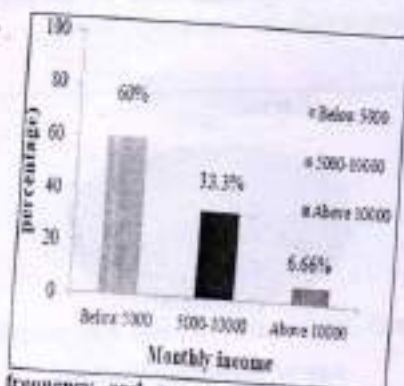


Figure 4: frequency and percentage distribution of samples according to their monthly income.

The data presented in Figure 4 shows that (60%) were income below 5000, (33.3%) were in the income between 5000 -10000 and (6.66%) have income above 10000.

(N=30)

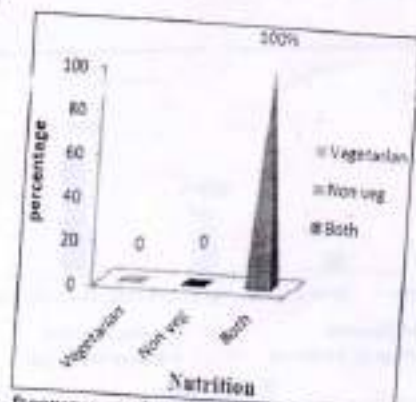


Figure 5: frequency and percentage distribution of samples according to their Nutritional status.

The data presented in Figure 5 shows that 30 (100%) samples belongs to both vegetarian and non vegetarian.

Assessing the knowledge regarding importance of vitamin A among mothers of under five children in selected area of pallithottam at Kollam.

Table 1: Frequency and percentage distribution of score on knowledge regarding importance of vitamin A. N=60

Score	Score range	Frequency
0-5	Poor knowledge	5
6-10	Average knowledge	20
11-15	Good knowledge	5
16-20	Excellent knowledge	0

The data presented in table 1 shows that 5 of the mothers had poor knowledge, 20 of them had average knowledge and 5 of them had good knowledge.

CONCLUSION:

This study attempted to assess the knowledge regarding importance of vitamin A among mothers of under five children in Selected areas of Pallithottam Kollam. And the result of study shows that most of the mothers of under five children have moderate knowledge regarding the importance of vitamin A.

RECOMMENDATIONS:

Based on the findings of the study, it is recommended that,

- A similar kind of study was conducted for a large group.
- A study conducted to assess the effectiveness of structured teaching programme on knowledge regarding importance of vitamin A among mothers of under five children.

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RESEARCH ARTICLE

A Descriptive Study to assess the Knowledge of Adolescent girls regarding Junk foods in selected areas of Pallithottam, Kollam

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ABSTRACT:

The present study entitled "A Descriptive study to assess the knowledge of adolescent girls regarding junk foods in selected areas of Pallithottam, Kollam" was undertaken for partial fulfillment of degree of B.Sc. Nursing at Bishop Benziger College of Nursing, Kollam. The objective of the study was to assess the knowledge of adolescent girls regarding junk foods in selected areas of pallithottam, find out the association between demographic variables and knowledge scores of adolescent girls regarding junk food in population and to develop and distribute an informational pamphlet to the adolescent girls. Non experimental research design was used for this study. The sample comprised of 30 adolescent girls residing in selected area of Pallithottam, Kollam. The tool used for data collection was self-instructional module for assessing knowledge. The collected data were analyzed by using descriptive and inferential statistics. The result of test showed that 56.6% of the sample had poor knowledge, 43.3% sample had average knowledge. The data shows that association between the knowledge regarding junk foods and its demographic variables. There was significant association between the knowledge and age, type of family, education, and religion. There was no significant association between knowledge and type of food.

KEYWORDS: Descriptive, Assess, Knowledge, Adolescent Girls, Junk Food.

INTRODUCTION:

Good nutrition is very essential for the development of children, both physically and mentally. Children must know what they eat; it affects their growth and behavior. Changes in our community have intensified the need for food skills, to the extent that they need to become part of the child's basic education for good health. Most people in our society have forgotten that the primary reason for eating is nourishment and for good health. In many ways, our culture is structured to foster poor eating habits and this lead to poor health.

Television commercials and supermarkets are propagating a wide variety of enticing junk foods, attractively packaged and often tagged with tempting

Adolescence is a sensitive and important phase in an individual's life during which a multidisciplinary approach must be taken to both understanding and solving his/her problems. An estimated 25% of India's population of 138 million is aged in between 15-25 years. Girls of aged 10-19 years comprise about 22% of the female population. The single dietary change with the biggest impact on improving your nutrition and natural health would be to stop eating junk food. Many mature adults, over the years, have forgotten what real food is, and what should be eaten for good health. Rather than eat 100% home cooked meals, they eat junk that is

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the creation of modern food science.¹¹ To improve our nutrition and natural health simply stop eating Junk Food. Avoid eating more processed food that is more artificial than real. Avoid eating processed foods that contain too much junk, like high-fructose corn syrup, saturated fat or salt.²

In India 25% of population are adolescent so it is important to maintain their health status by avoiding junk food and start to take healthy foods and to become better adult and citizen. It will be helpful in prevention of health issues and problem in adolescents. A study like this very much essential to take adequate measures to have healthy life style in adolescents by health education about effects of junk food. Each individual is important to make well to do community and will reflection world.³

OBJECTIVES:

The objectives of the study are to:

1. To assess the knowledge of adolescent girls regarding junk food in selected areas of Pallithottam.
2. To find out the association between demographic variables & knowledge scores of adolescent girls regarding junk food in Pallithottam.

MATERIALS AND METHODS:

- **Research approach** –quantitative
- **Research design** – non-experimental research design
- **Setting of the study** – community area, Pallithotta, Kollam.
- **Population** – Adolescent girls of age 12-18 years.
- **Sample** - Adolescent girls in Anugraha Nagar at Pallithottam
- **Sample size** – 30
- **Sample technique** –convenience sampling

Criteria for sampling:

Inclusion criteria:

- Adolescent girls who are available at the time of data collection
- Adolescent girls who are willing to participate in this study.
- Adolescent girls in the age of 12-18

Exclusion criteria:

- People not able to read and write Malayalam
- The boys in the age of 12-18.

Description of the tool:

Tools are any device which is used to collect data. In this study, Structured questionnaire is used to assess the knowledge among adolescent girls regarding junk foods. Structured questionnaire containing total of 25 questions

with multiple choice and right answer is rewarded 1 mark. There no negative marks for wrong answer. The total mark is 25 and the score scale is developed to evaluate the knowledge of adolescent girls.

Scoring scale:

- 20-25=Good
- 13-19=Average
- 0-12=Poor

Validity of Tool:

The expert includes 1 doctors and 2 nursing tutor. The valuable suggestion was given and necessary correction was made in the research tool in consultation with guide.

Reliability of Tool:

Reliability of the tool was checked by test retest method karlpearson's correlation. The reliability of the tool obtained was $r_{(30)} = 0.87$. This indicated that the tool was reliable.

Procedure for Data Collection:

The study data collection was conducted on 17-12-2018. The setting of the study was at Anugraha Nagar, Pallithottam and the samples were adolescent girls.

Quantitative research approach was selected with non-experimental research design with Survey method. Sample size was 30 and the samples are adolescent girls from Pallithottam, Kollam.

DATA ANALYSIS :

The data was analyzed by the researcher by using descriptive and inferential statistics based on the objective of the study.

The knowledge of adolescent girls regarding junk food was calculated using mean and standard deviation. Inferential statistics namely chi square test 't' test and karlpearson's 'r' was used for correlation and association

Major Findings of the Study and Discussion:

The data was organize and presented in the following section

Section A:

Description of demographic data of samples from selected community area Kollam.

Section B:

Asses the knowledge of samples regarding junk foods.

Section C:

Association between knowledge regarding junk foods with selected demographic variables.

Section A

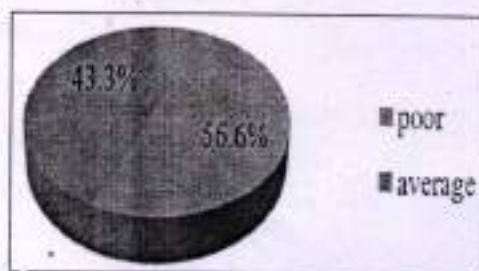
Description of demographic data of samples from selected community area, Kollam.

In this study samples are adolescent girls. Out of 30 samples 76.6% samples belongs to 15-18 years, 86.6% belongs to nuclear family, 43.3% samples belong to higher secondary level, 100% of samples belongs to Christian religion, among this 90% samples belong to non-vegetarian.

Section B:

Asses the knowledge of samples regarding junk foods.

This shows percentage distribution of sample according to their knowledge N=30



The data in the figure shows that 56.6% of the sample has poor knowledge, 43.3% sample has average knowledge none of them has good knowledge

Section C:

Association between knowledge regarding junk foods with selected demographic variables.

Demographic variables	Frequency	Frequency %	Degree of freedom	Chi-square	Level of significance
Age in years					
12-14	7	23.3%	1	1.826	S
15-18	23	76.6%			
Type of family					
Nuclear family	26	86.6%	1	0.667	S
Joint family	4	13.3%			
Education					
10th	7	23.3%			
12th	13	43.3%	2	2.693	S
above	10	33.3%			
Religion					
hindu	0	0%			
muslim	0	0%	2	5	S
Christian	30	100%			
Food					
vegetarian	3	10%			
non vegetarian	27	90%	1	5	NS

Significant at 0.05 levels of significant
 NS-not significant
 S-significant

The data present in this table shows that association between the knowledge regarding junk foods and its demographic variables. There was significant association between age, type of family, education, religion. There was no significant association between knowledge and type of food.

NURSING IMPLICATION:

The present study was conducted to assess the knowledge of adolescent girls regarding junk foods in selected areas of Pallithottam, Kollam. The findings of the study has to get implications in nursing education, nursing administration, and nursing research the present study reveals that that knowledge regarding junk foods among adolescent girls.

NURSING PRACTICE:

The study findings revealed the importance of nurse's role in providing knowledge about the use of junk foods. The health care providers are in the position to influence healthy practices to prevent use of junk foods. Here comes the role of nurse as a health educationist regarding prevention of use of junk foods through our day to day life.

NURSING EDUCATION:

Increasing knowledge of junk foods among adolescent girls of community area signifies the Prevention of use of junk foods. Current concepts and trends in the prevention of use of junk foods should be insisted more in the nursing curriculum. Awareness among healthcare professional to improve the knowledge of junk foods among adolescent girls. The findings help the nurse educator to bring some recommendations for future oriented curriculum changes for providing comprehensive health care to the public. In curriculum settings we can provide some educational programme regarding the prevention of junk foods.

NURSING ADMINISTRATION:

The administrator should develop a leadership quality to promote knowledge to public and the subordinates. She must update her knowledge and she can utilize study findings to organize the implement continuing and in service education program to conduct health awareness programs to enlightening everybody regarding the prevention of junk foods. Once nursing personnel become aware of knowledge level among adolescent girls. An effective health education can be given regarding the prevention of junk foods.

NURSING RESEARCH:

While the burden of the health problem in community peoples advances nursing research can change the health population of the country. Even though it is common many people are unaware of use of junk foods. These necessities need for more studies in the area to detect

health problems and initiates education programs to impart knowledge to adolescent girls regarding junk foods. This study can be a base line for further studies to build upon and motivated other investigator to conduct further study.

RECOMMENDATIONS:

Based on the findings of the study is recommended that

- A similar kind of study can be conducted for adolescent boys
- The same study can be conducted for large group

CONCLUSION:

This study was to assess the knowledge of adolescent girls regarding junk foods in selected areas of Pallithottam, Kollam. The study was found to be effective. These types of studies can be conducted in other settings with larger population. Nursing implication of the study included in the area of nursing practice, nursing education, nursing administration and nursing research.

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Student Corner

A STUDY TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING INFECTION CONTROL MEASURES AMONG BSC NURSING STUDENTS AT SELECTED COLLEGE, KOLLAM

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Aswany Reghunath⁵, Rithu Krishna P K⁶, Manila Mathews⁷

Abstract

Infection is a universal problem that affects people without regard to race, gender, socio economic status or culture. Hence the researcher conducted a study to assess the knowledge regarding infection control measures among students. The objective of the study were to assess the level of knowledge of B.Sc. nursing students regarding infection control measures, to find the association between level of knowledge and selected socio demographic variables. In the study a quantitative approach was used with non-experimental descriptive design. The setting is VNSS College of Nursing, Kollam. The sample consisted of 50 students studying in second year B.Sc. Nursing, VNNS College of Nursing, Kollam. The convenient sampling technique was used in this study. The tool used was structured knowledge questionnaire. The present study focused to assess the level of knowledge among BSc Nursing Students VNSS College of Nursing, Kollam. The result

showed that about 72% of students had average knowledge, 14(28%) students had good knowledge, no one had neither excellent knowledge nor below average knowledge regarding infection control measures among second year BSc nursing students, VNSS College of nursing, Kollam. There is no significant association between knowledge and selected demographic variables.

Key words: Knowledge, infection control, BSc Nursing students.

Introduction

Infection control is essential for the safety and wellbeing of patients, hospital staffs and visitors of the hospital. This study aims to assess the level of knowledge regarding infection control measures among BSc nursing students. It was evident that infection control measures were not up to the mark because of so many factors; inadequate biomedical waste management, recapping of the needle and document

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regarding the needle stick injury and inadequate practices on the hand washing before touching the patient, improper sterilization, inadequate practices of aseptic techniques, etc. Standard precautions include hand hygiene, personal protective equipment's (PPE), needle stick and sharp injury prevention, cleaning and disinfection, respiratory hygiene (cough etiquette), waste disposal and safe injection practices. Effective infection prevention and control is central to providing high quality health care for patients and a safe working environment those that work in health care settings. It is important to minimize the risk of spread of infection to patient and staff in hospital by implementing good infection control programme.

Statement of the problem

A study to assess the level of knowledge regarding infection control measures among BSc nursing students at selected College, Kollam

Objectives

1. To assess the level of knowledge of BSc nursing students regarding infection control measures.
2. To find the association between level of knowledge and selected socio demographic variables.

Methodology

Research approach: quantitative

Research Design: Descriptive research design

Settings : VNSS College of Nursing Kollam

Sample: Second year B.Sc. Nursing Students at VNSS College of Nursing, Kollam

Sample size: 50.

Sampling technique-: convenient sampling

Inclusion criteria : All the students of second year B.Sc. Nursing

Exclusion criteria : Students who are not willing to participate, those who are absent on the day of data collection

Tools and techniques : Prior to data collection, permission from concerned authorities and informed consents were taken. The tool used for the data collection was a structured knowledge questionnaire and it consists of two section. Section A consists of demographic variables, Section B consists of questionnaire to assess the knowledge regarding infection control measures.

Data were analysed using descriptive and Inferential statistics

Results

The findings were presented under the following sections.

Section 1 - Description of demographic variables of second year BSc nursing students, VNSS College of nursing, Kollam.

A total of 50 students were participated in the study. Among the study group, majority of them 28(56%) were in 20-21 years of age group While considering the

sex of students, majority 49(98%) students belong to female. Majority of students. 47(94%) were from nuclear family. Majority of students 35(70%) got information from all of the sources, such as mass media, friends and the relatives, health workers and others. About 28(56%) of students lives in the urban area while 22(34%) of students lives in rural area.

Section 2 - Assessment of level of knowledge regarding infection control measures among second year BSc nursing students VNSS College of nursing, Kollam.

In the assessment of knowledge, among 50 samples, majority 36(72%) of students has average knowledge, 14(28%) students has good knowledge, no one had excellent knowledge and no one had below average knowledge.

Section 3 - Association of level of knowledge regarding infection control measures among second year BSc nursing students, VNSS College of nursing, Kollam.

No significant association was found with age, sex, religion, area of residence, type of family, monthly income of family, source of information, educational status of father and mother, occupational status of father and mother.

Discussion

The present study findings are supported by a study conducted by k.Vinodhini and A.Bhoomadevi on infection control practices among health care workers in a speciality hospital, Chennai. The result

of study describes that handwashing practices in personal protective equipment, 58% had moderately adequate practices in disinfection and sterilization, 100% had moderately adequate practices in pre and post exposure prophylaxis, 72% had inadequate practice, 86% had inadequate practices in pre and post exposure prophylaxis, and 72% had inadequate practices in biomedical waste management practices.

Conclusion

The study assessed the level of knowledge among second year BSc nursing students, VNSS College of nursing, Kollam. Based on the findings the researcher suggests that it is necessary to give training to all student nurses regarding infection control measures.

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**A COMPARATIVE STUDY TO ASSESS THE EFFECTIVENESS OF PROBLEM BASED
LEARNING AND LECTURE METHOD ON KNOWLEDGE REGARDING PRETERM
BABY AMONG BSC NURSING STUDENTS AT SELECTED NURSING COLLEGE AT
KOLLAM**

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ABSTRACT

A comparative study to assess the effectiveness of problem based learning and lecture method on knowledge regarding preterm baby among BSc nursing students at selected nursing college at kollam. The objective of the study were: To assess the sample characteristics ,To assess the effectiveness of Problem based learning on knowledge regarding preterm baby among BSc nursing students (group A),To assess the effectiveness of Lecture method on knowledge regarding preterm baby among BSc nursing students (group B),To compare the effectiveness of Problem Based Learning in group A and Lecture method in group B on Knowledge regarding Preterm baby among BSc Nursing Students. Quantitative research approach was used for the study. Quasi experimental design was used. In the present study, the samples are third year BSc nursing students of Bishop Benziger College of Nursing Kollam. The sampling technique is purposive sampling technique. The sample size is 48. The structured questionnaire regarding the preterm baby and its management which was developed after extensive review of literature and based on the expert opinion. The data collected was analyzed by means of descriptive and inferential statistics. The following conclusions were made: 100% samples are female. Samples did not have any previous source of information regarding preterm baby. There is no significant difference between post-test scores of knowledge among students regarding preterm baby undergoing PBL and lecture method. Hence, both methods are equally effective in improving the knowledge regarding preterm baby among students.

KEYWORDS: Comparative study, Problem Based Learning, Lecture method, Knowledge, Preterm Baby, Nursing students.

INTRODUCTION

Good health begins even before birth. Pregnancy and child birth are special events in a women's life. A baby born healthy, with normal birth weight and after completed period of gestation brings joy in the family. A premature birth reduces the amount of time a baby has to grow and develop and if the birth is too premature, the baby may be insufficiently developed to survive. Preterm birth accounts for 75% of all perinatal deaths and up to 50% of the neurological handicaps found in infancy.

Preterm birth is a leading cause of neonatal long term sickness and death. Although there are many maternal characteristics associated with preterm birth, the etiology in most cases is not clear.

The Hindu newspaper reported that the current neonatal mortality rate (NMR) of 44 deaths per 1000 live births

accounted for nearly two thirds of the global infant mortality and half of the global child mortality. The study also pointed out that undivided states of Uttar Pradesh, Madhya Pradesh, and Bihar together accounted for over 50% of the number of neonatal deaths in India in the year 2000. The study has revealed that almost eight million Low Birth Weight infants were born in India every year.

So it is important to teach the mothers about the prevention and care of newborn preterm babies. The BSc Nursing students must have to play major role in the health education process to teach the mothers. Hence it is important to assess the knowledge of BSc nursing students about the preterm babies. So researchers interested to impact the knowledge of Preterm baby to BSc nursing students.

OBJECTIVES

1. To assess the sample characteristics.
2. To assess the effectiveness of Problem based learning on knowledge regarding preterm baby among BSc nursing students (group A).
3. To assess the effectiveness of Lecture method on knowledge regarding preterm baby among BSc nursing students (group B).
4. To compare the effectiveness of Problem Based Learning in group A and Lecture method in group B on Knowledge regarding Preterm baby among BSc Nursing Students.

HYPOTHESES

All hypotheses will be tested at 0.05 level of significance.

- H_1 : There will be significant difference between pre-test and post-test scores of knowledge among students regarding preterm baby undergoing PBL.
- H_2 : There will be significant difference between pre-test and post-test scores of knowledge among students regarding preterm baby undergoing lecture method.
- H_3 : There will be significant difference between post-test scores among students undergoing PBL and lecture method.

MATERIAL AND METHODS**Research approach**

Quantitative research approach was used for the study.

Research design: Quasi experimental design.

Setting of the study

The study conducted in Bishop Benziger College of Nursing Kollam.

Population

In the present study, the population was BSc nursing students.

Sample and sampling technique

In the present study, the samples are third year BSc nursing students of Bishop Benziger College of Nursing Kollam. The sampling technique is purposive sampling technique.

Sample size: The sample size is 48.

Sampling criteria

Inclusion criteria: Students who belongs to 3rd year Bsc Nursing Programme.

Exclusion criteria: Students from other colleges.

VARIABLES**Dependent variables**

In this study, dependent variables are knowledge of BSc nursing students regarding preterm baby.

Independent variables

In this study, independent variables are problem based learning and Lecture method.

TOOLS AND TECHNIQUES**Description of the tool**

The structured questionnaire regarding the preterm baby and its management which was developed after extensive review of literature and based on the expert opinion.

Technique/Intervention

On the first day, pre-test was given to both groups using structured questionnaire and teaching was given to both groups using Problem based Learning (Group 1) and Lecture method (Group 2). On the 7th day, the post test was done using the same questionnaire.

Data analysis

The data collected was analyzed by means of descriptive and inferential statistics.

Descriptive statistics

Mean and standard deviation was used to assess the changes in the knowledge of students regarding preterm baby.

Inferential statistics

- Effectiveness of PBL was assessed by using paired 't' test.
- Effectiveness of lecture method was assessed by using paired 't' test
- Comparing the effectiveness of PBL and lecture method was assessed by using unpaired 't' test.

RESULTS AND DISCUSSION**Description of sample characteristics**

Graphical Representation of the Sample According To Demographic Variables.
(N=48)

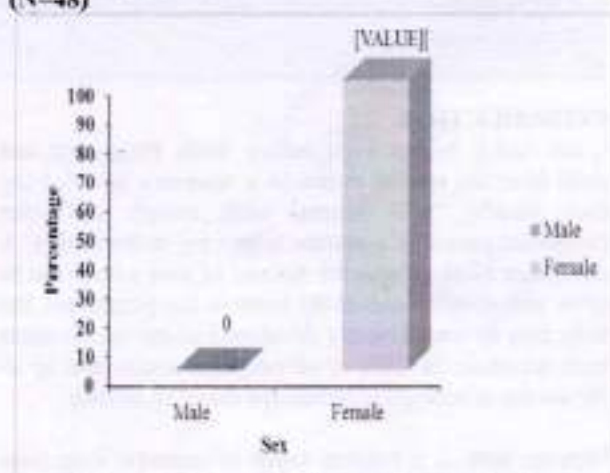


Figure 1: Shows 100% samples are female.

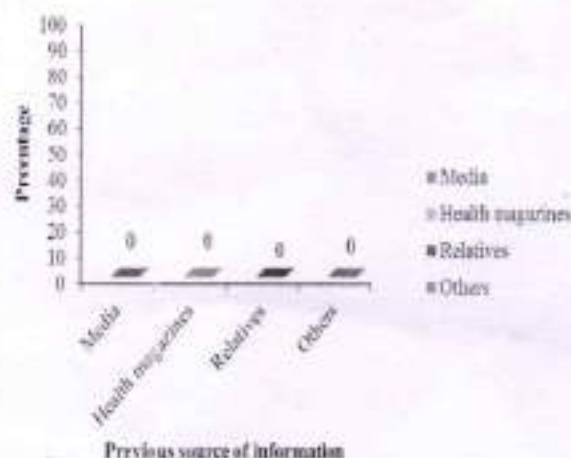


Figure 2: Shows that samples did not have any previous knowledge regarding preterm baby.

Frequency and percentage distribution of samples according to knowledge score in Group A (PBL).

Level of Knowledge	Pre test		Post test	
	Frequency	%	Frequency	%
Poor	0	0	0	0
Average	24	100	14	58.3
Good	0	0	10	41.7

In Group A, pre test Knowledge score among samples were average (100%) and post test Knowledge score among samples were average (58.3%) and good (41.7%).

Frequency and percentage distribution of samples according to knowledge score in Group B (Lecture method).

Level of Knowledge	Pre test		Post test	
	Frequency	%	Frequency	%
Poor	1	4.2	0	0
Average	18	75	16	66.7
Good	5	20.8	8	33.3

In Group B, the pretest Knowledge score among samples were Poor (4.2%), average (75%), Good (20.8%) and post-test Knowledge score among samples were average (66.7%) and good (33.3%).

Effectiveness of Problem based learning on knowledge regarding preterm baby among BSc nursing students (group A).

(n=24)

	Mean	SD	T
Pre test	8.82	1.23	6.81
Post test	10.26	1.38	

Table value =2.07

In Group A, the pre-test, mean, SD value were 8.82 and 1.23 respectively and post-test, mean SD value were 10.26 and 1.23 respectively. The paired 't' test value was 6.81, which was greater than the table value (2.07). Therefore, research hypothesis was accepted. Hence, there is significant difference between pretest and

posttest scores of knowledge among students regarding preterm baby undergoing PBL method.

Effectiveness of Lecture method on knowledge regarding preterm baby among BSc nursing students (group B).

(n=24)

	Mean	SD	T
Pre test	9.82	1.37	5.14
Post test	9.58	1.71	

Table value =2.07

In Group B, the pre-test, mean, SD value were 9.82 and 1.37 respectively and post-test, mean SD value were 9.58 and 1.71 respectively. The paired 't' test value was 5.14, which was greater than the table value (2.07). Therefore, research hypothesis was accepted. Hence, there is significant difference between pre-test and post-test scores of knowledge among students regarding preterm baby undergoing lecture method.

Compare the effectiveness of PBL and lecture method on knowledge regarding preterm baby among BSc nursing students.

(N=48)

	Mean	SD	T
PBL	10.26	1.38	1.51
Lecture	9.58	1.74	

The PBL, mean, SD value were 10.26 and 1.38 respectively and post-test, mean SD value were 9.58 and 1.74 respectively. The unpaired 't' test value was 1.51, which was lesser than the table value (2.02) at 0.05 level of significance. Therefore, research hypothesis was rejected. Hence, there is no significant difference between post-test scores of knowledge among students regarding preterm baby undergoing PBL and lecture method.

CONCLUSION

The following conclusions were made:

- 100% samples are female.
- Samples did not have any previous source of information regarding preterm baby.
- There is no significant difference between post-test scores of knowledge among students regarding preterm baby undergoing PBL and lecture method. Hence, both methods are equally effective in improving the knowledge regarding preterm baby among students.

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Abstract

KNOWLEDGE OF MOTHERS ON GROWTH AND DEVELOPMENT OF INFANTS AT SELECTED HOSPITAL

Salima C. P., Betsy K. Jayims*, Soly Thomas and Asha Francis

ABSTRACT

The Objectives of the study were to assess the knowledge of mothers on growth and development of infants, to find the association of knowledge of mothers with selected demographic variables. The study included 60 mothers of Infants who visited outpatient department of selected Hospital, Kollam. Demographic Proforma was used to collect the demographic variables. Self-structured questionnaire on mother's knowledge regarding growth and development during infancy. 50% of the mothers belongs to the age 20-28yrs, 40% of the mothers belongs to 29-37 yrs, 7% of mothers were having 38-45yrs. Majority (93%) of mothers were having (1-2yrs) children and 7% of mothers having (3-4yrs) of children and 3% of them were >45yrs. education of mothers in which 52%,35%, 13% were 5th -12th standard, graduate and post graduate respectively. Majority 95%, non- working mothers and 5% were working mothers. Level of Knowledge among mothers regarding growth and development of infants, in which out of 60 mothers, 47% and 53% were having moderate and good knowledge respectively. The association between the knowledge of mothers with their selected demographic variables, in which there is no association between the mother's knowledge score with their selected demographic variables such as age, sex, occupation and previous knowledge.

Keywords: Knowledge, mothers, infants, growth, development.

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Academic Integrity among Nursing Students

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ABSTRACT

Academic integrity is the commitment and demonstration of honest and moral behavior in an academic setting. This is most relevant at the university level as it relates to providing credit to other people when using their ideas. In simplest terms, it requires acknowledging the contributions of other people. A descriptive study was conducted to assess the academic integrity among undergraduate nursing students in selected nursing college, Kollam. The students were asked to fill a demographic Proforma to obtain baseline data and a Likert scale to assess the behavior that compromises academic integrity like copying in exams, falsification of information / data, plagiarism, forging of attendance, and copying of assignments. The analysis of the data was done by using descriptive statistics. Results have shown that falsification of information/ data and copying of assignments from others is the most prevalent behavior observed by participants among their colleagues that reflected lack of academic integrity.

Key words: academic integrity, plagiarism, falsification, forging and copying.

INTRODUCTION

Academic integrity is the moral code or ethical policy of academia. Academic integrity refers to the expectation from a student to submit original work and give credit to other people's ideas. Academic integrity is the commitment and demonstration of honest and moral behavior in an academic setting. This is most relevant at the university level as it relates to providing credit to other people when using their ideas. In simplest terms, it requires acknowledging the contributions of other people. ^[1] A study conducted at Jesuit University, United States suggested that upper division and second-degree nursing students are less tolerant and more condemnatory of cheating than younger students. It also concluded that frequent dishonest classroom behaviors included asking and telling other students what was

on the exam whereas the most frequent dishonest clinical behavior included documenting findings that were not assessed or findings that were false. ^[2] Another study done in Pakistan pointed out a significant high level of prevalence of academic dishonesty at higher education level. ^[3]

A longitudinal study results reflected that the nursing students get accustomed to taking academically deceitful actions. The students come to consider their cheating behaviors as acceptable and normal, thereby stabilizing them. ^[4] A concept analysis identifies that the defining attributes to academic integrity among nursing students are honesty, ethical behavior and professionalism. Antecedents to integrity include an academic culture of respect, characterized by student-faculty relationships derived from mutual respect, trust and a shared learning goal. It also

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indicates the importance of faculty as role models of integrity as paramount in building a culture of honesty.^[15]

A descriptive cross-sectional study conducted in Duzce University; Turkey revealed that academic dishonesty was at a medium level in nursing students. It also identified that, though many of the students know cheating in university exams is unethical and are punishable, significant number still believe cheating to be socially acceptable.^[16] A quantitative study results revealed differences in frequency of engagement in and attitudes toward academic dishonesty by gender, semester in the program, and ethnicity. The study also concluded that significant relationships were found among peer behavior, personal beliefs and values, and frequency of engaging in academic dishonesty.^[17] Another study done in Ontario university among nursing students reported that situational factors, such as a caring curriculum, heavy workload, faculty attitudes, and technology, had an impact on both why and how these nursing students were collaborating with each other and cheating.^[18]

A descriptive study was conducted at South Korea has shown that the awareness of 'irresponsibility in the class' was lowest, and 'cheating on examinations' was highest.^[19] A cross-sectional survey-based study was conducted among medical students at a government medical college, in Saudi Arabia during the year 2014-2015, highlighted significant academic misconduct concerning cheating was found among the Saudi medical students; this misconduct is alarming in a reputable government institution. The implementation of strict punishments, requiring ethical courses and creating ethical awareness by exploiting the potential of Islamic religious belief might help to control this problem.^[10] A quantitative study conducted at United States has identified socio-demographic and situational conditions have affected nursing students' engagement in academic dishonesty, their attitudes regarding various forms of academic dishonesty, and the

prevalence of academic dishonesty in which they engaged and witnessed.^[11]

A study was conducted at Poland to investigate the direct relationship of values with academic dishonesty, as well as the moderating role of students' past achievements. It was found that socially orientated human values like Conformity and Tradition were negatively related to unethical behaviors, while personally focused values such as Hedonism, Power, and Stimulation correlate positively. Additional analyses revealed that the relationships of some values as Achievement and Security with academic dishonesty are significantly moderated by students' academic performance.^[12]

A study conducted at private medical schools in Pondicherry, India, revealed that the prevalence of academic dishonesty is high. The study stressed that academic integrity and ethics should be emphasized to the students which might help them in becoming professional and honest professionals.^[13] A quantitative, descriptive survey conducted in a nursing education institution emphasized that academic dishonesty was a reality at the nursing education institution and identified that cheating associated with plagiarism and assignments was the main problem area.^[14] A study done in the University of the West Indies, Jamaica suggested that if academic dishonesty and misconduct is identified and recognized, along with stringent action like paying strict penalty, will prevent students from pursuing such acts and may serve as a deterrent for other students.^[15] A systematic review of literature reflected that clearly defined behaviors, processes, and consequences should be delineated by school policies to guide implementation of specific cheating deterrent strategies.^[16]

It has been identified by the investigators that the literature related to the prevalence of academic integrity among nursing students in Kerala is limited, though it is a predominant academic issue of this era. Nursing is a profession which expects its personnel to be ethically and morally

sound while dealing with human beings. The adoption and application of moral values at both individual and academic level by nursing students would ensure the development of their professional self as per the expected standards of care and scope of practice. The significance of academic integrity and ethical and honest practices executed by students during their learning period has observed a drastic change over time. With the advancement in technology, students also have been found to be involved in unfair means in their education related activities, either knowingly or unknowingly.

Statement of the problem: A descriptive study to assess the academic integrity among undergraduate nursing students.

Objectives: To assess the prevalence of academic integrity among undergraduate students.

MATERIALS AND METHODS

Quantitative research approach with descriptive design was used in the study. The study sample size consisted of 50 nursing students from third year and fourth year BSc nursing those who fulfilled the inclusion criteria. Non probability purposive sampling technique was used. The setting of the study was a selected nursing college, Kollam district. The following tools were used for the purpose of data collection.

Demographic proforma to assess the baseline variables

Likert scale: The Likert scale had two parts: An opinionnaire to assess the academic integrity

A three-point scale to assess the behavior noticed by the participants in relation to the academic integrity among their colleagues

The researchers ensured to follow the ethical principles. Ethical Clearance has been obtained from the Institutional Ethics Committee of Bishop Benziger College of Nursing. After obtaining a prior formal permission from the administrators of the selected college of nursing data collection was carried out. Written consent was obtained from the subjects before conducting the research.

Statistical Analysis: The collected data was analyzed using descriptive statistics.

RESULT

Section A: Demographic Proforma

All the samples (100%) were females.

A vast percentage of the samples (94%) have studied higher secondary school that followed state syllabus.

A majority of the samples (82%) joined nursing by their own choice.

A majority of the samples (88%) are interested in the course.

Majority of the samples (78%) have not observed any behaviour related to academic disintegrity among colleagues.

Section B: Likert Scale to Assess Academic Integrity

Opinions reported by B.Sc. Nursing students regarding Academic Integrity

Table 1: Frequency and percentage distribution of opinion of B.Sc. Nursing students regarding academic integrity N=50

S. No.	Opinions	Agree		Neutral		Disagree	
		N	%	N	%	N	%
	Academic Integrity in educational environment is affected in many colleges now days.	40	80	9	18	1	2
	Academic Integrity means that you are accountable for your own work.	43	86	7	14	0	0
	Academic Integrity is the foundation of professional & educational careers.	49	98	1	2	0	0
	Ethical behaviour and independent thought is important for achieving academic success.	46	92	4	8	0	0

Table 1 shows that a majority (98%) of participants identified academic integrity as the foundation of professional and educational careers and 92% of participants believed that ethical behavior and independent thought is important for achieving academic success and a remarkable majority (more than 80 %) expressed that educational environment is affected in many colleges now days and each one is responsible for their own work.

Behaviours reported by B.Sc. Nursing students in relation to academic integrity among colleagues.

Table 2: Frequency and percentage distribution of behaviours reported by B.Sc. Nursing students in relation to copying in exams
N=50

S. No.	Behaviours	Never		Once		More than once	
		N	%	N	%	N	%
	Students taking prohibited notes/chits along with them to copy during exams.	40	80	2	4	8	16
	Students clarifying answers with other students during exams.	33	66	5	10	12	24
	Students trying to get the question paper before exams (internal).	45	90	3	6	2	4
	Students getting caught copying during exam.	43	86	4	8	3	6
	Students using an electronic/digital device/ an unauthorized aid during an exam.	47	94	2	4	1	2
	Students influencing their teachers by unfair means to get more marks.	44	88	2	4	4	8
	Students getting technical help during clinical practical exam.	39	78	10	20	1	2
	Students having prior knowledge about the exam case.	37	74	7	14	6	12

Table 2 shows that a negligible percentage (24% & 16%) of participants reported that they have observed colleagues clarifying answers with other students during exams and taking prohibited notes/chits along with them to copy during exams, and only (12%) have noted that their colleagues had prior knowledge about the exam case during practical exams more than once respectively

Table 3: Frequency and percentage distribution of behaviours reported by B.Sc. Nursing students in relation to falsification of information/data
N=50

S. No.	Behaviours	Never		Once		More than once	
		N	%	N	%	N	%
	Students staying away from college without a valid reason (Truancy).	38	76	10	20	2	4
	Students hiding information shared by teacher, from colleagues to ensure his or her success.	41	82	4	8	5	10
	Students giving false reasons for getting extension on assignment submission date.	13	26	24	48	13	26
	Students giving non-existent data/false data in their assignments like case study, care plan etc.	8	16	10	20	32	64
	Students performing procedure not according to the principles in the absence of supervision.	12	24	23	46	15	30
	Students falsely documenting clinical findings.	38	76	5	10	7	14
	Students reporting procedures that were not observed/performed for the purpose of getting sign in their log book.	40	80	6	12	4	8

Table 3 shows that a remarkable majority (84%) of participants reported that they have seen colleagues falsifying information or data either once or more than once by giving non-existent data/false data in their assignments like case study, care plan etc., and a considerable percentage (more than 70%) of participants have observed their colleagues giving false reasons for getting extension on assignment submission date and performing procedure not according to the principles in the absence of supervision either once or more than once.

Table 4: Frequency and percentage distribution of behaviours reported by B.Sc. Nursing students in relation to plagiarism
N=50

S. No.	Behaviours	Never		Once		More than once	
		N	%	N	%	N	%
	Students citing reference which they didn't use while writing their assignment.	12	24	27	54	11	22
	Students submitting assignment as an individual piece of work when it was done as group work.	19	38	25	50	6	12
	Students exaggerating the report of their participation in group assignment, when they did only little work.	30	60	15	30	5	10
	Students citing materials/ideas from other sources for doing their research work without referencing it.	31	62	13	26	6	12
	Students changing data to obtain desired results in research projects.	41	82	4	8	5	10
	Students reading an abridged version of a book, rather than the original.	31	62	13	26	6	12

Table 4 shows that a notable percentage (76%) of students reported that they have seen colleagues citing reference which they didn't use while writing their assignments either once or more than once, and an equal occurrence (12%) have seen colleagues submitting assignment as an individual piece of work when it was done as group work, citing

materials/ideas from other sources for doing their research work without referencing it and reading an abridged version of a book, rather than the original more than once.

Table 5: Frequency and percentage distribution of behaviours reported by B.Sc. Nursing students in relation to forging of attendance N=50

S. No.	Behaviours	Never		Once		More than once	
		N	%	N	%	N	%
	Students appearing for examination in place of his/her friends.	44	88	3	6	3	6
	Students signing or giving proxy for attendance for other students.	42	84	2	4	6	12
	Students forging signature of the teachers.	45	90	3	6	2	4

Table 5 shows that a negligible percentage, (12%) of participants reported that they have seen colleagues signing or giving proxy for attendance for other students more than once.

Table 6: Frequency and percentage distribution of behaviours reported by B.Sc. Nursing students in relation to copying of assignments N=50

S. No.	Behaviours	Never		Once		More than once	
		N	%	N	%	N	%
	Students copying from other's assignments and submitting as their own assignment.	15	30	10	20	25	50
	Students doing assignments for other students.	36	72	11	22	3	6

Table 6 shows that a good percentage (50%), of the participants mentioned that they have seen of colleagues copying from other's assignments and submitting as their own assignment more than once.

DISCUSSION

The present study was intended to assess the academic integrity among undergraduate nursing students.

The current study utilizes descriptive design as research design. The study findings reveal that that falsification of information/ data and copying of assignments from others is the most prevalent behavior observed by students in line with lack of academic integrity among nursing students.

This present study showed that a majority (98% & 92%) of participants identified academic integrity as the foundation of professional and educational careers and a remarkable majority (more than 80 %) expressed that educational environment is affected in many colleges now days and each one is responsible for their own work.

However ethical codes in relation to learning and evaluation may be included in the student hand book as a reference to students. ^[17]

A descriptive study done by Cecilia J. TheartIlzeSmithat reported that academic

dishonesty was a reality at the nursing education. Cheating associated with plagiarism and assignments was identified as the main problem area. An unacceptably high level of dishonesty in completion of practical records was also an area of concern. ^[18]

The academicians need to develop focused policies and evaluation strategies that will reflect individual creativity of students to ensure academic integrity among students. It has been identified that the students that display unethical behaviours during their academic careers are likely to continue those behaviours in their professional lives, as well. ^[19]

Hence the faculty members have an indispensable role in the formation of a culture of academic integrity among students that reflects professionalism.

CONCLUSION

Academic integrity is the pursuit of scholarly activity in an open, honest and responsible manner. Behaviour that compromised academic integrity even though reflects in less percentage has to be viewed seriously. All students should act with personal integrity, respect other students' dignity, rights and property, and help to create and maintain an environment in which all can succeed through the fruits of their efforts. In this study a notable

percentage of participants revealed that they had observed academic dishonesty. Hence the study strongly recommends to conduct survey with more sample size among nursing students and highlights the need to educate students on significance of academic integrity in their journey to become professional nurses, so that they will never resort to intentional or unintentional behavior that can mount to academic dishonesty.

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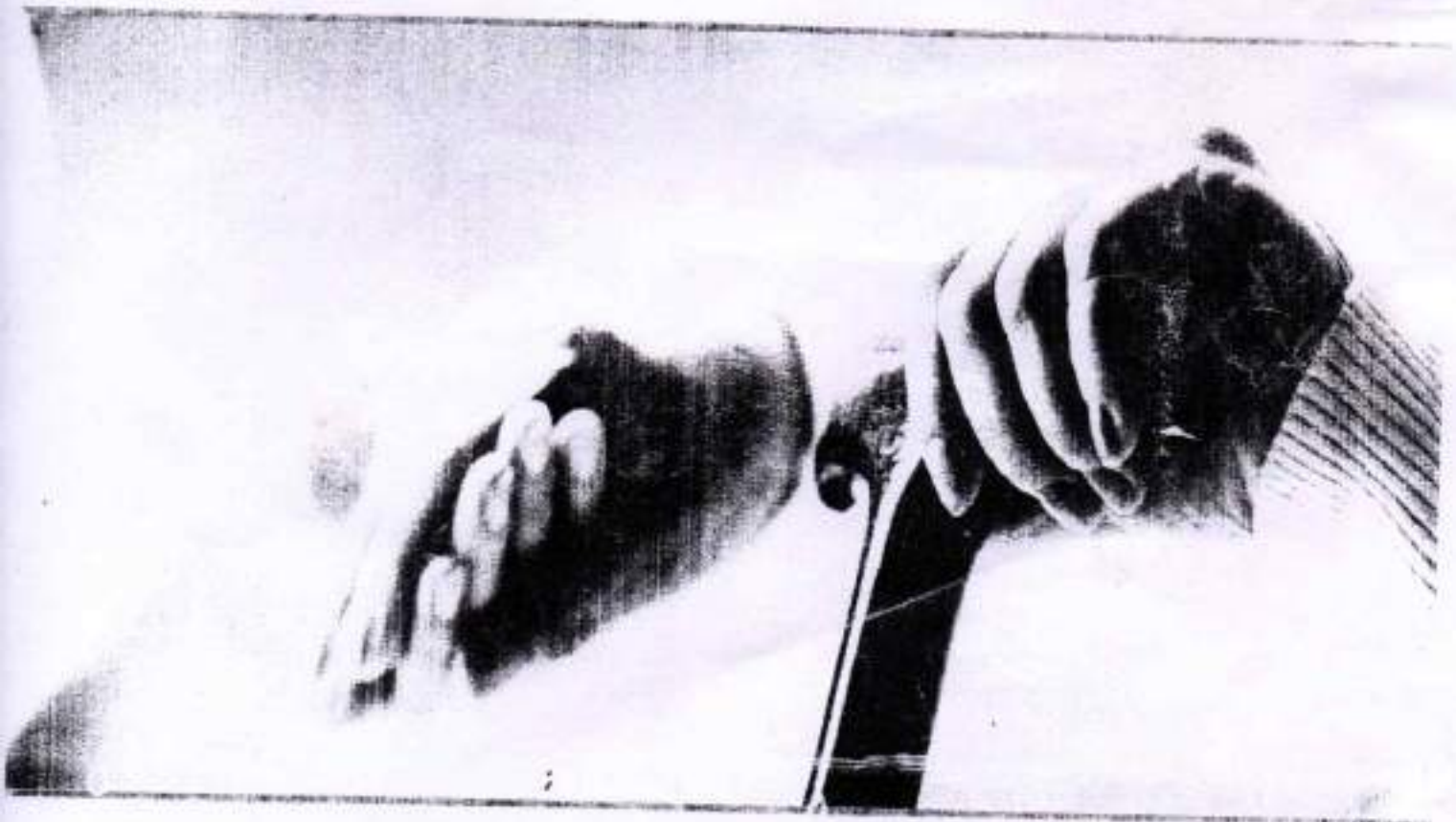
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"Nutritional Status of Adolescent Girls of Madrasa of Sonapur, Sunsari, Nepa!"

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BACKGROUND :

Adolescence is the transitional period in human growth and development which range from 10 to 19 years of age. It is characterized by tremendous pace in growth and development. Adolescent girls are future mothers. Malnourished adolescent girls are at risk of giving birth to malnourished babies leading to intergenerational cycle of malnutrition. Adolescent girls are the backbone of healthy society so it is important to attain healthy reproductive outcome. Therefore, nutritional status of adolescent girls is valuable.

Objective:

Present study aimed to assess nutritional status of adolescent girls of Madrasa and to find association between nutritional status and selected socio- demographic variable.

Materials and Methods :

A descriptive cross-sectional study was conducted among 95 adolescent girls residing at Tabligul Islam Madrasa of Sonapur. Data was collected using interview schedule through pretested semi-structured questionnaires, anthropometric measurement and hemoglobin level measurement.

Data was analyzed to calculate mean and standard deviation. The chi-square test was used to assess the association between the variable.

Results:

The prevalence of underweight was 67.4%, 9.4% of the total respondents had short stature, 86.5% had normal stature and 3.1% had tall stature. Mean hemoglobin of the respondents was 11.212±1.371 gm/dl. Out of total respondent, 36.8% had normal hemoglobin whereas 46.3 had mild anemia and 16.8% had moderate anemia.

Conclusion :

The study concludes that underweight was found among the adolescent girls residing at Madrasa. Below normal hemoglobin was also found among them. Statically significant association was found between BMI and types of family as well as presence of health problem. Statistically significant association was found between hemoglobin level and food group.

Keywords:

Adolescent girls, nutritional status, Madrasa

Effectiveness of a Life style modification program on blood parameters among pre-hypertensive participants in a selected community

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Introduction

Prehypertension is a warning sign that the individual may get high blood pressure in the future. In prehypertension the systolic blood pressure reading is 120-139 mmHg and the diastolic blood pressure reading is 80-89mmHg. The prevalence of metabolic syndrome in the prehypertension group was higher than in the normal Blood Pressure population. Larger waist circumference, body mass index, higher levels of triglycerides, fasting blood glucose, uric acid, ferritin, and lower levels of high-density lipoprotein-cholesterol are more common in subjects with prehypertension than in those with normal blood Pressure. Managing prehypertension is challenging, but has much to offer in the prevention of cardiovascular disease. In health promotion, if health care professionals can intervene earlier with behavioral and pharmacologic means to prevent the onset of hypertension, the public and patients will benefit.

Statement of the problem

A study to assess the effectiveness of a Life style modification program on selected blood parameter among prehypertensive participants in a selected community.

Objective:

To assess the effectiveness of lifestyle modification program on selected blood parameters among prehypertensive participants.

Hypothesis: There is significant difference in pre and post lifestyle modification program selected blood parameters among prehypertensive participants at $p < 0.05$

Materials and methods

Research Design: A Quasi experimental pre and post design was used for the study.

Participants:

78 Prehypertensive clients in the age group 30 - 50 years (both gender).

Settings: Koduvalli, vellacherry and Kilkondaiyar (experimental group) and Karani, Veerapuram, and Tamarapakkam (control group).

Sampling Technique: convenient sampling

Informed oral and written consent was obtained from the prehypertensive clients

Inclusion and exclusion criteria

Inclusion Criteria - Age between 30 to 50 years (both gender), Systolic blood pressure between 120 to 139mmHg and diastolic blood pressure between 80 to 89mmHg.

Exclusion criteria - Participants on antihypertensive medications and other medications that can influence blood pressure, having previous history of cardiac problems, renal problems and other such medical problems.

Pre Test Data Collection: Day 1: A brief introduction about self was given to the participants, followed by the detailed explanations regarding the purpose of the study and expectations from the prehypertensive clients respectively during the data collection period. The consent was obtained and the confidentiality of the responses was assured. Preliminary screening was done and the data collected. The tool consists of five areas I. Demographic variables, II. Blood parameters

Intervention: Teaching for prehypertensive participants

Day 2: after 24 hours of data collection lifestyle modification program implemented. Trackers were used to monitor the progress. Periodic reinforcement was given once in two weeks for three months.

Post test: After three months: Data was collected on blood parameters. It compiled and coded.

Results

The values were tabulated and statistically analyzed using one way repeated measures of analysis of variance by Dunnet's method and then by using the unpaired t test by sigma plot. The analysis revealed that there is statistically significant difference in the values of TC, HDL and LDL during pretest and post test among the experimental group and no difference in the control group. Further there was a significant difference found during the post test between the control group and experimental group ($p < 0.05$)

Occurrence of Malaria Parasites in Asymptomatic Students of Nasarawa State Polytechnic Lafia

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Determination of the prevalence of malaria parasite in asymptomatic students of Nasarawa State Polytechnic Lafia, Nigeria was carried out in this study. Asymptomatic infection by *Plasmodium* species is an important set back to the various malaria control programmes aimed at eliminating malaria in this African sub region. Malaria parasite carriers provide or serve as reservoirs of the parasites, more importantly, they do not seek treatment for their infections because they often do not come up with any symptom(s). In this research thin blood film was used and stained with leishman stain. Ninety-six (96) Adult students participated in this research. The results showed that out of the 61 slides for males 32 slides (52%) appeared to be positive for malaria parasite, and out of the 35 slides for females 21 slides (60%) appeared to be positive.

It is clear that for both males and females slides examined the percentage occurrence is above 50%, although not significantly different ($P < 0.05$), this call for serious concern regarding malaria control in this country. Control of malaria parasite in this part of the country will be difficult since the occurrence of asymptomatic carriers is very high. In conclusion reduction in this reservoir by treating the asymptomatic people will go a long way in making sure that the malaria control programmes achieve the desired result. Thick blood film, increase in sample size as well as specie differentiation of the malaria parasites is recommended.

KEYWORDS:

Malaria Parasite, asymptomatic infection, prevalence, plasmodium



EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING MENOPAUSAL OSTEOPOROSIS AMONG PERI MENOPAUSAL WOMEN'S IN SELECTED COMMUNITY AREA AT KOLLAM

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ABSTRACT

The research project under took was "A study to assess the effectiveness of structured teaching programme on knowledge regarding menopausal osteoporosis among perimenopausal women's in the selected community area at Kollam" the objectives of the study were to assess the knowledge regarding menopausal osteoporosis among perimenopausal women's in selected Community area at Kollam, to assess the effectiveness of structured teaching programme on knowledge regarding menopausal osteoporosis among perimenopausal women's in the selected Community area at Kollam, to find out association between knowledge regarding menopausal osteoporosis among perimenopausal women's and selected demographic variables in the selected Community area at Kollam, a quantitative research design was adopted for this study. The study was conducted among 60 perimenopausal women's in the Century Nagar, Pallihottam, Community Area at Kollam. In order to assess the knowledge of perimenopausal women's regarding menopausal osteoporosis, the study sample was selected by convenient sampling technique. The tool used for data collection consisted of demographic profoma and structured questionnaire basic introduction of the study was given to the subjects. The analysis of the data was based on the objectives of the study using quantitative and inferential statistics. The findings of the present study revealed that there was significant association between knowledge and demographic variables like education and religion. There is no significant association between age, marital status, occupation, monthly income, family type, source of information and food pattern, and the structured teaching programme was effective to increasing the knowledge regarding menopausal osteoporosis among perimenopausal women's. Based on the findings the investigator have drawn implication which were of vital xiv concerns in the field of nursing practice, nursing administration, nursing pattern, nursing education for future development.

KEYWORDS: Effectiveness; structured teaching programme; knowledge; menopausal osteoporosis; perimenopausal women's.

INTRODUCTION

Menopause is defined as the absence of menstrual period for 12 months. It is a time in women's life and when the function of the ovaries ceases. The perimenopausal period is the time in the women's life when the physiological change occurs that begins the transition to menopause. Every women experiences her midlife years differently, the changes that occur during this period including changes in sexual wellbeing, are typically caused by a mix of both menopause and aging as well as by typical midlife stresses and demand.^[1] Osteoporosis is a silent killer disease. postmenopausal osteoporosis is a condition characterized by the loss of bony tissue leading to bone that are brittle and prone to fracture. Osteoporosis is common in elderly especially in ladies after 45 years and in women after menopause. After

menopause in women the process of osteoporosis is accelerated due to deficiency of estrogen. Estrogen helps in the Menopause accelerates the bone loss to 2-5% per year, which may continue till 10 years. Prevalence of osteoporosis increases with age in women and not in men. It is reported that 42.5% women and 24.6% men above the age of 50 years suffer from osteoporosis in India. Menopausal osteoporosis is a serious public health concern.^[2] Currently it is estimated that over 200 million people worldwide suffer from this disease.^[2] Aging of population worldwide will be responsible for a major cause according to International Osteoporosis Foundation [IOF]. Asian audit, in 2009, expert groups estimated that the number of osteoporosis patients in India was approximately 26 million in 2003 with projections indicating that this would rise to 36 million

patients by 2013, sources estimate that 50 million people in India are either osteoporotic or have low bone mass. Approximately 30% of all postmenopausal women have osteoporosis in the United States and in Europe. At least 40% of these women³ and 15-30% of men⁴ will sustain one or more fragility fractures in their remaining life time. A study was conducted in India to assess the prevalence of osteoporosis and find low bone mass of healthy adult and its risk factors among 881 participants. Among these, 498 were women and 383 men aged 50 and above were analyzed in this study. A self-administered questionnaire was used to assess, their demographic characteristics, diet, lifestyle and medical history the prevalence osteoporosis was high in women [47%] compared to men [15.5%]. Osteoporosis is often called as "silent disease", because initially bone loss occurs without symptoms. People may not know that they have osteoporosis until their bone become so weak that a sudden strain, bump or fall causes a fracture of a vertebrae may positive calcium metabolism and osteogenesis initially be felt or seen in the form of severe back pain, loss of height or spinal deformities such as stooped posture. Recently published data have clearly demonstrated widespread vitamin D deficiency across India, at all ages and in both sexes, particularly in the urban areas. Poor sunlight exposure, skin pigmentation and a vitamin D deficient diet are some^[3] obvious causes for this finding. Indians have low Bone Mineral Density (BMD) as compared to the western Caucasians. According to WHO, The annual incidence rate of osteoporotic fracture in women is greater than the incidence rate of heart attack, stroke and breast cancer. Osteoporosis will put bigger burden to the health care system as treatment is expensive. One out of 8 male and one out of 3 female in India suffers from osteoporosis, making India one of the largest affected countries in the world. One in two Indian women above the age of 45 suffers from osteoporosis. So this is a huge problem in India. Failure to identify at-risk patients, to educate them, and to implement preventive measures may lead to tragic consequences. Medical care includes calcium, vitamin D, antiresorptive agents and estrogen receptor modulator. Surgical care includes vertebroplasty and kyphoplasty. Risk factors for osteoporosis include age[>30], gender [women's >50 years], ethnicity [Caucasian and Asian women's], bone structure and bone weight, family history, prior history of fracture or bone breakage, certain medications [long term use of steroids], medical conditions including cancer and stroke. The diagnosis include Bone Mineral Density [BMD] test, bone measurement. The treatment include weight bearing exercise, calcium and vitamin D supplements, medications like estrogen therapy, injectable teriparatide [bone building agents], calcitonin, denosumab [antibody therapy, taken twice a year].^[3] Prevention is better than cure. Osteoporosis can be prevented in women by early diagnosis and treatment helps in preventing complications. Hormone therapy is believe to be useful in preventing or decreasing the increased rate of bone loss that lead to osteoporosis, there are many ways to

protect oneself against osteoporosis include exercise like jogging, playing tennis, walking and dancing, eat food high in calcium^[4] [Recommended Daily Allowance for calcium for people age 31-50 years is 1200 mg/day, people > 50 years should get 1200 -1500 mg /day], calcium supplements like calcium carbonate and calcium citrate, vitamin D [400-2000 IU/day] replacing estrogen hormones, limiting the amount of alcohols and smoking that causes the production^[5] of less estrogen that protect bone.

OBJECTIVES

The objectives of the study are.

- To assess the knowledge regarding menopausal osteoporosis among perimenopausal women's in selected Community area at Kollam.
- To assess the effectiveness of structured teaching programme on knowledge regarding menopausal osteoporosis among perimenopausal women's in the selected Community area at Kollam.
- To find out association between knowledge regarding menopausal osteoporosis among perimenopausal women's and selected demographic variables in the selected community areas Kollam.

REVIEW OF LITERATURE

1. Literature related to prevalence of menopausal osteoporosis.

1. An observational, retrospective cohort study was conducted to assess Age-related prevalence of osteoporosis and fragility fracture in an outpatient clinic Klimax in Vienna, Austria, between August 1990 and January 2012 women's at an age of 40 years of age or older who underwent Bone Mass Density (BMD) testing upon their initial consultation. The data source was an electronic database comprising data of all patients presenting at the menopause and osteoporosis outpatient clinic. For the current analysis, individual patient files were aggregated. Only data obtained at the first consultation were used. The clinic staff consisted of senior and resident physicians as well as radiological assistants specifically trained to differentiate between fragility and traumatic fractures according to World Health Organization (WHO) criteria and supporting guidance. Women ≥ 40 years, who were referred to a menopause and osteoporosis outpatient clinic for Bone Mass Density (BMD) measurements, were assessed for patient characteristics, bone mass density and previous fragility fractures of the hip, the distal forearm and the vertebrae. It is found that between 1990 and 2012, 99,399 women, mean age 56.1 years, were referred to the clinic for bone mass density testing. Of the total population, 52.5% showed normal, 34.0% osteopenic and 13.5% osteoporotic BMD. The prevalence of osteoporosis and fragility fractures in middle-aged women, <65 years, is hitherto under-recognized. Measuring bone mass density alone is not sufficient to identify patients at risk for fractures. Supplemental screening for clinical risk factors already during perimenopause may be advantageous.^[1]

2. A cohort study conducted to determine the trend in incidence of osteoporotic fractures among premenopausal and postmenopausal women during the periods immediately before and after publication of the Women's Health Initiative and Heart and Estrogen/Progestin Replacement Study (HERS) II data. The cohort of women aged 40 to 69 years was included. A total of 43,017 new fractures were identified. The incidence of fracture was significantly greater during 2004 to 2005 than 2000 to 2001. The use of estrogen, estrogen plus progestin, and other hormones declined over the period from 2000 to 2003, whereas the use of other bone-modifying drugs increased from 2003 through 2005. The study indicated that the incidence of osteoporosis related fractures among premenopausal and postmenopausal women increased significantly in the 3 years after publication of Women's Health Initiative and Heart and Estrogen/Progestin Replacement Study II results. This trend followed a decline in the use of hormone therapy, concurrent with an increase in the use of other bone-modifying agents.^[9]

3. A study conducted to determine the prevalence of osteoporosis among postmenopausal women above the age of 60 years from Delhi and rural Haryana by measuring their bone mass density of healthy women living in seven residential areas of Delhi and 10 rural communities of rural Haryana were the samples. 430 women in the age group 60-70 were underwent bone mass density assessment. Amongst those 265 were osteoporotic by world health organization (WHO) criteria. Mean height of women with osteoporosis was not significantly different from those without osteoporosis; but had lower body weight. 7% of osteoporotic women had suffered one or more fractures, forearm constituting 5% followed by hip fracture. Study concluded that the estimated prevalence of osteoporosis was 62%. It was less among urban postmenopausal women who had more years of formal education.^[9]

2. Review of literature related to knowledge of menopausal osteoporosis

1. A study was carried out in India to assess the awareness of osteoporosis in postmenopausal women. 100 postmenopausal women's were selected for the study. The women included in the study were selected from localities of Chandigarh. Women who volunteered for the study were explained the questionnaire in their own vernacular language and the responses were recorded accordingly by trained health volunteers. In this study was developed by Kim on the basis of Rosen stock's Health Belief Model. It has two main subscales: Osteoporosis Health Belief Calcium Scale (OHBCS) and the Osteoporosis Health Belief Exercise Scale (OHBES). Other parameters such as the participants' height, weight, body mass index (BMI), dietary habits, and physical activity were recorded. There was no statistically significant difference between the mean susceptibility scores of three groups (normal, osteopenic, and osteoporotic).^[10]

2. A study was conducted among women's who were undergoing bone densitometry in the healthcare centers in Lublin to establish the level of knowledge about osteoporosis prevention and to answer the question whether the level of knowledge is dependent on socio-demographic factors. The research was realized by means of a survey method, a poll technique in 2014. The study involved 292 women aged 51-83. The study involved 292 women aged 51-83. The examined women were patients undergoing bone densitometry in the healthcare centers in Lublin. The majority of the examined women correctly indicated risk factors for osteoporosis, i.e. a low calcium diet (71.2%), menopause (74.7%), older age (81.8%) and eating disorders (79.5%). Respondents presented the basic exercise knowledge ($M = 9.97$) and low knowledge concerning risk factors, screening and treatment of osteoporosis ($M = 7.87$). The calcium knowledge remained on an average level ($M = 14.03$). Better educated women, city inhabitants as well as women having very good or good social and welfare conditions showed a significantly higher level of knowledge about osteoporosis prevention. Even women undergoing bone densitometry examination present insufficient knowledge about osteoporosis prevention.^[11]

3. A cross sectional study was conducted by among women's aged more than 40 years in Alexandria of Egypt in order to assess knowledge about osteoporosis as well as identifying its relation with other variables. A cross sectional survey included 532 women aged at or more than 40 years who lived in Alexandria governorate in Egypt was conducted using a self-administered questionnaire as well as the Facts on Osteoporosis Quiz. The mean age of studied women was 49.92 ± 7.75 years. The majority of them (95.1%) reported that they are familiar with osteoporosis and 77.1% perceive it as a serious disease and mass media was the main source of information regarding OP (54.2%) among them. The mean total score of the quiz was 11.3 ± 3.6 . It was significantly associated with the level of education and employment status. Regarding the total knowledge percent score, nearly one half of studied females (51.5%) achieved a percent score ranging from 50% to less than 75% and 18.8% of them obtained a score of 75% or higher. The knowledge of osteoporosis among Alexandrian women could be considered moderate as regards its risk factors, preventive measures and consequences. Controlling the quality of health information provided through the mass media as well as motivating health care providers to play a role in providing information regarding osteoporosis is recommended.^[12]

3. Review of literature related to prevention of menopausal osteoporosis

1. A descriptive study was conducted to assess women's knowledge and practices regarding the prevention and treatment of osteoporosis. 185 women sample are selected to measures the knowledge and practices were obtained with a hand-delivered questionnaire. The results

shows that women are receiving inadequate information about osteoporosis, possess limited knowledge about the disease, and are not taking adequate measures to prevent or treat osteoporosis.^[13]

2. The descriptive study was conducted to assess knowledge of women in prevention of osteoporosis, diagnosis and treatment strategies. 211 women sample were selected at the age of 60 years and above living in the south western state. The result reveals that the older women at 60 years have poor knowledge about prevention and treatment of osteoporosis in pretest. The score is slightly increased after the interventions of the posttest. The researcher recommended the additional educational programme to increase the awareness of risk factors and behaviors like it to enhance bone health.^[14]

3. A study was conducted by National Institute of Health (NIH) consensus development panel on osteoporosis prevention, diagnosis, therapy and objective were to clarify the factors associated with prevention and treatment of osteoporosis. The participants were a non-federal, no advocate, 13 members a panel was convened, representing the fields of internal medicine, family and community medicine. Thirty two experts from these fields presented to the panel and audience of 699. The panel answering predefines question, developed conclusions based on evidence presented in one form and literature. They concluded the study that, through prevent in white postmenopausal women, osteoporosis occurs in all population and at all ages. Adequate calcium and vitamin D intake is crucial to develop optimal peak bone mass and to preserve bone mass throughout life. Regular exercises, especially resistance and high impact activities, contributes to development of high peak bone mass and may reduce risk of falls in older person. Fracture prevention is the primary treatment goal for patient with osteoporosis.^[15]

4. Review of literature related to Structured Teaching Programme on menopausal osteoporosis.

1. An experimental study was conducted to assess the effectiveness of planned teaching programme on knowledge of Type I osteoporosis and its prevention among menopause women in selected public health centers of Bijapur District, Karnataka. A pre-experimental design was used to find the effectiveness of planned teaching programme on type I osteoporosis among 100 menopause women between the age group of 40 - 70 years were included with convenient sampling technique. Data was collected by using demographic Performa and questionnaires through interview method. The result test shows that the improvement of mean knowledge scores of posttest when compared with lesser value of pretest. The findings reveal that the menopause women had inadequate knowledge regarding type I osteoporosis and its prevention. Hence its emerging need of the day to educate all the menopause women about osteoporosis and its prevention.^[16]

2. An experimental Study was conducted among Postmenopausal Women Employed at Y.C.M Hospital of Pune to assess the Effectiveness of structured Teaching Programme on the Knowledge Regarding Prevention of Osteoporosis. Experimental one group pretest posttest design was used. The data collection was scheduled for the month of February and March 2013. Before the data collection the investigator obtained consent from the sample and the tool was administered. This assessment was done using Fisher's exact test. Following is the summary of the results of Fisher's exact test. The null hypothesis is rejected. The demographic variables which were found to have significant association with knowledge. Findings of the study showed that most of the subjects were above 40years with primary educational background all of the clients are married. Most of the subjects had good knowledge regarding prevention of osteoporosis and had a positive attitude towards the treatment and prevention. Study showed that there was a positive statistical significant relationship between knowledge score and demographic variables. Since all the sample belong to medical profession so they are more concentrated towards health related issues and are aware regarding the osteoporosis treatment and prevention as well.^[17]

3. An experimental study was conducted to assess the effectiveness of teaching programme on Osteoporosis among Hospital Aides Evaluative approach was employed with pre experimental one group pretest posttest design. The sample consisted of 80 Hospital Aides selected using purposive sampling technique. The mean posttest knowledge score was higher than the mean pretest knowledge score. The posttest score ranged from 24-37 and that of pretest ranged from 7-23. The mean difference between posttest and pretest knowledge score was highly significant. There was no significant association between pretest knowledge scores and selected variable like age, family income, years of experience, and education. Planned Teaching Programme was effective in enhancing the knowledge regarding Osteoporosis among Hospital Aides.^[18]

MATERIALS AND METHOD

Methods

A quantitative approach is used in that the research design is adopted for the study is one group pretestposttest research design. Here independent variable is structured teaching programme regarding menopausal osteoporosis among perimenopausal women's and dependant variable is knowledge of menopausal osteoporosis among peri menopausal women's. The setting will be pallihottam community area situated at kollam. The populations in the study include peri menopausal women's in selected villages at kollam. Convenient sampling used in this study.

Tools / instruments

The instruments used for the present study are demographic proforma and structured questionnaire which were validated by the experts.

Data collection

Data will be collected after obtaining prior administrative permission and informed consent from perimenopausal women's. The tools for data collection procedure are demographic proforma including age, religion, marital status, educational qualification, occupational status, monthly income, family type, food habits, source of information.

The data collection was conducted from 26/2/2018 to 5/3/2018.

The convenient sampling was used to select the samples. Setting for the study is the Pallihottam areas at Kollam. Initially, the structured questionnaire was given to 60 samples. On the first day, pretest is done by using demographic proforma and structured questionnaire regarding menopausal osteoporosis. Then structured teaching programme given the perimenopausal women's and post test is done after 5 days by using the same structured questionnaire regarding menopausal osteoporosis.

Data analysis

The researcher will analyze the data by using descriptive and inferential statistics based on the objectives and hypothesis of the study. To compute the data, a master data sheet was prepared by the investigator.

FINDINGS OF THE STUDY

Description of sample characteristics

This section describe the percentage wise distribution of demographic variables.

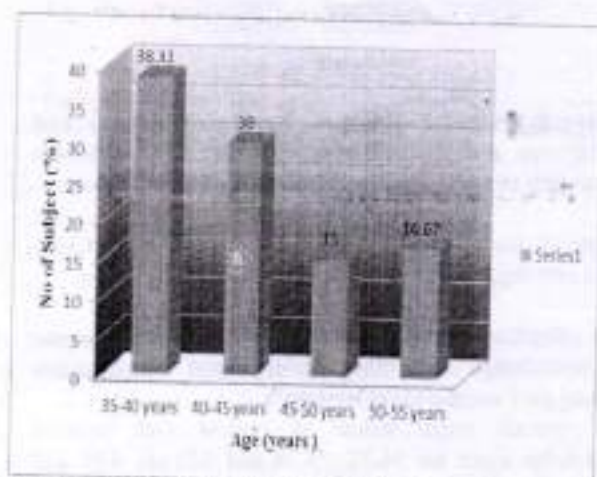


Figure 1: Bar diagram showing frequency and percentage distribution of perimenopausal women's according to their age.

The data presented in figure 1 shows that 38.33% were in the age group of 35 – 40 years, 30% in the age group of

40 – 45 years, 15% were in the age group of 45 – 50 years and 16.67% were in the age group of 50 – 55 years.



Figure 2: Cylinder diagram showing frequency and percentage distribution of perimenopausal women's according to their religion.

Figure 2 shows the 10% were Hindus and 90% were Christians.

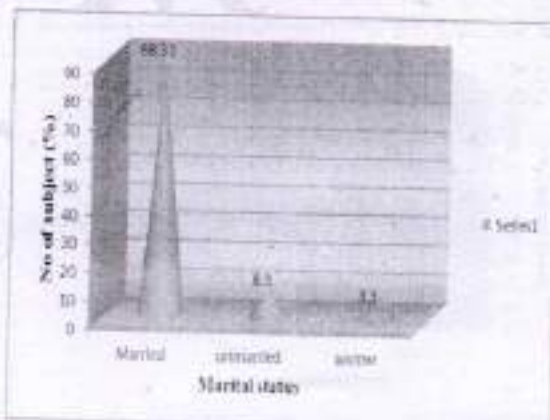


Figure 3: Cone diagram showing frequency and percentage distribution of perimenopausal women's according to their marital status.

Figure 3 shows the 88.33% were married, 8.3% were unmarried and 3.3% were widows.

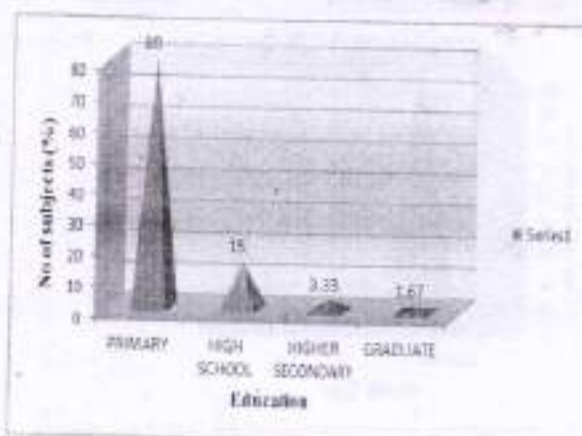


Figure 4 Pyramid diagram showing frequency and percentage distribution of perimenopausal women's according to their education.

Figure 4 shows that 80% had primary school education, 15% were in the high school education, 3.33% were in higher secondary and 1.67% were graduate.

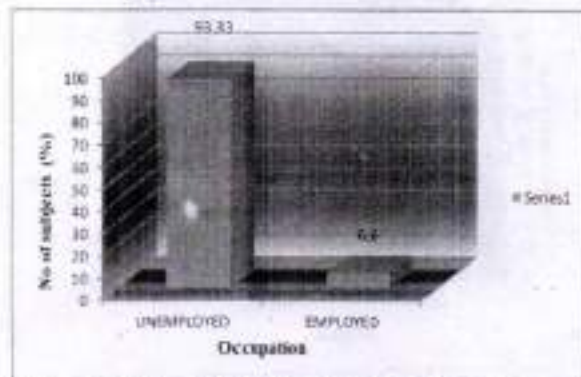


Figure 5: Bar diagram showing frequency and percentage distribution of perimenopausal women's according to their occupation.

Figure 5 shows that 93.33% were unemployed and 6.6% were employed.



Figure 6: Cylinder diagram showing frequency and percentage distribution of perimenopausal women's according to their monthly income.

Figure 6 shows 93.33% were income <5000 and 6.67% were in the income between Rs.5000-10000.

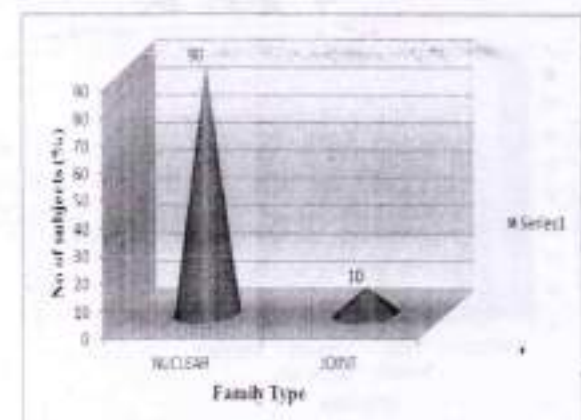


Figure 7: Cone diagram showing frequency and percentage distribution of perimenopausal women's according to their family type.

Figure 7 shows that 90% were under nuclear family and 10% were under joint family.

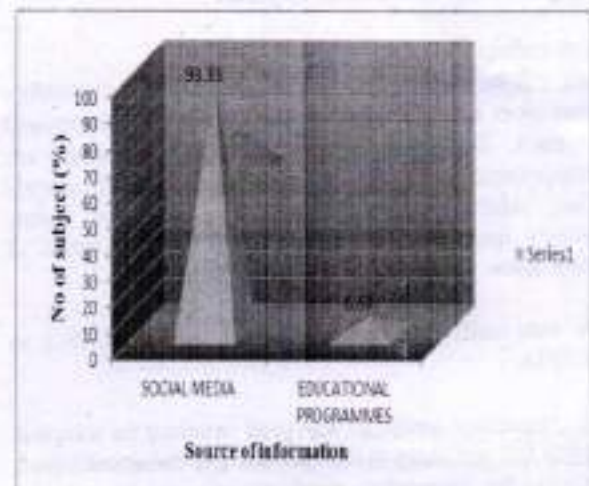


Figure 8: Pyramid diagram showing frequency and percentage distribution of perimenopausal women's according to their source of information.

Figure 8 shows that 93.33% got information from social media and 6.67% from educational programmes.

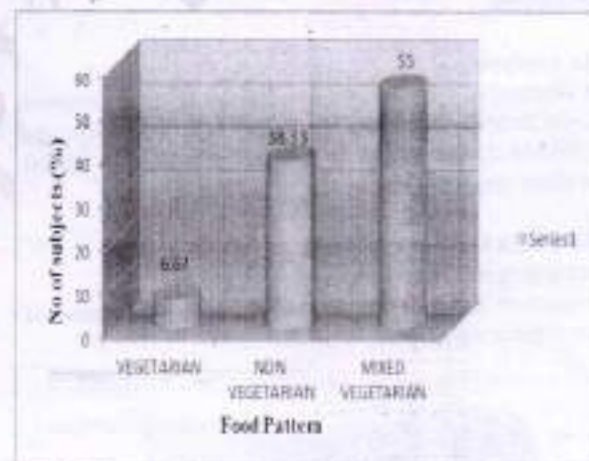


Figure 9: Cylinder diagram showing frequency and percentage distribution of perimenopausal women's according to their food pattern.

Figure 9 shows that 6.67% were vegetarian, 38.33% were non vegetarian and 55% were mixed vegetarian.

The effectiveness of structured teaching programme on knowledge regarding menopausal osteoporosis among peri menopausal women's

The overall mean value of pretest and posttest knowledge score are 14.72, 23.38 and S.D are 4.01 and 2.75 respectively. When computed the data the calculated 't' value 21.03 which is greater than the table value at 0.05 level of significance. Hence the research hypothesis is accepted. So it can be concluded that there is a significant difference in between pretest and posttest scores of knowledge among peri menopausal women's.

Table 1: Comparison of Mean, Standard Deviation, 't' value of pretest and posttest on knowledge regarding menopausal osteoporosis.

	N	Mean	Standard Deviation	t
Pretest score	60	14.72	4.01	21.03*
Posttest score	60	23.38	2.75	

t(59) = 2.0, *significant at 0.05 level.

The data present in table 1 shows that the mean posttest score (23.38) greater than mean pretest score (14.72) on knowledge regarding Menopausal Osteoporosis. The 't' value is greater than the table value (2.00) i.e., the Structured Teaching Programme was effective. Hence

the null hypothesis was rejected and the research hypothesis was accepted. So it can be concluded that there is a significant difference in between pretest and posttest scores of knowledge among perimenopausal women's regarding menopausal osteoporosis.

Table 2: Association between knowledge and selected demographic variables.

Sl no	variables	Knowledge			df	chi squarevalue
		Inadequate	Moderate	Adequate		
1.	Age in years					
	35 - 40 years	8	14	1	6	8.204
	40 - 45 years	9	7	1		
	45 - 50 years	10	2	0		
	50 - 55 years	4	4	0		
2.	Religion					
	Hindu	1	2	1	2	6.649
	Christian	30	25	1		
	Muslim	0	0	0		
3.	Marital status					
	Married	30	26	0	2	0.3293
	Unmarried	0	2	0		
	Widow	1	1	0		
4.	Education					
	Primary	26	20	0	4	
	High School	5	4	2		
	Higher Secondary	0	3	0		

The table above shows the association of pretest knowledge of perimenopausal women's with selected demographic variables. when computed the data, calculated chi square the age is 8.204, religion is 6.649, marital status is 0.3293, education is, occupation is 1.162, monthly income is 3.860, family type is 1.294, source of information is 2.725 and food type is 1.875 respectively, which is greater than the table value at 0.05 level of significance. So it can be concluded that there is an association between pre-test knowledge among perimenopausal women's with selected demographic variables age, religion, marital status, education, monthly income, family type, source of information and food type of perimenopausal women's.

CONCLUSION

This study attempted to assess the effectiveness of structured teaching programme on knowledge regarding menopausal osteoporosis among perimenopausal women's. The following conclusions are made drawn from the findings of the study.

- The structured teaching programme has found to be effective and promotes in enhancement of knowledge regarding menopausal osteoporosis among perimenopausal women's.

- There is association between pretest knowledge among perimenopausal women's with selected demographic variables [age, religion, marital status, education, monthly income, family type, source of information and food type].

RECOMMENDATIONS

Based upon the study findings, the following recommendations were made for the future study.

- A similar study can be replicated in a large sample to generalize the findings.
- A quasi experimental study can be conducted to assess the effectiveness of Structured Teaching Programme on the level of knowledge regarding menopausal osteoporosis among perimenopausal women's.

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RESEARCH ARTICLE

Effectiveness of Information Booklet on Knowledge of Primary School Teachers regarding Behavioral Problems and their Prevention among Children in selected Primary Schools at Kollam

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ABSTRACT:

A study to assess the effectiveness of information booklet on knowledge of primary school teachers regarding behavioral problems and their prevention among children in selected primary schools at Kollam. The objectives of the study were to: a) assess the knowledge of primary school teachers regarding behavioral problems and their prevention among children. b) assess the effectiveness of information booklet on knowledge of primary school teachers regarding behavioral problems and their prevention among children. c) find the association between pretest knowledge of primary school teachers regarding behavioral problems and their prevention among children with selected demographic variables. A quantitative approach was used with one group pretest posttest only design. Purposive sampling was used. Sample size was 60. The investigator assessed primary school teachers knowledge using structured questionnaire regarding behavioral problem. After conducting the pretest, information booklet was introduced to the primary school teachers. Posttest was conducted on fifth day using the same research tool. It is found that the calculated t value is greater than table value. There is significant difference between pretest and posttest scores of knowledge of primary school teachers. There is no association between pretest knowledge and selected demographic variables. The finding of the study suggests that information booklet is effective in increasing the knowledge of primary school teachers regarding behavioral problems and their management and prevention.

KEYWORDS: Assess; Effectiveness; Information Booklet; Knowledge; Primary School Teachers; Behavioral Problems; Children.

INTRODUCTION:

Background of the Study:

Normal children are healthy, happy and well adjusted. This adjustment is developed by providing basic emotional needs along with physical and physiological needs for their mental well-being. The emotional needs are considered as emotional food for healthy behavior. The children are dependent on their parents, so parents

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are responsible for fulfillment of the emotional needs. Every child should have tender loving care and sense of security about protection from parents and family members. They should have opportunity for development of independence, trust, confidence and self-respect. There should be adequate social and emotional interaction with discipline. The child should get scope for self-expression and recreation. Parent should be aware of about achievements of their children and express acceptance of positive attitude with in the social norms.¹

Children are mirror of a nation. They are our future and our most precious resources. The quality of tomorrow's world and perhaps even its survival will be determined by the well-being, safety and the physical and intellectual development of children today. To predict the future of a nation, it has been remarked, one need not consult the stars; it can more easily and plainly be read in the faces of its children.²

School age is the period between 6 – 12 years. Young scholars are emerging as creative person who are preparing for their future role in society. The school years are a time of new achievement and new experience. Individual children needs and preferences should be respected.²

Behavioral and emotional problems in school aged children can cause significant difficulties in children's healthy development. For many children, they are also predictive of longer-term antisocial behaviors and mental health problems. Some children show symptoms that are consistent with diagnoses of Anxiety, Depression, Oppositional Defiant Disorder (ODD), Attention-Deficit Disorder (ADHD), and Conduct Disorder (CD) (American Psychiatric Association, 1994). As well as causing significant distress for children and families during their childhood, children with emotional and behavioral problems face an increased risk of low self-esteem, relationship problems with peers and family members, academic difficulties, early school leaving, adolescent homelessness, the development of substance abuse issues and criminality. A child personality is considerably influenced by the character and conduct of their parents. Surveys reveals that the parents are often more concerned about their behavior.²

Teachers play very important role in early diagnosis of mental health problems, giving reference to medical personal and also promotion of mental health among children in their schools. School children will spend their more time with their respective school teachers.²

OBJECTIVES OF THE STUDY:

- To assess the knowledge of primary school teachers regarding behavioral problems and their prevention among children.

- To assess the effectiveness of information booklet on knowledge of primary school teachers regarding behavioral problems and their prevention among children.
- To find the association between pretest knowledge of primary school teachers regarding behavioral problems and their prevention among children and selected demographic variables.

Hypotheses:

All hypotheses will be tested at 0.05 level of significance.

H₁: There will be a significant difference between pretest and posttest knowledge scores of primary school teachers on behavioral problems and their prevention among children.

H₂: There will be a significant association between pretest knowledge scores of the primary school teachers regarding behavioral problems and their prevention among children and selected demographic variables.

REVIEW OF LITERATURE:

1. Studies related to behavioral problems among children:

A study was conducted in Poland, to analyze the clinical symptoms of tic disorders and sleep habits in children in chair and Department of Developmental Neurology. A sample size of 84 children with treatment group, control group included 156 healthy children work selected by cluster sampling. The study resulted in a conclusion that Quote frequently treatment group are connected with other behavioral symptoms, in particular Attention Deficit Hyperactivity disorder and obsessive compulsive disorder. Sleep habits are different in treatment group (TG) than in control group.³

A study was conducted in city of Pavia, on the prevalence of tic disorders among primary school children in Department of child Neurology and Psychiatry. A sample size of 2347 primary school children was selected. The study resulted in conclusion that a total 68 children (56 boys, 12 girls) aged 6-11 years were identified with tic disorders. The prevalence was 4.4% in boys and 1.1% in girls with no detectable trends at the age 6-11 years. Situation related takes were noted in 37 cases. A significant correlation was found between the presence of tick disorders and impaired school performance.⁴

A study was conducted in Iowa city, USA, to determine prospectively the duration of non-nutritive sucking behaviors of children between 1 and 8 years of age and the effect of persistent habits on selected occlusal characteristics in the late deciduous dentition in college of Dentistry. A sample size of 797 children was selected by observation method. The study resulted in a conclusion that to intercept the development of cross bites and functional shifts, the developing occlusion

should be observed in the deciduous dentition in children with prolonged digit or pacifier habits.⁵

2. Studies related to knowledge of primary school teachers regarding behavioral problems.

A study showed that teachers appear to mainly attend to and deal with conduct problems which cause greater disturbance in the classroom. However, emotional and developmentally related problems were also addressed revealing teachers' concerns about their pupils' well-being and development. Teachers seemed to mainly use positive ways in dealing with children's behavior problems, but they did deliver punishments as well. Finally, the study indicated that teachers appear to be rather effect-oriented employing a variety of techniques of different theoretical orientation which have been perceived to be effective.⁶

A study was conducted in United States, to assess teachers regarding their perceptions and practices concerning school bullying prevention activities. A total of 359 of 700 (52.4%) teachers responded. Most (86.3%) teachers had serious talks with both the bully and victim. Less than one-third set aside classroom time to discuss bullying (31.7%) or involved students in creating classroom rules against bullying (31.2%). Most perceived no barriers to implementing these activities. Teachers perceived post-bullying activities as the most effective means of reducing bullying problems, followed by improved student supervision, and by environmental bullying prevention activities. The findings suggest that pre professional and continuing education are needed to improve teacher knowledge about effective classroom-based bullying prevention activities.⁷

A Study was conducted in Federal Neuro -Psychiatric Hospital, New Haven, Enugu State, Nigeria, which was conducted with an objective to assess the prevalence and pattern of behavioral problems among Nigerian children with intellectual disability and also the associated factors. Teachers' rated Strengths and Difficulties Questionnaire (SDQ) was used to screen for behavioral problems among children with intellectual disability in a special education facility in south eastern Nigeria. A total forty four (44) children with intellectual disability were involved in the study. Twenty one (47.7%) of the children were classified as having behavioral problems in the borderline and abnormal categories on total The inter-clinical scales correlations of teachers' rated SDQ in the studied population also showed good internal consistency (Cronbach Alpha=0.63). There is an urgent need for establishing school-based mental health program and appropriate screening measure in this environment.⁸

A study was conducted in Bangalore, to assess the knowledge and attitude of School Teachers on behavioral problems of children and to identify the prevalence of behavioral problems among a sample of 5 to 8 year old Indian children. The result shown that in the first phase (screening) 48 teachers rated 1535 children from the schools of Bangalore city, on the 26 item Children's Behavior Questionnaire, 281 Children were identified as disturbed. In the second phase, 279 of children were identified as disturbed on the Children's Behavior Questionnaire.⁹

3. Studies related to alternative measures to assess the knowledge of primary school teachers regarding behavioral problems.

A study was conducted in Salem, to evaluate the effectiveness of planned teaching programme on knowledge of school teachers regarding management of hyperactive students. The sample selected for the study was cohort group of 40 teachers, teaching from 1st to 7th standard of selected private schools. A structured questionnaire with 40 items to assess the knowledge was prepared and pre-test was conducted on 1st day, after obtaining the written permission. Planned teaching programme in the same day after pre-test and the post-test was conducted on 9th day. The study result revealed mean difference between pre-test (14.6) and post-test score (30.5) and the difference was significant ($t=16.03$, $p<0.01$).¹⁰

A Quasi Experimental Study was conducted in selected schools of Pune city. In the present study the sample comprised of 60 people. A structured questionnaire knowledge regarding behavioral problem was prepared to study the sample. Descriptive and inferential statistics had been used to analyze the data obtained through interviews. This study indicates that the planned teaching is effective in increasing the knowledge of teachers regarding behavioral problem.¹¹

Priyesh Bhanwara (2012) conducted a study to assess the effectiveness of planned teaching programme on increasing the knowledge regarding learning disabilities. The study was conducted in selected schools of Pune city. The samples were teachers both male and female. Sample size was 60. Non convenient purposive sampling technique was used. The result was teachers are got the adequate knowledge regarding learning disabilities.²

4. Studies related to effectiveness of information booklet on regarding behavioral problems and their prevention on knowledge of primary school teachers.

Merwin conducted a study to investigate the effectiveness of a series of self-instructional modules (SIMs) for training secondary-level social studies teacher-trainees to develop and ask higher-level questions. Forty Ss enrolled for social studies method courses were blocked on pre-test scores and randomly

assigned to treatment groups. The experimental group treatment consisted of using only four SIMs for 6 weeks. Three control group instructors employed conventional classroom instructional techniques. The data indicate that the experimental group achieved significantly higher achievement test scores and student teaching performance ratings. Additionally, the experimental group expressed favorable attitudes toward the use of the SIMs. Based on this data, the use of SIMs appears to be superior to more conventional instructional methods for developing concepts and skills essential to instruction for higher cognitive processes.¹²

A study was conducted in NIMHANS, India on teachers' knowledge of children's exposure to family risk factors was examined using the Family Risk Factor Checklist-Teacher. Data collected for 756 children indicated that teachers had accurate knowledge of children's exposure to factors such as adverse life events and family socioeconomic status, which predicted children's mental health problems at 1 year follow-up. For children at high teacher-rated risk, odds ratios ranged from 3.04 to 7.46, after adjusting for prior mental health problems. Teachers had poor knowledge of internal family functioning, such as conflict, parenting practices, or parental drug abuse. The findings suggest that asking teachers to report children's exposure to particular family risk factors is a feasible method for identifying children for selective interventions, but improved family-school communication may further enhance this process.¹³

DileepNatekar (2012) conducted study to assess the knowledge of primary school teachers regarding learning disabilities and their prevention among children in Bangalore. Self-administered structured questionnaire was prepared and administered to 50 primary school teachers between 1-7th standard based on purposive sampling 17 techniques. The outcome of this study was the teachers are got the adequate knowledge regarding learning disabilities.²

MATERIALS AND METHODS:

Methods:

A quantitative approach was used and the research design adopted for the study is one group pretest posttest only design. Here, independent variable is introduction of information booklet regarding behavioral problems and their prevention and dependent variable is knowledge of primary school teachers of regarding behavioral problems and their prevention among children. The setting was in Infant Jesus Anglo-Indian Higher Secondary School Tangasseri, Balika Mariam L.P School, and St. George Thrikkadavoor, at Kollam. The populations in this study includes primary school teachers in selected primary schools at Kollam. Purposive sampling was used in the study.

Tools/instruments:

The instruments used for the present study are demographic proforma and structured questionnaire which were validated by the experts.

Data collection:

Data collection was conducted from 26-02-2018 to 05-03-2018.

Data will be collected after obtaining prior administrative permission and informed consent from primary school teachers. The tool for data collection procedure are demographic proforma including name, age, address, religion, education or qualification, influence of media, previous experience, previous source of information regarding behavioral problems and their prevention, previous history of behavioral problems and structured questionnaire regarding behavioral problems.

The purposive sampling was used to select the samples. Setting for the study was Infant Jesus Anglo-Indian Higher Secondary School Tangasseri, Balika Mariam L.P School, and St. George Thrikkadavoor, at Kollam. Initially, the structured questionnaire was given to 60 samples. On the first day, pretest was done by using demographic proforma and structured questionnaire regarding behavioral problems. Then, information booklet given to the primary school teachers and posttest was done after five days by using the same structured questionnaire regarding behavioral problems.

Data analysis:

The researcher will analyze the data by using descriptive and inferential statistics based on the objectives and hypothesis of the study. To compute the data, a master data sheet was prepared by the investigator.

1. Description of sample characteristics:

This section describes the percentage wise distribution of demographic variables.

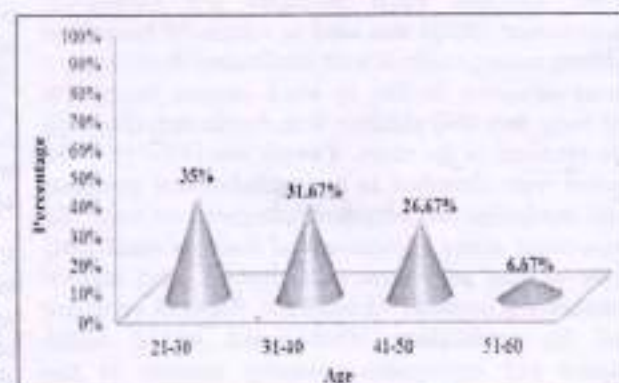


Figure 1: Percentage wise distribution of samples according to age. (N = 60)

The data presented in figure 1 shows that most of samples in this group belongs to age between 21 – 30.

Table 2: To find the association between pretest knowledge of primary school teachers regarding behavioral problem and their prevention among children and selected demographic variables.

Selected demographic variables	Knowledge			Chi square value	Inference
	Good	Average	Poor		
1. Age					
• 21 – 30	0	11	10	2.340*	NS
• 31 – 40	1	9	9		
• 41 – 50	0	9	7		
• 51 – 60	0	2	2		
2. Religion					
• Hindu	0	1	4	2.448*	NS
• Christian	1	30	24		
• Muslim	0	0	0		
• Others	0	0	0		
3. Years of Experience					
• 1 – 10	0	19	17	3.394*	NS
• 11 – 20	1	9	10		
• 21 – 30	0	2	1		
• 31 – 40	0	1	0		
4. Education qualification					
• Graduate	1	15	21	5.796*	NS
• Undergraduate	0	14	5		
• Postgraduate	0	2	2		
5. Attendance in any programme					
• Yes	1	12	10	1.692*	NS
• No	0	19	18		
6. Previous source of information					
• Yes	1	7	10	3.581*	NS
• No	0	24	18		

t(60) = 2.0, *NS - Non significant at 0.05 level of significance.

The table 1 shows that the mean value of pretest and posttest knowledge score are 11.98, 25.3 and S.D are 4.14, 4.19 respectively. When computed the data, calculated 't' value is 24.310 which is greater than the table value at 0.05 level of significance. Hence the research hypothesis is accepted. So it was concluded that there is a significant difference between pretest and posttest knowledge scores of primary school teachers on behavioral problems and their prevention among children.

The table 2 shows that the association of pretest knowledge of primary school teachers with selected demographic variables. When computed the data, calculated Chi square value for age, religion, years of experience, education qualification, attendance in any training programme and previous source of information is 2.340, 2.448, 3.394, 5.796, 1.692, and 3.581 respectively, which is not greater than the table value 2.0 at 0.05 level of significance. So it was concluded that there is no association between pretest knowledge among primary school teachers with selected demographic variables (Age, Religion, Years of Experience, Education qualification, Attendance in any training programme and previous source of information).

CONCLUSION:

This study attempted to assess the effectiveness of information booklet on knowledge regarding behavioral problems and their prevention among primary school teachers. The following conclusions were made based on the findings of the study.

- The information booklet has found to be effective that promotes in enhancement of knowledge regarding behavioral problems and their prevention among school children.
- There is no association between pretest knowledge among primary school teachers and selected demographic variables.

RECOMMENDATION:

Based on the results of the present study, the following recommendations were offered.

- A similar study can be under taken with a large number of samples to generalize the findings.
- A study can be conducted using other strategies such as manual, assisted instruction, self-instruction module, video show, planned teaching program, structured teaching programme etc.
- A longitudinal study can be done using posttest after 1 month, 6 month and 1 year to see the retention of knowledge and practice.

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RESEARCH ARTICLE

Effectiveness of Structured Teaching Programme on knowledge regarding Oral cancer among adolescent boys in selected schools at Kollam

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ABSTRACT:

A Study to assess the effectiveness of Structured Teaching Programme on knowledge regarding oral cancer among adolescent boys in selected schools at Kollam. The objectives of the study were to a) To assess the knowledge regarding oral cancer among adolescent boys in selected schools at Kollam. b) To assess the effectiveness of Structured Teaching Programme on knowledge regarding oral cancer among adolescent boys in selected schools at Kollam. c) To find out association between the pretest knowledge regarding oral cancer among adolescent boys and selected demographic variables. A quantitative research approach was used with pre experimental one group pretest post test only control group design. Purposive sampling was used. Sample size was 60. The investigator assessed the adolescent boys knowledge using structured questionnaire regarding oral cancer. After conducting the pretest Structured Teaching Programme was introduced to the adolescent boys. Post test was conducted on the fifth day using the same research tool. It is founded that the calculated t value is greater than the table value. There is a significant difference between pretest and post test scores of knowledge among adolescent boys. There is association between pretest knowledge among adolescent boys with selected demographic variable (area of residence). The findings of the study suggest that Structured Teaching Programme is effective in increasing the knowledge regarding oral cancer among adolescent boys.

KEYWORDS: Assess; Effectiveness; Structured Teaching Programme; Knowledge; Oral Cancer; Adolescent boys.

INTRODUCTION:

Oral cancer is the malignancy of oral mucosa which may develop on the lips, tongue, floor of mouth and other oral tissues. It is the sixth most common type of cancer. Oral cancer occurs due to tobacco use, unhealthy diet, alcohol consumption, inactive life style, human papilloma virus infection and excessive sun exposure.

Tobacco and alcohol are regarded as the major risk factors for oral cancer.¹ Oral cancer is the most common cancer in Indian males. It accounts for 5% to 70% of total cancer mortality. The incidence is nearly 11% in males and 5% in females.² Survival rates of early oral cancer are in the range of 80-90%. Last stage detection yields less than 30% of survival rate.³

Most of the oral cancer is preventable if people know which risk factors they must control or eliminate. Early diagnosis greatly increases the patient's chances of survival as the mouth is very accessible for the clinical and self-examination. However oral cancer is still frequently diagnosed in advanced stages. One of the

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main reasons may be the lack of information and knowledge of signs and symptoms of oral cancer among the population.⁴

India has the highest incidence of oral cancer in the world. Oral cancer ranks number one among men and number three among women in India. It is estimated that among 400million individuals aged 15 years and over, 47% use tobacco in one form or another. Annual incidence rate is estimated to be 64.46 per 100,000 population (National cancer institute surveillance research programme). Early detection of oral cancer offers the chance for long term survival and has the potential to improve treatment outcome and make health care affordable.²

In Kerala, the rate of cancer occurrence is much lower as compared to western countries. It is estimated that 35% new cancer cases occur in Kerala every year Nowadays smokeless tobacco like pan masala use is increasing in school going children. This can cause increase in oral and oropharyngeal cancer in future.⁶

OBJECTIVES:

- To assess the knowledge regarding oral cancer among adolescent boys in selected schools at Kollam.
- To assess the effectiveness of Structured Teaching Programme on knowledge regarding oral cancer among adolescent boys in selected schools at Kollam.
- To find out association between the pretest knowledge regarding oral cancer among adolescent boys and selected demographic variables.

REVIEW OF LITERATURE:

1. Literature related to awareness of oral cancer:

A cross sectional study was conducted to assess the awareness of oral cancer among security guards working in AIIMS, Rishikesh. A structured questionnaire consisting of 27 questions based on sociodemographic profile. In this study, out of 186 study subjects, 84% were males and 16% were females. 38% of the subjects were unaware and 62% were aware of oral cancer. This study shows that the study subjects are aware of oral cancer as a type of cancer but not aware about the risk factors or causative factors of oralcancer.⁷

A descriptive study was conducted to assess the awareness of oral cancer among traditional caregivers in Kano state, Northwestern Nigeria. Self-administered, structured questionnaire was administered to a cross section of 21 traditional caregivers. Of the 21 traditional care givers studied, 66.7% had never heard of oral cancer and only 33.3% were aware of oral cancer. The result of the study showed there is a need to improve the knowledge of care providers about oral cancer and its

risk factors which will be vital in prevention and early detection. This study provides an insight on oral cancer prevention to traditional herbalists who are popular caregivers for those seeking health related solutions.⁸

A cross sectional study was conducted to assess the awareness of oral cancer and precancerous lesions among patients attending dental treatment at University Dental hospital in Sri Lanka. A self-administered questionnaire was used. 410 outpatients attended dental treatment in that 95% of the respondents were aware of the possibility of occurrence of cancer in the mouth, while only 44.9% were aware about precancerous lesions. This survey revealed that the patients attending the hospital were well informed about oral cancer. However, awareness about the precancerous lesions was relatively good.⁹

2. Literature related to knowledge and attitude regarding oral cancer:

A cross sectional questionnaire study was conducted to assess the knowledge, attitude and practice of oral cancer among 186 undergraduate medical students between the third to fifth years in Indira Gandhi Medical College, Shimla. The questionnaire is used to collect data. The response rate of the study was 96.5%. One hundred and twenty four (66.6%) of the subjects disagreed that their knowledge regarding the prevention and detection of oral cancer is adequate. One hundred and seventy six of the subjects (94.6%) agreed or strongly agreed that there is need for additional training or information regarding oral cancer. It can be concluded that though the mean knowledge of the population was good but the knowledge and practices about risk factors had to be reinforced among these students so that they can help the patients in tobacco and alcohol cessation and contribute in prevention of oral Cancers.¹⁰

A cross sectional study was conducted to assess the knowledge, attitude and practices regarding oral cancer among private medical practitioners and private dental practitioners in Bhubaneswar. A total of 201 private International Development Association-registered dental practitioners and 334 IMA-registered medical practitioners are present in Bhubaneswar city. This study was conducted over a period of 3 months. A self-designed, close-ended questionnaire containing 28 items was used. Of the 535 practitioners approached, 513 filled the questionnaire with a response rate of 95.88%. The knowledge and attitude scores were significantly correlated for the dental practitioners and the knowledge and attitude scores and knowledge and practice scores were significantly correlated for the medical practitioners. The study puts forward the need of further training for both medical practitioners and dental practitioners to increase the knowledge and attitude to strengthen their abilities to diagnose potentially

cancerous intra-oral lesions.¹¹

A cross-sectional study was conducted to assess the knowledge and attitude of oral cancer among the graduating dental students of the University of Benin. The research tool was a pre-tested self-administered questionnaire. The questionnaire elicited information on demographic characteristics, knowledge of risks factors for oral cancer, knowledge of signs and symptoms of oral cancer and practices with regards to performing oral cancer examination in patients. The response rate to the survey was 100%. About one-fourth (23.0%) of the respondents had good knowledge and 76.2% had average knowledge about the risk factors of oral cancers. 85% of the students replied that tobacco, alcohol, radiation and betel nut chewing were risk factors for oral cancers. The graduating dental students easily identified alcohol and tobacco as risk factors for oral cancers, knowledge of other risk factors such as poor nutrition, oral sex and sunlight was on the average. The dental curriculum for the final year should lay more emphasis on diagnostic and prognostic factors of oral cancer.¹²

3. Literature related to risk factors of oral cancer:

A case-control study was conducted to assess the risk factors of oral cancer in four areas of the United States. Provided information on the tobacco and alcohol use of 1114 patients and 1268 population-based controls. Among consumers of both products, risks of oropharyngeal cancer tended to combine more in a multiplicative than additive fashion and were increased more than 35-fold among those who consumed two or more packs of cigarettes and more than four alcoholic drinks per day. The risks varied by type of alcoholic beverage, being higher among those consuming hard liquor or beer than wine. The relative risk patterns were generally similar among whites and blacks and among males and females, and showed little difference when oral and pharyngeal cancers were analyzed separately. From calculations of attributable risk, we estimate that tobacco smoking and alcohol drinking combine to account for approximately three-fourths of all oral and pharyngeal cancers in the United States.¹³

A case-control study was conducted to assess the risk factors of oral and pharyngeal cancer in Warsaw, Poland. The study comprised 122 patients (including 44 females) aged 23-80 years with confirmed cancer of oral cavity and pharynx. Controls were 124 subjects (including 52 females) admitted to the hospital for different non-neoplastic conditions unrelated to tobacco and alcohol consumption with frequency matched to cases by age and sex. Smoking and drinking were strongly associated with an increased risk of oral cancer. Among consumers of both products, risks of oral cancer tended to combine in a multiplicative fashion and were increased more than 14-fold among those who consumed more than 15

cigarettes and seven or more drinks per day. Cessation of smoking was associated with reduced risk of this cancer. High fruit intake was associated with significantly decreased risk with the strongest significant inverse association found for fruit juices and citrus fruits. After adjustment for tobacco smoking and alcohol drinking, poor dentition as evidenced by missing teeth, frequency of dental check-ups and frequency of teeth brushing emerged as a strong risk factor. In terms of attributable risk, smoking accounted for 57% of oral cancer cases in Poland, alcohol for 31% and low fruit intake for 12%. Attributable risks for low frequency of tooth brushing and dental check-ups were 56% and 47%, respectively. These findings indicate poor oral hygiene may be an independent risk factors.¹⁴

A case-control study to assess the role of tobacco and alcohol beverages in the etiology of oral cancer was conducted in Torino, Italy. 122 cases (86 males and 36 females) and 606 controls (385 males and 221 females) were compared with respect to lifelong alcohol and tobacco consumption. The findings included a sharp reduction in risk with cessation of smoking, no clear protective effect of usage of filter, no differences in risk according to color of tobacco and a higher risk for cigar versus pipe/cigarette smokers. An effect of alcoholic beverages was found in subjects with an average daily consumption of 120 or more grams of alcohol, with a higher risk in beer drinkers. Among heavy consumers of alcohol and tobacco, risks of both oral and oropharyngeal cancer were very high. A positive association between oral cancer and low educational level after adjustment for alcohol and tobacco was found. Attributable risks for alcohol and tobacco in the population were 23% and 72% in men and 34% and 54% in women.¹⁵

MATERIALS AND METHODS:

Methods:

A quantitative approach is used. The research design adopted for the study is one group pretest posttest only control group design. Here, independent variable is structured Teaching Programme on knowledge regarding oral cancer among adolescent boys and dependent variable is knowledge. The setting was Govt. Model V.H.S.S and H.S.S for Boys, Thevally, Kollam. The population in this study includes adolescent boys in selected schools at Kollam. Non probability purposive sampling is used in this study.

Tools/Instruments:

The instruments used for the present study are demographic proforma and structured questionnaire which were validated by the experts.

Data collection:

Data will be collected after obtaining prior administrative permission and informed consent from adolescent boys. The tool for data collection procedure are demographic proforma including age, educational status, area of residence, family history, bad habits, previous knowledge about oral cancer and Structured questionnaire regarding oral cancer.

The data collection was conducted from 26/12/2018 to 03/03/2018.

Purposive sampling was used to select the sample. Setting for the study is Govt. Model V H.S.S & H.S.S for boys, Thevally, Kollam. Initially the structured questionnaire was given to 60 sample. On the first day, Pretest is done using demographic proforma and structured questionnaire regarding oral cancer. The Structured Teaching Programme was given to adolescent boys using LCD and chalkboard and posttest is done after five days by using the same structured questionnaire regarding oral cancer.

Data analysis:

The researcher will analyze the data using descriptive and inferential statistics based on the objectives and hypotheses of the study. To compute the data, a master data sheet was prepared by the investigator.

FINDINGS OF THE STUDY:

Description of sample characteristics:

This section describes the percentage wise distribution of demographic variables.

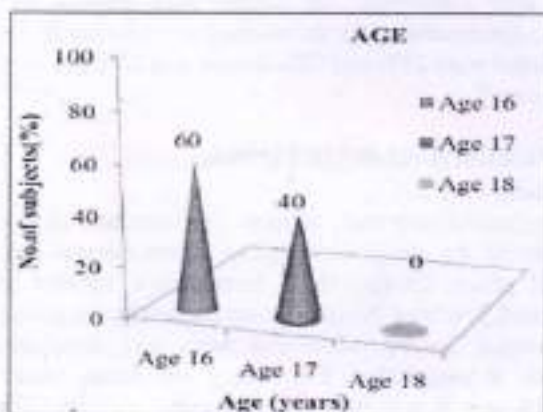


Figure 1: Percentage distribution of adolescent boys according to age.

The data presented on figure 1 show that 60% were in the age group of 16 years and 40% were in the age group of 17 years.

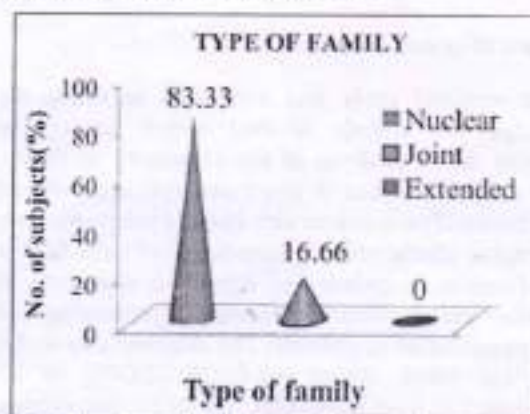


Figure 2: Percentage distribution of adolescent boys according to type of family.

The data presented on figure 2 shows that 83.33% belongs to nuclear family and 16.66% belongs to joint family.

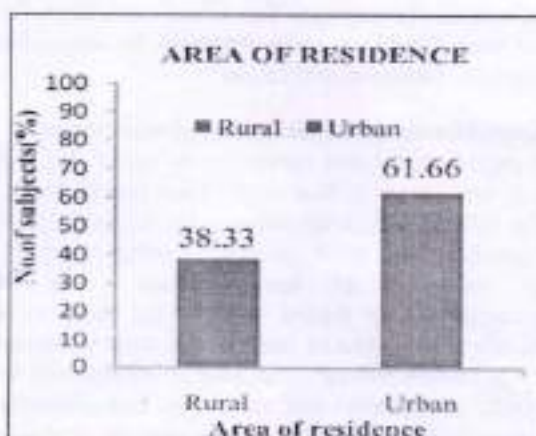


Figure 3: Percentage distribution of adolescent boys according to their area of residence.

The data presented on figure 2 shows that 83.33% belongs to nuclear family and 16.66% belongs to joint family.

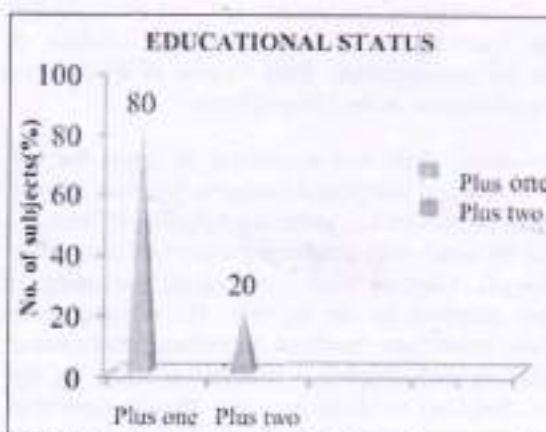


Figure 4: Percentage distribution of adolescent boys according to educational status.

The data presented on figure 4 shows that 80% were studying in plus one and 20% were studying in plus two classes.

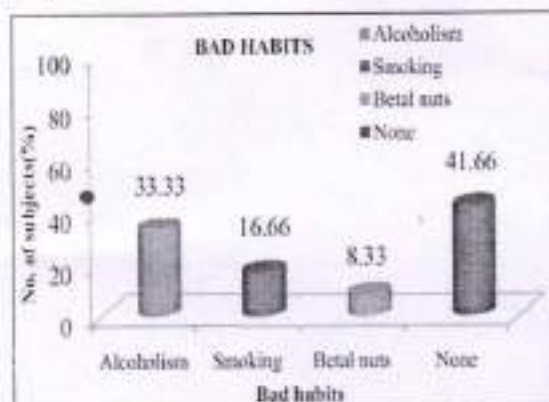


Figure 5: Percentage distribution of adolescent boys according to bad habits.

The data presented on figure 5 shows that 33.33% have the habit of alcohol consumption, 16.66% have the habit of smoking, 8.33% have the habit of betel nut chewing and 41.66% do not have any bad habits.

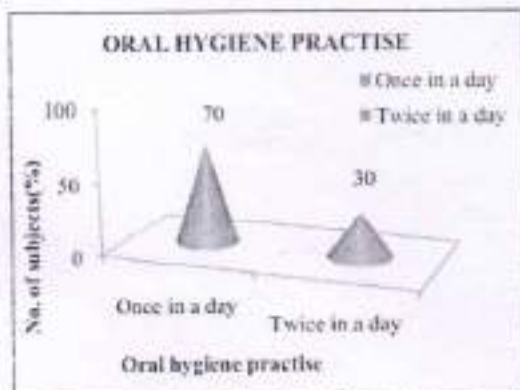


Figure 6: Percentage distribution of adolescent boys according to oral hygiene practice.

The data presented on figure 6 shows that 70% have the habit of oral hygiene practice once in a day and 30% have the habit of oral hygiene practice in twice in a day.

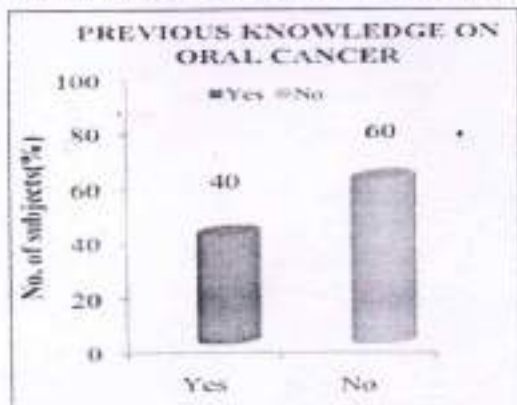


Figure 7: Percentage distribution of adolescent boys according to previous knowledge on oral cancer.

The data presented on figure 7 shows that 35% have previous knowledge on oral cancer and 65% have no previous knowledge on oral cancer.

The effectiveness of Structured Teaching Programme on knowledge regarding oral cancer among adolescent boys.

The overall mean value of pretest and post test knowledge score are 10.68, 14.42 and S. D are 2.07, 1.60 respectively. When computed the data, calculated t value 24.87 which is greater than the table value at 0.05 significance. Hence the research hypothesis is accepted. So it can conclude that there is a significant difference in between pretest and post test scores of knowledge among adolescent boys.

Table 1: Comparison of pretest and post test scores among adolescent boys.

	Mean	S.D	't' value
Pretest	10.68	2.07	24.87
Posttest	14.42	1.60	

t₉₉ > 2.00

The table shows that mean value of pretest and post test knowledge score are 10.68, 14.42 and S.D are 2.07, 1.60 respectively. When computed the data, calculated t value 24.87 which is greater than the table value at 0.05 significance. Hence the research hypothesis is accepted. So it can conclude that there is a significant difference in between pretest and post test scores of knowledge among adolescent boys.

Table 2: Association between pretest knowledge and selected demographic variables.

variables	moderate	inadequate	Chi-square value	Inference
Area of residence				
Rural urban	10	13	5.21	significant
	27	10		

The table shows the association of pretest knowledge of adolescent boys with selected demographic variables. When computed the data the calculated Chi-square value for area of residence is 5.21, which is greater than the table value 3.84 at 0.05 level of significance. So it is concluded that there is association between pretest knowledge among adolescent boys with selected demographic variable (area of residence).

CONCLUSION:

The study attempted to assess the effectiveness of Structured Teaching Programme on knowledge regarding oral cancer among adolescent boys in selected schools at Kollam. The following conclusions are made drawn from the findings of the study.

- The structured teaching programme has found to be effective and promote in enhancement of knowledge regarding oral cancer among adolescent boys.
- There is association between pretest knowledge among adolescent boys with selected demographic

variable (area of residence)

RECOMMENDATIONS;

Based on the findings of the study, the following recommendations are offered

- A similar kind of study can be conducted for a large group.
- A quasi experimental study can be conducted to assess the effectiveness of structured teaching Programme on the level of knowledge regarding oral cancer among students.

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**ASSESS THE KNOWLEDGE ON DYSFUNCTIONAL UTERINE BLEEDING AMONG
FOURTH YEAR BSc. NURSING STUDENTS**

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ABSTRACT

A healthy woman usually reaches the stage of menarche and attains womanhood in a normal manner and a woman's health is considered to be asset not only to her but also to her family. Dysfunctional Uterine Bleeding [DUB] is irregular menstrual bleeding that is not caused by a serious condition such as disease or pregnancy complications. The research process undertook was a study to assess the knowledge on Dysfunctional uterine bleeding among fourth year B.Sc. Nursing students of Bishop Benziger College of Nursing, Kollam. The objective of the study was to assess the knowledge on Dysfunctional uterine bleeding among fourth year B.Sc. Nursing students of Bishop Benziger College of Nursing, Kollam. To find the association between knowledge and selected demographic variables. To achieve the objective a descriptive study was conducted. The sample for the study was 30 fourth year Bsc. Nursing students of Bishop Benziger College of Nursing, Kollam. The study was conducted on 09/06/2018. The collected data were analysed using descriptive statistics. The findings of the study revealed that most of the samples had good knowledge (66.67%), about 26.67% had adequate knowledge, 6.66% had very good knowledge and no one had poor knowledge. The findings of the study shows that there is a significant association between knowledge and area of residence.

KEYWORDS: Assess, knowledge, 4th year Bsc nursing students, dysfunctional uterine bleeding.

INTRODUCTION

Dysfunctional Uterine Bleeding [DUB] is irregular menstrual bleeding that is not caused by a serious condition such as disease or pregnancy complications. It is usually caused by changing hormone levels which may affect ovulation. DUB is the most common problem faced by gynecologists today with many treatment options with existing and new ones being developed.^[1]

DUB is the most common cause of abnormal uterine bleeding near the beginning and end of women's reproductive life. It occurs most often in women above 45 years (50% of cases) and in adolescents (20% of cases).^[2] In United States, DUB is a common diagnosis making up to 5-10% of cases in clinical out-patient setting. Obese females tend to have irregular menstrual cycles due to production of estrogen related to degree of adipose tissue.^[4]

A descriptive study was conducted to assess the knowledge regarding DUB among 600 rural women in South Africa. The study results revealed that only 27% of women had adequate knowledge regarding DUB and remaining 73% of them had inadequate knowledge regarding DUB. The study concluded that there is a need

to educate the rural women to increase awareness about DUB.^[5]

In United States about 5-10% of cases in clinical outpatient setting were diagnosed to have DUB in which 50% of cases occurred in the age group of more than 45 years women.^[6] In India, about 20% of DUB cases are seen among adolescent girls and 40% of cases among women above 35 - 45 years of age.^[4]

A comparative study conducted by All India Institute of Medical Sciences, New Delhi with an objective to study the estrogen receptor and progesterone receptor expression in endometrium of woman with dysfunctional uterine bleeding as compared to women with normal menstrual cycle with 30 patients and 20 controls selected. Trans vaginal ultrasound and endometrial sampling for histology and estrogen receptor and progesterone receptor estimation immunohistochemically was carried out.^[7] Their response to treatment was assessed by clinical follow up. Endometrial thickness and estrogen receptor and progesterone receptor levels in dysfunctional uterine bleeding patients were significantly higher. Altered endometrial morphology and increased receptor levels in dysfunctional uterine bleeding patients suggest that

unopposed estrogen effect could have an important role in the pathogenesis of dysfunctional uterine bleeding.^[7]

A descriptive study was done to assess the knowledge of adolescent regarding dysfunctional uterine bleeding and how it is a dangerous health problem during adolescence. A questionnaire containing 29 questions about menstruation was given to 3000 secondary school student. The results of the study showed that mean age of the students was 15.8 years and their menarche age was 12.9 years. Irregular periods were observed in 26.7% of the cases. About 62.2% had at least one irregular bleeding in their lives, 11.3% visited gynecologist for irregular bleeding, and 4.5% were treated for it. Dysmenorrhea occurred in 38.7% of the students. The study concluded that menstrual disorders during adolescents as DUB are common but neglected. Medical staffs who specialize in adolescent gynecology must address the problem.

Nowadays Dysfunctional uterine bleeding is very common among women and adolescent age group. Researcher met many women in hospital (Gynaec OP) affected by Abnormal uterine bleeding and came to know that they don't have enough knowledge regarding Dysfunctional uterine bleeding (DUB). So the researcher selected this problem statement to improve knowledge about the disease and its prevention among fourth year Bsc Nursing students.

Objective

- To assess the knowledge on Dysfunctional uterine bleeding among fourth year B.Sc. Nursing students studying in Bishop Benziger College of Nursing, Kollam.
- To find the association between knowledge among fourth year B.Sc. Nursing students and selected demographic variables area of residence, type of family, previous knowledge.

MATERIALS AND METHOD

The present study selected a quantitative approach to assess the knowledge about dysfunctional uterine bleeding among fourth year Bsc Nursing students.

Study design

A descriptive study in which questionnaire was used to

Section I

Table 1: Frequency and percentage distribution of samples according to demographic data.

Sl.No	Demographic variables	Frequency	Percentage
1	Area of residence		
	Rural	11	36.67%
	Urban	19	63.33%
2	Type of family		
	Joint	5	16.67%
	Nuclear	25	83.33%
3	Previous knowledge		
	Yes	29	96.67%
	No	1	3.33%

collect data from 30 students in Bishop Benziger college of nursing, Kollam.

Inclusion criteria

The first order care givers,

- Willing to participate.
- Can understand English.
- Who are present at the time of data collection.

Exclusion criteria

- Who are not present at the time of data collection.
- Who are not willing to participate in the study Tools and Technique.
- Section A: Demographic Performa.
- Section B: Structured questionnaire.

Data collection process

A formal written permission was obtained from Bishop Benziger College of Nursing, Kollam and a written consent was taken from the participants. Samples fulfilling the inclusion criteria was included in the study. The investigators introduced themselves to the subjects and the purpose of the study was explained to them. Confidentiality was assured. 30 samples were selected and the tool was introduced.

Statistical analysis

The data collected were analysed according to the objectives. The data were analyzed using descriptive statistics.

RESULTS

Section I

- Distribution of samples according to the demographic data.

Section II

- Distribution of samples according to their knowledge level.

Section III

- Association between knowledge and selected demographic variables.

Table I shows that

- Most of the samples 19 (63.33%) were residing in urban area and 11 (36.67%) samples residing in rural area.
- Most of sample 25 (83.33%) belongs to nuclear

family and 5 (16.67%) samples belongs to joint family.

- 29 (96.67%) samples had previous knowledge on dysfunctional uterine bleeding and 1 (3.33%) samples did not have previous knowledge on dysfunctional uterine bleeding.

Distribution of samples according to area of residence
N=30

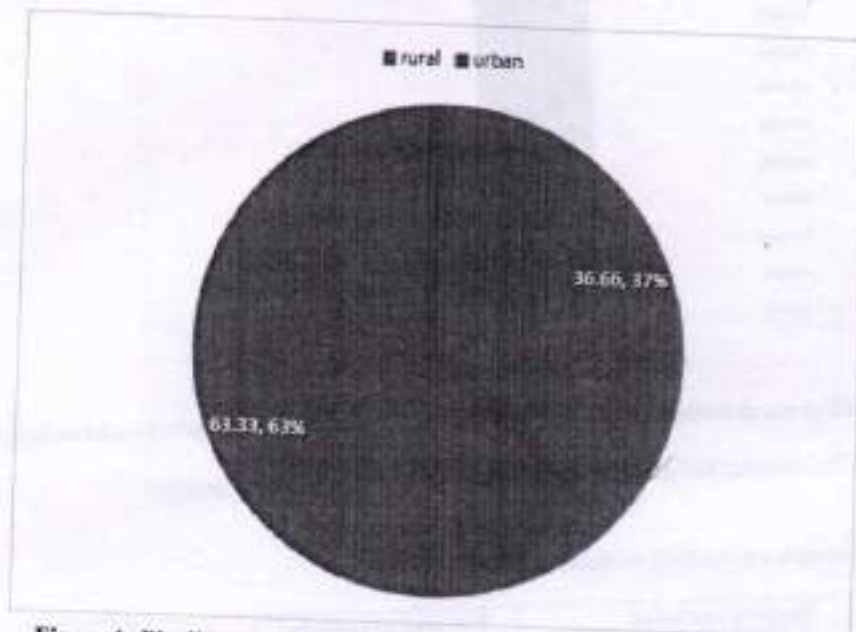


Figure 1: Pie diagram showing of samples according to area of residence.

The diagram depicts 63.33% of students are from urban area and 36.66% are from rural area.

N=30

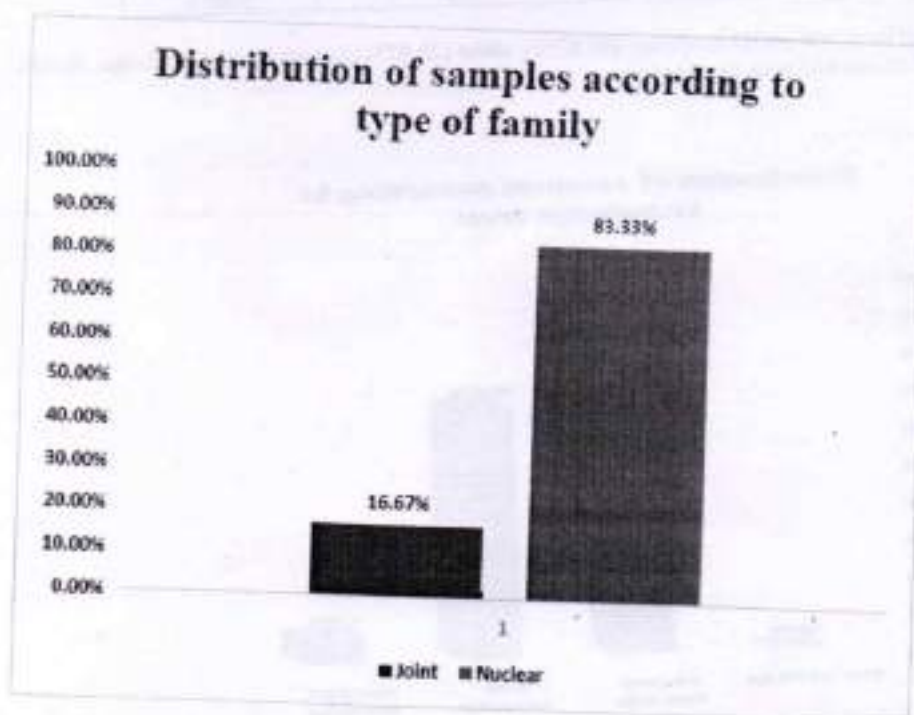


Figure 2: Bar diagram showing distribution of samples according to type of family.
This diagram depicts 83.33% belong to nuclear family and 16.67% samples belong to joint family.

N=30

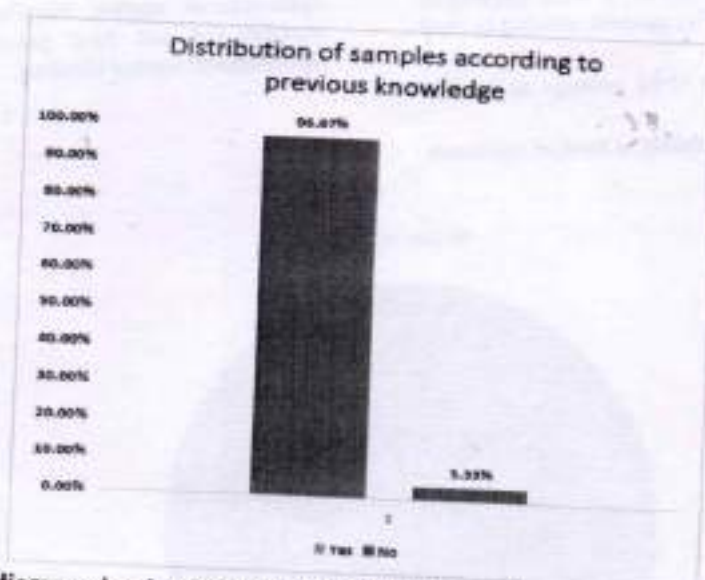


Figure 3: Bar diagram showing distribution of samples according to their previous knowledge.
This diagram depicts 96.67% samples had previous knowledge and 3.33% had less knowledge.

Section II

Table 2: Distribution of samples according to their knowledge level.

N=30

Sl no	Knowledge level	Number of samples	Percentage
1	Poor knowledge	0	0
2	Adequate knowledge	8	26.67%
3	Good knowledge	20	66.67%
4	Very good knowledge	2	6.66%

Table 2 shows that, most of them had good knowledge (66.67%), about (26.67%) had adequate knowledge, (6.66%) had very good knowledge and no one had poor knowledge.

N=30

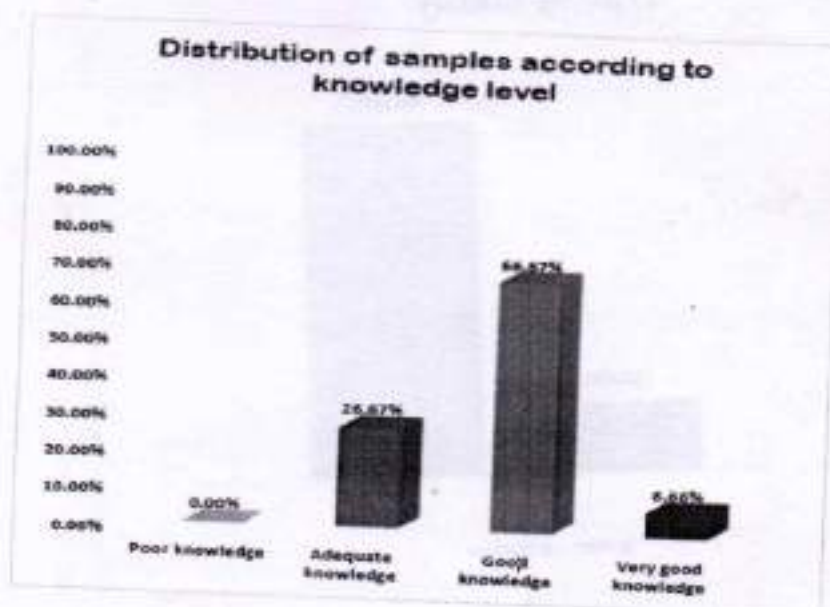


Figure 4: This diagram showing distribution of samples according to their knowledge level.

This diagram depicts that, most of them had good knowledge (66.67%), about (26.67%) had adequate knowledge, (6.66%) had very good knowledge and no one had poor knowledge.

Table 3: Mean, Mean percentage and standard deviation of knowledge on Dysfunctional uterine bleeding among fourth year B.Sc. Nursing students.

Aspect of knowledge	Maximum score	Mean	Mean percentage	Standard deviation
Knowledge on dysfunctional uterine bleeding among fourth year B.Sc. Nursing students	20	11.5	57.5%	2.04

SECTION III

Table 4: Association between knowledge and selected demographic variables.

Demographic variables	Average	Knowledge Good	Very Good	df	Chi square	Table value	Significance
Area of residence							
Rural	0	8	1				
Urban	4	17	0	1	4.09	3.84	S*
Type of family							
Joint	0	4	0				
Nuclear	4	21	1	1	0.93	3.84	NS
Previous knowledge							
Yes	4	24	1				
No	0	1	0	1	0.20	3.84	NS

0.05 level of significance *S- Significant NS- Non significant.

The data in Table 4 shows the association between the knowledge and selected demographic variables area of residence, type of family, previous knowledge. As the calculated chi-square value of area of residence was more than the table value at 0.05 level of significance there was a significant association between knowledge and areas of residence.

DISCUSSION

The research was conducted in a view to assess the knowledge on Dysfunctional uterine bleeding among fourth year B.Sc. Nursing students of Bishop Benziger College of Nursing, Kollam. The findings of the study was based on the interpretation from the statistical analysis. The findings were discussed in relation to the objective:

The objective of the study was:

- To assess the knowledge on Dysfunctional uterine bleeding among fourth year B.Sc. Nursing students studying in Bishop Benziger College of Nursing, Kollam.
- To find the association between knowledge among fourth year B.Sc. Nursing students and selected demographic variables area of residence, type of family, previous knowledge.

Among the samples, most of them had good knowledge (66.67%), 26.67% had adequate knowledge, 6.66% had very good knowledge and no one had poor knowledge also there is a significant association between area of residence and knowledge.

CONCLUSION

The findings of the present study include most of them had good knowledge (66.67%), 26.67% had adequate knowledge, 6.66% had very good knowledge and no one had poor knowledge and significant association between area of residence and knowledge.

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RESEARCH ARTICLE

**A Survey Study to assess the Functional Participation Ability among
Preschool Children of First Kid Primary School, Kollam**

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ABSTRACT:

Functional participation relates to a form of participatory contribution in which individuals focus on themselves rather than others in their organizations but yet contribute to organizational effectiveness. The sooner identification of functional delay, the better it will be for the child's development into adult hood. The objectives of the study were to assess the functional participation ability among preschool children and to find out the association between functional participation ability among preschool children with their selected demographic variables. A survey research design was adopted for the study. The study was conducted among 60 preschoolers by Convenient random sampling. The data was obtained by using the self structured work book on the functional participation among preschool children on the aspects of fine motor, gross motor and visual motor skills based on miller function and participation scale. The students were provided with work book consisting of activities specific to their age and their participation was scored on the check list, developed by the researcher. The analysis of the data based on the objectives of the study, using descriptive statistics. Based on the objective: assess the functional participation ability among preschool children the study revealed out of 60 students 1(1.6%) had mild mastery 3(5%) had moderate mastery 56 (93.3%) had complete mastery over the whole task given. The activities were scored again with respect to visual motor, fine motor and gross motor aspects of the children. The scoring of activities with regard to visual motor aspect reveals that out of 60 students, 3.33% had mild mastery, 5% had moderate mastery and 91.66% had complete mastery over the given task, the activities on fine motor aspects reveals 1.66% had mild mastery and 98.33% had complete mastery over the given task, and the activities on gross motor aspect reveals that 1.66% had mild mastery, 5% had moderate mastery and 93.33% had complete mastery over the given task, respectively. The data obtained shows significant association between functional participation ability of preschoolers with their demographic variables such as age, educational qualification of parents, socioeconomic status of parents and there was no significant association between functional participation ability of preschoolers and sex. Based on the finding the investigator have drawn implication which were of vital concerns in the field of nursing practice, nursing administration, nursing pattern, nursing education for future development.

KEYWORDS: Assess, functional participation, functional participation ability, preschoolers.

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INTRODUCTION:

Developmental delay occurs when the child does not reach their developmental milestones at the expected times. It is an ongoing major or minor delay in the process of development. If the child is temporarily lagging behind, that is not called developmental delay. Developmental delays can affect a child's physical, cognitive, communication, social, emotional, or behavioral skills. Often, developmental delays affect more than one area of a child's development. When a child has delays in many or all of these areas, it is called global developmental delay. Some developmental delays have an identifiable cause. However, for many children, the cause of the delay, or multiple delays, is not clear.¹ Functional participation relates to a form of participatory contribution in which individuals focus on themselves rather than others in their organizations but yet contribute to organizational effectiveness²

The developmental delays can be identified by assessing the motor abilities in children, especially on their visual motor, fine motor and gross motor aspects. Visual-motor integration involves the quality of hand-eye coordination. It is the ability to accurately coordinate visual skills with motor skills. These skills are necessary for sports (catching and throwing a ball and hitting a ball), puzzles and blocks and writing and copying information. Deficits can cause: difficulty copying from the board, Writing delays/mistakes, Letter reversals, Poor work organization, Misalignment of numbers in columns in math problems, Difficulty in completing writing exams on time, Poor posture when writing, Inability to produce answers in writing even when the material is known very well³.

Gross motor skills are larger movements your baby makes with his arms, legs, feet, or his entire body. So crawling, running, and jumping are gross motor skills. Infants with gross motor delays may have difficulty rolling over or crawling; preschool children can jumps on two feet, balances body on one foot, hops 5 times consecutively, complete 3 sit ups, and complete 8 pushups. Older children with developmental delay may seem clumsy or have trouble walking up and down stairs. Preschoolers with fine motor delays may have difficulty holding onto small objects, such as toys, or doing tasks such as tying shoes or brushing teeth. Children within 3 to 5 years of age can build tower of 9 blocks, copies cross, build bridge with blocks, copies triangle, build gate with blocks.⁴

Some motor delays result from genetic conditions, such as achondroplasia, which causes shortening of the limbs, and conditions that affect the muscles, such as cerebral palsy or muscular dystrophy. They may also be caused by structural problems, such as a discrepancy in limb length. Due to differences in brain development, they

may process information or react to their environment differently than children of the same age. These delays can have an impact on a child's ability to learn, communicate, and interact with others. Children with developmental delays, including those with related neurobehavioral disorders such as autism spectrum disorder and attention deficit hyperactivity disorder, often also have social, emotional, or behavioral delays.⁵ The sooner identification of functional delay, the better it will be for the child's development into adulthood

OBJECTIVE:

- To assess the functional participation ability among preschool children
- To find out the association between functional participation ability among preschool children with their selected demographic variables

REVIEW OF LITERATURE:

A study by Mary Law, Gillian Theresa petrenchik, Marilyn Ketrov& Dana Anaby on, Assessment of Preschool Children's Participation: Internal Consistency and Construct Validity emphasizes on Participation in activities provides the means for young children to learn, play, develop skills, and develop a sense of personal identity. The Assessment of Preschool Children's Participation (APCP) is a newly developed measure to capture the participation of children aged 2 to 5 years and 11 months in the areas of play, skill development, active physical recreation, and social activities. Data from a clinical trial involving 120 children with cerebral palsy indicated that the APCP has moderate to very good internal consistency. The measure distinguishes between children below or above 4 years of age across levels of the Gross Motor Classification System, and between income levels income levels below or above the median regional income range. The APCP, with a focus on preschool children, has potential use for assessment and identification of activity areas in which the child is participating and areas in which participation may be restricted.⁶

A study to identify the effect of the participation in physical activity-based recreation programs on the optimism of children, humor styles, and school life adjustment. To achieve the study purpose, this study selected 190 subjects as samples were extracted targeting senior students of elementary schools who participated in the physical activity-based recreation in the metropolitan areas as of 2014. As research methods, questionnaire papers were used and reliability analysis, factor analysis, correlation analysis, and multiple regression analysis were conducted by utilizing SPSS 18.0 after inputting analysis data into the computer. Investigating the results, among the sub-factors of the participation in recreation programs, participation

frequency ($\beta=0.573$), participation period ($\beta=0.475$), and participation intensity ($\beta=0.068$) had an effect on affiliative humor, and participation frequency ($\beta=0.355$), and participation period ($\beta=0.131$), and participation intensity ($\beta=0.465$) had an effect on enhancing humor. As independent variables, used for the regression analysis, Affiliative humor and aggressive humor among the sub-factors explained 39.5%, and 29.8% of the total variance respectively. The study results, obtained in this study are as follows: First, in terms of the effect of the participation in physical activity-based recreation programs on optimism, participation frequency and participation intensity would have an effect on optimism, while participation period would have a significant effect on being positive among the sub-factors of optimism. Second, participation in physical activity-based recreation programs might have a significant effect on humor styles. Third, in terms of the effect of the participation in physical activity-based recreation programs on the school life adjustment, it was demonstrated that participation period and participation intensity would have a significant effect on school life adjustment, while participation frequency would have a significant effect on regulation-observance and school life satisfaction.⁷

MATERIALS AND METHODS:

Prior permission was obtained from the Principal of Bishop Benziger college of Nursing and administrative approval and consent from Principal of selected school, Kollam. The data was obtained by using a self structured work book on the functional participation among preschool children on the aspects of fine motor, gross motor and visual motor skills based on miller function and participation scale. Convenient random sampling was used to select 60 students between the age group of 3-5 years studying in the selected school. The students were provided with work book consisting of activities specific to their age and their participation is scored on the check list developed by the researcher.

RESULTS:

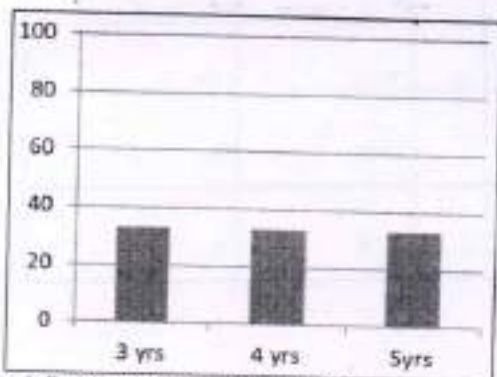


Figure 1: Percentage distribution of age (N=60)

The data presented in figure 1 shows that 33.3 % (20) were in 3 years, 33.3% (20) were in 4 years and 33.3% (20) in 5 years.

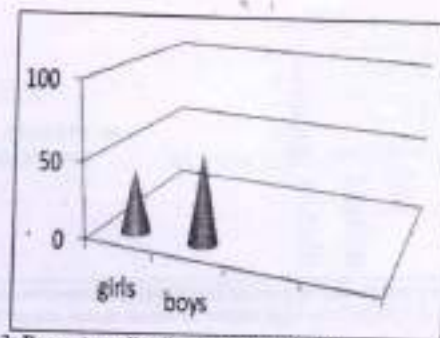


Figure 2: Percentage distribution of sex (N= 60)

The data presented in figure2 shows 41.66% (25) are girls, 58.33 % (35) are boys.

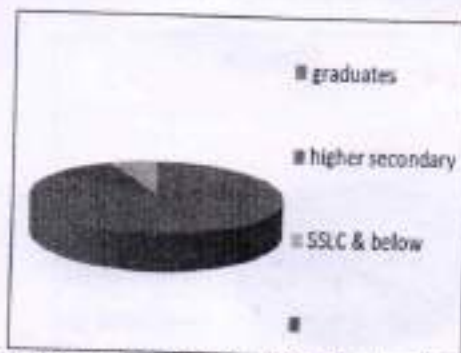


Figure 3: Percentage distribution of educational qualification of parent (N=60)

The data presented in figure 3 shows 83.3% (50) parents are graduates, 10% (6) parents are higherssecondary, 6.6 % (4) parents are SSLC and below.

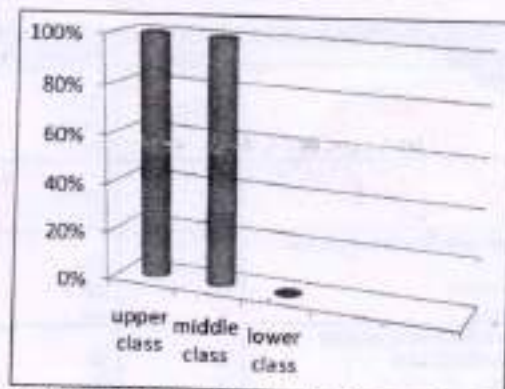


Figure 4: Percentage distribution of socioeconomic status of parents(N=60)

The data presented in figure 4 shows 80% (48) belongs to upper class, 20%(12) belongs to middle class, 0%(0) belongs to lower class.

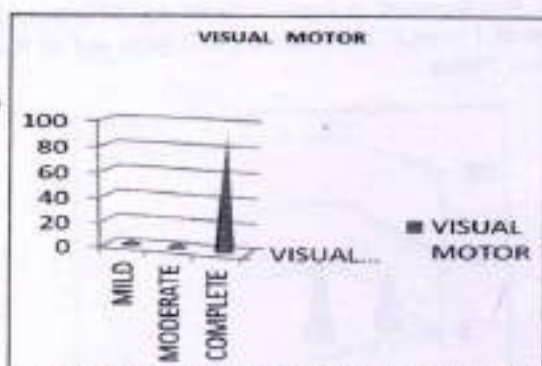


Figure 5: percentage distribution of functional participation ability among preschool children with regard to visual motor aspect (N = 60)

The result shows 3.33% had mild mastery, 5% had moderate mastery and 91.66% had complete mastery over the given task respectively.

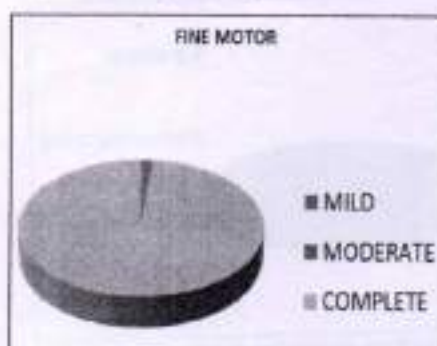


Figure 6: percentage distribution of functional participation ability among preschool children with regard to fine motor aspect (N=60)

The result shows 1.66% had mild mastery, 0% had moderate mastery and 98.33% had complete mastery over the given task respectively.

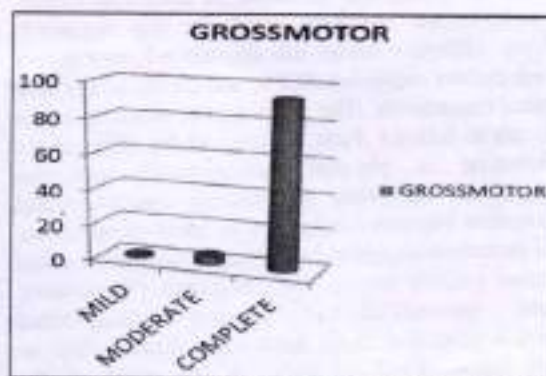


Figure 7: bar diagram showing the percentage distribution of functional participation ability among preschool children with regard to gross motor aspect. (N = 60)

The result shows 1.66% had mild mastery 0.5% had moderate mastery and 93.33% had complete mastery over the given task respectively.

Association between functional participation ability among preschool children with their selected demographic variables

Selected variable	frequency	Frequency percentage	df	Chi square value	Level of significance
Age in years					
3 years	20	33.3			
4 years	20	33.3	4	14.82	S
5 years	20	33.3			
Sex					
Boys	35	58.33			
girls	25	41.66	10	17.12	NS
Educational qualification of parents					
Graduates	50	83.3			
Higher secondary	6	10	4	11.41	S
SSLC & below	4	6.6			
Socioeconomic status of parents					
Upper class Middle class	48	80			
Lower class	12	20	2	12.78	S
	0	0			

Significant at 0.05 level

NS - not significant

S - significant

The present study revealed that 0(0%) was unable to perform 1(1.6%) had mild mastery 3(5%) had moderate mastery 56 (93.3%) had complete mastery over the whole task given.

The activities were scored again with respect to visual motor, fine motor and gross motor aspects of the children. The scoring of activities with regard to visual motor aspect reveals that out of 60 students, 3.33% had mild mastery, 5% had moderate mastery and 91.66% had complete mastery over the given task, the activities on fine motor aspects reveals 1.66% had mild mastery and 98.33% had complete mastery over the given task, and the activities on gross motor aspect reveals that 1.66% had mild mastery, 5% had moderate mastery and 93.33% had complete mastery over the given task respectively.

DISCUSSION:

The present study was conducted to assess the functional participation ability among preschoolers in selected schools at Kollam. In order to achieve the objectives of the study, Non experimental survey research design was adopted. The subjects were randomly selected by convenient sampling. The samples comprised of 60 students. The findings of the study have been discussed in relation to the objectives and other similar studies.

Assessment of functional participation ability among preschool children:

The findings show that 0(0%) had unable to perform 1(1.6%) had mild mastery 3(5%) had moderate mastery 56(93.3%) had complete mastery over the task which were assigned for them. The activities were scored again with respect to visual motor, fine motor and gross motor aspects of the children. The scoring of activities with regard to visual motor aspect reveals that 3.33% had mild mastery, 5% had moderate mastery and 91.66% had complete mastery over the given task, the activities on fine motor aspects reveals 1.66% had mild mastery and 98.33% had complete mastery over the given task, and the activities on gross motor aspect reveals that 1.66% had mild mastery, 5% had moderate mastery and 93.33% had complete mastery over the given task respectively.

Association between functional participation ability among preschool children with their selected demographic variables:

The association of functional participation and associated demographic variables like age, sex, educational qualification of parents, socio economic status of parents were computed by chi square test and the level of significance were computed. As the table value is less than the calculated chi-square value at 0.05 level of significance for age, educational qualification of parents, socio economic status of parents it proves that there is significant association between functional participation ability among preschool children with

selected demographic variables at the same time as the table value is greater than calculated chi-square value at 0.05 level of significance for sex it proves that there is no significant association between functional participation ability among preschool children with selected demographic variable,sex.

CONFLICT OF INTEREST:

No conflict of interest

SOURCE OF SUPPORT:

Source of funding is by self

RECOMMENDATIONS:

Based on the findings of the study, it is recommended that

- A similar kind of study can be conducted for a large group.
- Early identification of developmental delays and referral services can be made.
- Training sessions can be conducted for children identified with developmental delays.

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RESEARCH ARTICLE

Effectiveness of self Instructional Module on Knowledge regarding Home care Management among Patients undergoing Hemodialysis in selected Hospitals at Kollam

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ABSTRACT:

A study to assess the effectiveness of self instructional module on knowledge regarding home care management among patients undergoing hemodialysis in selected hospitals at Kollam. The objectives of the study were to: a) to assess knowledge regarding home care management among patients undergoing hemodialysis; b) to assess the effectiveness of self instructional module regarding home care management among patients undergoing hemodialysis; c) to find out the association between knowledge regarding home care management and selected demographic variables. A Pre Experimental one group pretest posttest design was adopted for the study. Purposive sampling was used. Sample size was 30. The investigator used self instructional module for assessing knowledge regarding home care management among patients. After conducting the pretest self instructional module was introduced to the patients. Posttest was conducted using the same research tool. The collected data were analyzed by using descriptive and inferential statistics. The result of pretest shows that 10% of hemodialysis patients had poor knowledge and 60% had average knowledge and 30% had good knowledge. After providing self instructional module the result of posttest shows that among the samples 10% of patients attained average knowledge, 63.33% got good knowledge and 26.67% had excellent knowledge. It was analyzed that there is significant improvement in posttest knowledge scores. There was no association between knowledge and selected demographic variables; age, sex, education, and frequency of dialysis. But occupation showed significant association with knowledge. The findings of the study suggests that self instructional module is effective in increasing the knowledge of patients undergoing hemodialysis.

KEYWORDS: Study, Assess, Knowledge, Home care management.

INTRODUCTION:

Over 2 million people worldwide currently receive treatment with dialysis or a kidney transplant to live, yet this number may only represent 10% of people who actually need treatment to live.¹ The number of patients diagnosed with ESRD increases at a rate of 5-7% per year. Chronic Kidney Disease (CKD) patients in India are about 5-10% per 100000 populations. Of the 100000 ESRD patients every year, only 9000 are put on dialysis, out of this, 60% drop out and 20% die due to inadequate

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dialysis. The prevalence of patients on Renal Replacement Therapy (RRT) in India is only 15 per million populations while it should have been at least 200 pmp. At present there are 60 centers in Kerala offering Hemodialysis. More than 100000 dialysis are done in every year.

In the home care context, there is lack of continuity and follow up of attention that the patients receive in the hospitals. Coordinating care provided to the patients in the hospital and the home is essential for hemodialysis therapy to fulfill its purpose and to be performed smoothly and to maintain patient wellness and quality of life. Patient education efforts are common in dialysis centers; however, disease self-management education- the teaching problem- solving skills in an attempt to allow chronic disease patients the best quality of life- is lacking in the current delivery of ESRD patients. Enhancing skills in self-management is particularly important for patients living with severe and/or chronic health condition. ESRD is no exception. Education on self-management may provide an opportunity to favorably impact outcomes, including hospitalization and mortality.

OBJECTIVES:

- To assess the knowledge regarding home care management among patients undergoing hemodialysis.
- To assess the effectiveness of self-instructional module regarding home care management among patients undergoing hemodialysis.
- To find out the association between the level of knowledge regarding home care management and selected demographic variables.

REVIEW OF LITERATURE:

1. Literature related to knowledge regarding home care management of hemodialysis:

A descriptive study was conducted to assess the knowledge on dietary management among Chronic Renal Failure patients undergoing Hemodialysis at selected hospitals, Kanchipuram. Total 30 samples were drawn from dialysis department of Melmaruvathur Adhiparasakthi Institute of Medical Sciences by non-probability convenient sampling technique. The level of knowledge on dietary management was assessed by using structured questionnaires. The findings revealed inadequate knowledge about dietary management for Chronic Renal Failure.²

A descriptive study was conducted at Human Organ Transplant Center Bhaktapur, Nepal among 50 respondents. The information was collected by face to face interview technique using semi-structured questionnaire. The objective of the study was to explore the knowledge of AV fistula care among hemodialysis patients. The data was analyzed by using descriptive

statistical techniques i.e. mean, frequency and percentage. The findings were presented in the form of relevant tables, graphical charts and line diagrams. Majority of the respondent (74%) had adequate knowledge where as 24% of the respondents had moderate knowledge regarding care of AV fistula.³

A descriptive study was done in Marag-heh, Bonab and Miandoab hospitals in 2009 to determine self care ability of hemodialysis patients and to evaluate its association with some demographic variables. The study population included 115 hemodialysis patients who were eligible. Data were collected using a combined and modified questionnaire including demographic characteristics and self care ability items. Self care ability was desirable in 78.3% of the patients. The highest desirable self care ability in the study participants was related to vascular access (73%) and the highest undesirable self care ability was related to follow the diet. There was a significant association between self care ability and some demographic characteristics including age, gender, marital status and employment status.⁴

A descriptive study was conducted to assess the knowledge and practices of dietary regulations in Chronic Renal Failure patients undergoing Haemodialysis at K. L. E'S hospital and MRC Belgaum. The structured interview was used in 51 Chronic Renal Failure patients. The highest level of knowledge was scored by 16.59% subjects only. And the 56.86% subjects had scored between the range of 10-18 practices scores.⁵

A descriptive study was conducted to assess the knowledge, attitude and practice in self care patients receiving dialysis with arteriovenous fistula. A cross-sectional quantitative approach used in 30 patients using the AV fistula at the Barao de Lucena Hospital, Brazil. 97.7% of patients had inadequate knowledge. The attitude was adequate in 70% of those who responded the survey. The self-care practice with the fistula was inadequate in 97.7% of patients.⁶

2. Literature related to effectiveness of self instructional module on educating the patients:

A Quasi-experimental study was done to assess the effectiveness of self instructional module on knowledge regarding prevention of microvascular and macrovascular complication among patients with diabetes mellitus at Krishna Institute of Medical Sciences, Karad Satara, India. A structured knowledge questionnaire was administered to a sample of 40 diabetes mellitus patients. Maximum number of the respondents (82.5%) received information about diabetes mellitus from television and 77.5% received information from newspaper. After the administration of self-instructional module the pretest and posttest analysis revealed that, in pretest majority 75 % patients had

average knowledge, 7.5% had good knowledge, and 17.5% had poor knowledge in total knowledge score were as in posttest majority of 70% had average knowledge, 20% had poor knowledge and 10% had good knowledge.⁷

An experimental study was conducted to assess the effectiveness of self-instructional module on cardiac rehabilitation at selected hospitals in Indore. The aim of the study was to improve nurse knowledge of post myocardial infarction rehabilitation through a newly designed self-instructional module. Sixty cardiac center staff nurse were administered a questionnaire, pretest posttest on a cardiac care and a self-instructional module, a post test was given to assess the gain in knowledge on a post-myocardial infarction cardiac rehabilitation. The mean pretest score was 8.27 but increased to 23.18 in the posttest following administration of the self-instructional module.⁸

A Quasi experimental study was conducted to assess the effectiveness of self instructional module on the awareness of cataract among clients between 40-80 years attending the eye department in selected hospitals of Tumkur. One group pre-test posttest design was used 50 subjects using purposive Sampling technique. A total of 89.6% of patients had been aware of their condition for more than 1 year. Only 49.8% of all patients had known for more than 1 year that their eye disease could be treated. The major barriers for that seeking eye treatment included residual functional vision (49.0%), financial problems (36.7%), no demand for the operation (8.8%), and skepticism about the operation (8.8%). Poor vision function grade and female gender were two significant factors associated with a longer awareness (>3 years) of the existence of cataracts. Patients with a history of eye disease and a longer awareness of eye disease were more likely to have known about the potential treatments for a longer period of time (>1 year). The patients' awareness of the presence of cataract disease and potential treatment were unbalanced. The main treatment barriers were lower demand for vision improvement and financial problems. It is imperative to educate patients on eye health care and to provide low cost, but high quality, cataract surgery to these patients.⁹

An experimental study was conducted to assess the effectiveness of self instructional module on knowledge regarding self care ability in cancer patients in cancer treatment centers in California, Louisiana (pilot), New Hampshire, Pennsylvania, and Texas. A randomized, controlled, pretest, post-test was used among the subjects. Outpatients who were at least 18 years old with a minimum fifth-grade reading level; 86 experimental treatment, 88 control. As compared to the control group, subjects in the experimental group had significant improvement ($p = 0.0001$; 257% gain) in self-care ability regardless of age, sex, race, education, geographic

location, reading ability, or preferred learning style, a 6,515% increase in fatigue content covered and 16,775% increase in instructional duration; and significantly greater benefit from sleep-related activities and a consistent, positive pattern of self-care behavior. The program is instructionally effective, appropriate for a wide and geographically diverse audience, and feasible for use in the ambulatory setting.

3. Literature related to effectiveness of self-instructional module on knowledge regarding home care management of haemodialysis.

A pre-experimental study was conducted to assess the effectiveness of self-instructional module on knowledge and practices among caregivers on home care management of patients on haemodialysis at Maharashtra, India. A structured questionnaire was given to 60 samples. Analysis was done using descriptive and inferential statistics. 50% of the samples had good knowledge, 45% had average knowledge and 5% had poor score, 78.3% had good practice. Following the administration of the self-instructional module the post test revealed that knowledge and practice improved to 100%.¹⁰

A study with one group pre test post test design was conducted in Mangalore, Karnataka to assess the effectiveness of information booklet on haemodialysis in improving the knowledge of the patients regarding haemodialysis. 40 haemodialysis patients were selected through purposive sampling for the study. The pretest was conducted using a structured knowledge questionnaire and information booklet was given to them. After 8 days posttest was done using the same questionnaire and at the same time the optionnaire was also given. There was a significant difference between the mean posttest score (38.625) and mean pretest score (21.075). The findings of the study show that an information booklet is an effective method in improving the knowledge of haemodialysis patients.

A quasi experimental study with pre and posttest without control group and experimental approach was undertaken regarding effectiveness of self instructional module on knowledge regarding home care management among patients with Chronic Renal Failure undergoing haemodialysis in IVY hospital Mohali, Punjab. Data were collected from 60 patients from Dialysis unit by convenient sampling technique to assess the knowledge regarding home care management of Chronic Renal Failure patients. The data was collected by using structured questionnaire was analyzed by applying descriptive and inferential statistics. The pretest and posttest mean knowledge score was assessed and it was 14.40 and 25.15 respectively. According to level of knowledge, highest respondents in the pretest were scored average (71.6%), and in the posttest highest patients were scored excellent (63.3%). It shows that

Self instructional module was effective.¹¹

A quasi experimental study was conducted to assess the effectiveness of nurse led program regarding self care management among haemodialysis patients at NittelUsha Institute of nursing sciences, Mangalore, India. The nurse led program comprised of education on self care management of haemodialysis based on structured information booklet among 50 haemodialysis patients. The participants were asked to fill the demographic proforma and respond to a pretest knowledge questionnaire comprising of 28 items. Posttest was carried out after 7 days of intervention to assess the effectiveness of the program. The study findings revealed a significant difference in the knowledge scores after the intervention attributing to effectiveness of the nurse led program.¹²

A quantitative pre experimental study was conducted to assess the effectiveness of self-instructional module on self-care among Chronic Renal Failure patients receiving haemodialysis at Sahara hospital, Gomtinagar, Lucknow. 60 Chronic Renal Failure patients were given a structured knowledge questionnaire. The knowledge score test indicates that 36.33% have good knowledge and 63.33% have average knowledge on self-care.¹³

MATERIALS AND METHODS:

Methods:

Quantitative approach is used in this study to evaluate the effectiveness of self instructional module on knowledge regarding home care management of hemodialysis patients. Pre Experimental one group pretest-posttest design is adopted for the study. Independent variable chosen for this study is self instructional module and dependent variable is knowledge regarding home care management of hemodialysis patients in selected hospitals at Kollam. The setting of the study will be Bishop Benziger Hospital at Kollam. The accessible population in this study comprises patients undergoing hemodialysis at selected hospitals at Kollam. Purposive sampling is adopted in the study.

Tools/Instruments:

The instruments used for the present study are demographic proforma and structured questionnaire which were validated by experts.

Data collection:

Data will be collected after obtaining prior administrative permission and informed consent from patients. The tool for data collection procedure are demographic proforma including age, sex, education, occupation and frequency of dialysis and structured questionnaire regarding home care management of hemodialysis.

The data collection was conducted from 26-02-2018 to 3-03-2018.

Purposive sampling was used to select the samples. Setting for the study is Bishop Benziger Hospital at Kollam. Pretest is done by using demographic proforma and structured questionnaire regarding home care management of hemodialysis. Then self instructional module given to patients undergoing hemodialysis and posttest is done using the same structured questionnaire.

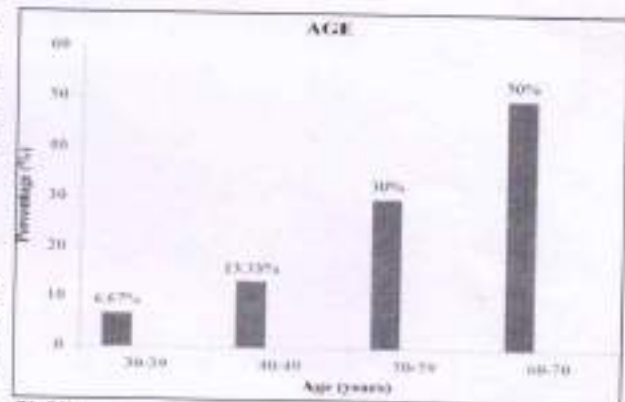
Data analysis:

The researcher will analyze the data by using descriptive and inferential statistics based on the objectives and hypothesis of the study.

RESULTS:

Description of sample characteristics

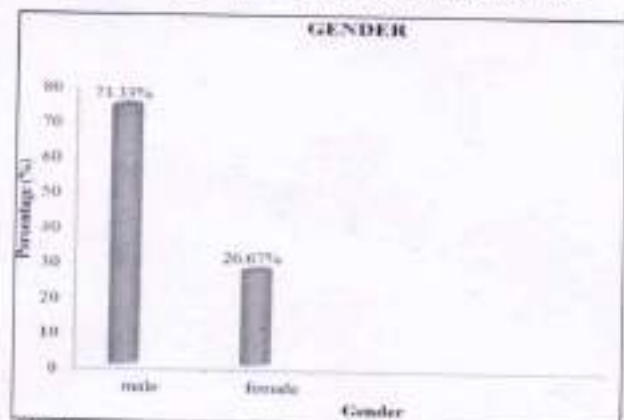
This sections describe the percentage wise distribution of demographic variables.



(N=30)

Figure 1: Bar diagram showing percentage distribution of patients according to their age.

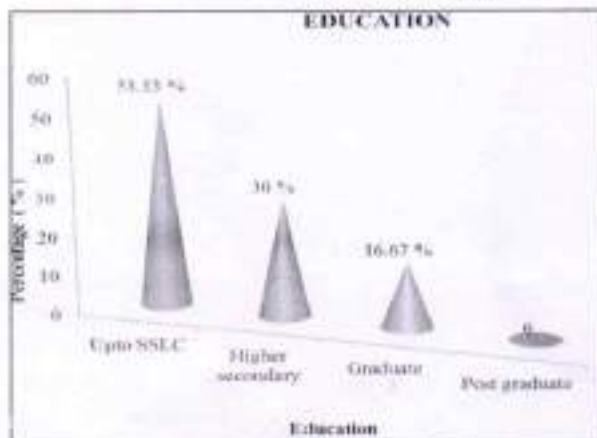
The data presented in Figure 1 shows that most of the samples in this group belongs to age between 60-70.



(N=30)

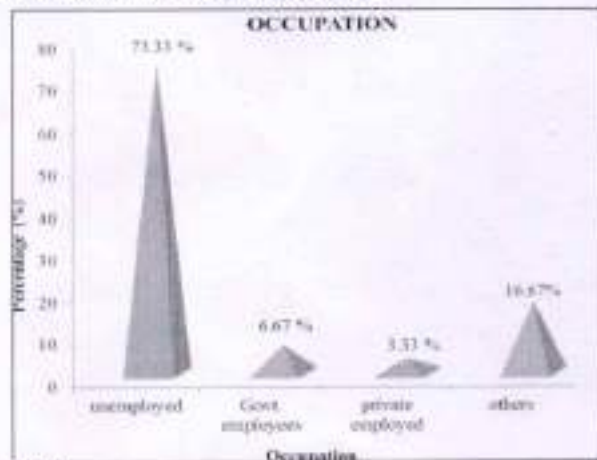
Figure 2: Cylinder diagram showing the percentage distribution of patients according to their gender.

The data presented in Figure 2 reveals that 26.67% of the samples were females and 73.33 % were males.



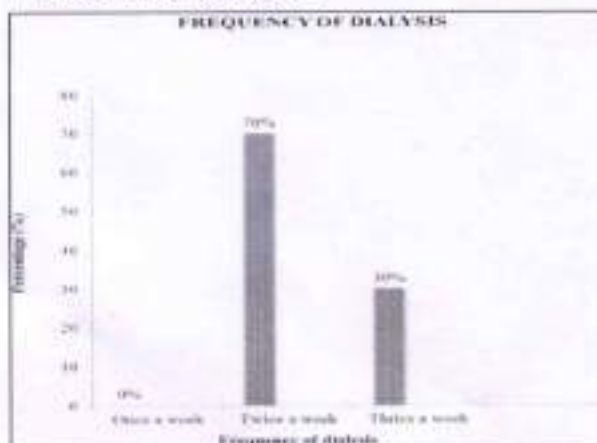
(N=30)
Figure 3: Cone diagram showing the percentage distribution of patients according to their education.

The data presented in Figure 3 elicit that many of the samples has education up to SSLC.



(N=30)
Figure 4: Pyramid diagram showing the percentage distribution of patients according to their occupation.

The data presented in Figure 4 reveals that majority of the samples are unemployed.



(N=30)
Figure 5: Bar diagram showing the percentage distribution of patients according to their frequency of dialysis.

The data presented in Figure 5 shows majority of patients undergoes hemodialysis twice a week.

Description of knowledge on home care management among patients.

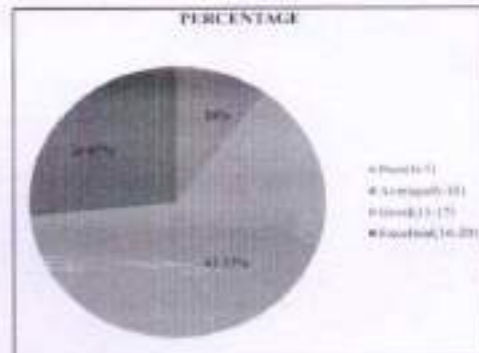


Figure 6: Pie diagram showing the percentage distribution of pretest score on knowledge regarding home care management among patients

The data presented in Figure 6 shows that majority of the patients has average knowledge.

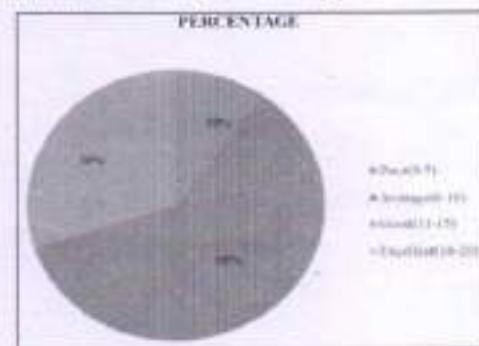


Figure 7: Pie diagram showing the percentage distribution of posttest score on knowledge regarding home care management among patients.

The data presented in Figure 7 shows that most of patients had good knowledge.

Effectiveness of self instructional module on knowledge regarding home care management among patients undergoing haemodialysis.

Table 1: Mean, Standard deviation, t' value of pretest and posttest on knowledge regarding home care management ofpatients undergoing hemodialysis.

	Mean	S.D	df	t' value
Pretest	9.13	2.20	29	13.7382*
Posttest	14.27	2.23	29	13.7382*

T (29)=2.05,*Significant at 0.05 level.

The table above shows that the mean posttest score (14.27) is greater than mean pretest score (9.13). Thecalculated 't' value 13.7382 is greater than thetable value. Hence the research hypothesis is accepted. It shows that self instructional modulewas effective in increasing the knowledge regarding home care management among patients undergoing hemodialysis.

Table 2: Association between knowledge regarding home care management and selected demographic variables.

Sl No	variables	Knowledge			df	chi	Significant or not
		Poor	Average	Good			
1	Age in Years				6	1.98	*NS
	30-39	0	1	1			
	40-49	0	2	2			
	50-59	1	6	2			
	60-70	2	9	4			
2	Sex				2	1.59	*NS
	Male	1	6	1			
	Female	2	12	8			
3	Education				4	2.65	*NS
	School Level	2	11	3			
	Higher Secondary	1	4	4			
	Graduate	0	3	2			
4	Occupation				6	16.12	**S
	Unemployed	1	15	6			
	Govt. Employee	1	1	0			
	Private Employee	1	0	0			
	Others	0	2	3			
5	Frequency of Dialysis				2	2.22	*NS
	Twice a Week	3	13	5			
	Thrice a Week	0	5	2			

* NS-Not Significant ** S - Significant

The table above shows the association of pretest knowledge of pretest knowledge of patients undergoing hemodialysis with selected demographic variables. When computed the data, calculated chi square value for age, sex, education, and frequency of dialysis are 1.98, 1.59, 2.65 and 2.22 respectively, which are less than their table values. Hence they are not significant and has no association with patients' knowledge. For occupation, the calculated chi square value (16.12) is greater than the table value. Hence it is significant and has association with patients' knowledge.

CONCLUSION:

This study attempted to assess the effectiveness of self instructional module on knowledge regarding home care management among patients undergoing hemodialysis. The following conclusions are made drawn from the findings of the study.

- The self instructional module was found to be effective in improving levels of knowledge regarding home care management among patients undergoing hemodialysis.
- There is association between pretest knowledge among patients undergoing hemodialysis with selected demographic variable (occupation).

RECOMMENDATIONS:

Based on the findings of the study, the following recommendations are offered:

- A similar kind of study can be conducted for a large group.
- A quasi experimental study can be conducted to assess the effectiveness of video assisted teaching programme in the level of knowledge regarding home care management among patients undergoing hemodialysis.

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EFFECTIVENESS OF PROGRESSIVE MUSCLE RELAXATION THERAPY ON JOB STRESS AMONG WORKERS IN CASHEW FACTORIES, KOLLAM

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ABSTRACT

A Quasi experimental research study was conducted to evaluate the effectiveness of progressive muscle relaxation therapy on job stress among workers in selected cashew factories, Kollam. The objectives of the study were: to assess the effectiveness of progressive muscle relaxation therapy on job stress among workers in selected cashew factories, Kollam, to find out the association between job stress and selected demographic variables like age, sex, education, marital status, type of family, income, religion and job experience among workers in selected cashew factories, Kollam. Conceptual framework used for this study was based on the General systems theory of Ludwig Von Bertalanffy. Quantitative research approach was selected with quasi experimental non randomized control group design. Simple Random Sampling was used for selecting samples. Sample size included 60 cashew workers, 30 each in experimental group and control group. The researcher assessed the job stress using self prepared job stress assessment scale. After conducting a pretest for both experimental and control group, the experimental group received progressive muscle relaxation therapy for about 20 minutes every day for 20 days. Daily routine programme was given for the control group. Posttest was conducted on the 21st day using the same tool. The findings of the study were, that the mean posttest stress score of experimental group was (37.63), which was lower than the mean posttest stress score of control group (80.1) after the intervention. This indicates that there is significant reduction in the job stress in the experimental group after the progressive muscle relaxation therapy. The association between job stress and selected demographic variables like age, education, type of family, income and job experience were found at 0.05 level of significance. Present study concluded that progressive muscle relaxation therapy was effective in reducing the job stress among workers in cashew factory.

KEYWORDS: Effectiveness, Progressive Muscle Relaxation Therapy, Job Stress, Workers; Cashew factory.

INTRODUCTION

Stress may be viewed as an individual's reaction to any change that requires an adjustment or response, which can be physical, mental, or emotional. Responses directed at stabilizing internal biological processes and preserving self esteem can be viewed as healthy adaptation to stress.^[1] Job stress is the adverse reaction in which people have to undergo excessive pressures or other types of demand placed on them at work. Well-designed, organised and managed work is generally good for us but when insufficient attention to job design, work organisation and management has taken place, it can result in work related stress. It poses a threat to physical health and mental health.^[2] In work situations, organizational stress due to longer working hours, greater workloads, multitasking, lack of job stability and a host of other factors has motivated researchers to

explore the causes and consequences of stress and the possible remedial measures.^[3]

The state of Kerala concern, having the highest proportion of cashew workers more than 3 lakh workers. Many of the insecurities affecting livelihood of cashew workers ranging from health hazards to lack of effective social protection. In Kerala, about 32.3% of total population comprises of women workers. In the factory sector, out of 66% of the women labour force, 50% are accounted in the cashew, coffee, fruit canning and match industry sectors. Cashew, a traditional industry of Kollam district in which 90% of employees are women.^[4]

A study regarding the effect of stress on women health indicates that employed women in the stress scale has higher average score and their health status was poor as

compared to non-employed women. Obviously stress is the major problem in working women throughout the world.¹³ Several studies revealed that workers with job stress, if practice relaxation therapy will help to relieve stress, improve job satisfaction and refresh the mind.

OBJECTIVES

- To assess the effectiveness of progressive muscle relaxation therapy on job stress among workers in selected cashew factories, Kollam.
- To find out the association between job stress and selected demographic variables like age, sex, education, marital status, type of family, income, religion and job experience among workers in selected cashew factories, Kollam.

MATERIALS AND METHODS

A quantitative research approach was adopted to determine the effectiveness of progressive muscle relaxation therapy on job stress among workers in selected cashew factories, Kollam.

Study design

Quasi experimental nonrandomized control group design was used to collect data from 60 workers in selected cashew factories, Kollam and simple random sampling technique was employed to select the cashew workers.

Inclusion criteria

- Workers who are available during the time of study.
- Workers who are willing to participate in the study.

Exclusion criteria

- Who received or practice any other relaxation therapy.
- Who are having problems regarding pulled muscles, broken bones or medical contra indication for physical activities.

Tools and techniques

Part 1 - Demographic proforma

Part 2 - Self structured Job stress assessment scale

Technique - Jacobson's Progressive Muscle Relaxation Therapy.

Data collection process

A formal written permission was obtained from the concerned authorities of the selected cashew factories. A total of 60 samples among which 30 in experimental group from one cashew factory and 30 in control group from another cashew factory were selected by simple random sampling method based on inclusion and exclusion criteria. After explaining the purpose of the study to selected samples, written consent was obtained from them. The pretest was conducted on first day to both the groups using demographic proforma and job stress assessment scale. The researcher provided progressive muscle relaxation therapy for the samples in experimental group for about 20 minutes every day for 20 days from first day onwards and only routine work

was given for the control group. Post test was conducted on 21st day both in experimental and control group using the same tool.

STATISTICAL ANALYSIS

The data collected were analyzed according to the objectives. The obtained data were analyzed using descriptive and inferential statistics.

RESULTS

1) Description of demographic variables

a) Age: The data in the figure 1 shows that both in experimental and control group highest percentage (50% each) of samples belong to age group 31-40 yrs and lowest percentage (10%) of samples belong to age group 51-60 yrs. In experimental group 26.67% belong to 41-50 yrs and 13.33% belong to age group 20-30 yrs. In control group 23.33% belongs to 41-50 yrs and 16.67% belong to 20-30yrs.

b) Sex: The data in the figure 2 shows that all samples (100%) both in experimental and control group under study were female.

c) Education: The data in the figure 3 shows that, in experimental group 40% samples completed SSLC education, 26.67% studied higher secondary and primary education and 6.66% were illiterate. In control group 50% samples completed SSLC education 26.67% had higher secondary and 20% had primary education and 3.33% were illiterate.

d) Type of family: The data in the figure 4 shows that, in experimental group remarkable percentage of samples (66.67%) belong to nuclear family and 33.33% belong to joint family. In control group majority of samples (73.33%) belong to nuclear family and 26.67% belong to joint family.

e) Monthly Income: The data in the figure 5 shows that, in experimental group remarkable percentage of samples (63.33%) were having monthly income Rs >15000, 26.67% samples were having monthly income between Rs10001-15000 and very negligible percentage of samples (10%) were having income between Rs5001-10000. In control group majority of samples (86.67%) were having monthly income Rs>15000, 10% samples were having monthly income between Rs10001-15000 and 3.33% were having income between Rs5001-10000.

f) Marital Status: The data in the figure 6 shows that, in experimental group majority of samples (53.34%) were married, 13.33% were unmarried and divorced, 3.33% were separated and 16.67% were widow. In control group 66.33% samples were married, 6.67% were unmarried and 10% divorced, 10% were separated and widow.

g) Religion: The data in the figure 7 shows that, in experimental group and in control group 73.33% were

Hindu and 26.67% were Christian. No representation of Muslim in both groups.

h) Job experience: The data in the figure 8 shows that, majority of the samples had more than 4 yrs experience in both experimental and control group (56.66% and 76.66% respectively). Job experiences of 1-2yrs among the samples were same (6.67%) in both the group. No representation of job experience of 2-3 yrs in control group. Samples with job experience <1 yr were 3.33% in experimental group and 6.67% in control group.

2) Frequency and Percentage distribution of job stress scores

a) Frequency and Percentage distribution of job stress scores in experimental group

Data in the table 1 shows that in pretest 70% had moderate level stress, 30% had severe stress and no mild level stress. In posttest, majority (80%) had mild level stress and remaining 20% had moderate level stress.

b) Frequency and Percentage distribution of job stress scores in control group.

Data in the table 2 shows that in pretest 66.67% had moderate level stress and 33.33% had severe level stress. In posttest, 60% had moderate level stress and 40% had severe stress. There was no mild level stress in both pretest and posttest.

3) Evaluation of effectiveness of progressive muscle relaxation therapy on job stress among workers in cashew factory.

a) Mean, Standard Deviation and t value of pretest and posttest job stress scores in experimental group

Data in table 3 shows that the calculated paired t value was greater than the table value at 0.05 level of significance. So there was statistically significant difference between mean pretest and posttest scores of job stress in the experimental group

b) Mean, Standard Deviation and t value of posttest job stress scores in experimental and control group

Data in the table 4 shows that the calculated unpaired t value was greater than the table value at 0.05 level of significance. So there was statistically significant difference between the posttest scores of experimental and control group.

4) Association between job stress among workers in cashew factories and selected demographic variables.

The data in the table 5 shows that there was significant association between pretest job stress score with age, education, type of family, income, and job experience, since the calculated chi square values were greater than table value at 0.05 level of significance.

1) Description of demographic variables

a) Age N=60

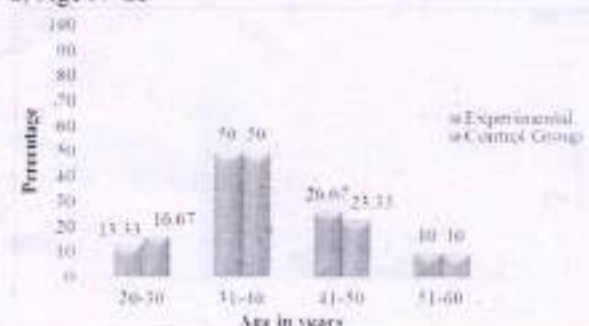


Figure. 1: Percentage distribution of samples according to age.

b) Sex N=60

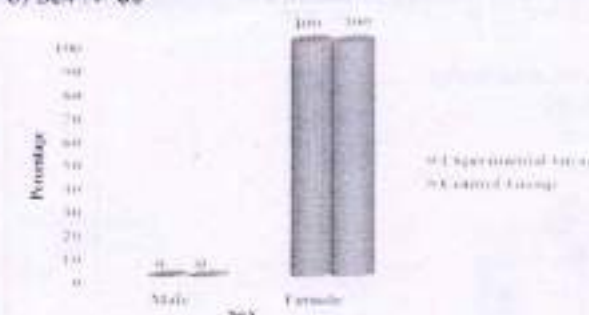


Figure. 2: Percentage distribution of samples according to sex.

c) Education N=60

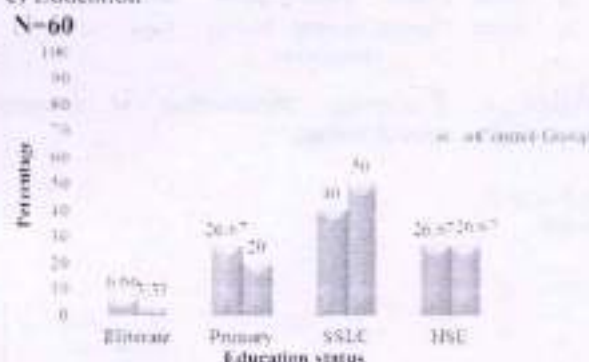


Figure. 3: Percentage distribution of samples according to education.

d) Type of family N=60

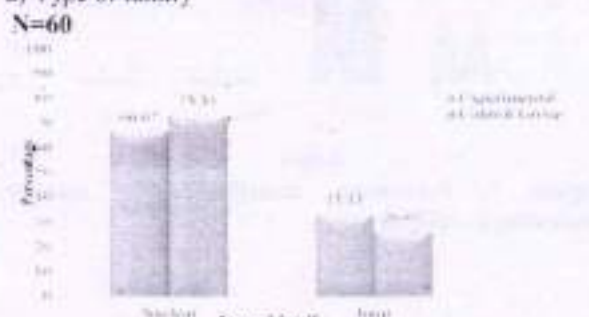


Figure. 4: Percentage distribution of samples according to type of family.

e) Monthly Income
N=60

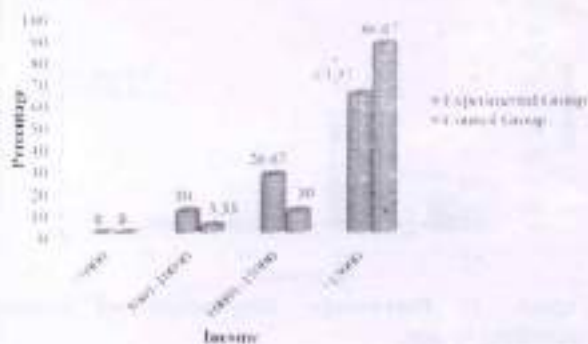


Figure 5: Percentage distribution of samples according to monthly income.

h) Job experience
N=60

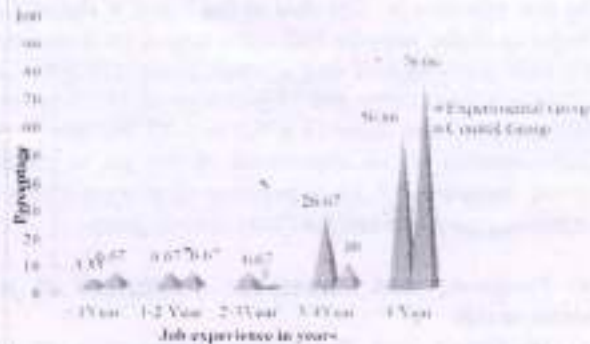


Figure 8: Percentage distribution of samples according to job experience.

f) Marital Status
N=60

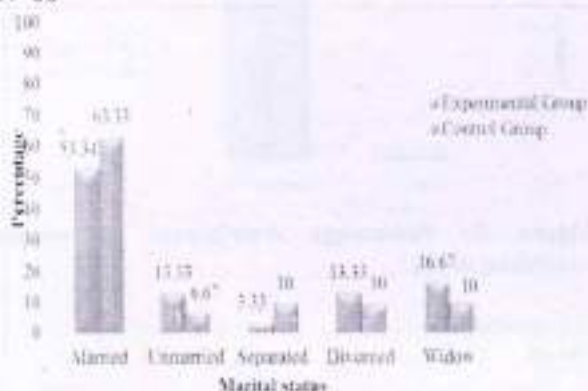


Figure 6: Percentage distribution of samples according to marital status.

g) Religion
N=60

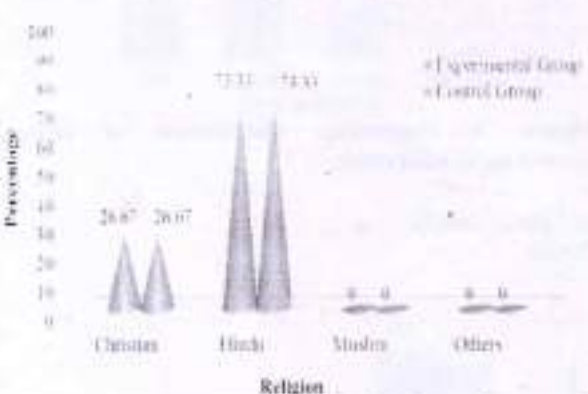


Figure 7: Percentage distribution of samples according to religion

2) Frequency and Percentage distribution of job stress scores

a) Table 1: Frequency and Percentage distribution of job stress scores in experimental group, (n=30)

Level of stress	Pretest		Post test	
	Frequency	Percentage	Frequency	Percentage
Mild	0	0	24	80%
Moderate	21	70%	6	20%
Severe	9	30%	0	0%

b) Table 2: Frequency and Percentage distribution of job stress scores in control group, (n=30)

Level of stress	Pretest		Post test	
	Frequency	Percentage	Frequency	Percentage
Mild	0	0	0	0
Moderate	20	66.67%	18	60%
Severe	10	33.33%	12	40%

3) Evaluation of effectiveness of progressive muscle relaxation therapy on job stress among workers in cashew factory.

a) Table 3: Mean, Standard Deviation and t value of pretest and posttest job stress scores in experimental group (n=30)

	Mean	Standard Deviation	t value
Pre test	79.20	5.64	65.43*
Post test	37.63	2.82	

Tabulated $t_{(30)} = 2.04$, $p < 0.05$ *Significant

b) Table 4: Mean, Standard Deviation and t value of posttest job stress scores in experimental and control group N=60

	Mean	Standard Deviation	t value
Experimental group	37.63	2.82	36.62*
Control group	80.10	5.34	

Tabulated $t_{(30)} = 2.0$, $p < 0.05$ *Significant

4) Association between job stress among workers in cashew factories and selected demographic variables. N=60

Sl No	Demographic variables	Stress score		df	Chi square value	Table value	Significance
		Moderate	Severe				
1	Age			3	21.32	7.82	S
	20-30	1	8				
	31-40	21	9				
	41-50	14	1				
	51-60	6	0				
2	Sex			1			NS
	Male	0	0				
	Female	42	18				
3	Education			3	10.78	7.82	S
	Illiterate	3	0				
	Primary	12	2				
	SSLC	20	7				
	Higher secondary	6	10				
4	Family			1	4.369	3.84	S
	Nuclear	26	16				
	Joint	16	2				
5	Income			2	9.156	5.99	S
	5001-10,000	1	3				
	10001-15,000	5	6				
	>15000	36	9				
6	Marital status						

	Married	24	11	4	5.374	9.49	NS
	Unmarried	3	3				
	Separated	2	2				
	Divorced	5	2				
	Widow	8	0				
7	Religion						
	Christian	9	7	1	1.964	3.84	NS
	Hindu	33	11				
8	Job experience						
	< 1 year	0	3	4	19.729	9.49	S
	1-2 year	0	4				
	2-3 year	1	1				
	3-4 year	8	3				
	>4 year	33	7				

p<0.05 S- Significant NS- Not Significant

DISCUSSION

The present study was conducted to assess the effectiveness of progressive muscle relaxation therapy on job stress among workers in selected cashew factories, Kollam. Self structured job stress assessment scale and Demographic proforma were used to collect data from 60 workers in cashew factories. The findings of the study have been discussed in relation to the objectives and need of the study.

In the present study demographic data revealed that both in experimental and control group highest percentage (50% each) belongs to 31-40 yrs of age group and lowest (10%) were in 51-60 age group and all samples (100%) under study were female. Majority of samples in both group (40% and 50%) completed SSLC education. Regarding type of family, majority samples 66.67% in experimental group and 73.33% in control group were belongs to nuclear family and most of them have monthly income > 15,000. In both group majorities were hindu (73.33%) and highest percentage (53.33% and 66.33%) were married. Majority of the samples had more than 4 yrs experience in both experimental and control group (56.66% and 76.66% respectively).

The present study revealed that the mean posttest stress score of experimental group (37.63) was lower than the mean pretest score (79.20) and mean posttest stress score of control group (80.10). The calculated t value was greater than the table value at 0.05 level of significance. This suggested that Jacobson's progressive muscle relaxation therapy was effective in reducing the job stress among workers in cashew factories. The association was found between the job stress and demographic variables such as age, education, type of family, income and job experience.

CONCLUSION

The present study was aimed to find the effectiveness of progressive muscle relaxation therapy on job stress among workers in selected cashew factories, Kollam. The result showed that there was significant reduction of job stress after the progressive muscle relaxation therapy and were statistically significant at 0.05 level. Also it

showed that there was significant association between job stress and demographic variables such as age, education, type of family, income and job experience.

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EFFECTIVENESS OF PACED BREATHING EXERCISE ON LABOUR PAIN AND ANXIETY AMONG PRIMI MOTHERS DURING FIRST STAGE OF LABOUR IN SELECTED HOSPITALS AT KOLLAM

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ABSTRACT

A quasi experimental study was conducted to assess the effect of paced breathing exercise on pain and anxiety among primi mothers during first stage of labour. The objectives of the study were to assess the effect of paced breathing exercise on pain among primi mothers during first stage of labour, to assess the effect of paced breathing exercise on anxiety among primi mothers during first stage of labour, to find the correlation between labour pain and anxiety among primi mothers during first stage of labour, to find the association between pain among primi mothers during first stage of labour and selected demographic variables and to find the association between anxiety among primi mothers during first stage of labour and selected demographic variables. Pretest posttest control group design was used in this study. Purposive sampling was used to select 60 samples. Pretest was conducted using Numerical Pain Rating Scale and Spielberg State Trait Anxiety Scale. For experimental group, paced breathing exercise was given. Control group received routine nursing care. The findings of the study showed that the mean posttest pain score of experimental group was lower than the control group and the mean posttest anxiety score of experimental group was lower than control group and it was significant at 0.05 level of significance. The findings of the study shows that there is mild negligible correlation (0.06) between pain and anxiety. The findings of the study shows that there was significant association between the pain with age, augmentation of labour and intensity of contraction and no significant association between anxiety with other variables. The study concludes that paced breathing exercise was effective in reducing pain and anxiety among primi mothers during first stage of labour.

KEYWORDS: Paced breathing exercise; primi mothers; first stage of labour.

INTRODUCTION

Being a women is very special. Nature takes her through a series of transitions from her birth, which includes menarche, pregnancy, labour, motherhood, and menopause. Each of these stages makes her to represent different roles and stands for different phases of her life which includes both physical and psychological changes. Out of all these roles, the role of mother is so special.^[1]

Studies of pain have demonstrated that the anticipation of pain can raise the anxiety level significantly.^[2] Although pregnancy is often portrayed as a time of great joy, that's not the reality for all women.^[3] Anxiety during childbirth presents a problem for health care providers because of the resulting physiologic response.^[4] There are so many reasons why a mother may be experiencing any degree of stress and anxiety in the months leading up to and during childbirth. Anxiety is commonly associated

with increased pain during labour and may modify labour pain through physiologic and psychological mechanism. Fear of pain may be a component of labour related anxiety and has high correlation with labour pain during first stage of labour.^[5]

The use of complementary and alternative medicine has become popular with consumers worldwide. Recent review of 14 studies with large sample sizes (N>_200) on the use of complementary and alternative medicine in pregnancy identified a prevalence rate ranging from 1% to 87%. The most commonly used complementary and alternative therapies associated with providing pain management in labour can be categorized into mind-body interventions, alternative medical practice, such as manual healing methods, breathing exercise, pharmacologic and biologic treatments.^[6]

OBJECTIVES OF THE STUDY**The Objectives of The Study Were**

- To assess the effectiveness of paced breathing exercise on labour pain among primi mothers during first stage of labour in selected hospitals in Kollam.
- To assess the effectiveness of paced breathing exercise on anxiety among primi mothers during first stage of labour in selected hospitals in Kollam.
- To find the correlation between labour pain and anxiety among primi mothers during first stage of labour.
- To find the association between labour pain among primi mothers during first stage of labour and selected demographic variables such as age, education, occupation, type of family, support system, habit of doing exercise, previous knowledge regarding management of labour pain, weeks of gestation, augmentation of labour, intensity of contractions.
- To find the association between anxiety among primi mothers during first stage of labour and selected demographic variables such as age, education, occupation, type of family, support system, habit of doing exercise, previous knowledge regarding management of labour pain, weeks of gestation, augmentation of labour, intensity of contractions.

MATERIALS AND METHODS**Study design**

Quasi experimental pretest posttest control group design.

Research setting

Labour rooms of Bishop Benziger Hospital, Kollam and LMS Hospital, Kundara.

Sample and Sampling technique

The sample consists of 60 primi mothers who met sampling and inclusion criteria.

Purposive sampling was used.

Inclusion criteria

- Mothers admitted for labour after 37 weeks of gestation with 4-7cm cervical dilatation in active phase.
- Singleton pregnancy with cephalic presentation.
- Those are willing to participate in the study.

Exclusion criteria

- Mothers who will take any kinds of analgesia or anaesthesia for pain relief during first stage of labour.

TOOLS and TECHNIQUES The following tools were used in this study

Section A: Demographic proforma

Section B: Numerical Pain Rating Scale

Section C: Adapted Spielberg State Trait Anxiety Scale

Data collection process

The purpose of the study was explained and informed consent was obtained from samples. Samples were asked to give baseline information. For experimental group, two or three sessions of Paced breathing exercise was given during onset of each contraction for a period of 20 minutes. Control group received routine nursing care.

Posttest was conducted immediately after giving each sessions of paced breathing using the same tool for both the experimental and control group.

Statistical analysis The data collected were analysed according to the objectives. The data were analyzed using descriptive statistics and inferential statistics.

RESULTS**Description of pain among primi mothers during first stage of labour**

60% of samples had severe pain and 40% of samples had moderate pain and the mean pretest pain score was 7.0 with standard deviation of 1.23.

Description of anxiety among primi mothers during first stage of labour

58.33% of samples has severe anxiety and 41.66% of samples had moderate anxiety and the mean pretest anxiety score was 61.5 with standard deviation of 9.94.

Effect of Paced Breathing Exercise on Pain Among Primi Mothers During First Stage of Labour

The mean posttest pain score of experimental group (5.03 ± 1.2) was lower than the pretest pain score (7.2 ± 1.33) and calculated 't' value (8.66) is greater than the table value at 0.05 level of significance. It indicates that there was a significant difference between mean posttest pain scores of experimental and control group. So the present study shows that paced breathing exercise was effective in reducing pain among primi mothers during first stage of labour.

Effect of Paced Breathing Exercise on Anxiety Among Primi Mothers During First Stage of Labour

The present study shows that paced breathing exercise was not much effective in reducing anxiety among primi mothers during first stage of labour.

Correlation Between Labour Pain and Anxiety of Experimental Group Among Primi Mothers During First Stage of Labour

The Karl pearsons correlation coefficient was computed to determine the correlation between labour pain and anxiety and the pretest scores of labour pain and anxiety shows mild negligible correlation, in which when pain reduces there was mild decrease in anxiety scores.

Association between pain of primi mothers and selected demographic variables

The association between the pain and selected demographic variables were computed using chi-square

test. As the calculated chi-square value of age, augmentation of labour, intensity of contractions were (4.1),(6.5),(8.58) was more than the table value at 0.05 level of significance. As the calculated chi-square value other variables were less than the table value there was no significant association between pain and these demographic variables.

Association Between Anxiety Of Primi Mothers And Selected Demographic Variables

As the calculated chi-square value of demographic variables were less than the table value there was no significant association between anxiety and these demographic variables.

DISCUSSION

To Assess the Effect of Paced Breathing Exercise on Pain Among Primi Mothers During First Stage of Labour

The findings of the present study was supported by a study conducted to assess the effect of video based on breathing exercises during labour on pain perception and duration of labour among the primi mothers admitted in tertiary care hospital, India in 2013.⁷ The study concluded that the practice of breathing exercises during labour help to reduce pain perception and duration of first and second stage of labour. The results of the present study also showed Paced breathing exercise is effective in reducing pain during first stage of labour.

The findings of the present study in consistent with above mentioned studies reveals that Paced breathing exercise was effective in reducing pain among primi mothers during first stage of labour.

To Assess The Effect of Paced Breathing Exercise on Anxiety Among Primi Mothers During First Stage of Labour

The findings of the present study in above mentioned studies reveals that Paced breathing exercise was effective in reducing anxiety among primi mothers during first stage of labour but my study revealed that paced breathing exercise didn't have much effect in reducing anxiety.

To Find The Correlation Between Labour Pain And Anxiety Among Primi Mothers During First Stage of Labour

The findings of the present study was supported by another study conducted on effectiveness of music therapy on anxiety level and pain perception in primipara mothers during first stage of labour in selected hospitals of Odisha in 2014.⁸ Findings of the study revealed that music therapy would be very helpful in alleviating anxiety level and pain perception in primipara mothers during first stage of labour. The present study found that Paced breathing exercise was effective in reducing anxiety among primigravidae during first stage of labour.

To Find The Association Between Pain Among Primi Mothers During First Stage of Labour and Selected Demographic Variables

The findings of the present study was supported by an another study conducted in Mangalore to evaluate the effectiveness of breathing exercises on labour pain among primi mothers.⁹ The chi-square value of selected demographic variables like age, education, occupation, family income, type of family and gestational age are found not significant at 0.05 level of significance. In the present study also chi-square value of age, education, occupation, type of family are not found significant at 0.05 level of significance, but showed a significant association among pain and previous knowledge, weeks of gestation and intensity of contractions.

To find the association between anxiety among primi mothers during first stage of labour and selected demographic variables

The findings of the present study was supported by a study conducted to assess the effectiveness of breathing exercise on anxiety level on labour pain among primi mothers at selected hospitals in Mangalore, in 2013.¹⁰ The chi-square value of selected demographic variables are not found at 0.05 level of significance. So there is no association between the pretest scores in Group I Group II with the selected demographic variables.

The demographic variables for the present revealed that there is no significant association between anxiety and selected demographic variables.

CONCLUSION

The present study was aimed to find out the effect of paced breathing exercise on pain and anxiety among primi mothers during first stage of labour. The study results shows that the paced breathing exercise was effective in reducing labour pain than anxiety among primi mothers.

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A Study to assess the Effectiveness of Structured Teaching Programme on knowledge regarding prevention of Urinary Tract Infection among Adolescent girls in selected schools at Kollam District

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ABSTRACT:

The research project under took was "A study to assess the effectiveness of structured teaching programme on knowledge regarding prevention of urinary tract infection among adolescent girls in selected schools at Kollam district." A quantitative research design was adopted for this study. The study was conducted among 60 adolescent girls at selected schools of Kollam district. In order to assess the knowledge of prevention of urinary tract infection, the study sample was selected by simple random sampling technique. **Objectives:** 1. To assess the knowledge regarding prevention of UTI among adolescent girls. 2. To assess the effectiveness of structured teaching programme regarding prevention of UTI among adolescent girls. 3. To find out the association between knowledge regarding prevention of UTI among adolescent girls and selected demographic variables. The tool used for data collection consisted of demographic proforma and structured questionnaire, basic introduction of the study was given to the subjects. The analysis of the data was based on the objectives of the study using quantitative and inferential statistics. **Methodology:** This study was based on one group pre-test -post-test research design which belongs to pre experimental design, was selected to assess the knowledge regarding prevention of urinary tract infection among adolescent girls in selected school at Kollam district. **Result:** Mean, Standard deviation, t value of pretest and posttest on knowledge regarding prevention of urinary tract infection when $t(59) = 2.00$, significant at 0.05 level shows that the mean posttest score (14.35) is greater than mean pretest score (9.28). The t value is greater than the table value (2.00) that is the structured teaching programme was effective. Hence the null hypothesis was rejected and the research hypothesis was accepted. **Conclusion:** The findings of the present study showed that structured teaching programme was effective to increasing the knowledge regarding prevention of urinary tract infection among adolescent girls.

KEYWORDS: Knowledge; Prevention; Urinary tract infection; Adolescent girls; structured teaching programme

INTRODUCTION:

Good health is a fundamental right of every human being and it is essential to lead a successful life. The preamble to the WHO constitution also affirms that it is one of the fundamental rights of every human being is to enjoy "The highest attainable standard of health. Health is seen as resulting from a lifestyle that is oriented towards wellness. Dissemination of health information is one of the ways of increasing knowledge on health and modification of behavior, which is directed towards promotion of health and prevention of disease.¹ Adolescents are a large and growing segment of the population. Adolescent age group is the transition period from school age to adult life. Lack of adequate knowledge may lead to various genitourinary diseases among girls. Genitourinary tract infection is a bacterial infection that affects any part of the genital and urinary tract occurs when too much bacteria especially those that inhabit the gastrointestinal tract and the skin enter the vagina through the urethra and thrive inside the urinary system (kidney, ureter, bladder and urethra) and consequently reproduce rapidly due to available nutrients.²

OBJECTIVES:

- To assess the knowledge regarding prevention of UTI among adolescent girls.
- To assess the effectiveness of structured teaching programme regarding prevention of UTI among adolescent girls.
- To find out the association between knowledge regarding prevention of UTI among adolescent girls and selected demographic variables.

HYPOTHESIS:

H₁: There will be a significant difference in between pretest and post test scores of Knowledge among adolescent girls.

H₂: There will be significant association between knowledge of the adolescent girls regarding prevention of UTI and selected demographic variables.

MATERIAL AND METHODS:

A quantitative research approach was adopted to determine the effectiveness of structured teaching programme on knowledge regarding prevention of urinary tract infection among adolescent girls. One group pretest posttest design was adopted. 60 samples were selected by simple random sampling. The findings of the study have been discussed in relation to the objectives and other similar studies. The tool for data collection was structured knowledge questionnaire with demographic proforma, consisted of 20 multiple choice questions for assessing the knowledge regarding prevention of urinary tract infection among adolescent girls in St. Aloysius higher secondary school, Kollam district. The adolescent girls aged 15-18 years were selected according to the inclusion and exclusion criteria. After conducting the pre-test, the researcher gave the intervention through structured teaching programme. On the fifth day post -test was conducted and the study findings were assessed by using the same tool. The researcher analyzed the data by using descriptive and inferential statistics based on the objectives and hypothesis of study.

RESULTS:**Description of the sample characteristics:**

This section describes the frequency and percentage wise distribution of demographic variables. (N=60)

Figure 1: Frequency and percentage wise distribution of samples according to age

The data presented in figure 1 shows that most of the samples in this group belongs to age of 16.

(N=60)

Figure 2: Frequency and Percentage wise distribution of samples according to educational status

The data presented in figure 2 shows that most of the samples in this group belongs to educational status of plus one.

(N=60)

Figure 3: Frequency and Percentage wise distribution of samples according to employment

The data presented in figure 3 shows that majority of the students have father as the bread winner in their families.

(N=60)

Figure 4: Frequency and Percentage wise distribution of samples according to place of residence

The data presented in figure 4 shows that most of the samples in this group reside in urban area.

(N=60)

Figure 5: Frequency and Percentage wise distribution of samples according to religion

The data presented in figure 4 shows that majority of the samples in this group are Christian.

Mean, Standard deviation, t value of pretest and posttest on knowledge regarding prevention of urinary tract infection.

	N	Mean	Standard deviation	t-value
Pretest score	60	9.28	2.70	16.3552
Post test score	60	14.35	1.85	

Association between knowledge and the selected demographic variables

Selected demographic variables	Knowledge			Chi square value	Degree of freedom	Inference
	Good average poor					
Age						
• 15	0	5	14	1.536	4	Not significant
• 16	1	11	22			
• 17	0	2	4			
• 18	0	8	1			
Religion						
• Hindu	0	5	27	2.760	6	Not significant
• Christian	1	12	20			
• Muslim	0	1	1			
• Any other	0	0	1			
Place of residence						
• Rural	0	6	10	0.881	2	Not significant
• Urban	1	12	31			
Educational status						
• plus one	1	18	40	2.194	2	Not significant
• plus two	0	0	1			
Employment						
• father	0	13	26	4.479	6	Not significant
• mother	0	1	4			
• both	1	4	8			
• unemployed	0	0	1			

The association was compared by chi square test. It was inferred that the present study showed no significant association between knowledge and demographic variables like age, religion, place of residence, educational status and employment with knowledge (calculated value greater than tabulated value) (0.05 level of significance). Hence the research hypothesis is rejected and null hypothesis is accepted. So there was no significant association between demographic variables and knowledge at 0.05 level of significance.

CONCLUSION:

The present study was conducted to evaluate the effectiveness of structured teaching programme on knowledge regarding prevention of urinary tract infection among adolescent girls. In order to achieve the objectives of the study, one group pretest posttest design was adopted. The subjects were selected by simple random sampling. 60 samples were taken. The t test was found to be 16.3552 at 0.05 level of significance. The findings of the study have been discussed in relation to the objectives and other similar studies. Hence the null hypothesis was rejected and the research hypothesis was accepted.

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A Study to Assess the Effectiveness of Planned Teaching Programme on Knowledge regarding Optimal use of Antibiotics to prevent Bacterial Resistance among Mothers at Selected Community Area, Kollam

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ABSTRACT:

The present study entitled "A study to assess the effectiveness of planned teaching programme on knowledge regarding optimal use of antibiotic to prevent bacterial resistance among mothers at selected community area, Kollam" was undertaken for partial fulfillment of degree of B.Sc. nursing at Bishop Benziger College of Nursing, Kollam which is affiliated to Keral university of health sciences during the year 2017-2018. The objectives of the study were to assess the pretest knowledge regarding optimal use of antibiotics to prevent bacterial resistance among the samples, to determine the effect of planned teaching program on knowledge regarding optimal use of antibiotics to prevent bacterial resistance, to find the association between pretest knowledge and selected demographic variables. An experimental approach was used for this study. The sample comprised of 60 mothers residing in selected community area, Kollam. The tool used for data collection were structured knowledge questionnaire and planned teaching programme for assessing pretest and posttest knowledge. The collected data were analyzed by using descriptive and inferential statistics. The result showed that majority of samples (45%) belonged to the age group in between 20-30 years, (25%) were in the age group in between 31-40 year, (13%) were in the age group below 20 years and (15%) were in the age group above 40 years. Most of the samples among the mothers (98%) were Christians and (1.6%) were Muslims. The samples among the mothers participated in this study (51.66%) belonged to nuclear family, (40%) belonged to joint family and (8.33%) belonged to one parent family. Most of the samples among the mothers of children below 15 years, (60%) have two children, (30%) have one child and (10%) have more than two children. The samples among the mothers participated in the study have educational status of SSLC and below SSLC (65%), (28.33%) of them have educational status of degree, (5%) are pre degree and (1.66%) is in other category. Most of the mothers of children below 15 years have monthly income between Rs.2000-5000 (66.66%) and (33.33%) are in between Rs. 5001-10000. Most of the samples participated in this study use television (65%), (16.66%) uses newspaper and magazines, (3.33%) of them use radio and (15%) of them uses all above accessible mass medias. After the planned teaching program, the result of posttest shows that most of the samples (76.66%) attained excellent knowledge, (21.66%) got good knowledge, (1.66%) got average knowledge. It was analyzed that there is significant in posttest knowledge scores. So the planned teaching program of our study was effective. It was concluded to determine the association between level of knowledge and selected demographic variable and it showed that age, religion, type of family, number of children, education status, monthly income, accessible mass media had no significant association with knowledge.

KEYWORDS: Effect, Planned teaching program, Optimal use, Antibiotics, Bacterial resistance.

INTRODUCTION:

Antibiotic resistance threat in the United States, 2013 gives a first ever snapshot of the burden and threats posed by the antibiotic resistant germs having most impact on human health¹. Each year in the United States at least 2 million people are affected with bacteria that are resistant to antibiotics and at least 23000 people die each year as a direct result of these infection. One U.S. study reported that a pathogen was defined in only 7.6% of 17,435 patient hospitalized with community acquired pneumonia. In addition 30%-60% of antibiotic prescribed have and to be unnecessary, inappropriate or suboptimal.

Antibiotics revolutionized medicine in 20th century together with vaccination, antibiotics have lead to near eradication of diseases such as tuberculosis in the developed world. However, their effectiveness and easy access have also lead to their overuse, promoting bacteria to develop resistance². Common forms of antibiotics misuse include excessive use of prophylactic antibiotics in travelers and failure of medical professional to prescribe. An experimental study was conducted on Jordan to assess the factors associated with antibiotic use and its resistance. The study has been well recognized worldwide in the literature. The study represents a cross sectional survey using an interviewer administered questionnaire. Data collected from a random sample of 1141 adult Jordanians, recruited at different settings regarding their knowledge about the effectiveness of, resistance towards, and self-medication with antibiotics against bacterial, viral and parasitic diseases. 67.1% believed that antibiotics treat common cold and cough, 28.1% misused antibiotics as analgesics, 11.9% of females showed inadequate knowledge about the safe use of antibiotics during pregnancy and nursing, 28.5% kept antibiotics at home for emergency use and 55.6% use them as prophylaxis against infections 49.0% use left-over antibiotics without physician consultation while 51.8% use antibiotics based on a relative advice 22.9% of physicians prescribe the antibiotics over the phone and >50.0% routinely prescribed antibiotics to treat Common cold symptoms our findings indicated that young adults showed unsatisfactory knowledge of proper antibiotic use. Therefore, there is an urge for educational programs using all media means³.

In this study we have to assess the knowledge of people about the optimal use of antibiotics to prevent bacterial resistance and to provide more knowledge and awareness about the optimal use of antibiotics and there by prevent bacterial resistance. This includes identifying and understanding optimal use of antibiotic and developing and implementing and monitoring the impact of non-empirical antibiotic prescribing, infection control and public health guidelines and identifying the need of new antibiotics and potential cellular targets for new agents and there by prevent bacterial resistance. The purpose of the study is to examine the effect of planned teaching program regarding the optimal use of antibiotic to prevent bacterial resistance. This study is designed to gather data on patient knowledge in community area.

OBJECTIVES:

The objectives of the study are to:

- Assess the pretest knowledge regarding optimal use of antibiotics to prevent bacterial resistance among the samples.

- Determine the effect of planned teaching program on knowledge regarding optimal use of antibiotics to prevent bacterial resistance.
- Find the association between pretest knowledge and selected demographic variables.

MATERIALS AND METHODS:

- Research approach - experimental
- Research design - pre experimental research design
- Setting of the study – community area, Pallithottam, Kollam
- Population – mothers of children below 15 years at community area, Kollam
- Sample - mothers in Don bosco and Sreechathesam at Pallithottam, Kollam
- Sample size - 60
- Sample technique –convenience sampling

CRITERIA FOR SAMPLING:

Inclusion criteria

- Mothers of children below 15 years
- Mothers who are available at the time of data collection
- Mothers of children who are willing to participate in the study
- Mothers who are able to read, write and understand Malayalam language

DESCRIPTION OF THE TOOL:

Tool 1- Demographic Performa

The demographic data includes items such as age, religion, type of family, number of children, education status, monthly income, and accessible mass media.

Tool 2 – Structured questionnaire to assess the knowledge among mothers regarding optimal use of antibiotics to prevent bacterial resistance.

It consists of definition, indication, contraindication, course of antibiotics, optimal duration of antibiotic therapy, antibiotic side-effect, antibiotic resistance, factors affecting antibiotic resistance prevention of antibiotic resistance and optimal use of antibiotics.

Structured questionnaire containing total of 20 questions with multiple choice and right answer is rewarded 1 mark. There no negative marks for wrong answer. The total mark is 20 and the score scale is developed to evaluate the knowledge of mothers.

➤ Scoring scale:

16-20 = excellent

11-15 = good

6-10 = average

Below 5 = poor

VALIDITY OF TOOL:

The expert includes 2 doctors and 2 nursing tutor. The valuable suggestion was given and necessary correction was made in the research tool in consultation with guide.

RELIABILITY OF TOOL:

Reliability of the tool was checked by test retest method during the pilot study using karperson's correlation. The reliability of the tool obtained was $r_{(60)} = 0.87$. This indicated that the tool was reliable.

PROCEDURE FOR DATA COLLECTION:

The main study data collection was conducted from 26-2-2018 to 5-3-2018. The setting of the study was Donbosco Nagar and Sreechathesam Nagar of Pallithottam and the samples were mothers of children below 15 years.

A formal written permission was obtained from the concerned authorities of the Community Health Centre Kollam.

Qualitative research approach was selected with pre experimental research design with one group pretest and posttest. Sample size was 60 and the samples are mothers of children below 15 years from Donbosco Nagar and Sreechathesam Nagar of Pallithottam, Kollam. After obtaining written consent from 60 samples pretest was given on 26-2-2018 then the planned teaching programme was given for the mother whom pretest was being conducted. After 3 days the posttest was taken and data was analyzed.

DATA ANALYSIS:

The data was analyzed by the researcher by using descriptive and inferential statistics based on the objective of the study.

The knowledge regarding optimal use of antibiotics to prevent bacterial resistance was calculated using mean and standard deviation.

Inferential statistics namely chi square test 't' test and karperson's 'y' was used for correlation and association

MAJOR FINDINGS OF THE STUDY AND DISCUSSION:

The data was organize and presented in the following sections.

- Section 1

Description of the sample characteristics using frequency and percentage distribution.

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Section B

Evaluate the effect of planned teaching program among mothers regarding optimal use of antibiotics to prevent bacterial resistance using paired t – test.

Section c

Find out the association between pretest knowledge among mothers with selected demographic variables.

Section A:

Description of the sample characteristics using frequency and percentage distribution:

This section deals with samples of age in between 20-30 years(45%).Most of them belongs to Christians (98%),majority of them belongs to nuclear family(31.6%), they have 2 children (60%),they have educational status of SSLC -below SSLC(65%),mostly they have a monthly income in between Rs.20000- Rs.30000-(66.66%),and most of them use accessible mass media c television(67%).

Section B:

Evaluate the effect of planned teaching program among mothers regarding optimal use of antibiotics to prevent bacterial resistance using paired t – test:

Frequency and percentage distribution of pretest score on knowledge regarding optimal use of antibiotics

Frequency and percentage distribution of posttest score on knowledge regarding optimal use of antibiotics.

Comparison of pretest and posttest score of knowledge among mothers of children below 15 years

Level of knowledge	mean	standard deviation	t value	level of significance
Pretest	12.22	1.51	11.23	Significant
Posttest	17.58	2.64		

Section C: Find out the association between pretest knowledge among mothers with selected demographic variables. Association between knowledge and selected demographic variables

Sl.No	variables	Knowledge				df	Chi Square value
		Excellent	Good	Average	Poor		
1.	Age in years					4	2.79
	Below 20 years	0	0	0	0		
	20-30 years	1	24	1	0		
	30-40 years	0	17	0	0		
2.	Religion					1	24.4
	Christian	0	36	0	0		
	Hindu	1	1	0	0		
	Muslim	0	2	0	0		
3.	Type of family					4	3.39
	Nuclear family	0	31	1	0		
	Joint family	1	24	0	0		
	One parent family	0	3	0	0		
4.	No of children					4	1.47
	1	0	10	0	0		
	More 2	1	32	1	0		
	More 2	0	9	0	0		
5.	Educational status					6	3.31
	Below and below	0	17	1	0		
	Degree	1	16	0	0		
	Post-degree	0	9	0	0		
6.	Monthly income					1	2.91
	2000-3000	1	36	0	0		
	3000-10000	0	16	1	0		
	Above 10000	0	0	0	0		
7.	Accessible Mass media					6	9.12
	Television	0	31	0	0		
	Newspaper and Magazines	0	11	1	0		
	Radio	0	1	0	0		
All the above	1	9	0	0			

The association was computed by chi square test. It was inferred that the present study showed non-significant association between knowledge and demographic variable like age in year, type of family, No of children, Educational status, Monthly income, Accessible mass media with knowledge (calculated value lesser than tabulated value at 0.05 level of significance).But has significant association between knowledge and demographic variable like religion because the more probable-samples in our present study were Christians. So we neglected this association. Hence the research hypothesis is accepted and null hypothesis is rejected. So there was no significance association between demographic variables and knowledge at 0.05 level of significant.

CONFLICT OF INTEREST:

No conflict of interest.

SOURCE OF SUPPORT:

Source of funding is by self.

RECOMMENDATIONS:

Based on the findings of the study, it is recommended that,

- A smaller kind of study can be conducted for a large group.
- A quasi experimental study was conducted to assess the optimal use of antibiotics to prevent bacterial resistance among mothers.

NURSING IMPLICATIONS:

Nursing implications of this study included in the areas of nursing practices, nursing education, nursing administration and nursing research.

Implication of nursing practices:

- The study findings revealed the importance of nurse's role in providing knowledge regarding optimal use of antibiotics to prevent bacterial resistance among mothers of children below 15 years.
- The nurses can teach about the optimal use of antibiotics to prevent bacterial resistance and thereby enhancing their quality of life.

Implication of nursing education:

In nursing education it is very essential and appropriate to give emphasis on practical application non-pharmacological measures in nursing curriculum nursing education.

Implication of nursing research:

This study can be a baseline for future studies to build upon and motivate other investigators to conduct further studies.

 Registered User Login**Implication of nursing administration:**

These findings help the administration to encourage the nurses to use different strategies for client education and practice regarding optimal use of antibiotics to prevent bacterial resistance.

CONCLUSION:

It was analyzed that there is significant improvement in posttest knowledge scores. So the planned teaching program of our study was effective. It was computed to determine the association between knowledge and selected demographic variables like age, religion, type of family, no. of children, educational status, monthly income, accessible mass media. There is no significant association between knowledge and demographic variables like age, type of family, no. of children, educational status, monthly income, accessible mass media. But religion showed significant association with knowledge.

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A Study to Assess Effectiveness of an Interventional Programme on Knowledge Regarding Use of Amruthum Nutrimix Among Mothers of Under Five Children in Selected Urban Anganwadis of Kollam, Kerala

Athira S Vijayan^{1*}, Sheeja S¹

Abstract: The amruthum nutrimix is a health supplement provided by ICDS to satisfy nutritional requirements of the children of Kerala between the age group of 6 months to 3 years. Under nutrition in children is a wide spread health problem in our country. ICDS address the problem of malnutrition has been unsuccessful even after three decades of implementation. Amruthum nutrimix given to underfive children is not utilized due to tedious mode of preparation and unlikable taste. During the period of community health nursing posting, the researcher visited an anganwadi in Pallithottam where majority of the student children will come to anganwadi at morning with pre processed food packets like bingo, lays and leisure though each student was the benefactor of amruthum nutrimix. Many parents do not have enough knowledge concerning the nutritive value of it. They use them as poultry feed or wasting the product without knowing its utility. So researcher felt the need to provide awareness regarding the proper use amruthum nutrimix. Quantitative research approach, pre experimental one group pretest posttest design was used in research. The results of the study showed that, the mean pretest score of experimental group is 11.15 ± 1.90 and posttest score of experimental group is 12.73 ± 2.01 . And calculated 't' value 23.87 is greater than table value at 0.05 level of significance. There was no significant association between levels of knowledge and demographic variables such as age of mother, religion, occupation, education, type of family and annual income. Since the tabulated values were more than calculated value at 0.05 level of significance. The study concluded that, the calculated 't' value 23.87 is greater than table value at 0.05 level of significance. So there is a significant difference in posttest knowledge scores before and after intervention. This shows that the interventional programme is effective in improving knowledge regarding use of amruthum nutrimix among mothers of under five children in selected urban anganwadis. There was no significant association between levels of knowledge and demographic variables such as age of mother, religion, occupation, education, type of family and annual income. Since the tabulated values were more than calculated value at 0.05 level of significance.

INTRODUCTION

The word "Nutrition" is derived from the word 'nourish' which means that the food consumed by us and all the reactions involved in it for better health. Moreover, nutrition is a major factor for assessing the health status of an individual, family and community. [1-2] According to world health organization the number of people in the world suffering from hunger is 815 million. In Asia it is 520 million. [3] According to Global Hunger Index report of 2017, India was seen in the top hundred ranking, indicating a high time for address this issue. [4] According to World Hunger Index statistics, the severity of hunger and malnutrition in Kerala is the second lowest in India and is considered to be serious. 19% of children are underweight and 28.6% are undernourished. [5] The Integrated Child Development Services (ICDS) scheme is a government initiative started by Government of India in 1975 with the aim of all round development of underfive children. [6] Supplementary nutrition is one of the services provided under ICDS which is formulated to bridge the gap between recommended dietary allowance and average daily intake. [7] The Amruthum Nutrimix is a health supplement provided by ICDS to satisfy nutritional requirements of the children of Kerala between the age group of 6 months to 3 years. ICDS address the problem of malnutrition has been unsuccessful even after three decades of implementation. Amruthum Nutrimix given to underfive children is not

utilized due to tedious mode of preparation and unlikable taste. [8]

The objectives were the study to assess the knowledge regarding use of Amruthum Nutrimix among mothers of under five children in selected urban anganwadis of Kollam, to assess the effectiveness of interventional programme on knowledge regarding use of Amruthum Nutrimix among mothers of under five children and to find the association between pretest knowledge score and selected demographic variables.

A study was published in National Journal of Nutrition on innovative products using Amruthum Nutrimix and its popularization among mothers done by Subiusree *et al.* [9] This study showed that the mix can be incorporated or made into a variety of dishes rather than give it's as just as porridge. They made various dishes with Amruthum Nutrimix. Among 20 preparations, vegetable roll, mixture and pakkavada had the highest scores [4.96] for appearance. Vegetable roll was the most preferred dish with highest scores for colour [5.00], flavor [5.00], texture [4.93] and taste [5.00]. The six best products selected by ANOVA were vegetable roll [4.97], mixture [4.9], onion vada [4.89], Amruthum kheer [4.87], ela-ada [4.85] and sweet ball [4.87]. The developed products obtained higher mean scores than the scores obtained for plain Amruthum mix [3.8 out of 5.76% acceptability] as reported by CPCRI, Kerala. The products prepared were displayed and popularized during the nutrition education session. A recipe book indicating the proportion of ingredients, method of preparation, yield and serving size was provided to all the participants. The mean pretest [30] and posttest

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scores [44] ($P < 0.05$) revealed that the awareness programme conducted was very effective in improving knowledge of the participants about Amruthum Nutrimix and its nutritional significance in children.

Statement of the Problem

A study to assess effectiveness of an interventional programme on knowledge regarding use of Amruthum Nutrimix among mothers of under five children in selected urban anganwadis of Kollam, Kerala.

Objectives

1. To assess the knowledge regarding use of Amruthum Nutrimix among mothers of under five children in selected urban anganwadis of Kollam.
2. To assess the effectiveness of interventional programme on knowledge regarding use of Amruthum Nutrimix among mothers of under five children.
3. To find the association between pretest knowledge score and selected demographic variables.

Hypotheses

All hypotheses will be tested at 0.05 level of significance.

H₁: There is significant difference between mean pretest and posttest knowledge score of the mothers of under five children.

H₂: There is significant association between pretest knowledge score and selected demographic variables.

METHODOLOGY

Research Approach: Quantitative research approach.

Research Design: Pre experimental one group pretest posttest design.

Variables

1. **Independent Variable:** Interventional programme on use of Amruthum Nutrimix from anganwadis.
2. **Dependent variable:** Knowledge of mothers of under five children, who are the beneficiaries of anganwadis
3. **Demographic variable:** Age of the mother, religion, occupation, education, type of family, annual income.

Setting of the Study: Urban Anganwadis coming under Community health centre, Pallithottam.

Population: Mothers of under five children who are the beneficiaries of anganwadi.

Sample: 100 mothers of under five children who are the beneficiaries of anganwadi

Sampling Technique: Convenient sampling was used.

Inclusion Criteria: Mothers who can read Malayalam.

Exclusion Criteria: Mothers who are mentally challenged, Mothers who are critically ill, Mothers who attended any health education programme on use of Amruthum Nutrimix delivered through anganwadis

Tool

The following tools were used for the present study.

1. Section A: A demographic proforma used to collect the baseline information regarding the samples.
2. Section B: Structured knowledge questionnaire. Section B consists of 3 parts.
 - a. Part A: Composition of Amruthum Nutrimix.
 - b. Part B: Nutritional value of Amruthum Nutrimix
 - c. Part C: Benefits of Amruthum Nutrimix.
3. Section C: Interventional programme
 - a. Part A: Structured teaching programme
 - b. Part B: Self instructional module
 - c. Part C: Cooking demonstration

RESULTS

Section A

This section deals with the frequency and percentage distribution of sample characteristics of mothers of under five children in selected urban anganwadis according to age of mother, religion, occupation, education, type of family and annual income.

Table 1 shows that:

1. Majority [72%] of the sample belong to the category of 22 to 25 years of age group. 14% of the sample belongs to the category of 18 to 21 years of age group. And again 14 % belongs to the 26 to 29 years of age group.
2. The highest percentage of the sample [90%] belongs to Christian religion. 5% of sample belongs to Hindu religion and 5 % of sample belong to Muslim religion.
3. A high percentage of the sample [76%] are unemployed women. About 11% of women work in private firms, 10% of women are self employed and only 4% of the total sample occupy job in government sector.
4. Regarding the educational status of women, 50% of women have higher secondary education, 35% of women are graduates, 10% have only high school education and 5% of total sample are women with post graduation
5. Majority of the women [71%] are from joint family. Some belong to nuclear family [20%] and 9% of women belong to extended family
6. Considering the annual income of the sample. It was found that 55% of the women are in 5000-10000 range of annual income category, 20% of women are belong to 10001-20000 range of annual income, 15% are belong to 20001 to 40000 range of annual income and 10% are belong to above 40000.

Data in the Table 2 shows that in pretest majority [58%] belongs to poor level of knowledge and remaining 42% are having average level of knowledge. In posttest majority [75%] are having good level of knowledge, remaining 18% have very good level of knowledge and 7 % are having average level of knowledge.

Section B

Effectiveness of interventional programme on knowledge regarding use of Amruthum Nutrimix among the mothers of under five children in anganwadi.

Table 1: Frequency and Percentage Distribution of Samples According to Demographic Variables of Sample (N=100)

S. No	Demographic Variables	Frequency	Percentage
1	Age of Mother		
	18 - 21 years	14	14%
	22- 21 years	72	72%
2	Religion		
	Hindu	5	5%
	Christian	90	90%
3	Occupation		
	Government employee	4	4%
	Private employee	11	11%
4	Education		
	Up to high school level	10	10%
	Higher secondary level	50	50%
5	Type of family		
	Nuclear family	20	20%
	Joint family	71	71%
6	Annual income		
	5000-10000	55	55%
	10001-20000	20	20%
	20001-40000	15	15%
	Above 40001	10	10%

Table 2: Comparison of Pretest and Posttest Knowledge Scores (N=100)

Level of Knowledge	Pretest		Post test	
	Frequency	Percentage [%]	Frequency	Percentage [%]
Very good			18	18%
Good			75	75%
Average	42	42%	7	7%
Poor	58	58%	-	-

Table 3: Mean, Standard Deviation, t Value of Pretest and Posttest Knowledge Scores of Samples

	Mean	Standard Deviation	t value
Pretest	6.15	1.90	23.87*
Posttest	12.73	2.01	

*t value [120] = 1.98*significant at 0.05 level of significance.

According to the data shown in Table 3, the calculated paired t value is greater than table value [120] at 0.05 level of significance; hence research hypothesis H_1 was accepted. So there is a significant difference pretest and posttest knowledge scores after intervention.

Section C

Association between pre test level of knowledge and selected demographic variables.

The data presented in the Table 4 shows that there was no significant association between levels of knowledge and demographic variables such as age of mother, religion, occupation, education, type of family and annual income. Since the tabulated values were more than calculated value at 0.05 level of significance. Hence for these variables the research hypothesis H_2 is rejected.

DISCUSSION

The major findings of the study was discussed in relation to similar studies conducted by other researchers. The study intended to find the effectiveness of an interventional programme on knowledge regarding use of Amruthum nutritrix among mothers of under five children in selected urban anganwadis of Kollam, Kerala. The findings of the study are discussed in reference to the objectives and hypothesis stated.

Effectiveness of Interventional Programme on Knowledge Regarding Use of Amruthum Nutritrix among the Mothers of Under Five Children in Selected Anganwadis

The findings of the present study showed a significant difference between pretest and posttest knowledge score

Table 4: Association between Knowledge Scores with Selected Demographic Variables Like Age of Mother, Religion, Occupation, Type of Family, Annual Income and Education

S. No	Demographic Variables	Knowledge Level		df	Table Value	Chi-Square	Significance
		Poor	Average				
1	Age of Mother						
	18 - 21 years	9	5	2	5.99	0.64	NS
	22 - 25 years	43	29				
	26 - 29 years	7	7				
2	Religion						
	Hindu	2	3	2	5.99	0.78	NS
	Christian	54	36				
	Muslim	3	2				
3	Occupation						
	Government employee	1	3	3	7.83	2.02	NS
	Private employee	7	4				
	Self employee	5	5				
	Unemployed	43	32				
4	Education						
	School level	6	4	3	7.83	1.36	NS
	Higher secondary school	28	22				
	Graduates	18	17				
	Post graduates	4	1				
5	Type of Family						
	Nuclear family	10	10	2	5.99	3.17	NS
	Joint family	44	27				
	Extended family	3	6				
6	Annual Income						
	5000-10000	31	24	3	7.87	3.56	NS
	10001-20000	8	12				
	20001-40000	10	5				
	Above 40000	7	3				

[NS- Non significant, S- Significant]

of selected sample after intervention. This result indicates and strongly suggests that interventional programme is effective in improving knowledge of among mothers of under five children in selected urban anganwadis.

Study was conducted on innovative products using amruthum nutrimix and its popularization among mothers. The study was conducted in a semi urban anganwadi centre located in Kottayam District, Kerala. The sample consisted of 22 young women, who are the mothers of the children in the anganwadi. This study shows that the mix can be incorporated or made into a variety of dishes rather than giving it's as just as porridge. They made various dishes with amruthum nutrimix. Among 20 preparations, vegetable roll, mixture and pakkavada had the highest scores [4.96] for appearance. Vegetable roll was the most preferred dish with highest scores for colour [5.00], flavor [5.00], texture [4.93] and taste [5.00]. The six best products selected by ANOVA were vegetable roll [4.97], mixture [4.9], onion vada [4.89], Amruthum kheer [4.87], ela-ada [4.85] and sweet ball [4.87]. The developed products obtained higher mean scores than the scores obtained for plain Amruthum mix [3.8 out of 5.76% acceptability] as reported by CPCRI, Kerala. The products prepared were displayed and popularized during the nutrition education session. A recipe book indicating the proportion of ingredients, method of preparation, yield and serving size was provided to all the participants. The mean pretest [30] and posttest scores [44] ($P < 0.05$) revealed that the

awareness programme conducted was very effective in improving knowledge of the participants about Amruthum Nutrimix and its nutritional significance in children.^[6]

The findings of the present study compared with study on innovative products using amruthum nutrimix and its popularization among mothers. Quantitative research approach was used for both studies. Pre experimental one group pretest posttest design was used in both studies. The sample size of the present study was 100 and the similar study was 22. Convenient sampling technique was used for the present study and the comparing study was purposive sampling. Mothers of under five children were the samples of both study. The tool used in both study were structured knowledge questionnaire. Intervention consisting of structured teaching program, self instructional module and cooking demonstration in the present study, but in similar study it was nutrition education session, cooking demonstration and recipe book. The present study used to assess the effectiveness of interventional program and the association between pretest knowledge score and selected demographic variable. The similar study used to assess the impact of nutrition education and sensory evaluation of prepared dishes. Then using ANOVA to select the best products from prepared dishes.

The result of the present study showed that, the mean pretest score of experimental group is [6.15±1.90] and

posttest score of experimental group is $[12.73 \pm 2.01]$. Calculated 't' value $[23.87]$ is greater than table value at 0.05 level of significance. In similar study the mean pretest $[30]$ and posttest scores $[44]$ ($P < 0.05$) revealed that the awareness programme conducted was very effective in improving knowledge of the participants about Amruthum Nutrimix and its nutritional significance in children. The settings of both studies were in the urban anganwadis. The study results along with the supportive study shows that the interventional programme is effective in improving the knowledge of mothers of under five children in selected urban anganwadis.

Association between Pre Test Level of Knowledge and Selected Demographic Variables

Association of knowledge score with selected demographic variables includes age of mother, religion, occupation, education, type of family and annual income were computed by Chi-square test shows that there is no association between knowledge among mothers of under five children in selected anganwadis and selected demographic variables at ($p < 0.05$) level of significance.

Study was conducted to analyze effectiveness of structured teaching programme on malnutrition and the preparation of Hydrabadi and Davanagere Mix recipe among mothers of under five children in selected anganwadi centre of Hattikeri P. H. C., Ankola (U.K.), Karnataka. The study was conducted to assess the pre test score of mothers on malnutrition and the preparation of Hydrabadi and Davanagere mix recipe, evaluate the effectiveness of structured teaching programme and to find out association between pre test and post test knowledge score demographic variables. Sample size was 20. Mothers of under five children were the samples. Self structured questionnaire was used as the tool. The result denotes that statistically significant effectiveness of structured teaching program was found. There was no significant association was found with selected demographical and knowledge score.¹⁷

The findings of the present study compared with a study to assess the effectiveness of structured teaching programme on malnutrition and the preparation of Hydrabadi and Davanagere mix recipe among mothers of under five children in selected anganwadi centre of Hattikeri P. H. C., Ankola, Karnataka. Quantitative research approach is used for both studies. Pre experimental one group pretest posttest design was used in both study. The sample size of the present study was 100 and the similar study was 20. Convenient sampling technique was used for the present study and the comparing study was purposive sampling. Mothers of under five children were the samples of both study.

The setting of both study were in anganwadis. The tool used in the both study were structured knowledge questionnaire. Intervention consisting of structured teaching program, self instructional module and cooking demonstration in the present study, but in the similar study was the structured teaching program. The present study used to assess the pretest level of knowledge of mothers,

effectiveness of interventional program and the association between pretest knowledge score and selected demographic variable*

The similar study also used to assess the pre test score of mothers on malnutrition and the preparation of Hydrabadi and Davanagere mix recipe, evaluate the effectiveness of structured teaching programme and to find out association between pre test and post test knowledge score with demographic variables. Statistically significant effectiveness of intervention was found in both study. There was no significant association was found with selected demographic variables and knowledge scores in both study.

NURSING IMPLICATIONS

The present study has various implications in the field of nursing practice, nursing education, nursing research and nursing administration.

Implications for Nursing Practice

1. Community Health Nurses, have an important role in improving the general health and wellbeing and the quality of life of underfive children in the community.
2. For the prevention of protein energy malnutrition, Community Health Nurse should take efforts to improve the nutritional status of underfive children by encouraging the mothers to prepare dishes with Amruthum Nutrimix and give them to their children.

Implications for Nursing Education

1. The Community Health Nursing professionals are expected to impart their knowledge regarding the use of Amruthum Nutrimix to the community people through audio visual education.
2. Community Health Nurse educator should make the student nurses to apply their knowledge regarding malnutrition and their prevention by giving awareness programmes to the mother's of under five children.
3. Community Health Nurse educator should teach the mothers of anganwadi children to prepare traditional type of protein rich food instead of pre processed foods in order to prevent the threats of malnutrition
4. Along with the education to the students, nurse educator should take initiative in imparting knowledge to newly appointed staff nurses in community settings.
5. Undertake malnutrition assessment of Anganwadi children in community nursing curriculum for nursing students

Implications for Nursing Research

1. There is a great scope for the nurses to conduct research to assess the knowledge among under five mothers regarding malnutrition and the intervention that help to improve the health status of children.
2. Based on the result of the study nurse researchers can undertake similar studies in another setting.
3. Disseminate the research findings through presentation and publishing will add to the body of knowledge and help in nursing practice.

4. Inform the finding of the study to the government authorities like ICDS Office, Department of Social Justice and Welfare and CPCRI.
5. The Social Justice Department of Kerala can take as this study as a major project and implement it in all Anganwadis in Kerala to reduce under five malnutrition and popularize Amruthum Nutrimix widely.

Implications for Nursing Administration

1. The nurse administrator can take the initiative in imparting information about the result of the study by individual and group teaching in the community settings.
2. Administrative authority shall make arrangements for organizing programmes related to prevention of malnutrition.
3. Nurse administrator in the community settings should be aware of the dietary management to prevent the malnutrition and can suggest their subordinates to communicate it to the community.

Limitations

1. Focus on knowledge assessment only.
2. Study confined to the urban settings.

Recommendations

Keeping in view of present research findings, the following recommendations have been made.

1. A study can be conducted to find out knowledge and practice regarding Amruthum Nutrimix among the mothers of under five children in anganwadi.
2. A correlative study can be conducted to find out the correlation between knowledge regarding Amruthum Nutrimix among the mothers of under five children and their practice.
3. A study can be done using true experimental research design.
4. Based on the results of this study nurse researcher can undertake similar studies among mothers of under five children in rural anganwadis.

CONCLUSION

The present study was aimed to find the effectiveness of an interventional programme on knowledge regarding use of Amruthum Nutrimix among mothers of under five children in selected urban anganwadis of Kollam. The result of the study showed that, the mean pretest score of experimental group is $[6.15 \pm 1.90]$ and posttest score of experimental group is $[12.73 \pm 2.01]$. And calculated 't' value $[23.87]$ is greater than table value at 0.05 level of significance. Hence H_1 was accepted. So there is a significant difference in posttest knowledge scores before and after intervention. This shows that the interventional programme is effective

in improving knowledge regarding use of Amruthum Nutrimix among mothers of under five children in selected urban anganwadis. Association of knowledge with selected demographic variables such as age of mother, religion, occupation, education, type of family and annual income were computed by Chi-square test. As calculated, Chi-square values are less than table value at 0.05 level of significance. So there is no association between knowledge among mothers of under five children in selected anganwadis and selected demographic variables.

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To Assess the Bio-Psycho-Social and Spiritual Impact of COVID-19 among the Students Studying in Selected Nursing Colleges

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Abstract: *The World Health Organization (WHO) declared COVID-19 as a pandemic. The WHO recommends that the additional mental health support is best provided along with the general health services, by harnessing the existing structures/resources in the community. Mainly the student's academic activities including clinical experiences were drastically affected. The present study aims to assess the bio-psycho-social and spiritual impact of covid19 among the nursing students in selected nursing college. A descriptive survey was conducted among 178 nursing students at bishop Benziger College of nursing, Kollam, Kerala. The data were analyzed using descriptive and inferential statistics. The present study findings shows that 93.8 % of the participants did not develop any physical illness during this lockdown period. 97.8 of the participants basic needs were met in time, 29.8 % had fear about the present situation, 22.5 % of the participants spiritual needs were not met and 78.1 % of the participants said the future plans were affected, 24.2 % of the participants lost interest in studies and assignments. Most of the participants 65.5 % said that counselling is needed during post pandemic period and majority of the 94.7 % participants said that life skill training to be included in the nursing students' curriculum to develop and overcome the stressful situation in future.*

Keywords: Bio-Psycho-Social and Spiritual, impact of COVID-19, Nursing students

1. Introduction

Infectious disease disasters, including epidemics, pandemics and outbreaks, may cause high morbidity and mortality and may account for a quarter to a third of global death rate. The World Health Organization has announced COVID-19 as the sixth public health emergency of international concern. The virus was first detected in December 2019 in Wuhan, China, and its main symptoms include fever, dry cough and shortness of breath. It is spread by human-to-human transmission via droplets or direct contact, and infection has been predicted to have mean incubation period of 6.4 days and a basic reproduction number of 2.24–3.58. More than 203 countries, areas or territories have been affected by the virus so far, with about 630, 000 infected and nearly 30, 000 deaths reported by March 29, Iran, after Italy, Spain and China, has had the highest number of deaths in the world (World Health Organization (WHO, 2020a).

Currently, there is no known information on the psychological impact and mental health of the general public during the peak of the COVID-19 epidemic. This is especially pertinent with the uncertainty surrounding an outbreak of such unparalleled magnitude. Based on our understanding, most of the research related to this outbreak focuses on identifying the epidemiology and clinical characteristics of infected patients, the genomic characterization of the virus and challenges for global health governance. However, there are no research articles examining the psychological impact on COVID-19 on the general population in our country. Evidence also suggests that individuals may experience symptoms of psychosis, anxiety, trauma, suicidal ideation, and panic during outbreaks of communicable diseases. Anxiety is a feeling of tension, worries and physical changes such as increased blood pressure, sweating, trembling, dizziness or a rapid

heartbeat (Major et al., 2000), WHO, 2020b; (Taylor et al., 2008; Tucci et al., 2017). World Health Organization (WHO, 2020b)

The epidemic has brought not only the risk of death from infection but also unbearable psychological pressure. Most governments around the world have temporarily closed educational institutions in an attempt to contain the spread of the COVID-19 pandemic. These nationwide closures are impacting over 90% of the world's student population. Several other countries have implemented localized closures impacting millions of additional learners. COVID-19 is an emerging issue that has significant consequences on psycho-social well-being.

The pandemic may exacerbate existing mental health disorders that are highly prevalent and contribute to "new" stress-related mental health disruptions and disorders even in previously unaffected healthy populations.

Stress during an infectious disease outbreak can include, Fear and worry about your own health and the health of your loved ones, Changes in sleep or eating patterns, Difficulty sleeping or concentrating, Worsening of chronic health problems, Worsening of mental health conditions, Increased use of alcohol, tobacco, or other drugs.

Movement restrictions and campus closures as a result of the Covid-19 pandemic have dispersed students and faculty to multiple locations, breaking the usual channels of communication. By considering all these factors the researcher develops the intuition to assess the impact of covid19 on bio-psycho-social response of adolescent with view to prepare them for the future unpredicted pandemic situations.

2. Materials and Methods

A descriptive survey was carried out among 178 students studying in nursing college at Bishop Benziger College of Nursing, Kollam, Kerala. A Non probability convenience sampling method was adopted. Information was sought through online Google form. The information collected were socio-demographic profile, questionnaire to assess the bio-psycho-social and spiritual impact of covid19. **Tool/instrument used were,** Demographic variables, Self administered questionnaire on Bio-psycho-social and spiritual impact of COVID -19.

Ethical consideration

The basic principles of research such as beneficence, justice, honesty, confidentiality were maintained through the study.

Method of Data Collection

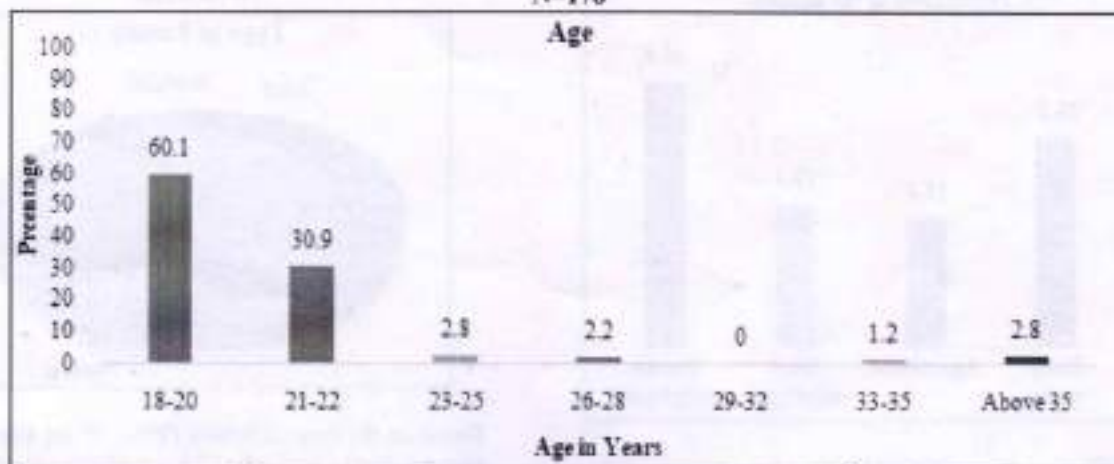
The researcher obtained the institution ethical clearance from Bishop Benziger college of Nursing, Kollam, and written permission was received from the head of the institution. The detailed participant information sheet and consent form was sent to the participants through online along with the self administered questionnaire. Each participant took 10 minutes to complete the questionnaire. The response sent to the researcher through online. The data gathered were kept confidential. The data were compiled for analysis.

3. Result

The table 1 shows the distribution of data regarding socio-demographic variables

N=178		
Demographic variables	Frequency	Percentage %
Age in years		
18-20	107	60.1
21-22	55	30.9
23-25	5	2.8
26-28	4	2.2
29-32	0	0
33	2	1.2
Above 35	5	2.8
Gender		
Male	8	4.5
Female	170	95.5
Course		
B.Sc Nursing	164	92.1
M.sc Nursing	14	7.9
Level of course		
First year	57	32
Second year	50	28.1
Third year	45	25.3
Fourth year	26	14.6
Area of living		
urban	89	50
rural	89	50
Educational level of parents		
Primary	4	2.2
High school	75	42.1
Diploma	51	28.7
Graduate	40	22.5
Post graduate	8	4.5
Occupation of the parents		
Daily wages	50	28.1
Agriculture	31	17.4
Govt employee	34	19.1
Private employee	63	35.4
Size of the family		
Less than 3 members	7	3.9
4-5 members	149	83.7
More than 5	22	12.4
Type of family		
Nuclear	162	91
Joint	14	7.9
Extended	2	1.1
Income of the family		
Less than 5000	26	14.6
6000-10000	60	33.7
11000-15000	29	16.3
Above 15000	63	35.4

N=178



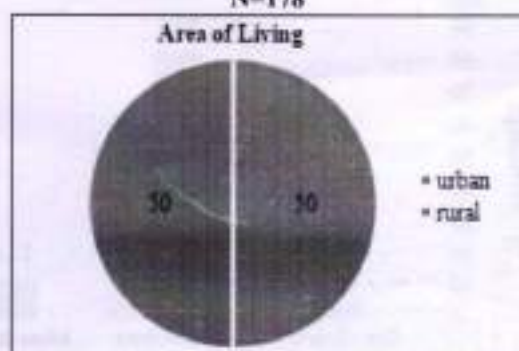
In this figure 1 shows that 60.1% of samples belongs to the age group of 18-20 years, and 30.9% belongs to the age group of 21-22. There were no participants in the age group of 29-30 years.

The pie diagram shows that (32%) of the samples were from 1st year B.sc nursing, (28.1%) belongs to second year, (25.3%) were belongs to 3rd year and only (14.6%) from final year students.

N=178

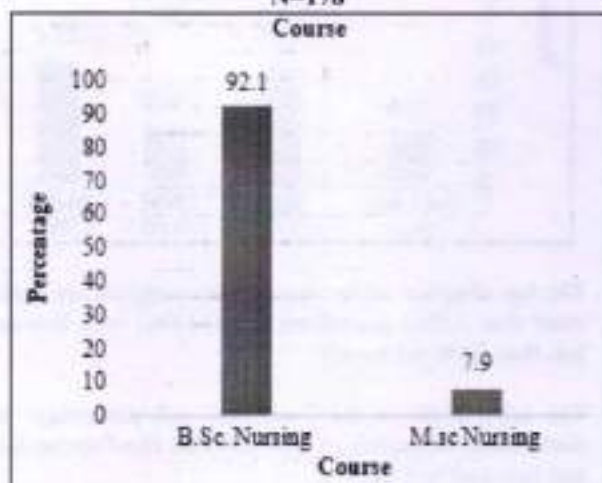
The figure 2 shows that maximum number of samples were (95.5%) females, whereas only 4.5% were males.

N=178



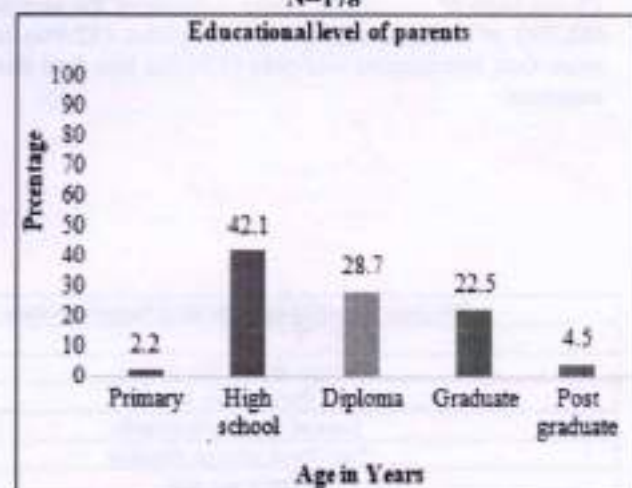
The pie diagram shows that the samples were equally from urban and rural area.

N=178



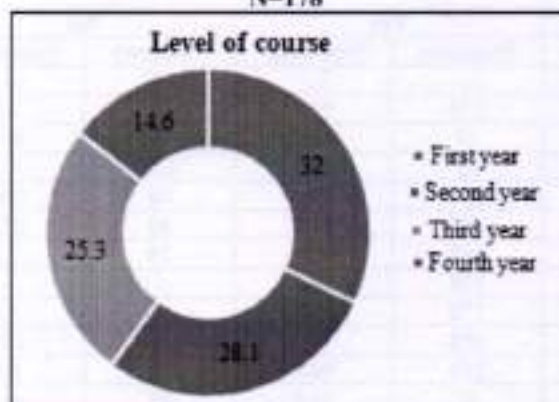
The percentage of samples belongs to B.sc Nursing (92.1%) and only (7.9%) were post graduate students.

N=178

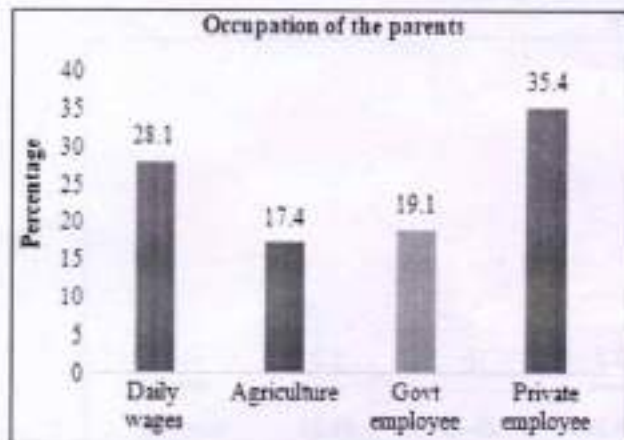


Based on the parents education (42.1%) had completed high schooling, whereas only (4.5%) were post graduates.

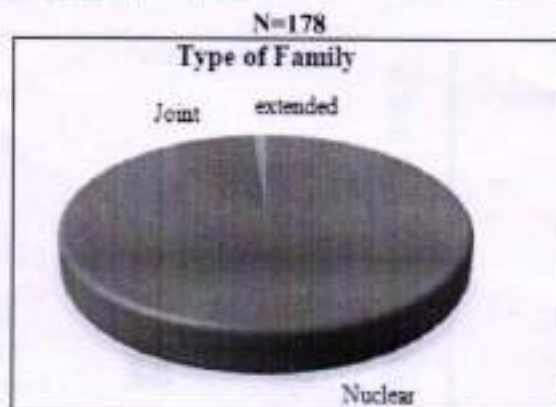
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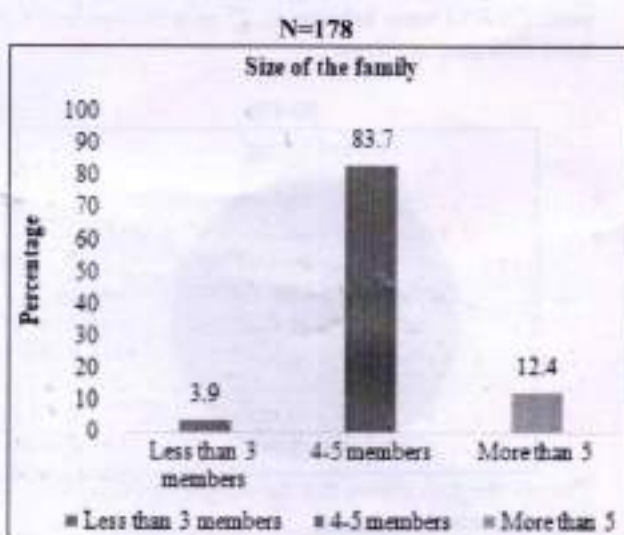
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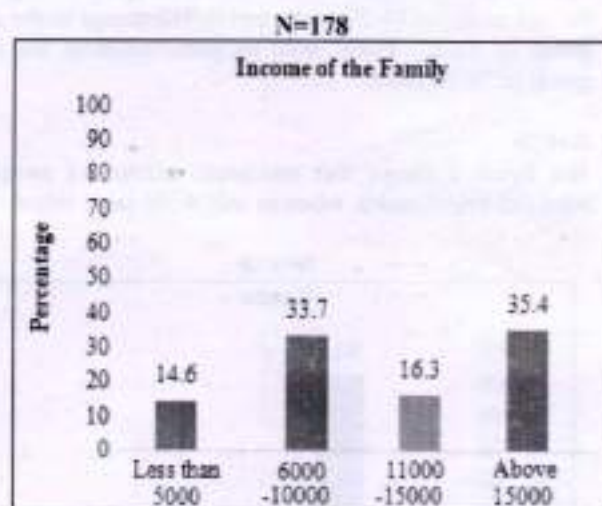
The bar diagram shows that (35.4 %) of the samples were private employees.(28.1%) were daily wagers and only (19.1) were government employees.



Based on the type of family (90%) of the samples were in nuclear family and only (7.9 %) of the samples belong to joint family.



On the basis of size of the family majority of the samples (83.7%) of family consist of 4-5 members, (12.4%) has more than five persons and only (3.9) has less than three members.



The bar diagram shows that (35.4%)samples are earning more than 15000 per month and (14.6%) very few earns less than 5000 per month.

The table 2 shows the Frequency and percentage wise distribution on impact of COVID19 on Bio-Psycho-Social and Spiritual factors.

N=178

Bio-psycho-social and spiritual impact factors	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Illness during this period	11	6.2	167	93.8
Basic needs met	174	97.8	4	2.2
Loss of appetite/insomnia	18	10.1	160	89.9
Fear about present situation	53	29.8	125	70.2
Needs are met	160	89.9	18	10.1
Stable in income source	129	72.5	49	27.5
Able to adapt to situation	165	92.7	13	7.3
Able to communicate with friends, teachers and relatives	178	100	-	-
Safety needs are met	176	98.9	2	1.1
Spiritual needs are met	138	77.5	40	22.5
Spent time for worshipping	168	94.4	10	5.6
Feeling guilt for not going to worship place	95	53.4	83	46.6
Recreational needs are met	133	74.7	45	25.3
Accessible to social support	167	93.8	11	6.2

Develops psychological disturbances	20	11.2	158	88.8
Spent time effectively	160	89.9	18	10.1
Developed bonding with parents/friends	174	97.8	4	2.2
Prepared well to face this situation	169	94.9	9	5.1
Academic schedules are affected	114	64	64	36
Influence on future planning	139	78.1	39	29.9
Received social and psychological support from parents/teachers	174	97.8	4	2.2
Lost interest in studies and assignments	43	24.2	135	75.8
Aware of protective measures of COVID19	178	100	-	-
Have created awareness among parents/friends about COVID19	176	98.9	2	1.1
Unable to play useful part in life	67	37.6	111	62.4
Bored with routine activities in this period	112	62.9	66	37.1
Developed extra skill during this period	143	80.3	35	19.7
Counseling is essential in post pandemic period	116	65.2	62	34.8
Needs life skill training program to overcome the crisis situation	169	94.9	9	5.1
Willing to serve the society in crisis situation	174	97.8	4	2.2

The data in the table 2 shows that frequency percentage distribution of samples based on bio-psycho-social and spiritual impact of COVID- 19 among nursing students.

According to data collected majority 93.8 %of the samples did not develop any illness during the lockdown period .97.8 of the samples answered that the basic needs are meet in time and 89.9%of the samples did not develop loss of appetite and insomnia, but 29.8%had fear about present situation ,majority of the samples 72.5% had stable income source in family ,most of the samples 92.7 were able to cope with the situation during the lock down period. All the samples 100% answered they had good communication with parents, friends and teachers during this period. Only 22.5%participants said that their spiritual needs were not met and majority of samples 94.4 spent time for worshipping at home and 53.4% said they felt guilty for not going to worshipping place. Most of the participants 74.7% said the recreational activities are met and majority 92.8% had good accessible to social support.11.2%said they had psychological disturbances

during this time and 89.9%had spent time effectively. Majority of the samples 97.8% had developed good bonding with family and friends.94.9% were prepared well to face this crisis. Majority of the samples 64% their said their academic activities are affected due to the lockdown.78.1% had said that covid19 had influenced the future plan. Majority of samples97.8% had received good social and psychological support from parents and teachers ,few samples 24.2% said they lost interest in studies and assignments. All the samples 100% were aware about protective measures of COVID- 19 and 98.9% had created awareness about COVID-19 among parents and friends.62.9 % of the samples said they are bored with routine activities during this period. Most of the samples 80.3% had developed extra skills during this period and 65.5% of the samples said counseling is necessary after the lockdown period. Majority 94.9% said life skill training program is necessary to meet this crisis situation. Most of the samples 97.8% said they are willing to serve the society in crisis situation.

Association between Bio-Psycho-Social and Spiritual factors and demographic variables

Socio demographic Variables	level of impact				X ²	DF	P
	Mild 24-30	Moderate 21-23	Severe 18-20	Very severe 15-17			
Age in years					11.3	18	0.884
18-20	24	56	24	03			
21-22	14	30	10	01			
23-25	02	02	01	0			
26-28	0	03	01	0			
29-32	02	02	01	0			
33	0	01	02	0			
Above 35	0	0	01	01			
Gender					14.4	3	0.49
Male	03	03	01	02			
Female	37	90	39	03			
Course					2.42	3	0.49
B.sc Nursing	01	08	04	0			
M.sc Nursing	39	85	36	05			
Level of course					17.3	15	0.301
M.sc Nursing	01	03	03	0			
M.sc 1 year							
M.sc 2 year	0	05	01	0			
B.Sc. Nursing							
1 st Year	08	26	16	01			
2 nd Year	11	22	08	03			
3 rd Year	16	22	06	01			

4 th Year	04	15	06	0			
Area of living							
Urban	22	50	24	03	0.677	3	0.879
Rural	18	43	26	02			
Educational level of parents							
Primary	06	24	09	01	5.66	12	0.932
High school	01	05	0	10			
Diploma	20	36	18	03			
Graduate	13	25	11	01			
Post graduate	0	03	0	10			
Occupation of the parents							
Daily wages	08	17	08	01	2.16	9	0.989
Agriculture	09	15	07	01			
Govt Employee	09	25	12	02			
Private Employee	14	36	13	01			
Size of the family							
Less than 3 members	05	12	05	0	1.40	6	0.966
4-5 members	01	04	01	0			
More than 5	34	77	34	05			
Type of family							
Joined	02	07	04	0	3.63	6	0.726
Extended	01	0	0	10			
Nuclear	37	86	35	05			
Income of the family							
Less than 5000	17	28	15	01	10.8	9	0.291
6000-10000	09	12	09	02			
11000-15000	12	35	11	01			
Above 15000	02	18	05	01			

The data in the table 3 shows the association between Bio-Psycho-Social and Spiritual factors and demographic variables. The calculated chi-square value is less than the table value for all the parameters thus there was no significant association between impact of covid19 on bio-psycho-social and spiritual parameters with the selected demographic variables such as age, gender, course level, educational level of parents, occupation of parents, size of family, type of family and income of the family.

4. Discussion

This descriptive survey was conducted to assess the bio-psycho-social and spiritual impact of covid19 among the students studying in selected nursing college, Kollam. The findings of the study were, the students were well prepared to meet the crisis. They had reported mild disturbances in academics aspects. Many of them had developed some skills during this period and most of them need counseling after this pandemic period. All most all students need some life skill training program as part of curriculum to face this unpredicted crisis.

The present study is supported by the study conducted among a large group of adolescents in Italy COVID-19 significantly affects the emotional and lifestyle of Italian adolescents. The survey investigated four items: concerns and fears, information on the pandemic, provisions of public authorities (e.g., lockdown), and impact on everyday life. The research highlighted the remarkable, healthy, and certainly unexpected, emotional balance of the new generations in the face of a sudden, unpredictable phenomenon capable of jeopardizing life itself. While understanding the gravity of the phenomenon and

willingly adapting to all the necessary precautions, the adolescents still seemed to express an excellent ability to manage situations of insecurity and to deal with unfavorable and adverse conditions by adapting to the new routine and finding alternative and innovative means of meeting their social and psychological needs. Most of the students have developed some skill during this lockdown period such as using advanced technologies, drawing, making short videos, cooking and gardening. Moreover, the students are in need of life skill training education in their curriculum.

5. Conclusion

Thus the present study shows that COVID-19 is an emerging issue that has significant consequences on psycho-social well-being of students studying in nursing colleges. The students need to be well trained to meet the unexpected pandemics by including life skill education in their curriculum.

6. Limitations and Recommendations

The present was carried out during lockdown period, so there was no accessibility to do data collection .so data were collected through online with available resource and with accessible population. The study is limited o small sample size and confined to single setting. The study can be carried out on large samples and at different settings.

Financial support and sponsorship: self

Conflict of interest: There are no conflicts of interest.

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A Study to Assess the Effectiveness of a Structured Teaching Program on Knowledge of Enuresis and Encopresis among Adolescence in Bishop Benziger College of Nursing, Kollam

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Abstract: The objectives were to assess the knowledge of Enuresis and Encopresis among Adolescence and to determine the effectiveness of structured teaching program on Knowledge of Enuresis and Encopresis among Adolescence. Pre experimental one group pretest and posttest design were used. The study included 32 Adolescence Girls in Bishop Benziger College of Nursing, Kollam. Nearly 60% of the samples were the age group of 20 Years. All were Female. In the pretest, 34.37% of samples had Poor Knowledge and 37.50% of samples had Good Knowledge regarding Enuresis and remaining had average knowledge. Whereas, 25% had poor Knowledge and 56.25% of samples had Good Knowledge of Encopresis. In the posttest, Good Knowledge of Enuresis was increased to 96.87%. Nobody had a Poor Knowledge score in Enuresis.

Keywords: Knowledge, Enuresis, Encopresis, Adolescence

1. Introduction

The parents of 1403 randomly selected 8-12-year-old children were interviewed. Using Rutter's A2 scale the prevalence of enuresis and encopresis was ascertained. Nineteen percentages of Children had an episode of enuresis in the past year and four percentages in the past week. Four percent had an episode of encopresis in the past year. Parents' education, physical and psychiatric symptoms in the child, poor academic achievement and lax parental attitudes to toilet training are the major factors of Enuresis and Encopresis. Some of the associated things with Encopresis were male sex, physical and psychiatric symptoms, poor academic achievement, early separation and not having a toilet. It is very important to know about the Enuresis and Encopresis (1).

2. Objectives

- 1) To assess the knowledge of Enuresis among Adolescence
- 2) To assess the knowledge of Encopresis among Adolescence
- 3) To determine the effectiveness of structured teaching program on Knowledge of Enuresis among Adolescence
- 4) To determine the effectiveness of structured teaching program on Knowledge of Encopresis among Adolescence

3. Materials and Methods

Quantitative Approach and Pre experimental one group pretest and posttest design

Setting: The study was conducted in Bishop Benziger College of Nursing, Kollam

Population: Adolescence of Selected Nursing Colleges, Kollam

Samples: III Year BSc Nursing Students at Bishop Benziger College of Nursing, Kollam

Sampling technique: Non-Probability Convenient Sampling technique was used to select the Sampling.

Sample size: The sample size was 32 Adolescence Girls in Bishop Benziger College of Nursing, Kollam

Data Collection Method: Self-Structured Questioner was used to collecting the Data.

Data Collection Procedure: Pretest was administered followed by STP after 5 days posttest knowledge was assessed

3.1 Tools and techniques

Tool 1 – Demographic preform

Tool 2 – Self-structured Knowledge scale

3.2 Statistical analysis

The data collected were analyzed according to the objectives. The obtained data were analyzed using descriptive and inferential statistics.

4. Results

Nearly 60% of the samples were the age group of 20 Years. All were Female. Remarkably less percentage (3.1%) of the parents has completed their Education primary level and postgraduate level respectively. But more than half of the parents (62.5%) studied Higher Secondary School Level. 53% of the samples belong to urban areas.

In the pretest, 34.37% of samples had Poor Knowledge and 37.50% of samples had Good Knowledge regarding Enuresis and remaining had average knowledge. Whereas, 25% had poor Knowledge and 56.25% of samples had Good Knowledge of Encopresis.

In the posttest, Good Knowledge of Enuresis was increased to 96.87%. Nobody had a Poor Knowledge score in Enuresis. Encopresis too, Good Knowledge score increased to 90.62%. Remaining 9.38% had Average Knowledge.

Calculated paired t test values show that extremely statistically significant at 0.0001 level of Significant in both the conditions. Enuresis paired t test values = 41.0330, df = 31, standard error of difference = 0.117. Encopresis paired t test values = 28.2326, df = 31, standard error of difference = 0.105

5. Discussion

The present study aimed to assess the knowledge of Enuresis and Encopresis among Adolescence, to determine the effectiveness of structured teaching program on Knowledge of Enuresis and Encopresis among Adolescence.

Among 93 children with Enuresis from enuresis clinics, nearly half the parents reacted angrily to children with Enuresis, and some parents even punished their child. The parents' socioeconomic background, education, and the age and birth order of the child were the factors associated with their seeking active treatment for Enuresis. A father's education and the young age of the child were factors that influenced parents who preferred positive approaches, such as encouragement, for coping with Enuresis (2).

6. Conclusion

Enuresis and Encopresis are the problems among children. It should be addressed by parents, Teachers and Health Care workers.

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Effectiveness of Mirror Therapy on Upper Extremity Motor Function Among Stroke Patients in Selected Hospitals, Kollam

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Abstract: A nonrandomized control group research study was done to evaluate the effectiveness of mirror therapy on upper extremity motor function among stroke patients in selected hospitals, Kollam. The objectives were to assess the effect of mirror therapy on upper extremity motor function among stroke patients, to find the association between pretest motor scores with selected demographic variables. Conceptual framework used was Roy's Adaptation Model by Sr. Callista Roy. Quantitative research approach was selected with nonrandomized control group research design. Convenient sampling was used. Sample size included 60 samples, 30 each in experimental and control group. Based on inclusion criteria samples were selected. Pretest was conducted for both experimental and control group on first day, followed by mirror therapy and on 7th day posttest was conducted. The mirror therapy was provided only for the experimental group, with 10 minutes duration, no intervention was given for the control group. The findings of the study were, there is significant difference in pretest motor function scores and posttest motor function scores of the affected upper extremity in the experimental group at 0.05 level of significance, which indicates that there is significant decrease in the disability among stroke patients following MT intervention. The association between effectiveness of mirror therapy and selected demographic variables were found at 0.05 level of significance.

Keywords: Mirror therapy; stroke; upper extremity motor function; stroke patients

1. Introduction

Globally, stroke or cerebrovascular accident is the second leading cause of death and the third leading cause of disability.¹ Stroke is a major cause of loss of life, limbs and speech in India, with the Indian Council of medical research estimating that in 2004, there were 9.3 lakh cases of stroke and 6.4 lakh cases due to stroke in India, most of the people being less than 45 years old. W.H.O. estimate suggests that by 2050, 80% of stroke cases in the world would occur in low and middle income countries mainly India and China. In China, 1.3 million have a stroke each year and 75% live with varying degrees of disability. Various predictions assume that the next two decades suggests tripling in stroke mortality in Latin America, the Middle East, and sub-Saharan Africa.² Worldwide, 70% of strokes and 87% of both stroke-related deaths and disability in the developing world, the trend of increasing incidence of stroke is seen. This is the reason why now India has come out with national guidelines for stroke management. Globally, cerebrovascular accidents (stroke) are the second leading cause of death and disability. Yearly 15 million worldwide suffer a stroke. Nearly 6 million deaths occur and another 5 million are left permanently disabled.

As per a recent study published in the Journal of Stroke by two experts, Jeyaraj Durai Pandian and Paulin Sudhan, the prevalence rate of strokes is 84-262 per 100,000 populations in rural India and 334-424 out of 100,000 populations in cities.³ Stroke is one of the causes leading to death and disability in India. The incidence rate is 119-145/100,000 based on the recent population based studies.⁴ According to Trivandrum stroke registry during a six month period 541 strokes were reported in

Trivandrum, 431 in the urban and 110 in the rural communities.⁵

A stroke occurs due to the interruption of the blood supply to the brain, which usually occurs because a blood vessel bursts or is blocked by a clot. This cuts off the supply of oxygen and nutrients, causing damage to the brain tissue. The common symptoms of a stroke are sudden weakness or numbness of the face, arm or leg, most often on one side of the body. Other symptoms include: confusion, difficulty in speaking or understanding speech; difficulty in seeing with one or both eyes; difficulty in walking, dizziness, loss of balance or coordination; severe headache with no known cause; fainting or unconsciousness. The effects of stroke depends on which part of the brain is injured and how severely it is affected. A very severe stroke can cause sudden death.⁶

Worldwide, stroke is the second leading cause of death above the age of 60 years, and the fifth leading cause of death in people aged 15 to 59 years old.² Mostly individuals get affected by stroke in their peak productive life. Stroke rehabilitation has its own importance in this regard. The underlying principle of mirror therapy which is also a part of stroke rehabilitation is that movement of the affected limb can be stimulated via visual cues originating from the opposite side of the body. Hence it is thought that this form of therapy can prove useful in patients who have lost movement of an arm or leg including those who have had a stroke and related defects.⁷ Mirror therapy has been shown to increase cortical and spinal motor excitability, most probably through the effect on the 'mirror neuron system'. In the human brain mirror neurons account for about 20% of all the neurons. It had been found that these mirror neurons are responsible for laterality reconstruction i.e., ability to

differentiate between the left and the right side. When the mirror therapy is used mirror neurons get activated and help in the recovery of affected parts.⁸ Mirror therapy was found to be a simple and economical technique which can stimulate the brain noninvasively. This intervention unquestionably has neural foundation. It was scientifically found that multiple areas of the brain such as the occipital lobe, dorsal frontal area and corpus callosum are involved during the simple MT regime. Bilateral premotor cortex, primary motor cortex, primary somatosensory cortex, and cerebellum also get reorganized to enhance the function of the damaged brain.⁹ In a study to find the effectiveness of mirror therapy researchers reviewed 14 relevant studies involving 567 participants. They found at the end of treatment that mirror therapy improved movement of the affected limb and the ability to carry out daily activities and atleast as an adjunct to normal rehabilitation for patients after stroke. And no adverse side effects were reported as part of this intervention in the study.¹⁰ Another study was done to evaluate the mean treatment effect of mirror therapy on motor function of the upper extremity in patients with stroke utilizing a meta-analysis approach. Even though the included studies shown high heterogeneity, meta-analysis provided some evidence that mirror therapy may significantly improve motor function of the upper limb in patients with stroke. They also recommended that well designed studies are needed further to expand the evidence base.¹¹

In yet another study which sought to determine whether 6 week of 45 minutes weekly mirror therapy sessions improved upper extremity motor function poststroke. Fugl-Meyer Assessment and Canadian Occupational Performance Measure (COPM) changes were not statistically significant, but positive changes on the Stroke Impact Scale contradicted COPM results were yielded in the study. They also concluded the study with the recommendation that mirror therapy may be an effective treatment for stroke rehabilitation, but further research is needed.¹² In a case report titled using mirror therapy in the home environment the investigators found at the end that a predominantly self-administered home based mirror therapy program is feasible and effective at improving function after stroke.¹³

2. Research Methods

Quantitative research approach was adopted to find the effect of effect of mirror therapy among stroke patients in selected hospitals, Kollam. Population of the study consists of stroke patients at selected hospitals Kollam during data collection. The setting of the present study

was in Bishop Benziger Hospital and Upasana Hospital Kollam. In this study sample consisted of 60 stroke patients from selected hospitals of Kollam, 30 in experimental group and 30 in control group. After extensive review of literature and receiving suggestions and opinions from experts the tool was prepared which included the demographic information and self structured mirror therapy exercises which includes 12 statements on a 4 point likert scale.

3. Research Results

Description of sample characteristics

- The data of the age distribution shows that majority of the samples belonged to the age range of 61-65 in both experimental group (46.67%) and control group (56.67%).
- Equal percentage distribution was found for both the genders among experimental group while majorities (53.33%) of the samples were males in control group.
- It was observed that majority of the samples were unemployed in both experimental group (80%) and control group (86.67%).
- It shows that majority of the samples in both experimental group (83.33%) and control group (83.33%) had elementary level of education. 16.67% of samples in the experimental group were illiterate while 16.67% of the control group had higher secondary level of education.
- The data of marital status shows that majority of the samples in both experimental group (83.33%) and control group (56.67%) were married. 3.33% of the samples were single among experimental group but the percentage distribution was 43.33% for the control group. 13.33% of samples in experiment group lost their spouses.
- It was found that majority of the samples in the experimental group (56.67%) had an annual income of Rs. 10,001-15,000. 40% of the samples in the experimental group had an annual income of NRs. 10,000 while 3.33% of the samples had an annual income in the range Rs. 15,001-20,000. Majority (76.67%) of the samples among control group had an annual income of NRs. 10,000 while 23.33% had it in the range Rs. 10,001-15,000.
- According to region of living, majority of the samples in both experimental group (53.33%) and control group (73.33%) lived in the rural region. 46.67% of the experimental group and 26.67% of the control group lived in urban region.

Table 1: Frequency and Percentage distribution of pretest and posttest upper extremity motor function scores of experimental group

(n=30)

	Pretest		Posttest	
	Frequency	Percentage	Frequency	Percentage
Mild disability	0	0%	0	0%
Moderate disability	14	46.67%	18	60%
Severe disability	16	53.33%	12	40%

Table 2: Frequency and Percentage distribution of pretest and posttest upper extremity motor function scores of control group (n=30)

	Pretest		Posttest	
	Frequency	Percentage	Frequency	Percentage
Mild disability	0	0%	0	0%
Moderate disability	15	50%	10	33.33%
Severe disability	15	50%	20	66.67%

Table 3: Mean, Standard deviation and 't' value of pretest and posttest scores of the experimental group after mirror therapy (n=30)

Experimental group	Mean	Standard deviation	t value
Pretest score	22.2	3.97	5.86
Posttest score	23.73	4.43	

$t_{(29)} = 1.69$, Significant at 0.05 level of significance.

Table 4: Mean, Standard deviation and 't' value of pretest and posttest scores of the control group

(n=30)

Control group	Mean	Standard deviation	t value
Pretest score	23.03	4.05	2.26
Posttest score	23.23	4.03	

$t_{(29)} = 1.69$, Significant at 0.05 level of significance.

Table 5: Mean, Standard deviation and 't' value of posttest motor function scores of the experimental and control group N=60

Posttest	Mean	Standard deviation	t value
Experimental group	23.73	4.43	0.46
Control group	23.23	4.03	

$t_{(58)} = 2.001$, Not significant at 0.05 level of significance.

Effectiveness of mirror therapy on upper extremity motor function scores among stroke patients in the experimental and control group

- The mean posttest score (23.73±4.43) of the experimental group was higher than the mean pretest score (22.2±3.97) and the calculated paired 't' value (5.86) is greater than table value (1.69) at 0.05 level of significance. Hence there was statistically significant difference between pretest scores and posttest scores of the experimental group. So there was significant difference in pretest motor function scores and posttest motor function scores of the affected upper extremity in the experimental group.
- The mean posttest score (23.73±4.43) of the experimental group was higher than the mean posttest score (23.23±4.03) of the control group and the calculated unpaired 't' value 0.46 is less than table value 2.001 at 0.05 level of significance. Hence there was no statistically significant difference between the upper extremity motor function scores among experimental and control group.

4. Conclusion

The present study aimed to find the effectiveness of mirror therapy on upper extremity motor function among stroke patients in selected hospitals, Kollam. The findings of the study showed that the mean difference of the posttest score of the experimental group was (23.73) greater than the control group (23.23) at 0.05 level of significance after mirror therapy intervention to the experimental group. So the mirror therapy was not effective in improving the

upper extremity motor function among stroke patients in selected hospitals, Kollam.

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Noncompliance and its Determinants among Patients with Epilepsy in Neurology Outpatient Department, Medical College Hospital, Thiruvananthapuram

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Abstract: *Epilepsy is one of the most common neurological disorders. For almost all patients with epilepsy, long-term drug therapy is the only practical way of form of treatments and many factors that affect adherence to pharmacological treatment can lead to lack of control over seizure and recurrence. What we know about the depths of noncompliance and its relation with seizure control in vulnerable populations such as economically backward is very less. The present study was a quantitative study intended to assess the noncompliance and its determinants among patients with epilepsy attending Neurology Outpatient Department, Medical College Hospital, Thiruvananthapuram. The objective of the study is to assess the noncompliance, among patients with epilepsy and to identify the determinants of noncompliance related to therapy of epilepsy. Descriptive research design was used in this study. The sample consists of 280. Samples were selected consecutively and data were collected by interview method. The data were collected over a period of six weeks. The collected data was analysed by using SPSS version 17 and results were expressed in descriptive and inferential statistics. The following are the major findings of the study, 65.7% of the participants had medium compliance to drug, 25.4% had low compliance and 8.9% had high compliance to drug. After logistic regression, it was found that patient with below poverty line, no family history of epilepsy and patient with generalised seizure were more risky to be noncompliance with antiepileptic therapy.*

Keywords: Epilepsy; Noncompliance; Determinants

1. Introduction

Epilepsy is one of the most common neurological disorders. The word epilepsy is derived from Greek word means to "seize" or "take hold of", indicating the persons having a seizure is possessed or at least out of control. Epilepsy and seizure affect more than 50 million people worldwide.[1] The various consequences of epilepsy may be health related or social in nature. From health perspective, epilepsy has been associated with an increased risk of mortality and injury. [2]

The majority of people with epilepsy in developed countries are able to manage their condition by using one or more pharmacological therapies with anticonvulsant medication. [3]

For almost all patients with epilepsy long-term drug therapy is the only practical way of form of treatments and many factors that affect adherence to pharmacological treatment can lead to lack of control over seizure and recurrence.[4]

Eighty percentage of people with epilepsy live in the developing world.[5] An individual with epilepsy suffers recurrent seizure unprovoked by acute brain insults or metabolic derangement. Seizures are characterized by a brief period of involuntary shaking. They may be partial, involving only one part of the body or generalized involving the entire body and they may be accompanied by loss of consciousness and lack of bowel or bladder control. Some individuals continue to have frequent seizure with anti-epileptic drugs.

However more than 70% of patients, who are treated, achieve long-term remission or freedom from seizure,

usually within 5 years of diagnosis.[6]

The majority of people with epilepsy have good prognosis if they receive appropriate treatment.[7] In the worldwide, 60-90% of people with epilepsy receive no treatment or are inadequately treated.[8]

Epilepsy is a chronic disorder of abnormal, recurrent, excessive and self-terminating discharge from neurons. Period between seizures can vary widely and can measure in minutes, hours, days, weeks, months or even years. However there is repetition of seizure activity at sometimes in the future, regardless of the interval.[9]

The long term anti convulsant therapy has potential morbidity. Therefore the possibility of discontinuing therapy should be balanced against the risk and danger of seizure recurrence.[10]

Patients who are on anti-epileptic drug should follow a correct order of medication and check-up but many people cannot follow the order and seizure can occur from anti-epileptic drug withdrawal.[11]

Objective

- To assess the noncompliance, among patients with epilepsy.
- To identify the determinants of noncompliance related to therapy of epilepsy

2. Methodology

Research approach: Quantitative approach

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Research Design: Descriptive design

Setting: Neurology Outpatient Department, Medical College Hospital, Thiruvananthapuram.

Population: Patients who are diagnosed as epileptic and attending Neurology Outpatient Department for epilepsy, Medical College Hospital, Thiruvananthapuram

Sample: Sample will be selected consecutively where by the investigator picks up all the available subjects who satisfy inclusion criteria.

Sampling technique: Samples were selected consecutively

Inclusion criteria

Patients taking antiepileptic medication for at least one year
The patients who are willing to participate

Exclusion criteria

Patients having any type of psychiatric disease.

Sample size: - 280 patients

Tool

Tool 1: Proforma to assess socio personal and clinical data
Section A: Socio personal data.

The socio demographic variables in this study was sage, gender, education, occupation, marital status, socioeconomic status, place of residence, insurance benefits received, type of family, caregiver specify

Section B: Clinical data sheet

The clinical data sheet included diagnosis, family history of epilepsy, sage at which epilepsy diagnosed, duration of illness in years, type of seizure, frequency of seizure in last years, type of drug therapy, name of antiepileptic drugs in present treatment, adverse effects experienced due to drug intake, follow up visit, monthly expenditure for medicines.

Tool 2: Eight item Morisky medication adherence scale 17(MMAS), to assess the compliance pattern to antiepileptic regimen. The MMAS is a standardized 8 item questionnaire with seven yes or no questions and one question answered on a 5 point Likert scale. According to the scoring system for the MMAS, 8- high compliance, 6 to <8 = medium compliance and <6 = low compliance

The Techniques are,

- Interview
- Record review

Data collection process

The duration of the data collection period was from 2-1-2017 to 12-2-2017. The investigator obtained prior permission for the conduct of the study from the Superintendent and Head of the Neurology Department, Medical College Hospital, Thiruvananthapuram and clearance was obtained from Institutional Human ethics committee, Govt. College of Nursing, Thiruvananthapuram,

before the commencement of data collection. With the help of interview schedule the investigator collected the data from patients who attended Neurology Outpatient Department, Medical College Hospital, Thiruvananthapuram.

The study group consists of 280 patients who are attending Neurology Outpatient Department, Medical College Hospital, Thiruvananthapuram. At first rapport was established with the patients and purpose of the study was explained to them. It was assured to them, all data will be kept strictly confidential and used only for study purpose. After obtaining the verbal and written consent from the patients, they were interviewed using structured interview schedule. The investigator herself collected data regarding sociopersonal data, clinical data through structured interview and noncompliance was assessed by using Morisky medication adherence scale.

Data Analysis

Both descriptive and inferential statistics will be used for data analysis. Descriptive statistics (mean, standard deviation, frequency and percentages) will be used to describe the clinical and demographic variables of study participants. The determinants of noncompliance will be analyzed using Chi-square test.

3. Results

65.7% of the participants had medium compliance to drug, 25.4% had low compliance and 8.9% had high compliance to drug. The study identified that people belongs to below poverty line, people with no family history of epilepsy and patient with generalised seizure were the determinants of noncompliance related to therapy of epilepsy.

Table 1: Distribution of the participants according to drug compliance, N= 280

Drug Compliance	Frequency	Percentage
High Compliance	25	8.9
Medium Compliance	184	65.7
Low Compliance	71	25.4
Total	280	100

Table 1 reveals that 65.7% of the participants had medium compliance to drug, 25.4% had low compliance and 8.9% of the participants had high compliance to drug

Table 2: Logistic regression of significant variables with noncompliance of antiepileptic therapy

Variable	B	S.E.	P	OR (95% CI)		
				Lower	Upper	
Socio economic status (BPL)	2.27	0.70	0.001	9.64	2.43	38.21
Family history of epilepsy (No)	1.26	0.55	0.023	3.53	1.19	10.45
	0.20	0.57	0.728	1.22	0.4	3.75
Type of seizure (Generalised)	2.37	0.95	0.013	10.75	1.67	69.34

Significant association

- Patient in BPL category was found to be 9.64 times more odds to have noncompliance.
- Patient with no family history of epilepsy were found to have 3.5 times more risk to have noncompliance of antiepileptic therapy.

- Patient with generalized seizure found to be 11 times morerisky to be noncompliance with antiepileptic therapy.

4. Discussion

There are many studies related to different aspects of drug compliance among patients with epilepsy. The present study emphasized to assess the self-reported compliance level and factors affecting compliance among patients with epilepsy. The findings of the present study were discussed below in relation to findings of other studies which the investigator had reviewed. After logistic regression, it was found that patient with below poverty line, no family history of epilepsy and patient with generalised seizure were more risky to be noncompliance with antiepileptic therapy.

Distribution of patients based on socio personal and clinical data

In the present study age wise distribution of patients showed that the majority of them (59%) were belonged to the age group of 21-30 yrs, and 51.4% of the patients were males

Prevalence and cost of nonadherence with antiepileptic drugs in an adult managed care population conducted by Davis K L et al in USA showed that 58% were female, mean age was 44 years. Variation in antiepileptic drug adherence among older patients with new-onset epilepsy conducted by Zeber J E stated that 98% were primarily male.

Present study showed that majority of the patients (30.7%) completed graduation and 56.1% of the participants were unemployed.

Factors associated with medication adherence in patients with epilepsy and recommendations for improvement conducted by Paschal A M showed that among the sample of 180 patients, most had some education beyond high school and most of the participants were unemployed.

An evaluation of factors affecting adherence to antiepileptic drugs in patients with epilepsy: a cross-sectional study conducted by Gurumurthy R stated that more than half of the patients with epilepsy (n = 237, 52.5%) were unemployed.

Present study revealed that 60.4% were belonged to BPL family ($\chi^2 = 18.69$ and $p = 0.0001$ and 85% were residing in rural area ($\chi^2 = 13.46$ and $p = 0.001$). A study conducted on An evaluation of factors affecting adherence to antiepileptic drugs in patients with epilepsy: a cross-sectional study showed that most of the patient (n = 198, 43.9%) belonged to the lower/upper-lower socioeconomic class.

Present study findings showed that 73.9% of the participants did not develop any adverse effects and 47.9% of the participants had focal seizures. A study conducted to determine the drug compliance among people with epilepsy attending the follow up clinic of SCTIMST stated that majority of sample-developed side effects (68.33%) and majority of sample had partial seizures (58.34%).

The present study findings stated that 65.7% had medium

compliance to drug. Asawavichienjida reported a compliance rate of 57%; Etringer A B reported as noncompliance rate was 41%. Gollwitzer S reported as one third of patient with epilepsy were poor adherent. Lusic and Tittic reported higher compliance level (62%) and satisfactory compliance (23%) had and 15% had unsatisfactory compliance level (15%).

5. Conclusion

This study showed that the 65.7% of the participants had medium compliance to drug, 25.4% had low compliance and 8.9% had high compliance to drug. The study shows that there was significant association of noncompliance of antiepileptic therapy with Educational status, Occupation, Socio economic status, Place of residence, Type of seizure, frequency of seizure in last years, Adverse effects developed due to drug intake.

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Author Profile



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RESEARCH ARTICLE

Knowledge on Factors Influencing Internet Addiction among Adolescents in Selected Higher Secondary School, Kollam.

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ABSTRACT:

Internet is an integral part of life in modern world considering its social effect on human life, mental, social, academic profits and the ability of technology utilization, experience on the management of time and the simplification of access to knowledge are the notable benefits of internet on the other hand, internet generates significant negative impact and result on every users living. Adolescence is the time of movement forward independence. The individuation process of adolescence is accompanied by feeling of isolation, loneliness and confusion because it ends childhood dreams and attributes them to fantasy which is associated with control focus, Concentration and forming of new habits. When a habit becomes an addiction it has to be either good or junk. Computer and internet addiction falls in the second category which is past taking place among the children and adolescence includes a wide range of behavior. The study was conducted among 100 students in Govt. Higher Secondary School, Kollam. The data was collected by using simple random sampling with self structured questionnaire. The data was analysed by inferential and descriptive statistics. The mean score of the study was 88.4 and standard deviation is 13.156. There is a significant association between knowledge level and income and no any other association was found between any of the factors of the demographic variables. Thus the knowledge of higher secondary students under our study found good knowledge regarding the factors influencing internet addiction.

KEYWORDS: Descriptive Study, Assess, Internet Addiction, Adolescents, Knowledge.

INTRODUCTION:

The internet makes our planet a small one, but it is needed to make sure that the wonderful tool that bind us, does not become bondage. An adolescence go online with greater frequency, the risk for addiction and the form it takes become greater which affect their social and academic life.

Excessive internet addiction is commonly researched by psychologists as it decreases and occasionally predicts social, interpersonal and professional in teracts, trigger anxiety, action, the feeling of desolation, and raises aggressiveness rate. Since internet connection is accessible in every location, children and adolescences of every group of age growing internet on the internet day by day. The current status or incidence of internet users in 2016 is 3,424,971,237. Around 40% of the world population has an internet connection today. In 1995, it was less than 1%, the number of internet users has increased tenfold from 1999– 2013. The first billion was reached in 2005. The second billion in 2010 .the

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third billion in 2014, in Asia 48.4% (1,322,491,069) were internet users.

OBJECTIVES

- To assess the knowledge on factors influencing internet addiction among adolescence using a self structure closed ended questionnaire.
- To find the association between knowledge on factors influencing internet addiction and selected demographic variables.

REVIEW OF LITERATURE:

Section A: Studies Related To Prevalence of internet addiction:

An online document titled "internet addiction in India" says the ultimate truth is that internet is as addictive as it is useful. Unrestrained and unsupervised uses of the web will find themselves invariably and unwillingly chained by the shackles of the addictive elements of the internet. Among 3.5 crores of the internet users there are 30 lakhs user who are addicted to internet or surfing or browsing in India.

Section B: Studies Related To Factors influencing internet addiction:

A descriptive study was conducted to examine the relationship between the levels of problematic internet use and gender. The data was collected from 437 university students. The result indicated the factors such as gender, level of psychological symptom connecting to the internet, most often. The data was collected from 437 university users primarily asked to communicate with friends and to have good time predicted significantly to the level of problematic internet use of the students.

Section C: Studies Related To Internet Addiction among Students:

An article titled "internet addiction a new compulsion". Says internet is a new compulsion that has hit today's youth. Louise Nadeau from university demon real, department of psychology, says the problem is not widespread but we know of serious cases in which teenagers don't leave the house, don't have the interpersonal relationship and have been isolated in front of their computer screen for the past two or three years, and only speak in the language of the character they play with in network video games.

MATERIALS AND METHODS:

Methods:

Quantitative research approach was adopted for the study.

Research Design:

Descriptive research design was used for the study

Setting:

The setting for the study is Govt. Boys Higher Secondary School, Kollam.

Sample:

100 Samples were used for the study.

Sampling technique:

Simple random sampling is used for the study.

Materials:

The tools used for the data collection of this study was structured questionnaire and it consist of two sections, Section A and Section B. Section A consist of demographic variables (such as age, sex, education, type of family, income, internet availability, Duration) Section B consist of factors influencing internet addiction (such as family back ground, socio economic status, entertainment, informative education, peer group, stress and anxiety). This questionnaire consist of 25 questions. This questionnaire is five point scale (strongly agree 5, agree 4, indifferent 3, disagree 2, strongly disagree 1).

DATA COLLECTION PROCEDURE:

Prior to data collection permission was taken from our institution and the principal of Govt. Boy's Higher Secondary School, Kollam. The time period allotted for data collection was 02 -02 -2016 to 06 -02-2016. Total of 100 samples were selected by Simple random sampling method (by attendance). Consent were taken from the parents. Then questionnaire were distributed to each sample. The instruction regarding the questionnaire was given prior to data collection process. The duration of data collection from each sample takes around 15 minutes.

DATA ANALYSIS:

The data will be analysed in terms of objectives of the study using descriptive and inferential statistics.

FINDING OF THE STUDY:

The distribution of the higher secondary school students according to their age group. In this study 78% were in the age group of 17 -18 years and 22% in the age group of 16 -17 years.

The distribution of higher secondary school students according to sex were in the majority (62 %) female and (38 %) were male.

The distribution of the higher secondary school students according to their type of family. Most of the students in nuclear family (90%) and joint family (10%).

The distribution of higher secondary school students according to their income, where in most of the students

<10000 is 52 %, 40% of students in 10000 -10,0000 and 8% belong to > 1,00,000.

The distribution of the higher secondary school students according to their internet availability. Most of the students use mobile phones (59%), (26%) were use both computer and mobile phone and 10% does not use any of the devices, and 5% of students use computer. The distribution of the internet is high(32%) used one hour and 31% of the students used occasionally, 13% of school students were using internet between 2- 6 hours and 15% does not used internet and 9 % of the students used > 6 hours.

Table: 1 Description of knowledge of higher secondary school students on factors influencing internet addiction N = 100

Knowledge level	Frequency	Percentage	Mean	Standard deviation
Very low	0	0		
Low	0	0		
Moderate	16	16%	88.4	13.156
Good	66	66%		
Very good	18	18%		

Table: 1 shows that the mean value of knowledge of higher secondary school students on factors influencing internet addiction was 88.4 and standard deviation was 13.156.

Table: 2 Association between factors influencing internet addiction and demographic variables N = 100

Demographic variable	Mean	Standard deviation	Chi-Square	Significant/ Not Significant
Age			1.4305	NS
Sex			0.199	NS
Type of family	88.44	13.156	5.3922	NS
Income			41.76	S
Internet availability			3.211	NS
Duration of internet usage			7.0965	NS

NS = Not Significant *S =Significant*

Table: 2 Shows that there is no association between factors like age, sex, education, type of family, internet availability, and duration. But there is a significant association between the income and factors influencing internet addiction (p < 0.05).

Percentage Distribution of Income N =100

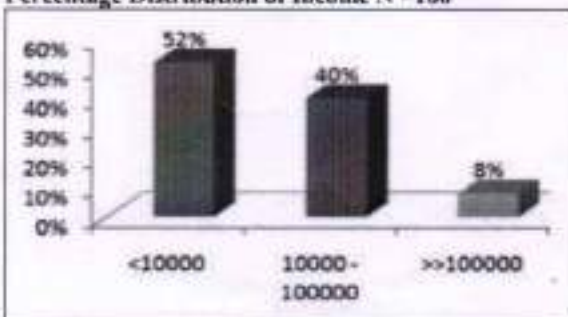


Figure: 1 Income wise distribution of students

Above diagram show that the distribution of higher secondary school students according to their income, where in most of the students <10000 is 52 %, 40% of students in 10000 -10, 0000 and 8% belong to > 1, 00,000. This shows association between knowledge of students.

CONCLUSION:

The findings revealed that mean score of all the factors was 88.44. the chi -square test was used to find the association between the factors influencing internet addiction and the selected demographic variables .There is a significant association between knowledge level and income and no any other significant association was found between any of the factors of the demographic variables. Thus the knowledge of higher secondary students under our study found good knowledge regarding the factors influencing internet addiction.

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RESEARCH ARTICLE

Effectiveness of Child to Child Approach and Knowledge on Personal Hygiene among peer group students of selected Upper Primary School, Kollam

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ABSTRACT:

Child to child approach is an application within the field of child development that allows the child to make their own choices and establish their own ideas towards promoting competent communication and learning. Child to child approach to health education is innovative simple cost effective participatory approach that makes use of potentials of children to maximize the spread of health message¹. The aim of the study were to evaluate the effectiveness of child-child approach regarding personal hygiene among peer group of upper primary classes, to assess the knowledge regarding personal hygiene among peer group of upper primary classes, to find out the association between child to child approach among peer group students of upper primary school children and its demographic variables². A quantitative approach, one group pretestposttest research design was used. The sample comprised of 70 upper primary school children, where 60 students were selected as experimental group through purposive sampling, 10 students selected as trainee group through convenient sampling. The tools used for the data collection was self-structured questionnaire and booklet containing practices regarding personal hygiene. Validity of the tool has obtained from two pediatricians and three nursing experts. The collected data were analyzed by using descriptive and inferential statistics. The findings of the study were based on objectives. Out of 60 students, the pretest result showed 13(21.6%), 42(70%) and 5(8.3%) were having high knowledge, moderate knowledge and poor knowledge simultaneously. The mean score of posttest is greater than pretest so the child to child approach among personal hygiene is effective in upper primary school children. The association between the level of knowledge with selected demographic variables such as age, number of siblings, location of house, economic status of family, educational qualification of mother had no significant association at the level of 0.05(t value=0.8114).

KEYWORDS: Evaluate effectiveness, child to child approach, peer group, experimental group.

INTRODUCTION:

Personal hygiene can be described as habit of maintaining cleanliness and taking care of the body. Personal hygiene is personal and should be daily practiced. It involves you as a person taking charge of your general state of wellness. Good personal hygiene helps in preventing avoidable diseases, improving personal self-esteem, avoiding social embarrassments. Personal hygiene is very important for living a healthy

life. Majority of the health problem affecting school children are preventable by promotion of hygienic practices². Child to child approach is an application with in the field of child development that allows the child to make their own choices and establish their own ideas towards promoting competent communication and learning. Child to child approach to health education is innovative simple cost effective participatory approach that makes use of potentials of children to maximize the spread of health message. It is an active method³.

Major health problem affecting school children are preventable by promotion of hygienic practices through proper health education. There are 6.3 lakhs schools in India, out of which 128.3 million are primary school, 50 million are upper primary school. The current statistics reveals that 8% of the total student population die due to unsafe use of toilets, 44% die due to improper water facilities, 19% due to lack of awareness in safe use of urinals and 8% of total due to lack of lavatory facilities⁴. In our country 1,600 children die every day due to diarrheal disease. In 2016, the UNICEF in South Asia target that 120 million fewer individuals should stop the practice of open defecation by 2017. Even today 50% of total children of our country suffer from malnutrition with diarrhea, intestinal worm infection from poor sanitation or lack of hygienic practices. The data consisted of hygiene and hand washing practices, knowledge about sanitation, personal hygiene characteristics, presence of gastro intestinal parasitic infection, hygieneclothes, dental care⁵. A quasi experimental study was conducted to evaluate effectiveness of child to child programme on knowledge regarding sex and sex related issues in a selected school in Bhopal 2006. Sampling technique was purposive and sample size was 10 change agent, peer groups. Tool comprised of structured questionnaire, pretest knowledge range from 29.2-43.3. Posttest scores 65.3 – 88.4. The gain in knowledge score range between 25.6 – 45.5. The result showed that posttest knowledge was greater than pretest⁶.

OBJECTIVES:

- To evaluate the effectiveness of child –child approach regarding personal hygiene among peer group of upper primary classes.
- To assess the knowledge regarding personal hygiene among peer group of upper primary classes.
- To find out the association between child to child approach among peer group students of upper primary school children and its demographic variables.

MATERIALS AND METHODS:

Prior permission was obtained from Principal of Bishop Benziger College of Nursing and Administrative

approval and consent from principal of Infant Jesus Anglo-Indian, Higher Secondary School, Kollam. The data collection planned through using a self-structured questionnaire on their knowledge regarding personal hygiene among upper primary school children. The data collected after obtaining administrative approval and consent from the principal of selected schools. The period of data collection was one week. Convenient random sampling was used to select 10 students from 7th standard and purposive sampling used to select 60 students from 6th standard a division. Pretest was assessed for all the students of 7th a division and experimental group students on the same day. Health teaching was given for all the students of 7th a division. 10 students of 7th standard who score high in pretest and are willing to participate is selected as trainee group. Posttest of trainee group was taken after five days and on the same day health teaching to experimental group by trainee group. After 5 days posttest test was conducted and the study finding was assessed by using the same tool.

RESULTS:

Table 1: Frequency and Percentage Distribution of Pretest Score on Knowledge Regarding Personal Hygiene (n=60)

Score	Score range	Frequency	%	Mean	Standard deviation
19-25	Highly knowledge	13	21.6%	16.98	0.9008
13-18	Moderate knowledge	42	70%		
0-12	Poor knowledge	5	8.3%		

Pretest Score
 Highly knowledge = 13
 Moderate knowledge = 42
 Poor knowledge = 5

Table 1 shows that out of 60 students, 13(21.6%), 42 (70%), 5 (8.3%) were having high, moderate and poor knowledge regarding personal hygiene simultaneously.

Table 2: Post Test Score (n = 60)

Score	Score range	Frequency	%	Mean	Standard deviation
19-25	Highly knowledge	66	93.33%	23.46%	0.912
13-18	Moderate knowledge	3	5%		
0-12	Poor knowledge	1	1.66%		

Data in the table shows that mean posttest score of the experimental group is greater than mean post test score of control group that is, 23.46 > 16.98 at 0.05 level of significance. Hence (p<0.05) the research hypothesis (h2) is accepted. It was inferred that child to child approach is effective in improving knowledge regarding personal hygiene.

Table 3: Association between child-child approach among peer group students of upper primary school

(n =60)

Knowledge regarding personal hygiene						
Selected variable	Frequency	Frequency Percentage	df	Chi square value	t value	Level of significance
Age in years			4	7.44	0.8114	S
10-11 years	13	21.6%				
11-12 years	40	66.6%				
12-13 years	7	11.6%				
Type of family			2	2.98	0.8114	S
Joint family	17	28.3%				
Nuclear family	43	71.6%				
Number of siblings			4	2.01	0.8114	S
One	30	50%				
Two	21	35%				
More than 2	9	15%				
Educational level of mother			4	0.97	0.8114	S
School level	17	28.3%				
Under graduate level	11	18.3%				
Graduate level	32	53.3%				
Economic status of family			4	4.51	0.8114	S
Upper class family	5	8.3%				
Upper middle class	27	45%				
Middle class family	28	46.6%				
Location of house			2	0.9	0.8114	S
Urban	38	66.3%				
Rural	22	36.6%				

Significant at 0.05 levels NS - Not significant S - Significant

The data present in this table shows that association between the knowledge regarding personal hygiene with its demographic variables such as age, type of family, number of siblings, educational qualification of mother, economic status of the family, location of house. There was no significant association between personal hygiene and its demographic variables such as age, type of family, number of siblings, educational qualification of mother, economic status of the family, location of house.

DISCUSSION:

This study attempt to assess effectiveness of child-child approach among upper primary school children. The following conclusions are made drawn from the findings of the study.

Among the samples most of them have moderate level of knowledge. Among them 21.6% have high knowledge level, 70% had moderate level, 8.3% have poor knowledge. There was significant association between knowledge and selected demographic variables such as age, type of family, number of siblings, educational level of mother, economic status of family, location of house. The findings revealed that mean score pretest was 16.98 and posttest mean score was 23.46. The chi square test was used to find out the association between child to child approach among peer group students of upper primary school children and its demographic variables such as age, type of family, location of house, educational qualification of mother, number of siblings, economic status of family. In posttest 93.33% had high knowledge, 5% had moderate knowledge, 1.66% had poor knowledge.

CONFLICT OF INTEREST:

No conflict of interest.

SOURCE OF SUPPORT:

Source of funding is by self.

RECOMMENDATION:

Based on the finding of the study, it is recommended that

- A similar kind of study can be conducted for a larger group
- The same study can conducted for girl students.
- A structured teaching program can be planned for a large group.

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EFFECTIVENESS OF SELF-INSTRUCTIONAL MODULE ON KNOWLEDGE AND ATTITUDE REGARDING BREAST SELF-EXAMINATION

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ABSTRACT

Breast cancer is the main and foremost cause for death related to cancer worldwide. Globally it was estimated as 8.2 million people died of with various types of cancer. In 2012 1.7million women were diagnosed with breast cancer. It is very common in the developing countries like India. Diagnosis of breast cancer in early period allows women to select more treatment choices and gain greater hope of prolonging the survival period. It is recommended that women above 20 years of age has to do breast self examination to detect new lumps or growth on the breast. WHO estimates that breast cancer kills more than 500,000 women globally every year. Despite of huge efforts to increase the level of breast cancer awareness, BSE is still poorly practiced among women. Early detection of breast cancer can be achieved through a combination of monthly breast self examination. There is also low awareness of important lifestyle factors that could prevent breast cancer. Though the knowledge is provided regarding breast self examination the attitude towards this procedure of doing breast self examination is very poor. This study aims to assess the effectiveness of self-instructional module on knowledge and attitude regarding breast self-examination among Teachers in selected higher secondary schools, Kollam. Quasi experimental research design was used for this study. purposive sampling technique was used. The sample size for this study was sixty, thirty in experimental group, thirty in control group. The result shows that of age distribution majority of the samples (55%) were above the age group 40 years. Out of 60 samples(75%) of the participant had completed degree in their educational qualification, (91.67%)of the participant had no history of breast diseases in the family, regarding the marital status (88.33%)were married, with regard to number of children in the family (75%)has more than two children. Out of 60 participant (63.33%)were residing in urban, and source of information regarding breast diseases (55%) of the samples received information from media only (18.33%)got the information from health professional. Effect of instructional module on knowledge regarding breast self examination the result of the study revealed that the calculated t value is (7.47) at the table value of (2.00) is greater than the table value, so there was significant difference in the knowledge level in post test after the intervention. The mean post test score of experimental group and the control group is t value (4.57) is greater than the table value (2.00), there is significant improvement in the knowledge level through the intervention. Effect of instructional module on attitude regarding breast self examination in the experimental group shows pre-test and post-test attitude 't' value (7.40) is greater than the table value (2.05), so there was significant increase in the attitude level of the participants, thus the study proves that instructional module is effective in improving knowledge.

KEYWORDS: Breast Self Examination, Self Instructional Module, Effectiveness Knowledge, Attitude.

INTRODUCTION

Breast cancer is the commonest cancer in women. Worldwide over 1.15 million cases of breast cancer are diagnosed every year and 502,000 women die from the disease each year. Cancer screening tests play a pivotal role in reducing breast cancer related mortality. Early detection and prompt treatment offer the greatest chance of long-term survival. Mammography, clinical breast examination and breast self-examination (BSE) are the secondary preventive methods used for screening in the early detection of breast cancer. The awareness of breast

cancer preventive methods is therefore critical in the reduction of breast cancer morbidity and mortality although programmes aimed specifically at this important target group. Recommended preventive techniques to reduce breast cancer mortality and morbidity include breast self-examination (BSE), clinical breast examination (CBE), and mammography. CBE and mammography require hospital visit and specialized equipment and expertise whereas BSE is an inexpensive tool that can be carried out by women themselves. BSE benefits women in two ways: women become familiar

with both the appearance and the feel of their breast and detect any changes in their breasts as early as possible. In the literature, it is stated that 90% of the times breast cancer is first noticed by the person herself. Also, several studies have shown that barriers to diagnosis and treatment can be addressed by increasing women's awareness of breast cancer.

Several studies, based on breast cancer patients' retrospective self-report on their practice of the breast self-exam, have established that a positive association exists between performance of the exam and early detection of breast cancer. There is also evidence that most of the early breast tumors are self-discovered, and that most early self-discoveries are by BSE performers. Moreover, the need for greater understanding of the social-psychological factors affecting acceptance of BSE are of growing concern.

Breast self-examination is an important screening method used in an attempt to detect early breast cancer. Studies have reported that awareness and practice of breast self-examination is an important method of prevention of breast cancer as it is one of the important public health problem. Women who perform breast self-examination and detect a change may delay seeking medical attention because of fear, economic factors, lack of education and modesty. Despite these factors, many women can discover breast cancer only through breast self-examination. So women's knowledge regarding breast self-examination plays a crucial role in the safeguard of their health.

Breast cancer awareness programs can bring great benefits for women and the communities they live in. But just how cost effective these programs are in low-and-middle-income countries, where breast cancer is an increasing public health concern and where outreach can be challenging, has been unclear. Fortunately, the message from this study, which centered on the Ashanti region of Ghana, is that breast cancer awareness programs are paying big dividends for women's knowledge, attitudes, and practice. Women who attended programs not only enjoyed higher knowledge scores than their non-participant counterparts, but also were more likely to perform breast self-examinations.

Breast self-examination (BSE) is a simple, quick, and cost-free procedure. But the practice of BSE is low and varies in different countries. Several reasons like lack of time, lack of self-confidence in their ability to perform the technique correctly, fear of possible discovery of a lump, and embarrassment associated with manipulation of the breast have been cited as reasons for not practicing BSE. No previous research has been done in the chosen group of the population. Hence, this study attempts to assess the effectiveness of self instructional module on knowledge and attitude regarding breast self examination among teachers in selected in higher secondary schools, Kollam.

Objectives

1. To assess the level of knowledge regarding breast self examination among teachers.
2. To assess the level of attitude regarding breast self examination among teachers.
3. To evaluate the effectiveness of self instruction module on knowledge regarding breast self examination among teachers.
4. To evaluate the effectiveness of self instruction module on attitude regarding breast self examination among teachers.
5. To find association between knowledge regarding breast self examination and selected demographic variables
6. To find association between attitude regarding breast self examination and selected demographic variables.

MATERIALS AND METHODS

The present study selected the quantitative approach for determining the effect of self instructional module on knowledge and attitude regarding breast self examination among teachers.

Study design

Quasi experimental design was used to collect data from 60 teachers working in higher secondary schools, Kollam and purposive sampling technique was employed to select the teachers. 30 from experimental group and 30 from control group.

Inclusion criteria

- > Teachers between the age group of 30-45 yrs.
- > Teachers who are present on the day.
- > Teachers who are willing to participate in the study.

Tools and techniques

- Section A: Demographic proforma
- Section B: Self structured knowledge questionnaire
- Section C: Three point likerts attitude scale:

Data collection process

A formal written permission was obtained from the institution and written consent was taken from the participants. Samples fulfilling the inclusion criterion was included in the study. The investigators introduced themselves to the subjects and the purpose of the study was explained to them. Confidentiality was assured. The purposive sampling was used to select the samples. 60 teachers were selected and the tool was introduced.

Statistical analysis

The data collected were analyzed according to the objectives. The data were analyzed using descriptive and inferential statistics.

RESULTS

1. Description of demographic variables
 - a) Age

Fig.1. 55% of samples belong to the age group of above 40 years, 45% of samples belong to 35-40 years.

b) Educational status

Fig.2. Majority that is 75% of samples had completed degree and 25% of samples had TTC.

c) Description of history of breast disease in family

Fig.3. Majority of the teachers, that is 91.67% samples has no history of breast diseases in the family

d) Description of marital status

Fig.4. Most of the samples that is 88.33% samples were married, 8.34% were widow and 3.33% were single

e) Description of number of children

Fig.5. 75% has two and more children, 21.67% has one child and 3.33% has no children

f) Description of area of residence

Fig.6. 63.33% samples were from urban and rest that is 36.67% were from rural areas.

g) Source of information

Fig.7. 55% received the information regarding breast self examination through media and only 18.33% had information through health professionals

2. Description of knowledge scores

Fig. 8 Majority of samples, that is 63.34% had moderate level of knowledge regarding breast self examination

3. Description of attitude scores

Fig. 9 58.33% of the samples had positive attitude towards breast self examination, 25% of the samples had negative attitude and only 16.67% had no attitude towards breast self examination

4. Mean, standard deviation and unpaired 't' value of pretest knowledge of experimental and control group (Homogeneity)

Table 1. The mean knowledge score of pre test in the experimental group was 9.2 and standard deviation was 1.84. In the control group the mean was 9.1 and standard deviation was 2.44 and calculated "t" value was 0.915.

5. Mean, standard deviation and paired 't' value of pre-test and post-test knowledge in experimental group

Table 2. The mean knowledge score of pre test in the experimental group was 9.2 and the standard deviation was 1.084. The mean knowledge score of post test was 12.1 and standard deviation was 2.13. The calculated "t" value is 7.47.

6. Mean, standard deviation and unpaired 't' value of post-test knowledge among experimental and control group

Table 3. The mean knowledge score of post test in experimental group was 12.14 and standard deviation was 2.99, in the control group the mean score was 9.07 and standard deviation was 2.13 and calculated "t" score was 4.57.

7. Mean, standard deviation and paired 't' value of pre-test and post-test scores of attitude among experimental group

Table 4. The mean score of attitude of pre test in the experimental group was 28.4 and standard deviation was 4.17. In the post test mean score was 29.43 and standard deviation was 3.81 and calculated "t" score was 7.40.

8. Mean, mean difference, standard deviation and unpaired 't' value of post-test attitude among experimental and control group

Table 5. The mean score of post test attitude in the experimental group was 37.67 and standard deviation was 4.55. In the control group mean was 29.43 and standard deviation was 3.81 and calculated "t" value was 7.60.

9. Association between knowledge and selected demographic variables

Table 6. There was significant association between knowledge and selected demographic variables such as area of residence and source of information.

10. Association between attitude and selected demographic variables

Table 7. There was significant association between attitude and selected demographic variables such as marital status and number of children.

1: DESCRIPTION OF SELECTED VARIABLES

a) Age

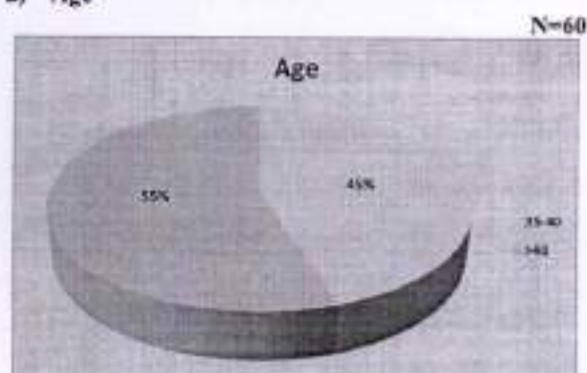


Fig.1: Majority of samples 55 % belongs to the age group of above 40 years.

b) Educational status

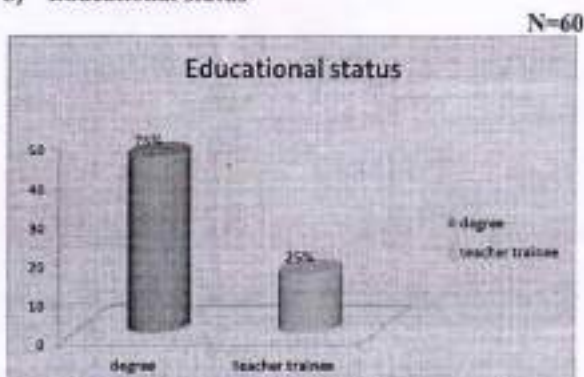


Fig. 2: Most of the samples 75% had completed degree and only 25% had teacher training.

c) History of breast disease

N=60



Fig.3: Majority of samples 91.67% samples has no history of breast diseases in the family.

f) Area of residence

N=60

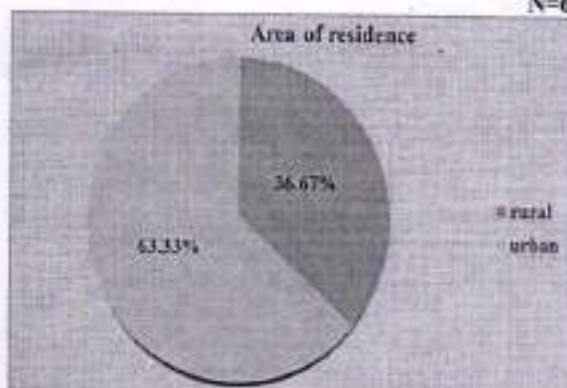


Fig.6: 63.33% samples were from urban and rest that is 36.67% were from rural areas.

d) Marital status

N=60

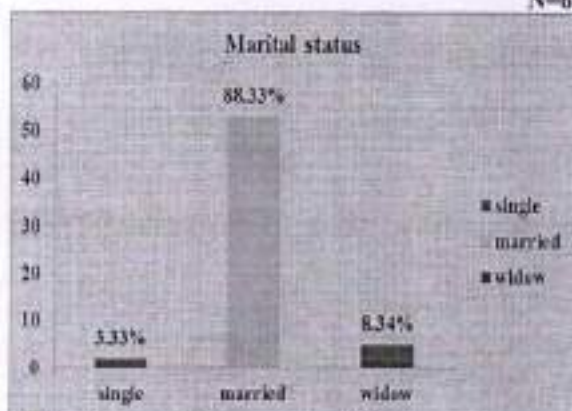


Fig.4: Out of 60 samples 88.33% samples were married, 8.34% were widow and 3.33% were single.

g) Source of information

N=60

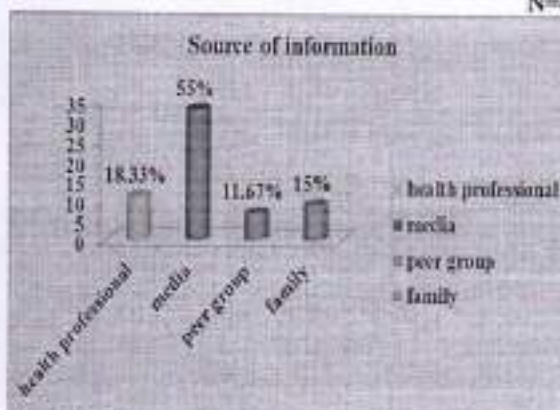


Fig. 7: Most of the samples 55% received the information regarding breast self examination through media and only 18.33% had information through health professionals.

e) Number of children

N=60

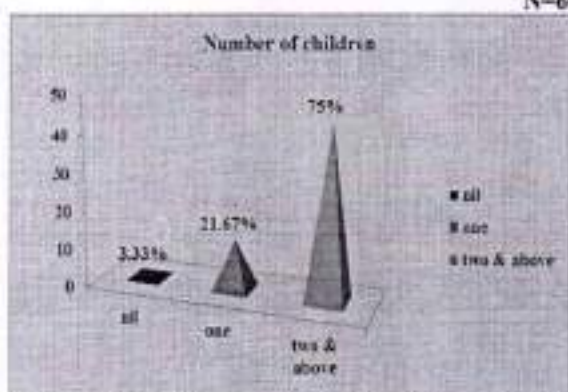


Fig. 5: Most of the samples 75% has two and more children, 21.67% has one child and 3.33% has no children.

2. DESCRIPTION OF KNOWLEDGE SCORES

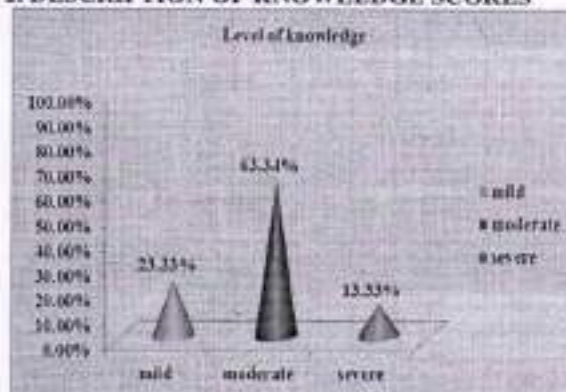


Fig. 8: Majority of samples, that is 63.34% had moderate level of knowledge regarding breast self examination.

3. DESCRIPTION OF ATTITUDE SCORES

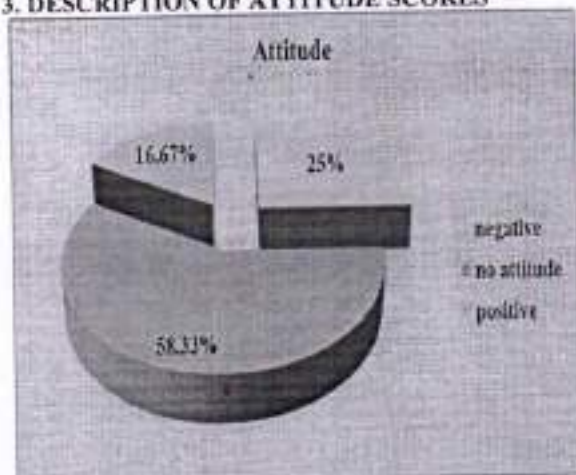


Fig. 9: 58.33% of the samples had positive attitude towards breast self examination, 25% of the samples had negative attitude and only 16.67% had no attitude towards breast self examination.

Table 1: Prê test knowledge of experimental and control group.

N=60

Group	Mean	Mean difference	SD	t value
Experimental	9.2	0.10	1.84	
Control	9.1		2.44	

$t_{(58)} = 2.00$, Not significant at 0.05 level

Data in the table 2 shows the mean, mean difference, standard deviation and unpaired 't' value of pre-test knowledge among experimental and control group. Since the calculated 't' value (0.915) is less than the table value (2.00), So there was no significant difference between

pretest scores of knowledge among experimental and control group at 0.05 level of significance.. Thus homogeneity of experimental and control group is ensured.

Table 2 Pre-test and post-test scores of knowledge among experimental group

(n=30)

Test	Mean	Mean difference	SD	t value
Pre-test	9.2	2.9	1.84	
Post-test	12.1		2.13	

$t_{(29)} = 2.05$, *Significant at 0.05 level of significance

Data in the table 2 shows the mean, mean difference, standard deviation and paired 't' value of pre-test and post-test knowledge in experimental group. Since the

calculated 't' value (7.47) is greater than the table value (2.00), the teaching method of using self instructional module was effective in increasing the knowledge.

Table 3: Mean, mean difference, standard deviation and unpaired 't' value of post-test knowledge among experimental and control group.

(N=60)

Group	Mean	Mean difference	SD	t value
Experimental	12.14	3.07	2.99	4.57*
Control	9.07		2.13	

$t_{(58)} = 2.00$, *Significant at 0.05 level of significance

Data in the table 2 shows the mean, mean difference, standard deviation and unpaired 't' value of post-test knowledge among experimental and control group. Since the calculated 't' value (4.57) is greater than the table

value (2.00), there is significant difference in knowledge after the intervention.

Table 4: Mean, mean difference, standard deviation and paired 't' value of pre-test and post-test scores of attitude among experimental group.

(n=30)

Test	Mean	Mean difference	SD	t value
Pre-test	28.4	4.17	1.03	7.40*
Post-test	37.67		4.55	

$t_{29}=2.05$, *significant at 0.05 level

Data in the table 3 shows the mean, mean difference, standard deviation and paired 't' value of pre-test and post-test attitude in experimental group. Since the

calculated 't' value (7.40) is greater than the table value (2.05), the intervention was effective on improving the attitude of the participants.

Table 5: Mean, mean difference, standard deviation and unpaired 't' value of post-test attitude among experimental and control group.

(N=60)

Group	Mean	Mean difference	SD	t value
Experimental	37.67	4.55	8.24	7.60*
Control group	29.43		3.81	

$t_{58}=2.00, p(0.01)<0.05$ *significant at 0.05 level

Data in the table 5 shows the mean, mean difference, standard deviation and unpaired 't' value of post-test attitude score among experimental and control group.

Since the calculated 't' value (7.60) is greater than the table value (2.00), there is significant increase in the attitude after the use of instructional module.

Table.6 Association between knowledge and selected demographic variables such as age, history of breast diseases, marital status, number of children, area of residence and source of information.

N=60

Demographic variable	Knowledge			df	χ^2	Table value	Significance
	Mild	Moderate	severe				
Age in yrs							
35-40 yrs	2	2	0	2	0.17	5.99	NS
>40 yrs	25	29	2				
Educational status							
Degree	10	35	5	2	3.88	5.99	NS
TTC	2	8	0				
History of breast disease							
Yes	3	6	0	2	0.22	5.99	NS
No	15	35	1				
Marital status							
Single	0	2	0	4	1.02	9.49	NS
Married	17	37	1				
Widow	1	2	0				
No. of children							
Nil	0	2	0	2	0.04	5.99	S
One	4	17	0				
Two and above	10	25	2				
Area of residence							
Rural	10	15	1	2	6.16	5.99	S
Urban	5	29	0				
Source of information							
Health professional	5	6	2	6	18.6	12.59	S
Media	7	25	0				
Peer group	3	8	0				
Family	4	6	0				

*Significant at 0.05 level NS-not significant S-significant

Data in the table 6 shows the association between knowledge and selected demographic variables: History of breast disease, Marital status, Number of children,

Source of information Area of residence and source of information were computed by chi-square test.as the calculated value of area of residence and source of

information were more than the table value at 0.05 level of significance there was association between knowledge

and selected demographic variables such as area of residence and source of information.

Table.7 Association between attitude and selected demographic variables such as age, history of breast diseases, marital status, number of children, area of residence and source of information.

N=60

Demographic variable	Attitude			df	χ^2	Table value	significance
	Negative	No	Positive				
Age							
35-40 yrs	2	15	4	2	1.447	5.99	NS
>40 yrs	1	31	7				
Educational status							
Degree	3	40	8	2	1.967	5.99	NS
TTC		6	3				
History of breast disease							
Yes		5	3	2	1.568	5.99	NS
No	2	40	10				
Marital status							
Single			3	4	17.838	9.49	S
Married	3	2	9				
Widow		38	5				
Number of children							
Nil	1	10		4	21.378	9.49	S
One	1	42	5				
>Two	1	0					
Area of residence							
Rural	3	18	3	2	5.221	5.99	NS
Urban		33	3				
Source of information							
Health professional		9	1	6	6.396	12.59	NS
Media	3	17	4				
Peer group		18	2				
Family		6					

Data in the table 7 shows the association between attitude and association between attitude and selected demographic variables: Age, Educational status, History of breast disease, marital status, Number of children, Area of residence and Source of information were computed by chi-square test. as the calculated value of area of residence and source of information were more than the table value at 0.05 level of significance there was association between attitude and selected demographic variables such as marital status and number of children. Hence the research hypotheses is accepted only for these two variables.

DISCUSSION

The present study aimed to assess the effectiveness of self-instructional module on knowledge and attitude regarding breast self-examination among teachers. Self-structured knowledge questionnaire and five point attitude scales along with demographic proforma were used to collect data from 60 teachers. The result shows that of age distribution majority of the samples (55%) were above the age group 40 years. Out of 60 samples (75%) of the participant had completed degree in their educational qualification, (91.67%) of the participant had no history of breast diseases in the family, regarding the marital status (88.33%) were

married, with regard to number of children in the family (75%) has more than two children. Out of 60 participant (63.33%) were residing in urban, and source of information regarding breast diseases (55%) of the samples received information from media only (18.33%) got the information from health professional.

The present study is supported by the study conducted by Mesfin Tafa Segni, Dagne Mulu Tadesse, Roza Amdemichael and Hailu Fekadu Demissie Department of Public Health, College of Health Science, Arsi University, Assela, Ethiopia program of enrolment.

A total of 368 respondents participated in the study, of these, only 8.7% of them had good knowledge and 59.2% had positive attitude towards BSE. About two fifth (39.4%) of the respondents had done Breast self examinations, from these only 9.7% of them practiced monthly. Statistically significant association was obtained only with, level of education of the participant, father's educational level.

CONCLUSION

The present study aimed to assess the effectiveness of self instructional module on knowledge and attitude regarding breast self examination among teachers in

selected in higher secondary schools, kollam. The findings of the study reveals that there was significant increase in the knowledge and attitude. It proves that self instructional module is effective in imparting knowledge and brings change in the attitude level of the participants also.

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Research Article

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EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAM REGARDING THE KNOWLEDGE OF POLYCYSTIC OVARIAN DISEASE AND ITS PREVENTION AMONG ADOLESCENT GIRLS STUDYING IN SELECTED HIGHER SECONDARY SCHOOLS AT KOLLAM, INDIA

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ABSTRACT

This study entitled "effectiveness of video assisted teaching program regarding knowledge of polycystic ovarian disease and its prevention among adolescent girls studying in selected higher secondary schools at Kollam" was conducted with the objectives, to assess the effectiveness of video assisted teaching program on polycystic ovarian disease and its prevention, to find the association between pre-test knowledge on polycystic ovarian disease and its prevention with selected demographic variables. Demographic data was collected by distributing a questionnaire on knowledge. Then the video assisted teaching program was given on the same day for the experimental group. Post-test was done after one week of intervention. Data collected were analyzed using descriptive and inferential statistics. The study result shows mean post-test knowledge score of experimental group (21.6 ± 2.84) was higher than mean pre-test knowledge score (15.06 ± 2.75) and calculated 't' value is greater than the table value at 0.05 level of significance. It indicates that there was significant improvement in the knowledge of polycystic ovarian disease and its prevention among adolescent girls. The mean post-test knowledge score of the experimental group (21.6 ± 2.84) was greater than the mean post-test knowledge score of the control group (15.98 ± 3.65) and calculated 't' value is greater than table value at 0.05 level of significance (p < 0.05). It indicates that there is significant difference between mean post-test knowledge scores of experimental and control groups. So the present study shows that video assisted teaching program was effective in improving knowledge of polycystic ovarian disease and its prevention among adolescent girls.

KEYWORDS: Video assisted teaching program, knowledge, polycystic ovarian disease, adolescent girls

INTRODUCTION

Adolescence is the time of transition between childhood and adulthood, a time of profound biological, intellectual and psychological changes. During this period adolescent girls reach physical, mental as well as sexual maturity, develops more sophisticated reasoning abilities. The changes occurs in the adolescence have important roles to understand the kinds of health hazards to which young girls are exposed, the health enhancing and risk taking behaviours in which they engage, and the major opportunities/challenges for health promotion among this population.¹ PCOD affects 6 % to 8 % of women of reproductive age in the US (using the 1990 National Institutes of Health criteria). The prevalence studies in Greece, Spain, and the UK have revealed similar estimates. PCOD accounts for 80 % to 90 % of cases of hyper-androgenism in women. In one large series of women presenting with androgen excess or ovulatory dysfunction, approximately 80 % had PCOD.² The American College of Nurse-Midwives found that between 5 and 30% of women have some characteristic of PCOD. The disorder is probably the most common hormonal abnormality in women of reproductive age and certainly is a leading cause of infertility.¹

OBJECTIVES

* To assess the effectiveness of video assisted teaching program on polycystic ovarian disease and its prevention among adolescent girls studying in selected higher secondary schools at Kollam.

* To find the association between pre-test knowledge scores on polycystic ovarian disease and its prevention with selected demographic variable.

(Age, religion, education of father, education of mother, area of residence, type of family, dietary pattern, source of information regarding polycystic ovarian disease).

MATERIALS AND METHODS

Research approach and design

The present study selected the quantitative approach for determining the effectiveness of the video assisted teaching program regarding the knowledge of polycystic ovarian disease and its prevention among adolescent girls. Quasi experimental non-equivalent pre-test post-test control group design was used for this study.⁴

Sample: 100 adolescent girls studying in the selected higher secondary schools at Kollam.

Sampling technique: Simple random sampling technique was used to select the samples.

Inclusion criteria

- Age group between 14-16 years
- Students willing to participate in the study

Exclusion criteria

- Adolescent girls who have attended classes regarding polycystic ovarian diseases previously.

Tools and techniques

Tool 1 – Demographic proforma

Tool 2 – Structured knowledge questionnaire

2/9/19

A 30 item pre validated and reliable were objective type with score of 30. Scores were categorized under poor, average and good.

Video assisted teaching program

The intervention used in this study was video assisted teaching program regarding the knowledge of polycystic ovarian disease and its prevention among adolescent girls.

Data collection process

Prior to data collection a formal written permission was obtained from the institution and written consent was taken from the participants. Samples fulfilling the inclusion criterion will be included in the study. 50 samples were assigned to control group and 50 to experimental group. Pre-test was done using the knowledge questionnaire. The students took 20 minutes to complete the questionnaire. Video assisted teaching program was

given to experimental group only and post-test for both the groups was done on the 14th day using the same tool.

Ethical consideration

The study was conducted after obtaining written approval from institutional ethics committee (No.BBCON/754/17 dated 13.05.2017). Informed consent was taken from parents and informed assent from participants. Students who fulfilled the sampling criteria were identified, purpose of the study was explained and confidentiality was assured.

Statistical analysis

The collected data were analysed using descriptive and inferential statistics.

RESULTS

Demographic variables

Table 1: Frequency and percentage distribution of selected demographic variables of samples
N=100

Sl. No.	Demographic variables	Experimental group		Control group	
		frequency	percentage	frequency	Percentage
1	Age in years				
	14	21	42%	35	70%
	15	23	46%	15	30%
	16	6	12%	0	0%
2	Religion				
	Hindu	31	62%	40	80%
	Muslim	8	16%	9	18%
	Christian	11	22%	1	2%
	Others	0	0%	0	0%
3	Education of father				
	Primary	0	0%	0	0%
	High school	1	2%	1	2%
	Higher secondary	9	18%	12	24%
	Graduation and above	40	80%	37	74%
4	Education of mother				
	Primary	0	0%	0	0%
	High school	2	4%	1	2%
	Higher secondary	6	12%	18	36%
	Graduation and above	42	84%	31	62%
5	Area of residence				
	Rural	24	48%	20	40%
	Urban	26	52%	30	60%
6	Type of family				
	Nuclear	37	74%	43	86%
	Joint	13	26%	7	14%
	Extended	0	0%	0	0%
7	Dietary pattern				
	Vegetarian	1	2%	1	2%
	Non-vegetarian	49	98%	49	98%
8	Source of information				
	Magazine	0	0%	4	8%
	Parents	23	46%	10	20%
	Teachers	9	18%	16	32%
	Health personal	30	60%	5	10%
	Friends	4	8%	2	4%
	No	11	22%	13	26%

Effect of video assisted teaching program regarding the knowledge of polycystic ovarian disease among adolescent girls

Table 2: Mean, mean difference, standard deviation and 't' test value of pretest and posttest knowledge scores in experimental group (n = 50)

Test	Mean	Mean difference	SD	't' test value
Pretest	15.06	6.54	2.75	14.89*
Posttest	21.6		2.84	

t_{0.05}=2.02, * significant at 0.05 level of significance

Table 3: Mean, mean difference and standard deviation and unpaired 't' test of posttest knowledge scores among experimental and control group, N=100

Group	Mean	Mean difference	Standard deviation	't' value
Experimental group	21.6	5.62	2.84	8.52*
Control group	15.98		3.65	

t_{0.05} = 2.00. *Significant at 0.05 level of significance

Table 2: describes the mean, mean difference, standard deviation and 't' test value of pre-test and post-test knowledge scores in experimental group. It shows that 't' value (14.89) is greater than the tabulated value. So there is significant difference between the mean pre-test and post-test knowledge scores of experimental group regarding the knowledge of polycystic ovarian disease and its prevention among adolescent girls.

Table 3: Describes the mean, mean difference and standard deviation and unpaired 't' test of post-test knowledge scores among experimental and control group. It shows that the calculated 't' value (8.52) is more than the table value (2.00), there was significant difference between post-test knowledge scores among experimental and control group at 0.05 level of significance.

Association with demographic variables

Table 4: Association with demographic variables N=100

Demographic variables	Level of knowledge			df	X ²	P value	Level of significance
	Poor	Average	Good				
Age in years							
14 years	3	51	3	4	2.822	0.588	NS
15 years	2	33	0				
16 years	0	8	0				
Religion							
Hindu	5	63	1	4	2.025	0.731	NS
Christian	1	11	1				
Muslim	1	16	1				
Others							
Education of father							
Primary	0	0	0	4	2.177	0.703	NS
High school	0	2	0				
Higher secondary	2	18	0				
Graduation and above	3	72	3				
Education of mother							
Primary	0	0	0	4	1.759	0.780	NS
High school	0	2	0				
Higher secondary	2	24	0				
Graduation and above	3	66	3				
Areas of residence							
Rural	4	39	3	2	6.331	0.042	S
Urban	1	51	0				
Type of family							
Nuclear	5	73	2	2	1.608	0.447	NS
Joint	0	19	1				
Extended	0	0	0				
Dietary pattern							
Vegetarian	0	2	0	2	0.177	0.915	NS
Non vegetarian	5	90	0				
Source of information							
Magazine	0	2	0	10	17.325	0.068	NS
Parents	4	29	0				
Teachers	0	25	0				
Health professional	1	7	0				
Friend	0	9	0				
No	0	21	3				

0.05 level of significance, S-Significant, NS-Non significant.

The chi square value is 6.33 for area of residence ($p = 0.042 < 0.05$). As p value is lesser than 0.05 level of significance and it shows there is a significant association between knowledge with selected variable such as area of residence except age, religion, educational status of parents, type of family, dietary pattern, source of information.

DISCUSSION

The findings are discussed based on the objectives

- To assess the effectiveness of video assisted teaching program on polycystic ovarian disease and its prevention

among adolescent girls studying in selected higher secondary schools at Kollam.

- To find the association between pre-test knowledge scores on polycystic ovarian disease and its prevention with selected demographic variable.

The findings of the present study revealed that, there was significant difference between the pre-test and post-test knowledge scores of experimental group, before and after video assisted teaching program and were statistically significant at 0.05 level. There was also significant difference between the post-test knowledge scores of experimental and control group at 0.05 level of significance. It shows that video assisted teaching

program regarding the knowledge of polycystic ovarian disease and its prevention was effective in improving knowledge among adolescent girls.

The findings of the present study were supported by another quasi experimental non randomized control group study which was conducted at Madurai to evaluate the effectiveness of video assisted teaching programme on knowledge and self-reported practices related to concepts of polycystic ovary syndrome among adolescent girls in selected schools. They found that video assisted teaching program was an effective strategy in improving knowledge regarding polycystic ovarian disease among adolescent girls.⁵⁴

In the present study the association between pre-test knowledge scores and selected demographic variables was found with selected variable such as area of residence except age, religion, education of parents, type of family, dietary pattern and source of information.

The findings of the present study were supported by a quantitative one group pre-test post-test experimental research to assess the effectiveness of video assisted teaching regarding life style modification on knowledge and practice among patients with PCOD at SRM general hospital, Kattankulathur in 2017.⁵⁵ In the referent study there was a significant association found between the knowledge on life style modification among patients with PCOD after video assisted teaching and the demographic variables like age, educational status, occupation, area of residence and monthly income.

CONCLUSION

The present study is aimed to assess the effectiveness of video assisted teaching program regarding the knowledge of polycystic ovarian disease and its prevention among adolescent girls. The mean post-test knowledge score of the experimental group (21.6±2.84) was greater than the mean post-test knowledge score of the control group (15.98±3.65) and calculated 't' value is greater than table value at 0.05 level of significance ($p < 0.05$). It indicates that there is significant difference between mean post-test knowledge scores of experimental and control groups. So the present study shows that video assisted teaching program was effective in improving knowledge of polycystic ovarian disease and its prevention among adolescent girls.

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RESEARCH ARTICLE

A Study to assess the effectiveness of Structured Teaching Programme on knowledge regarding thyroid problems among adolescent girls

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ABSTRACT:

The research project under took was to assess the effectiveness of structured teaching programme on knowledge regarding thyroid problem among adolescent girls in the selected school at Kollam. The objectives of the study were to assess the knowledge regarding thyroid problem among adolescent girls, to evaluate the effectiveness of structured teaching programme on knowledge regarding thyroid problems among adolescent girls, to find out the association between knowledge score regarding thyroid problems among adolescent girls and selected demographic variables. A quantitative research design was adopted for this study. The study was conducted among 60 adolescent girls in Infant Jesus Anglo Indian School, Kollam. In order to assess the knowledge of adolescent girls regarding thyroid problems, the study sample was selected by convenience sampling technique. The tool used for data collection consisted of demographic variables and structured knowledge questionnaire. The analysis of the data was based on the objectives of the study using descriptive and inferential statistics. The present study revealed that out of 60 samples 96.66% of adolescent girls had poor knowledge, 3.33% had average knowledge and no adolescent girls had good knowledge regarding thyroid problems in pretest. After a structured teaching programme 28.33% had good knowledge, 68.33% had average knowledge and 3.33% had poor knowledge. The present study shows that the mean posttest score was 14.55 (± 1.92) was greater than the mean pretest score 6.72 (± 2.13). The 't' test value was 27.93. So that structured teaching programme was effective to increasing the knowledge regarding thyroid problems among adolescent girls. There was significant association between knowledge and demographic variables like monthly income.

KEYWORDS: Effectiveness, structured teaching programme, knowledge, thyroid problems, adolescent girls

INTRODUCTION:

The thyroid is vitally important hormonal gland that plays a major role in the metabolism, growth and maturation of human body. It helps to regulate many body functions by constantly releasing a steady amount of hormones into the blood stream. More hormones are produced when the body needs more energy, like when it is growing old or during pregnancy. Thyroid disorders such like hyper and hypo causes physical and intellectual dysfunctions in adolescent age group. In adolescent girls it causes delayed menstrual pattern and early puberty.

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Inadequate secretion of thyroid hormone during fetal and neonatal development results in stunted physical and mental growth because of general depression of metabolic activities. Also it affect intellectually by decreased concentration, increased day time sleeping and poor attention. This can lead to poor academic performance of children. In adults, hypothyroidism manifests as lethargy, slow mentation, and generalized slowing of body functions¹. Disorders of thyroid gland include hypothyroidism, goiter, thyroiditis, hyperthyroidism, thyroid nodules and cancers. Hyperthyroidism is an overactive thyroid gland, there is a sustained increase in synthesis and release of thyroid hormones known as hyperthyroidism². Hyperthyroidism occurs in women more than men, with the highest frequency in persons of 20 to 40 years of age. The most common form of hyperthyroidism is Grave's disease. Grave's disease accounts for up to 80% cases of hyperthyroidism. Hypothyroidism is a deficiency of thyroid hormone that causes general slowing of metabolic rate. The prevalence of hypothyroidism in India is about 3.9%. It is estimated that the prevalence of subclinical hypothyroidism is approximately 9% in the population. Hypothyroidism is more common in women than in men. Iodine deficiency is the most common cause of hypothyroidism worldwide. Enlargement of the thyroid gland is called goiter. In a person with a goiter the thyroid cells are stimulated to grow, which may result in an overactive thyroid (Hyperthyroidism) or underactive thyroid (Hypothyroidism). Thyroid cancer is the most common form of an endocrine system cancer. Among all the cancer cases, thyroid cancer accounts only for 0.1%-0.2%. Incidence of thyroid cancer in India is 1 for males and 1.8 for females per 100,000 population³. Thyroiditis, an inflammation of the thyroid gland, is a frequent cause of goiter. Thyroid problems unless treated properly can lead to various health problems. An overactive thyroid (Hyperthyroidism) may lead to eye problems, such as bulging eyes, blurred or double vision or even vision loss, ophthalmic, heart problems such as tachycardia, atrial fibrillation or heart failure, osteoporosis, red swollen skin, thyrotoxic crisis, which is a worsening of symptoms causing fever, muscle weakness, decreased body weight, intolerance to heat, oligomenorrhea or amenorrhea and delirium. This requires urgent medical attention. Based on the survey conducted in India 2015, the profile of thyroid disorders encountered in pediatric and adolescent age group in India is similar to that seen in most parts of the world except for the prevalence of iodine deficiency disorders in certain endemic regions of this country⁴. Clinical presentation is most commonly for hypothyroidism and goiters and infrequently for hyperthyroidism. Of nearly 800 children referred for thyroid problems, 79% had hypothyroidism, 19% had euthyroid goiter and 2% had hyperthyroidism. Diagnostic delay in hypothyroidism is common and is related to lack of awareness amongst

primary health care practitioners and family physicians as well as the cost availability of laboratory investigations. So, prevention is better than cure. Thyroid problem can be prevented in women by early diagnosis and treatment helps in preventing complications. Lifestyle modification including weight management, nutritional plans, exercise are beneficial in managing thyroid problem patients and is often considered the first line therapy for the treatment and management of thyroid problem.⁵

OBJECTIVES:

The objectives of the study was,

- To assess the knowledge regarding thyroid problem among adolescent girls.
- To evaluate the effectiveness of structured teaching programme on knowledge regarding thyroid problems among adolescent girls.
- To find out the association between pre test knowledge score regarding thyroid problems among adolescent girls and selected demographic variables.

MATERIALS AND METHOD:

Methods:

A quantitative approach is used in that the research design is adopted for the study is one group pre-test, post-test research design. Here independent variable is structured teaching programme regarding thyroid problems among adolescent girls and dependant variable is knowledge of thyroid problems in adolescent girls. The setting will be Infant Jesus Anglo Indian School situated at Kollam. The populations in the study include 60 adolescent girls. Convenience sampling technique was used in this study.

Tools/ Instruments:

The instruments used for the present study are demographic data and structured knowledge questionnaire.

Data collection:

Data will be collected after obtaining prior administrative permission and informed consent from adolescent girls. The tools for data collection procedure are demographic data including age, religion, monthly income, family type, dietary pattern, menstrual pattern. The data collection was conducted from 26/02/2018 to 05/03/2018. The convenience sampling was used to select the samples. Setting for the study is the Infant Jesus Anglo Indian School at Kollam. Initially, the structured questionnaire was given to 60 samples. On the first day, pretest is done by using demographic data and structured knowledge questionnaire regarding thyroid problems. Then structured teaching programme given to the adolescent girls and post test is done after five days by using the same structured knowledge questionnaire regarding thyroid problems.

Data analysis:

The researcher will analyse the data by using descriptive and inferential statistics based on the objectives and hypothesis of the study.

RESULT:

Description of sample characteristics:

This section describe the percentage wise distribution of demographic variables.

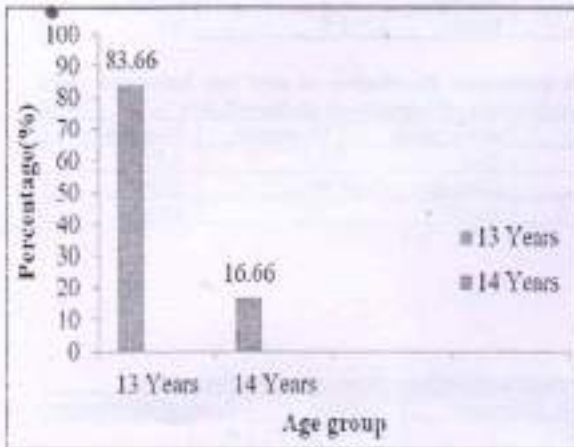


Figure 1: Bar diagram shows that percentage distribution of samples according to age. N=60

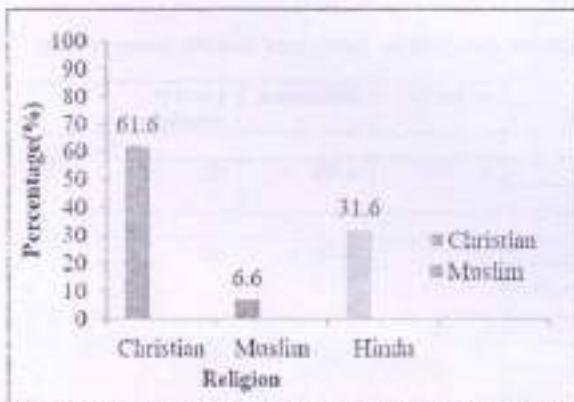


Figure 2: Bar diagram shows the percentage distribution of sample according to religion. N=60

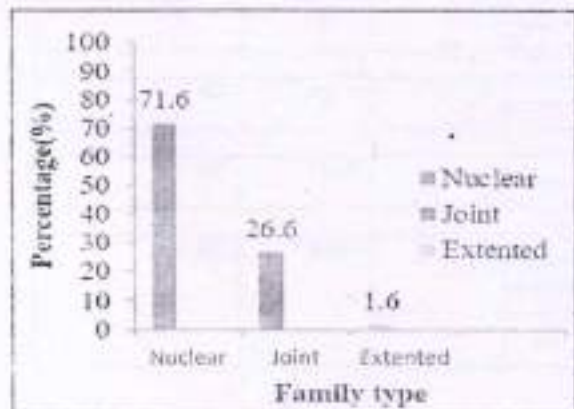


Figure 3: Bar diagram shows the percentage distribution of sample according to family type. N=60

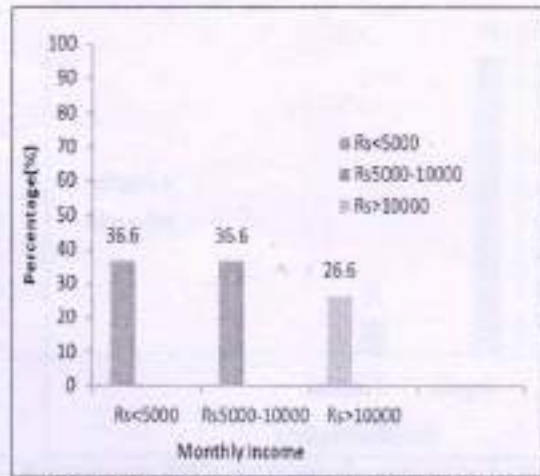


Figure 4: Bar diagram shows the percentage distribution of sample according to the monthly Income. N=60

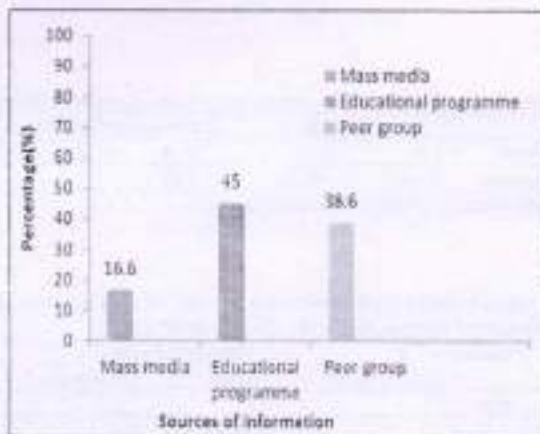


Figure 5: Bar diagram shows the percentage distribution of sample according to the sources of information. N=60

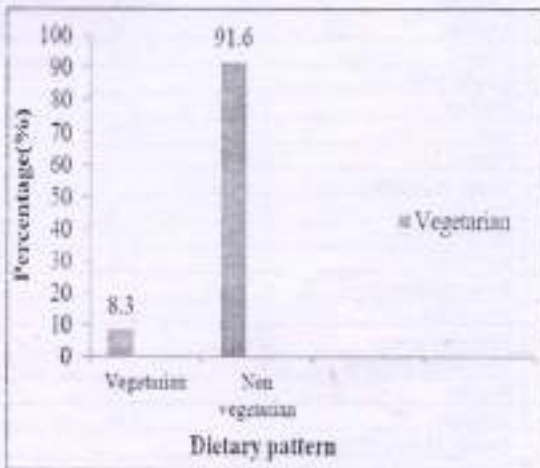


Figure 6: Bar diagram shows the percentage distribution of sample according to dietary pattern. N=60

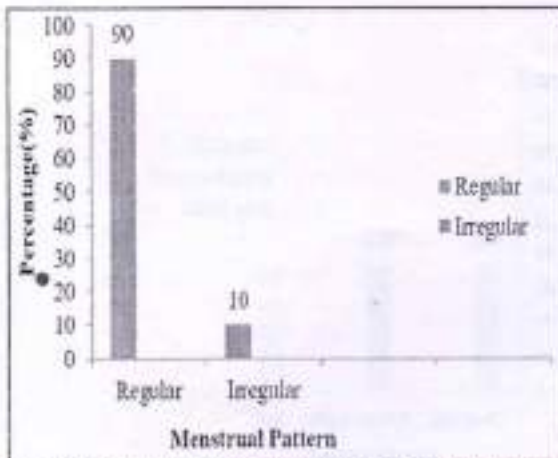


Figure 7: Bar diagram shows the percentage distribution of sample according to the menstrual pattern. N=60

The effectiveness of structured teaching programme on knowledge regarding thyroid problems among adolescent girls.

Table 1: Frequency and percentage distribution of pre-test knowledge score on knowledge regarding thyroid problems among adolescent girls. N=60

Score	Score range	Frequency	Percentage
0-10	Poor	58	96.66%
11-15	Average	2	3.33%
16-20	Good	0	0%

Table 2: Percentage distribution of post test knowledge score regarding thyroid problems among adolescent girls. N=60

Score	Score range	Frequency	Percentage
0-10	Poor	2	3.33%
11-15	Average	41	68.33%
16-20	Good	17	28.33%

Table 3: Mean, standard deviation, mean difference, 't' value on knowledge regarding thyroid problems among adolescent girls.

	N	Mean	Standard deviation	Mean difference	't' value	Level of significance
Pre- test score	60	6.72	2.18	6.83	27.93	←
Post test score	60	14.55	1.92			

t=2.907, significant at 00.05 level of significance

The association between the knowledge score and selected demographic variables like age, religion, family type, monthly income, dietary pattern, menstrual pattern and family history of illness.

Sl No	Variables	Knowledge score			df Values	Chi square	Level of significance
		Poor	Average	Good			
1.	Age				1	0.414	NS
	13years	48	2	0			
	14years	10	0	0			
2.	Religion				2	1.286	NS
	Christian	35	2	0			
	Muslim	4	0	0			
	Hindu	19	0	0			
3.	Family type				2	0.81F	NS
	Nuclear	41	2	0			
	Joint	16	0	0			
	Extend	1	0	0			
4.	Monthly income				2	6.597	S
	Rs<5000	22	0	0			
	Rs5000-10000	20	2	0			
	Rs>10000	16	0	0			
5.	Dietary pattern				1	0.188	NS
	Vegetarian	5	0	0			
	Non vegetarian	53	2	0			
6.	Menstrual pattern				2	0.230	NS
	Regular	52	2	0			
	Irregular	6	0	0			
7.	Family history of thyroid illness				4	1.478	NS
	Father	4	0	0			
	Mother	11	0	0			
	Siblings	1	0	0			
	Other	9	0	0			
	Nil	33	2	0			

NS = non significant, S = significant

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RESEARCH ARTICLE

Effectiveness of Video Assisted Teaching Programme on knowledge regarding the effect of Drug Abuse among adolescents in selected schools at Kollam

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ABSTRACT:

A study was done to evaluate the effectiveness of video assisted teaching programme on knowledge regarding the effect of drug abuse among adolescents in selected schools at Kollam. The objectives of the study were to assess the knowledge regarding the effect of drug abuse among adolescents, to assess the effectiveness of video assisted teaching programme regarding the effect of drug abuse among adolescents, to determine the association between pretest knowledge regarding the effect of drug abuse and selected demographic variables. Quantitative research approach was selected with one group pretest posttest research design. Purposive sampling technique was used. The sample comprised of 60 adolescents studying in selected schools at Kollam. The researcher assesses the effectiveness of video assisted teaching programme using knowledge questionnaire. Video assisted teaching programme was given to group and posttest conducted on fifth day after pretest. The collected data were analyzed using descriptive and inferential statistics. The findings of the study were, the mean posttest score (13.77±1.78) is greater than the mean pretest score (10.07±1.90) and the calculated t value is greater than the table value. which indicate that, there is significant increase in the knowledge regarding the effects of drug abuse among adolescents. The association between level of knowledge regarding the effects of drug abuse among adolescents and selected demographic variables shows association only with religion. There is no association between other demographic variables such as gender, family history, family type, food habits. The present study suggested that video assisted teaching programme improved the knowledge regarding the effect of drug abuse among adolescents.

KEYWORDS: Effectiveness, Video assisted teaching; knowledge, effect of drug abuse, adolescents.

INTRODUCTION:

Adolescence is a transitional phase of growth and development between childhood and adulthood¹. Adolescence is a crucial period for the beginning and experimentation with new things.² Adolescence is the period of development that begins at puberty and ends at emerging adulthood, the typical age range is from 12 to 18 years, and this stage of development has some predictable physical milestones. It offers opportunities

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DISCUSSION:

This study attempted to assess the effectiveness of structured teaching programme on knowledge regarding thyroid problem among adolescent girls. Findings of the study were discussed based on the objectives and hypothesis of the study. Present study shows that, out of 60 samples 96.66% of adolescent girls had poor knowledge, 3.33% had average knowledge and no adolescent girls had good knowledge regarding thyroid problems in pretest. After a structured teaching programme 28.33% had good knowledge, 68.33% had average knowledge and 3.33% had poor knowledge. The present study shows that the mean posttest score 14.55 (± 1.92) was greater than the mean pretest score 6.72 (± 2.13). The 't' test value was 27.93. So that structured teaching programme was effective to increasing the knowledge regarding thyroid problems among adolescent girls. There was significant association between knowledge and demographic variables like monthly income.

RECOMMENDATIONS:

Based upon the study findings, the following recommendations were made for the future study:

- A similar study can be replicated in a large sample to generalize the findings.
- A quasi experimental study can be conducted to assess the level of knowledge regarding thyroid problem among adolescent girls.

CONCLUSION:

The present study aimed to assess the effectiveness of structured teaching programme on knowledge regarding thyroid problems among adolescent girls in selected schools at Kollam. The study results showed that there were a significant improvement in knowledge among adolescent girls after providing a structured teaching programme and were statistically significant at 0.05 level. So the structured teaching was effective in improving level of knowledge regarding thyroid problems.

ACKNOWLEDGEMENT:

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for growth in competence, autonomy, self-esteem and intimacy. Adolescence is a period of experimentation, exploration and search for self and risk taking. Drug abuse is an illness which can be characterized as destructive use of many serious health related and social behavioral problems. Psychological behavior changes associated with substance abuse may be mood disorder such as depression, anxiety, thought disorder such as Schizophrenia as well as personality disorder like antisocial personality traits. In adolescence, the drug abuse is a major problem defining the youth in both developed and developing countries.

According to National survey on drug abuse and health, in 2013, an estimated 24.6 million Americans aged 12 or older years were current illicit drug users. Marijuana was the 60 most commonly used illicit drug in 2013. There were 19.8 million past month users in 2013 which was similar to the member and rate in 2012 that is 18.9 million or 7.3% slightly more than half of 52.2% of Americans aged 12 or older reported being current drinkers of alcohol in 2013 survey.

NEED FOR THE STUDY:

Fortunately, cost – effective measures targeting drug abuse treatments are available. The fact increases motivation to conduct studies in order to improve interventions compatible with cultural issues. Various countries have taken measures at society level to change knowledge and attitude of the society toward illegal drugs. These interventions aimed to prevent illegal drug abuse especially among teenagers. In all countries, illegal drug economy plays a prominent role in national it is one of a public health problem globally. The prevalence of substance abuse among youth is alarming. The problem not only harms individuals but also negatively affects families and society. It is associated with various social and economic factors.

One of the most widely discussed public health problem in the world is the health impact of tobacco use which kills more than 6 million people every year. The Global adult Tobacco Survey reports that the prevalence of any form of tobacco use in Kerala among the adult made population is 35.5%. Globally, the numbers of drug, related death among youth were 211,000 in 2011-2012.⁷ In India, an NGO Survey revealed that 63.6% of children's coming in for treatment was introduced to drug at a young age below 15 years. According to report, 13.1% of the people involved in drug and substance abuse in India, are below 20 years. Heroin, Opium, Alcohol, Cannabis, and Propoxyphene are the five most common drugs being abused by children in India. A Survey shows that of all Alcohol, Cannabis, and Opium users 2%, 3% and 0.1% are below the age of eighteen. Overall 0.4% and 4.6% of total treatment seekers in various states were Children's.⁸

OBJECTIVES OF THE STUDY:

- To assess the existing knowledge regarding the effect of drug abuse among adolescents.
- To assess the effectiveness of video assisted teaching program on knowledge regarding the effect of drug abuse among adolescents.
- To find out the association between selected demographic variables and knowledge regarding the effect of drug abuse among adolescents in selected schools at Kollam.

Hypothesis:

There will be significant association between knowledge regarding the effect of drug abuse among adolescents and the selected demographic variables among adolescents in selected schools at Kollam.

MATERIALS AND METHODS:

Research Approach:

The research approach adopted in this study was Quantitative approach.

Research design:

The research design was pre- experimental design.

Setting of the study:

The study was conducted in St. Aloysius Higher Secondary School at Kollam district.

Population:

The population comprises of adolescence who are in the age group 14-17 years studying in St. Aloysius Higher Secondary School, Kollam.

Sample:

The sample includes adults of age group 14-17 years studying in St. Aloysius Higher Secondary School, Kollam.

Sample size:

The sample size was 60.

Sampling technique:

The researcher adopted purposive sampling technique.

Criteria for sample selection:

Inclusion Criteria

- Adolescents of age group 14-17 years.
- Those who are available at the time of data collection.
- Those who can follow Malayalam language.

Exclusion Criteria:

- Those who have already attended a formal education on effect of drug abuse.
- Those who are mentally unhealthy.

Description of the instrument:

Section A:

- Demographic data, which include:
- Age
- Gender
- Family History of Drug Abuse
- Personal History of drug Abuse

Section B:

Consists of multiple choice question for assessing the knowledge regarding the effect of drug abuse including general question, causes, effect, treatment, prevention of drug abuse.

Data collection procedure:

The data collection will conducted on 26.02.2018 to 03.03.2018, in St Aloysius higher secondary school Kollam. The data collection plan through using a structured questionnaire on their knowledge regarding the effect of drug abuse among adolescence. The data will collected after obtaining administrative approval and consent from principal of selected school. The subjects were selected based on inclusion and exclusion criteria. Purposive sampling technique is used to select the sample. A total of 60 samples are selecting by purposive sampling technique. After conducting the pretest the researcher will give the intervention. After five days the posttest will conduct and the study finding will assessed by using the same tool.

Section A

Distribution of sample according to the selected demographic data

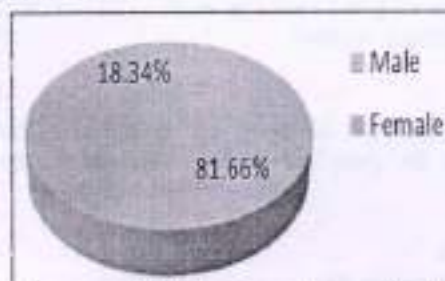


Figure-1: Percentage distribution of samples according to gender.

The data in figure-1 shows that 81.66% of the samples were males and 18.34% samples were females.

The data in figure-2 shows that 60% of the sample belongs to Christian and 39% belongs to Hindu, 1% of the sample belongs to Muslim and 0% among other religion.

The data shows 90% of the sample belongs to nuclear family and 10% of the sample belongs to joint family. The data regarding the family history, 70% of the sample has no family history of drug abuse and 30% of the

sample has family history of drug abuse. The data shows 93.3% of the sample are non-vegetarian and 6.7% of the samples are vegetarian.

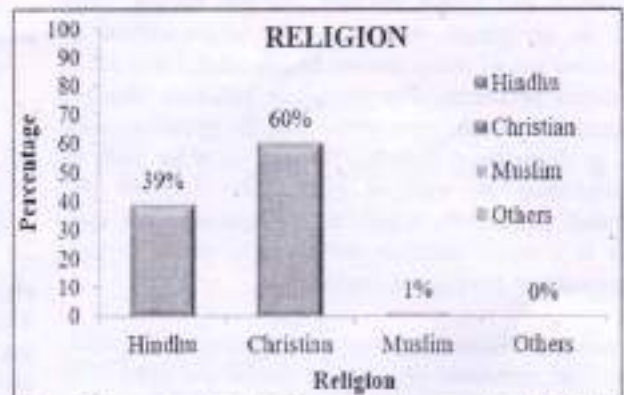


Figure-2: Percentage distribution of samples according to Religion.

Section B

The pretest knowledge regarding the effect of drug abuse:

This section deals with the distribution of adolescence based on the pretest knowledge of the effect of drug abuse.

Knowledge scores were graded into poor, average, and good based on the scores obtained in pretest. Below 10 of scores were graded a poor level of knowledge; 11-15 were graded in average level of knowledge; 16-20 were having good level of knowledge.

In this section the data shows that, 56.6% of the sample had poor pretest knowledge and 43.3% had average pretest knowledge regarding the effect of drug abuse.

Section C:

The posttest knowledge on the effect of drug abuse:

This section deals with the distribution of adults based on the posttest knowledge of the effect of drug abuse. The data shows that 75% sample had average knowledge, 20% sample had good knowledge, and 5% sample had poor knowledge on the effect of drug abuse.

Section D:

Table -1 Comparison of pretest and posttest knowledge regarding the effect of drug abuse

	Mean	S.D	M.D	't'	Significance
Pre test	10.07	1.90	3.7	14.133	S
Post test	13.77	1.78			

At 0.05 level of significant

The data in table 2 shows that the mean difference is 3.7. The post-test mean (13.77) is greater than pre-test mean (10.07) which indicate the significant increase in the knowledge score of the adolescence. Since calculated 't' value (14.13) is greater than the tabulated 't' value, $p < 0.05$ test is significant. So hypothesis H_1 is accepted.

Section E:

Effectiveness of video assisted teaching.

The data shows that the mean difference is 3.7. The posttest mean is 13.77 is greater than pretest mean 10.07 which indicate the significant increase in the knowledge score of the adolescence. The calculated 't' value is 14.13 is greater than the table value 2. Hence the H₂ is rejected and H₁ is accepted. It reveals that the video assisted teaching programme was effective.

Section F

Association between pretest knowledge among adolescence and selected demographic variables.

In the case of religion the degree of freedom was 2 and the chi square value 7.84 which was greater than table value 5.99 at 0.05 level of significance. so there is an association was found between religion and pretest knowledge. in case of gender the degree of freedom was 1 and chi square value 1.41 which was lesser than table value 3.84 at 0.05 level of significance. So no association was found between gender and pretest knowledge. In case of family type also no association was found between was 1 and the chi square value 0.121 which was lesser than table value 3.84 at 0.05 level of significance. In family history the degree of freedom was 1 and the chi square value 0.816 which was lesser than table value 3.84 at 0.05 level of significance. So the data reveals there is no association between family history and pretest knowledge. In case of food habits the degree of freedom was 1 and the chi square value 0.587 which was lesser than table value 3.84 at 0.05 level of significance. so there is no association between food habits and pretest knowledge.

Hence except for religion there no association was found between pretest knowledge and selected demographic variables.

RESULT:

Section A

Distribution of sample according to the selected demographic data:

The section deals the sample characteristics under the study. The data shows that, 60% of the sample belongs to Christian and 39% belongs to Hindu, 1% of the sample belongs to Muslim and 0% among other religion. The data reveals that 81.66% samples were males and 18.3% samples were females.

The data shows 90% of the sample belongs to nuclear family and 10% of the sample belongs to joint family. The data regarding the family history, 70% of the samples not have family history of drug abuse and 30% of the sample have family history of drug abuse. The data shows 93.3% of the sample are non-vegetarian and 6.7% of the samples are vegetarian.

Section B:

The pretest knowledge regarding the effect of drug abuse.

Knowledge scores were graded into poor, average, and good based on the scores obtained in pretest. Below 10 scores were graded a poor level of knowledge. 11-15 were graded in average level of knowledge; 16-20 were having good level of knowledge.

In this section the data shows that, 56.6% of the sample had poor pretest knowledge and 43.3% had average pretest knowledge regarding the effect of drug abuse.

Section C

The posttest knowledge on the effect of drug abuse

The data shows that 75% sample had average knowledge, 20% sample had good knowledge, and 5% sample had poor knowledge on the effect of drug abuse.

Section D

Comparison between pretest and posttest knowledge score regarding the effect of drug abuse:

The data shows that mean pretest knowledge score was 10.07 and posttest score was 13.77 mean differences for the samples between pretest and posttest was 3.7 Which indicates an improvement in posttest level of knowledge.

Section E:

Effectiveness of video assisted teaching.

The data shows that the mean difference is 3.7. The posttest mean is 13.77 is greater than pretest mean 10.07 which indicate the significant increase in the knowledge score of the adolescence. The calculated 't' value is 14.13 is greater than the table value. Hence the H₂ is rejected and H₁ is accepted. It reveals that the video assisted teaching programme regarding the effect of drug abuse among adolescence was effective.

Section F:

Association between pretest knowledge among adolescence and selected demographic variables.:

In the case of religion, the degree of freedom was 2 and the chi square value 7.84 which was greater than table value 5.99 at 0.05 level of significance. so there was an association found between religion and pretest knowledge. in case of gender the degree of freedom was 1 and chi square value 1.41 which was lesser than table value 3.84 at 0.05 level of significance. So there was no association between gender and pretest knowledge. In case of family type also, there was no association with the chi square value 0.121 which was lesser than table value 3.84 at 0.05 level of significance. In family history the degree of freedom was 1 and the chi square value 0.816 which was lesser than table value 3.84 at 0.05 level of significance. So the data reveals there is no association between family history and pretest knowledge. In case of food habits the degree of freedom

was 1 and the chi square value 0.587 which was lesser than table value 3.84 at 0.05 level of significance so there is no association between food habits and pretest knowledge.

Hence, except for religion there was no association between pretest knowledge and selected demographic variables.

SUMMARY:

This study was undertaken to evaluate the effectiveness of video assisted teaching programme on knowledge regarding the effect of drug abuse among adolescents in selected schools at Kollam. An experimental research approach was adopted for the study

CONCLUSION:

The study aimed to assess the effectiveness of video assisted teaching programme on knowledge of adults regarding the effect of drug abuse. The study is found to be effective. These types of studies can be conducted in other settings with larger population.

The present study was conducted to evaluate effectiveness of video assisted teaching programme knowledge of adults regarding the effect of drug abuse. Nursing implication of this study included in the area of nursing practice, Nursing education, nursing administration and nursing research

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was 1 and the chi square value 0.587 which was lesser than table value 3.84 at 0.05 level of significance so there is no association between food habits and pretest knowledge.

Hence, except for religion there was no association between pretest knowledge and selected demographic variables.

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This study was undertaken to evaluate the effectiveness of video assisted teaching programme on knowledge regarding the effect of drug abuse among adolescents in selected schools at Kollam. An experimental research approach was adopted for the study.

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To
Prof. Bhasura Chandrachood,
Nursing Tutor,
Bishop Benziger College of Nursing, Kollam.

Dear author/s

I have pleasure to inform you that your following paper has been accepted for publication in International Journal of Nursing Care

**A STUDY TO ASSESS THE STRESS AND COPING STRATEGIES ADOPTED
AMONG THE MOTHERS OF BABIES ADMITTED IN NICU OF A SELECTED
HOSPITAL AT KOLLAM**

Bhasura Chandrachood¹, Rakhi. K Sundar², Betsy.KJayims³, Soly Thomas⁴, Sony John⁵

1. *Professor, Head of the department, Department of Child Health Nursing, Bishop Benziger College of Nursing, Kollam.*
2. *Nursing Tutor, Department of Child Health Nursing, Bishop Benziger College of Nursing, Kollam.*
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4. *Nursing Tutor, Department of Child Health Nursing, Bishop Benziger College of Nursing, Kollam.*
5. *Clinical instructor, Department of Child Health Nursing, Bishop Benziger College of Nursing, Kollam.*

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With regards

Yours sincerely

Prof R K Sharma

Editor

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16/1/17

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SPIRITUAL WELLBEING OF PATIENTS WITH STROKE AND THEIR EXPERIENCE ON SPIRITUAL CARE COMPETENCE OF NURSES

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ABSTRACT

Spiritual Wellbeing is a state that provides inner harmony. It enables an individual to perform activities in accordance with ethical and religious beliefs in daily life. It facilitates coping among patients with chronic illness. The study discusses the findings related to spiritual wellbeing of patients with stroke and their experience related to spiritual care competence of nurses who were undergoing a training program on spiritual nursing care in the selected unit. A significant difference was found in the spiritual wellbeing of patients on day 10, day 15 and day 20 when compared to pre test (U=230.657 P<0.001). Patients experience related to the spiritual care competence of their nurses also has shown a significant difference from pre test to post test (Z=7.19 P<0.001).

Keywords: Spiritual wellbeing, nurses, spiritual care competence

INTRODUCTION

Stroke is one of the leading causes of adult disabilities and comes as unanticipated shock to patients. Spiritual wellbeing can motivate stroke patients towards effective coping. It can reduce anxiety related to disease process and rehabilitation¹. Religious affiliations are found to have positive effect on spiritual wellbeing. Attitude of nurses towards spiritual care and their spiritual wellbeing has shown positive correlation with spiritual care competence². Enhancing spiritual wellbeing of stroke patients is a vital function of nurses and it can be achieved through practice of holistic care including spiritual care³.

Statement of the problem

A study to assess the Spiritual wellbeing of patients with stroke and their experience on spiritual care competence of nurses in a selected stroke unit

Objectives

- To assess and compare the spiritual wellbeing of patients with stroke during their hospitalization
- To assess and compare the experience of patients with stroke, on spiritual care competence of nurses in the selected stroke unit

Research Hypotheses

- H1: There will be a significant difference in spiritual wellbeing of patients with stroke during hospitalization
- H2: There will be a significant difference in the experience of stroke patients regarding spiritual care competence of nurses assigned to them during hospitalization.

MATERIALS AND METHODS

Research Approach and Design

In this study a quantitative approach⁴ with non-experimental comparative design was used to assess the spiritual wellbeing of patients with stroke and their experience on spiritual care competence of nurses assigned to them.

Sample

70 patients with stroke who were admitted to the stroke unit of the selected hospital was included in the study.

Sampling Technique

Total enumerative sampling was used and all patients with stroke who fulfilled the inclusion and exclusion criteria were selected for the study.

Inclusion criteria

All patients with stroke who were admitted to the selected unit for a minimum period of one week prior to data collection, literate and able to communicate were included in the study.

Exclusion criteria

Patients who were non believers in spirituality and not willing to participate were excluded.

Tool

The tool used for the study had three sections. Section A dealt with demographic data of participants. Section B was the Spiritual Well Being Scale (FACIT Sp.Ex-version 14) which is a standardized scale with 23 items on a rating scale of 0 to 4 and Section C was a questionnaire on patient's experience regarding

spiritual care competence of nurses. Section B and C were self administered by the participants.

Data Collection Process

After explaining the purpose of study, informed consent was obtained from the participants. Pre-test data was collected on Day 1 using Section A, Section B and Section C of the tool. It took nearly 40 minutes by the patients to complete the questionnaire.

Post test data regarding spiritual wellbeing was obtained on Day 10 and Day 15. On day 20, both Section B (FACIT Sp-Ex version 14) and Section C, Questionnaire on patients experience regarding spiritual care competence of nurses was administered. All ethical principles were followed during the study and no risks were encountered.

Ethical Consideration

Formal permission was obtained from hospital authorities and informed consent was taken from the patients. Also written approval was obtained from the Institutional Human Ethics committee of Saveetha University (004/11/2013/IEC/SU dated 15th November 2013). Data collected were kept confidential, confidentiality was assured to participants and all ethical principles were followed throughout the study.

Statistical Analysis

Results were analyzed using both descriptive and inferential statistics. Non parametric tests were used for analysis as the data was discrete and there were outliers. Kruskal Wallis one way analysis of variance was used to assess the improvement in spiritual wellbeing of patients from pre-test to post test 1, post-test 2 and post-test 3. Wilcoxon Signed Rank Test was used to compare the patients experience regarding spiritual care competence of those nurses assigned to them who were undergoing the 10 hour spiritual care training program. The analysis and plotting of graphs were carried out using the Sigma Plot 12(Systat Software Inc., USA).

RESULTS

Demographic Variables

Majority of the participants (58.5%) were males and 91% were above 50 years of age. 47% were Christians (figure 3), 95.7% were married and 45.7% had two children. Majority, (54.2%) were educated up to secondary school, 42.8% didn't had a specific job and 34.2% had a monthly income of 5000 to 15000. 82.8% belonged to nuclear family. No association was found between spiritual well being of patients and selected demographic variables.

Spiritual Well being of patients with Stroke

Figure 1 shows the box plot on significant improvement in spiritual wellbeing of patients from Pre-test to Post-test 1, post-test 2 and post-test 3. It shows the median value, 25th percentile, 75th percentile and level of significance. The median value of pre-test, post-test 1, post-test 2 and post-test 3 were 48.5, 75, 80.5 and 89 respectively and there was a significant difference in spiritual wellbeing of the patients ($H=230.657$, $P<0.001$). Also there was significant difference in spiritual wellbeing of patients from pre-test to post-test 1 ($Q=5.8$), Post-test 2 ($Q=10.351$) and post-test 3 ($Q=14.431$). All values were significant at $P<0.001$

level. It shows that spiritual wellbeing can be enhanced in a short duration of 10 days if a spiritual care ambience prevails in the unit.

Patients experience regarding spiritual care competence of nurses assigned to them.

Figure 2 shows the box plot on comparison of patients experience regarding spiritual care competence of those nurses assigned to them from pre-test to post-test. It shows the median value, 25th percentile, 75th percentile and level of significance. The median value of pre-test was 53.5 and that of post-test was 75. There was a significant difference in patients experience regarding spiritual care competence of those nurses assigned to them ($Z=7$, $P<0.001$). It can be inferred that patients were able to identify in general the spiritual care competence of nurses which contributed to their spiritual wellbeing and nurses were equipped to provide spiritual care in a way that was noticed by patients.

DISCUSSION

Spiritual wellbeing is significant component of total wellbeing. It has become of central importance in many health care settings as researchers continue to study its effects upon health⁵. It can promote patients recovery and help them to successfully go through rehabilitation phase. Patients capacity to accept life with certain disabilities, positive outlook to future, feeling of internal peace etc are reflections of spiritual wellbeing. Hospital environment plays a significant role; especially nurses have a prominent role in identifying and meeting the spiritual needs of patients. Spiritual wellbeing enables the patient to adhere to disease management and rehabilitation programs and it empowers them to learn to live with disabilities.

A study conducted on a group of women with end stage renal disease and dialysis has found that spiritual wellbeing has provided them with strength to endure and accept the diagnosis as well as self acceptance. It helped them to buffer negative coping, live day to day thus fostering coping⁶.

An Iranian study⁷ has explored the spiritual wellbeing of 236 patients with multiple sclerosis using spiritual Wellbeing Scale using a descriptive co relational approach. 97.9% of the samples has shown moderate spiritual wellbeing, existential wellbeing was more than religious wellbeing and a relation was found between economic status and spiritual wellbeing.

A pilot study was conducted on role of religious and spiritual beliefs in stroke rehabilitation of 112 stroke patients who underwent a two months rehabilitation program. Hospital Anxiety and Depression scale was used to assess the mood and a semi structured interview (Registered Tree Interview) was conducted to assess religious and spiritual beliefs of participants. Functional studies also were assessed by means of Functional Independence Measure. Statistical analysis showed no association between faith and recovery of functional independence of participants⁸.

The present study findings were supported by the study conducted by Ruder S in which the investigator reported no correlation between spiritual well being and demographic variables such as age and sex. It also supports the fact that spiritual wellbeing of the patient can be enhanced if the nurses are prepared to address the spiritual needs of patients⁹.

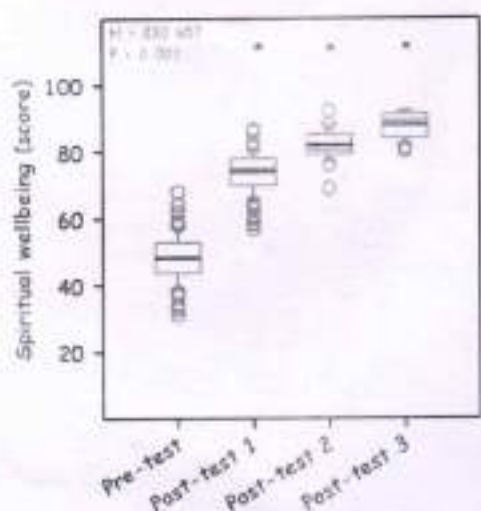


Figure 1: Spiritual wellbeing of patients with stroke in pre-test, post-test 1, post-test 2 and post-test 3.
The middle pink line is median and the blue line is mean (n = 70 each). The 'H' and 'P' values are by Kruskal Wallis one way analysis of variance on ranks.
*Significantly different from pre-test.

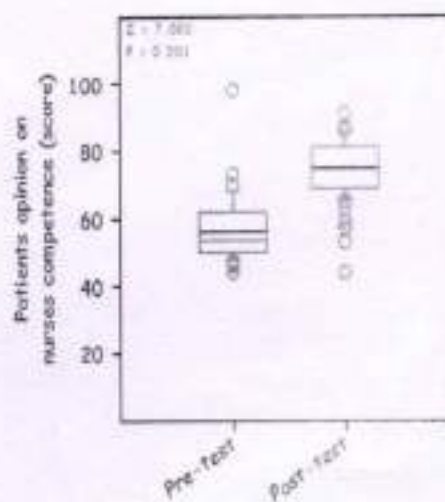


Figure 2: Patients experience on nurses spiritual care competence
The middle pink line is median and the blue line is mean (n = 70 each). The 'Z' and 'P' values are by Wilcoxon signed rank test.
*Significantly different from pre-test.

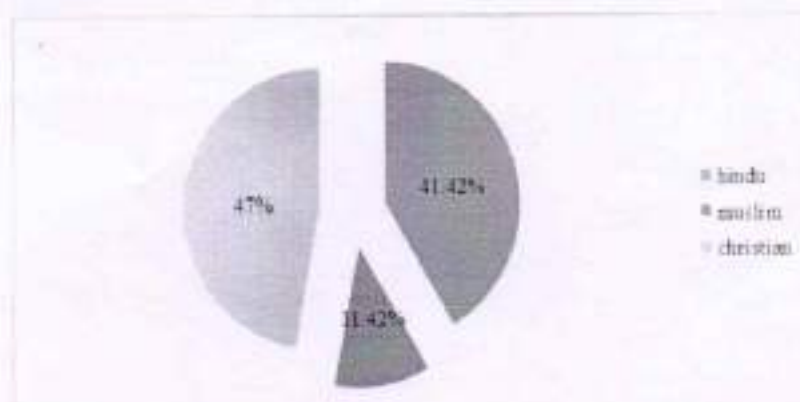


Figure 3: Distribution of sample based on religion

CONCLUSION

Holistic nursing care cannot exist without considering the spiritual well being of patients. A detailed analysis of spiritual wellbeing of patients with stroke and comparison of patients experience regarding spiritual care competence of those nurses assigned to them from pre-test to post-test was done. Results have shown that there was a significant improvement in spiritual wellbeing of patients and significant difference in their experience related to spiritual care competence of nurses assigned to them.

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SPIRITUAL CARE COMPETENCE OF NURSES: A PRE EXPERIMENTAL STUDY

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ABSTRACT

Spiritual care is an inseparable element of nursing. Nurses have identified the importance of enhancing patient's spiritual health, and established nursing theories support holistic nursing care with special mention to spiritual component. The present study was undertaken to assess the effectiveness of spiritual care training program on spiritual care competence of nurses in a selected setting. A pre experimental, one group pretest-post test study design was used with repeated measures. 10 hours training program was given to 50 nurses working in the stroke unit selected for the study and Kruskal wallis one way analysis of variance on rank was used to compare the nurses competence on spiritual care from pre-test to post test. 1)post-test 2 and post-test 3 Intervention was found to be effective in significantly improving spiritual care competence of nurses

Keywords: Spiritual care competence, nurses, spiritual care training

INTRODUCTION

Nurses play a significant role in providing holistic care to patients. Nurses have identified the importance of enhancing patient's spiritual health, and established nursing theories that support holistic nursing care with special mention to spiritual component. Formally spiritual care has been included in nursing curricula and nursing codes, but nursing educational institutions devote little attention to the development of competence of students in this domain of care. The result is unfamiliarity with spiritual care in the nursing profession and nurses being not well prepared for providing spiritual care^{1, 2}. Also accreditation agencies now mandate inclusion of spiritual care as a part of holistic care. Nurses doubt that their own spiritual /religious beliefs may interfere with that of patients while providing spiritual care. Thus nurses' awareness about their own spirituality and its relationship to care giving is an important factor that may influence the spiritual care competence of nurses. Need for spiritual care, which is a significant element of holistic approach³ can be identified for all patients but it is found as a priority need among patients with chronic illness who needs long term and rehabilitative care

Statement of the problem

A study to assess the effectiveness of spiritual care training program for nurses on their spiritual care competence

Objectives

- To assess the spiritual care competence of nurses before and after spiritual care training program.
- To compare the spiritual care competence of nurses before and after spiritual care training program.

Research Hypotheses

- H1: There will be a significant difference between spiritual care competence of nurses before and after spiritual care training program.
- H2: There will be a significant association between spiritual care competence and selected demographic variables of nurses.

MATERIALS AND METHODS

Research Approach and Design

The present study adopted quantitative approach⁴ with pre experimental design to assess the effectiveness of spiritual care training program for nurses on spiritual care competence of nurses.

Sample: 50 registered nurses working in the stroke unit of the selected hospital setting was selected for the study

Sampling technique

Total enumerative sampling was used and all nurses who fulfilled inclusion and exclusion criteria were selected for the study

Inclusion criteria: All registered nurses working in the selected unit and willing to participate in the study

Exclusion criteria: Nurses who were on floating duty at the time of study and nurses who were non believers in spirituality.

Tool

Tool used for the study had two sections. Section A dealt with demographic variables of nurses and section B was the Spiritual Care Competence Scale^{5,6}. It is a 27 item, self rated valid and reliable standardized questionnaire which tests nurses

competency on six domains. These domains were labelled as assessment and implementation of spiritual care (Cronbach's alpha 0.82), professionalization and improving quality of spiritual care (Cronbach's alpha 0.82), personal support and patient counseling (Cronbach's alpha 0.81), referral to professionals (Cronbach's alpha 0.79), attitude towards patient's spirituality (Cronbach's alpha 0.56) and communication (Cronbach's alpha 0.71). Higher the score, better will be the spiritual care competence of nurses.

Data Collection process

Phase I: Pre test data was collected on an individual basis from each participant at the end of shift duty. Spiritual care training program was planned in collaboration with continuing nursing education department and conducted in class room setting of the hospital in two batches of 25 each.

Phase II: The 10 hours of Training Programme on Spiritual Care included topics on -Introduction to spiritual care in nursing, Grief process and patients responses, spiritual values in human relation, Nursing process application in relation to spiritual needs, Professional standards and quality assurance in spiritual care-nurses role. The training program that included exercises to study participants on value clarification, self awareness and development of nursing care plan based on a case scenario were given to study participants for two days (5hours/day) in collaboration with the in service education department of the hospital. It took 4 days to complete the training program

Phase III: Reinforcement was given using pamphlet on spiritual nursing care on Day 10 and Flyers were displayed in nurses stations of the selected units on day 15. Post- test data were collected on 10th day, 15th day and 21st day after completing training program

Ethical Consideration

The study was conducted after getting approval from Institutional Human Ethics Committee of Saveetha University (004/11/2013/IEC/SU dated 15 November 2013). Permission also was obtained from the selected setting-. Informed consent was obtained after clarification of doubts. Data collected were kept confidential, confidentiality assured and all the ethical principles were followed throughout the study.

Statistical analysis

Data was analyzed using descriptive and inferential statistics. Mean and SE were computed. Kruskal wallis one way analysis of variance on rank was used to compare the nurses competence on spiritual care from pre-test to post test 1, post-test 2 and post-test 3. Chi square was used to find the association between spiritual care competence of nurses and selected demographic variables

RESULTS

All nurses were females.

Table 1: The scores obtained by nurses in various domains of Spiritual Care Competence Scale has shown a significant

difference in the competence of nurses in all six domains as well as overall competence of spiritual care, before and after the training program. A significant difference was found between the scores obtained by nurses in pre-test 1 and post-test 1, 2 and 3 on the domain 1-attitude toward patient spirituality (H=94.602, P< 0.001), domain 2-communication (H=69.765, P< 0.001), domain 3- assessment and implementation of spiritual care. (H=113.160, P< 0.001), domain 4- Referral. (H=89.740, P< 0.001), domain 5- Personal support and patient counseling (H=117.883, P< 0.001), domain 6- Professionalization and improving the quality of spiritual care (H=95.177, P< 0.001) and overall competence (H=134.219, P< 0.001)

Table 2 shows that 66% of the nurses belonged to the age group of 20-30 years, 28% had scored less than 25th percentile (chi square=1.36, not significant), 64 % were married, 28% had scored less than 25th percentile (chi square=2.2, not significant). With regard to religion, 82% of nurses were Christians, and 20% of them scored more than 75th percentile. Majority of the nurses (68%) were diploma holders in nursing and an equal percentage (10%) of diploma and degree holders in nursing had scored more than 75th percentile (chi square=3.58, not significant). Most of the nurses (38%) had an experience of 2-5 years. (chi square=3.8, not significant) 90% of the nurses did not have any previous exposure to spiritual care training programme (chi square=7.57, not significant)

Figure 1 indicates the comparison of overall spiritual care competence of nurses before and after spiritual care training program.

DISCUSSION

The 10 hours training program that included power point presentations and group works was found to be effective in significantly improving the spiritual care competence of nurses. Nurses did not differ significantly in their attitude to patient spirituality between pre-test and post test 1. It can be inferred that a change in attitude usually needs more time to develop. In all other domains, a significant increase in competence of nurses was noted from pre test to post-test showing the effectiveness of training program.

Nurses competence in spiritual care gives a holistic perspective to patient care. A well planned training program gives more clarity to the concept of spiritual care and nurses role in various domains of spiritual care for patients. A study conducted by Burkhart L, William Schmidt has found a statistically significant increase in nursing students' perceived ability in providing spiritual care, particularly in complex family clinical situations before and after a planned training program⁷.

A qualitative study has explored the perceived impact of the study unit Spiritual Coping in Illness and Care on qualified nurses⁸. Participants found the study unit as a resource for updating their knowledge on spirituality in care and increased self-awareness of their own spirituality and nursing care. They acknowledged their role as change agents in order to implement holistic care in collaboration with the multidisciplinary team. Recommendations were proposed to integrate the spiritual dimension in education and patient care.

Table 1: Comparison of domain wise and overall competence of nurses in spiritual care competence in pre test and post test 1, post test 2 and post test 3

Sl. no.	Parameter/domain	Group	Median	Mean	SE	Percentile 25-75	Statistical details
1	Domain 1 Attitude towards patient spirituality	Pre test	15	14.36	0.25	13-16	H=54.602 P<0.001
		Post test 1	16	14.74	0.48	13-17	
		Post test 2	17	16.52	0.3	14.750-18	
		Post test 3	19	19.16	0.21	19-20	
2	Domain 2 Communication	Pre test	6	6.54	0.23	5-8	H=69.765 P<0.001
		Post test 1	8	7.58	0.22	6.750-9	
		Post test 2	9	8.6	0.16	8-9	
		Post test 3	9	9	0.09	9-9	
3	Domain 3 Assessment and implementation of spiritual care	Pre test	17	16.74	0.62	13-20	H=113.100 P<0.001
		Post test 1	21	19.74	0.75	18-23	
		Post test 2	23	22.48	0.57	19.750-26	
		Post test 3	28	27.74	0.26	27-29	
4	Domain 4 Referral	Pre test	9	9.1	0.27	8-10	H=89.740 P<0.001
		Post test 1	11	10.5	0.42	9-12.250	
		Post test 2	12	12.16	0.25	11-13.250	
		Post test 3	13	13.58	0.2	13-14	
5	Domain 5 Personal support and patient counselling	Pre test	17	17.52	0.49	15-20	H=117.883 P<0.001
		Post test 1	22	20.82	0.76	19-25	
		Post test 2	26	24.86	0.45	23-27	
		Post test 3	28	27.16	0.28	26.750-29	
6	Domain 6 Professionalization and improving the quality of professional care	Pre test	15	15.7	0.68	12-20	H=95.177 P<0.001
		Post test 1	21	20.28	0.8	19-24	
		Post test 2	21	21.22	0.48	19-23	
		Post test 3	26	25.9	0.31	24-27	
7	Overall spiritual care competence of nurses	Pre test	78	79.96	1.86	70-89.250	H=134.219 P<0.001
		Post test 1	96	93.38	2.97	89.750-106	
		Post test 2	109	105.84	1.56	97.750-113	
		Post test 3	124	122.54	0.624	118.750-126	

Table 2: Association of spiritual care competence of nurses with selected demographic variables

Sl. no.	Demographic variables	Spiritual care competence						Chi square	P value
		<25 percentile (<70)		25-75 percentile (71-90)		>75 percentile (>90)			
		No.	%	No.	%	No.	%		
1	Age							1.36	0.5 NS
	20-30	8	16	17	34	8	16		
	31-50	6	12	9	18	2	4		
2	Marital status							2.20	0.33 NS
	Married	11	22	16	32	5	10		
	Unmarried	3	6	10	20	5	10		
3	Religion							4.14	0.12 NS
	Hindu	5	10	3	6	1	2		
	Christian	9	18	23	46	9	18		
4	Professional qualification							3.58	0.16 NS
	GNM	12	24	17	34	5	10		
	B.Sc. and above	2	4	9	18	5	10		
5	Duration of experience							3.8	0.7 NS
	Less than 1 year	0	0	4	8	1	2		
	1-2 years	2	4	5	10	2	4		
	2-5 years	5	10	10	20	4	8		
	>5 years	7	14	7	14	3	6		
6	Prior exposure to spiritual care training							7.57	0.02 NS
	Yes	4	8	1	2	0	0		
	No	10	20	25	50	10	20		

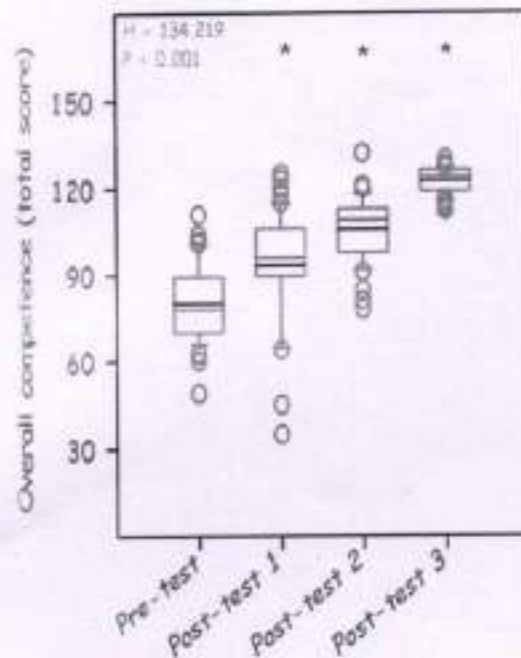


Figure 1: Comparison of overall spiritual care competence of nurses before and after spiritual care training program
The middle pink line is median and the blue line is mean (n=50 each). The H and p values are by Kruskal Wallis one way analysis of variance on ranks. *significantly different from pre test

CONCLUSION

The study has shown positive and encouraging results with regard to the effectiveness of spiritual care training program on improving spiritual care competence of nurses. Further studies can be planned with an experimental design with more sample size.

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A Study to Assess the Knowledge, Attitude and Practice of Housewives Regarding Domestic Waste Water Management in Selected Community Areas, Kollam

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Abstract: Water is a transparent fluid which forms the major constituent of the fluids of living things. The global water crisis claims 3.4 million lives each year. When people gain access to clean water, jobs are created, sickness is prevented, childhood are restored, and communities are transformed. The study was conducted to assess the knowledge, attitude and practice of housewives regarding domestic waste water management in selected community areas, Kollam. The objectives of the study were to assess the level of knowledge of housewives regarding domestic waste water management, assess the attitude of housewives regarding domestic waste water management, assess the practice of housewives regarding domestic waste water management and to find out the association between knowledge scores of housewives and selected demographic variables. The researchers used descriptive research design. Convenient sampling method was adopted to select 60 housewives from two nagars of Pallithottam community area under Bishop Benziger community health centre as the samples. The results of the study showed that more than half of the samples (53.33%) possessed poor level of knowledge, 45% had average knowledge and 1.66% had good knowledge regarding waste water management. All the samples had favorable attitude towards waste water management, 36.6% of the samples had poor level of practice, 30% had average level of practice and 33.33% had good level of practice and the socio demographic variables like education and source of information had significant association with knowledge scores. The study concluded that more than half of the samples had good knowledge regarding waste water management, all the samples had favorable attitude towards waste water management and 36.6% of the samples had poor level of practice. The researchers felt that intense education programs on waste water management and more studies to assess the barriers in practice are very important to improve the health of the community.

Keywords: Pallithottam community, housewives, health, water management

INTRODUCTION

Water is a transparent fluid which forms the major constituent of the fluids of living things. Water covers 71% of the Earth's surface. It is vital for all known forms of life. The quantity of water delivered and used for households is an important aspect of domestic water supplies, which influences hygiene and therefore public health. Globally we use 70% of water for agriculture and irrigation and only 10% for household purposes [1].

The global water crisis claims 3.4 million lives each year. When people gain access to clean water, jobs are created, sickness is prevented, childhoods are restored, and communities are transformed [2].

Waterborne diseases are caused by pathogenic microbes that can be directly spread through contaminated water. Most waterborne diseases cause diarrheal illness. Eighty-eight percent of diarrhoea cases worldwide are linked to unsafe water, inadequate sanitation or insufficient hygiene. These cases result in 1.5 million deaths each year, mostly in children among which the usual cause is cholera. Waterborne diseases also cause multiple infections, and organ damage [3].

Poor water quality continues to be a major threat to human health. Diarrhoeal disease amounts to an estimated 4.1% of the global burden of disease and causes the deaths of 1.8 million people every year.

was estimated that 88% of that burden is attributable to unsafe water supply, sanitation and hygiene and is mostly concentrated on children in developing countries. A significant amount of disease could be prevented especially in developing countries through better access to safe water supply, adequate sanitation facilities and better hygiene practices [4].

The World Health Organization says that every year more than 3.4 million people die as a result of water related diseases, making it the leading cause of disease and death around the world. Most of the victims are young children, the vast majority of whom die of illnesses caused by organisms that thrive in water sources contaminated by raw sewage [5].

Worldwide 1 out of every 5 deaths of children under five is due to a water related disease. 443 million school days are lost each year due to water related illnesses. In developing countries, 80% of illnesses are due to poor water and sanitation conditions [6].

The failure to provide safe drinking water and adequate sanitation services to all people is perhaps the greatest development failure of the 20th century. The most egregious consequence of this failure is the high rate of mortality among young children from preventable water-related diseases [7].

A recent report by the United Nations says that more than three million people in the world die of water-related diseases due to contaminated water each year, including 1.2 million children. In India, over one lakh people die of water-borne diseases annually [8].

Hence the researchers felt that to assess the knowledge of housewives regarding safe water and waste water management is very essential in this scenario

Statement of the problem

A study to assess the knowledge, attitude and practice of housewives regarding domestic waste water management in selected community areas, Kollam.

Objectives

- Assess the level of knowledge of housewives regarding domestic waste water management in selected community areas of Kollam
- Assess the attitude of housewives regarding domestic waste water management in selected community areas of Kollam
- Assess the practice of housewives regarding domestic waste water management in selected community areas of Kollam
- Find out the association between knowledge scores of housewives and selected demographic variables

METHODOLOGY

Descriptive research design was used to conduct the study among housewives in Century and Don Bosco Nagars under Bishop Benziger Community health centre, Pallithottam in Kollam district. Convenient sampling method was adopted to select 60 housewives from two nagars of Pallithottam community area under Bishop Benziger community health centre as the samples.

Tool

Data were collected by using structured questionnaire for knowledge and practice, and five point likert scale was used to assess the attitude. Confidentiality of the study was assured to the respondents and the consent was obtained. Data was collected by using self administered structured knowledge and practice questionnaire and likert scale.

Analysis and interpretation

The findings of the study were analysed by using descriptive and inferential statistics. Frequency and percentage distributions were used for analyzing socio demographic variables and the level of knowledge, attitude and practice.

RESULTS

The researchers conducted the study in 60 samples.

Demographic characteristics:

- 41.60% of the samples were in the age group of 40-50 years, 25% were in the age group of 30-40 years, 20% were above 50 years and 13.3% were in the age group of 20-30 years.
- Majority of the samples belongs to Christian religion.
- Majority of the samples belongs to BPL.
- Half of the samples possessed secondary level of education, 33.3% possessed primary level of education, 10% had higher secondary level of education and 6.6% had educational status above higher secondary level.
- Majority of the samples were unemployed.
- Majority of the samples (71.66%) had information from home and 25% had information from health workers.

Knowledge

More than half of the samples (53.33%) possessed poor level of knowledge, 45% had average knowledge and 1.66% had good knowledge regarding waste water management.

Attitude

All the samples had favourable attitude towards waste water management.

Practice

36.6% had poor level of practice, 30% had average level of practice and 33.33% had good level of practice.

Association

Education and source of information had significant association with knowledge scores.

Analysis of level of knowledge, attitude and practice of housewives regarding domestic waste water management.

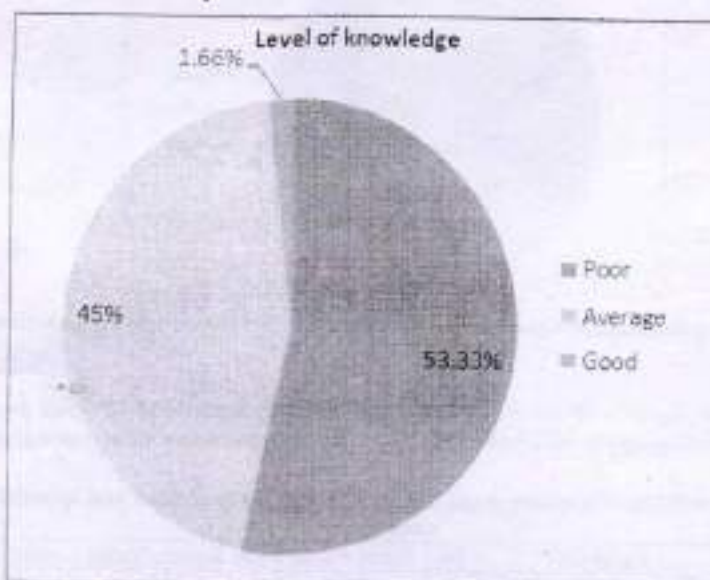


Fig-1:- Pie diagram showing the percentage distribution of samples according to their level of knowledge regarding domestic waste water management.

The data depicted in figure 1 shows that 53.33% had poor level of knowledge, 45% had average

level of knowledge and 1.66% had good level of knowledge.

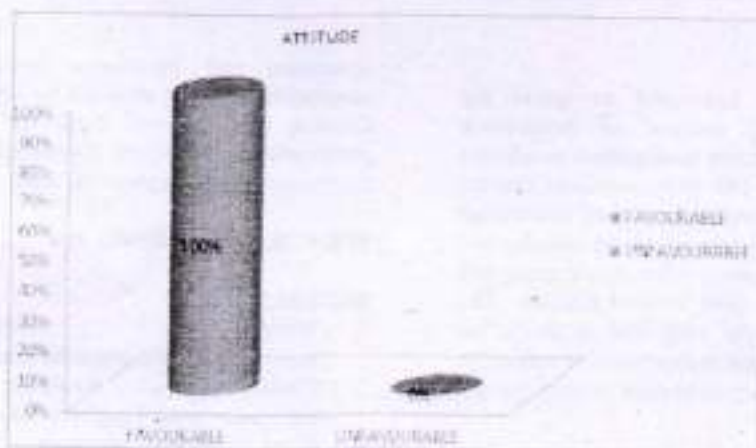


Fig-2: Cylindrical diagram showing percentage distribution of samples according to their attitude towards domestic waste water management.

The data depicted in figure 2 shows that all the samples had favorable attitude regarding domestic waste water management.



Fig-3: Pie diagram showing the distribution of the samples according to their level of practice on domestic waste water management.

The data depicted in figure 3 shows that 37% of the samples had poor level of practice, 33% had good

level of practice and 30% had average level of practice on domestic waste water management.

Table-1: Association of knowledge regarding domestic waste water management and selected socio demographic variables.

Sl/ No	Variables	Df	Table Value	Chi Square Value	Inference
1	Age	6	12.59	5.238	NS
2	Religion	6	12.59	1.178	NS
3	Education	6	12.59	22.01	S
4	Occupation	10	18.31	11.273	NS
5	Socioeconomic Status	2	5.99	1.196	NS
6	Source of information	6	12.59	72.043	S

(n= 60)

CONCLUSION

The study was conducted to assess the knowledge, attitude and practice of housewives regarding domestic waste water management in selected community areas, Kollam. The study concluded that the more than half of the samples had good knowledge regarding waste water management, all the samples had favorable attitude towards waste water management and 36.6% of the samples had poor level of practice. The researchers felt that intense education programs on waste water management and more studies to assess the barriers in practice are very important to improve the health of the community.

ACKNOWLEDGEMENT

The researchers heartfully acknowledge Mr. Sreenivasan and Mrs. Sherin for their immense support for the study.

CONFLICT OF INTEREST

There is no conflict of interest for the present study.

ETHICAL CONSIDERATIONS

The study was conducted after obtaining ethical clearance from the institutional ethical

committee and permission from the concerned community area was obtained for conducting the study. Consent was obtained from the housewives who participated in the study. Confidentiality was assured for the samples throughout the study.

SOURCE OF FUNDING: Self

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Mrs. Binutha VP,
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Dear author/s

I have pleasure to inform you that your following paper has been accepted for publication in International Journal of Nursing Education

Effectiveness of self-instructional module on knowledge regarding emergency drugs among staff nurses in Bishop Benziger Hospital, Kollam

Binutha VP¹, Antony Thomas², Lovelin Morris³, Athula Mary Jacob⁴, Jasmine⁵, Jerin.J⁶

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The Journal is index with Index Copernicus (Poland) and fulfills MCI Criteria as per MCI circular dated 03/09/2015.

With regards

Yours sincerely

Prof R K Sharma
Editor

Effectiveness of Planned Teaching Programme on Knowledge And Practice Regarding The Use of Incentive Spirometry Among Patients Undergoing Abdominal Surgery

¹Mr. Jerin J, ²Guided by Mrs. Binutha V P,

¹Nursing Tutor, ²Associate professor, Bishop Benziger College of nursing, Kollam

ABSTRACT

Background: Postoperative pulmonary complications play a significant role in the risk for surgery and anaesthesia. The most important and morbid postoperative pulmonary complications are atelectasis, pneumonia, respiratory failure, and exacerbation of underlying chronic lung disease.¹ Because of the introduction of more insoluble inhalation anaesthetics, which enable tracheal tube removal in the operating room and the use of pulseoximeters in clinical practice, the factors that may influence the occurrence of postoperative pulmonary complications. Low-tech breathing devices, such as incentive spirometers, are often used to promote expansion of the alveoli postoperatively by guiding the client to reach a determined level of lung inflation. Use of these aids promote alveolar inflation and strengthens respiratory muscles that are weakened during anaesthesia administration.²

Objectives: to assess the existing knowledge and practice regarding the post-operative pulmonary complications, to assess the effectiveness of planned teaching regarding the use of incentive spirometry on knowledge and practice of prevention in post-operative pulmonary complications among patients undergoing abdominal surgery, to find out the association between the knowledge and practice on post operative pulmonary complications and use of spirometry in prevention of post-operative complications and selected demographic variables.

Methods: Quantitative research approach was selected with quasi experimental pre test post-test control group design. Purposive sampling was used. Sampling size was 60, 30 each in experimental group and control group. The researcher assessed the effectiveness of planned teaching programme using knowledge questionnaire and observation checklist. Planned teaching programme was given to the experimental group alone. Post test conducted on five days after pre test for both the control and experimental group.

Result: The findings of the study were that, the mean post test knowledge and practice score of experimental and control group ($p < 0.05$) indicates and strongly suggests that the planned teaching programme regarding the use of incentive spirometry for post-operative pulmonary complications is effective in improving the knowledge and practice among patients undergoing abdominal surgery in selected hospitals. The association of knowledge and practice regarding the use of incentive spirometry for prevention of pulmonary complication and selected demographic variables shows no significance at 0.05 level.

Conclusion: The present study suggests the need for planned teaching programme regarding the use of incentive spirometry in prevention of pulmonary complications among patients undergoing abdominal surgery.

Keywords: *Patients undergoing abdominal surgery; post operative pulmonary complications; Incentive spirometry; prevention; planned teaching programme.*



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Mrs. Mekha K Gopinath
Nursing Tutor
Bishop Benziger College of Nursing
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Dear author/s

I have pleasure to inform you that your following paper has been accepted for publication in International Journal of Nursing Education

**EFFECT OF VIDEO ASSISTED TEACHING ON KNOWLEDGE AND ATTITUDE
REGARDING PREVENTION AND EARLY DETECTION OF CERVICAL CANCER AMONG
HOUSEWIVES**

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With regards

Yours sincerely

Prof R K Sharma
Editor

T. P. K.
19/1/17

A Quasi experimental study to assess the effect of Buerger-Allen exercise on lower limb tissue perfusion among patients with diabetic neuropathy in Bishop Benziger Hospital at Kollam.

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ABSTRACT

A study was conducted to assess the effect of Buerger-Allen exercise on lower limb tissue perfusion among patients with diabetic neuropathy in Bishop Benziger Hospital at Kollam. The objectives of the study were to assess the effect of Buerger-Allen exercise on lower limb tissue perfusion among patients with diabetic neuropathy and to find the association between lower limb tissue perfusion and selected demographic variables such as age, sex, education, type of job, smoking habit, duration of diabetes mellitus, other associated illness and family history of peripheral vascular disease. Conceptual frame work used was Roy's adaptation theory. A quantitative research approach was used with quasi experimental pre-test post-test control group design. Consecutive sampling was used to select samples. Samples consisted of 60 patients diagnosed with diabetic neuropathy, 30 each in experimental and control group. Pre-test was conducted on the first day by using Ankle Brachial Index score followed by administration of Buerger-Allen exercise twice daily for 5 days and post-test was conducted on the 5th day by using the same tool. The findings of the study showed that in the experimental group mean tissue perfusion post-test score (0.883 ± 0.077) was higher than the mean tissue perfusion pre-test score (0.693 ± 0.109). So there was a significant difference between mean tissue perfusion pre-test and post-test scores of experimental group at 0.05 level of statistical significance. So the present study shows that Buerger-Allen exercise is effective in improving lower limb tissue perfusion. There was a significant association between lower limb tissue perfusion and demographic variables such as age, duration of diabetes mellitus, other associated illness and family history of peripheral vascular disease since the calculated values were greater than the table values of chi-square at 0.05 level of significance.

Key words: Buerger-Allen exercise; lower limb tissue perfusion; patients with diabetic neuropathy

INTRODUCTION

Diabetes mellitus is a chronic multisystem disease related to abnormal insulin production, impaired insulin utilization, or both.¹ According to WHO in 2016, an estimated 422 million adults are living with diabetes mellitus globally. Diabetes mellitus currently affects more than 62 million Indians. Nearly 1 million Indians die due to diabetes mellitus every year.² Kerala is the diabetes capital of India with a prevalence of diabetes as high as 20 percent-double the national average of 8 percent.³ Diabetes mellitus have acute and chronic complications. The chronic complications of diabetes mellitus are macrovascular and microvascular. About 60-70 percent of patients with diabetes mellitus have some form of neuropathy.¹ In India, around 10 million people are affected with peripheral arterial disease. About 20-25 percent of the diabetic population in the country suffers from peripheral arterial disease.⁴ Exercise training help for prevention of peripheral vascular disease in patients with diabetes.⁵ Buerger-Allen exercise has shown an effect on improving peripheral circulation.⁶

STATEMENT OF THE PROBLEM

A study to assess the effect of Buerger-Allen exercise on lower limb tissue perfusion among patients with diabetic neuropathy in Bishop Benziger Hospital at Kollam.

OBJECTIVES

The objectives of the study were:

- To assess the effect of Buerger-Allen exercise on lower limb tissue perfusion among patients with diabetic neuropathy.
- To find the association between lower limb tissue perfusion and selected demographic variables such as age, sex, education, type of job, smoking habit, duration of diabetes mellitus, other associated illness and family history of peripheral vascular disease.

MATERIALS AND METHODS

Quantitative approach was adopted in this study with pre-test post-test control group design. The independent variable chosen for this study was Buerger-Allen exercise. The dependent variable was lower limb tissue perfusion among patients with diabetic neuropathy and the demographic variables were age, sex, education, type of job, smoking habit, duration of diabetes mellitus, other associated illness and family history of peripheral vascular disease. The setting of the study was Bishop Benziger Hospital, Kollam. The population comprised of patients who are medically diagnosed with diabetic neuropathy in Bishop Benziger Hospital at Kollam and 60 samples were selected using consecutive sampling technique. The tools used were

Section A: Demographic profile
Section B: Ankle Brachial Index score

The purpose of the study was explained and informed consent was obtained from samples. Samples were asked to give baseline information. Then the lower limb tissue perfusion was assessed using Ankle Brachial Index score. For experimental group, Buerger-Allen exercise was given twice a day for 5 days. Control group received routine treatment. Post-test was conducted on the 5th day using Ankle Brachial Index score for both experimental and control group.

FINDINGS

Demographic data

Data shows that majority (55 percent) of the samples belongs to the age group of 41-50 years and the least (3.33 percent) belongs to the age group of 30-40 years. Majority (60 percent) of the samples were males. Majority (58.33 percent) of the samples have education up to SSLC and none of the samples are illiterate. Highest percentage (31.66 percent) of the samples have standing job and the least (13.33 percent) have both sitting and standing job. Majority (51.66 percent) of the samples have no smoking habit. Highest percentage (43.33 percent) of the samples have diabetes mellitus for 1-5 years and the least (11.66 percent) for < 1 year. Majority (78.33 percent) of the samples have other associated illness. Half (50 percent) of the samples have family history of peripheral vascular disease and the remaining half (50 percent) have no family history of peripheral vascular disease.

Description of lower limb tissue perfusion among patients with diabetic neuropathy

The study revealed that 60 percent of samples have some arterial disease, 40 percent of samples have moderate arterial disease and zero percent is having severe arterial disease and the mean tissue perfusion pre-test score was 0.698 with standard deviation of 0.104.

Effect of Buerger-Allen exercise on lower limb tissue perfusion among patients with diabetic neuropathy

Table 1
Mean, mean difference, standard deviation and unpaired 't' value of tissue perfusion post-test scores among experimental and control group

Group	Mean	Mean difference	SD	t value
Experimental	0.883		0.077	
		0.193		7.842*
Control	0.69		0.104	

$t_{(58)} = 2.00$, *Significant at 0.05 level of significance

The data in the table 1 shows that the mean tissue perfusion post-test score of the experimental group (0.883 ± 0.077) was higher than the mean tissue perfusion post-test score of the control group (0.69 ± 0.104) and calculated 't' value (7.482) is greater than the table value at 0.05 level of statistical significance. It indicates that there was a significant difference between mean lower limb tissue perfusion post-test scores of experimental and control group.

Table 2
Mean, mean difference, standard deviation and paired 't' value of tissue perfusion pre-test and post-test scores of experimental group

Test	Mean	Mean difference	SD	(n=30)
				t value
Pre-test	0.693		0.109	
		0.19		19*
Post-test	0.883		0.077	

$t_{(29)} = 2.05$, *Significant at 0.05 level of significance

The data in the table 1 shows that in the experimental group mean tissue perfusion post-test score (0.883 ± 0.077) was higher than the mean tissue perfusion pre-test score (0.693 ± 0.109) and calculated 't' value (19) is greater than the table value at 0.05 level of statistical significance. It indicates that there was a significant improvement in lower limb tissue perfusion among patients with diabetic neuropathy in experimental group.

So the present study shows that Buerger-Allen exercise is effective in improving lower limb tissue perfusion among patients with diabetic neuropathy.

Association between lower limb tissue perfusion and selected demographic variables

There was a significant association between lower limb tissue perfusion and demographic variables such as age, duration of diabetes mellitus, other associated illness and family history of peripheral vascular disease since the calculated values were greater than the table values of chi-square at 0.05 level of significance. There was no significant association between lower limb tissue perfusion and demographic variables such as sex, education, type of job and smoking habit since the calculated values were lower than the table values of chi-square at 0.05 level of significance.

CONCLUSION

The results of the present study revealed that Buerger-Allen exercise is effective in improving lower limb tissue perfusion among patients with diabetic neuropathy.

Conflict of Interest – There is no conflict of interest for the present study.

Source of funding – No external funding agencies. Self funding.

Ethical clearance - Formal written permission was obtained from Ethical committee of Bishop Benziger College of Nursing. Data were collected after giving participant information sheet and informed consent.

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Effectiveness of Video Assisted Teaching Regarding Colonoscopy Procedure on Knowledge and Pre Procedure Anxiety Among Patients Undergoing Colonoscopy

Resmi Ravindran¹, Binutha V P²,

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ABSTRACT

Back ground of the problem

Intestinal disorders especially colorectal cancer is the most important cause of mortality and morbidity in the world. Colorectal cancer is the third most common cancer in the world, with nearly 1.4 million new cases diagnosed in 2013. It is predicted that worldwide the number of cases will rise to 1.36 million for men and 1.08 million for women by 2035. Intestinal diseases in Kerala is malignant resulting in death at young age.

Objectives of the study

- Assess the knowledge and pre procedure anxiety among patients undergoing colonoscopy in selected hospitals at Kollam
- Evaluate the effectiveness of video assisted teaching on knowledge and pre procedure anxiety regarding colonoscopy procedure among patients undergoing colonoscopy in selected hospitals at Kollam
- Find out the association between knowledge and pre procedure anxiety regarding colonoscopy procedure among patients undergoing colonoscopy with selected demographic variable like age, gender, education in selected hospitals.

Research Methodology: Quantitative research approach was selected with quasi experimental pre test – post test control group design. Purposive sampling was used. Sample size was 60, 30 each in experimental and control group. Three days before the colonoscopy, collection of base line data and pre test knowledge and pre procedure anxiety was assessed using knowledge questionnaire and State Scale of Anxiety for both experimental and control group. Then video assisted teaching was given to experimental group only. On the day of procedure post test was conducted for both experimental and control group using the same tool. The data collected was tabulated and analyzed using descriptive and inferential statistics.

Result: The finding of the study were that the mean post test knowledge score of experimental group (17.7) was greater than the mean post test score of control group (8.97). The p value =0.001 less than 0.05 level of significance. The mean post test pre procedure anxiety score of experimental group (37.28) was lesser than the mean post test anxiety score of control group (48). The p valve =0.001 lesser than 0.05 level of significance. The association between knowledge and pre procedure anxiety with demographic variable showed no significance at 0.05 level.

Conclusion: The present study suggested that video assisted teaching improved the knowledge and reduced the pre procedure anxiety of patient's undergone colonoscopy.

Keywords: Video assisted teaching, Patients undergoing colonoscopy, Knowledge and Anxiety.



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ABSTRACT

Emotional intelligence represented by emotional quotient indicates an individual's ability to identify, evaluate, control and express emotions. It can be considered even as a better predictor of success in an individual's career especially when one is in health care discipline. Objectives of the present study were to assess the emotional quotient of second year B.Sc. Nursing students, to assess the academic performance of Second year B.Sc. Nursing students and to determine the correlation between the emotional quotient and academic performance. The study included 39 second year B.Sc. nursing students from a selected College of Nursing at Kollam. Demographic proforma was used to collect the demographic variables. Emotional quotient was assessed using Emotional Quotient Self-Assessment Checklist and the academic performance was assessed by the scores obtained by the students in their First year B.Sc. Nursing Degree examination 2014. All the students were females in the age group of 18 years. The percentage of students with very high, high, moderate and very low emotional quotient was 10.25%, 69.23%, 17.95% and 2.56% respectively. The mean emotional quotient was 66.128 with standard deviation of 13.824. Regarding academic performance, no students belonged to the very high and very low category and 46.2%, 51.3% and 2.5% had high, moderate and low level of academic performance respectively. The mean academic performance was 55.656 with standard deviation was 8.831. Present study has shown a weak positive correlation of emotional quotient and academic performance among nursing students ($r = 0.0521$). No association was found between selected demographic variables, and academic performance and emotional quotient.

Keywords: Emotional quotient, Academic performance, Correlation, Nursing students.

INTRODUCTION

Emotional intelligence represented by emotional quotient indicates an individual's ability to identify, evaluate, control and express emotions. It can be considered even as a better predictor of success in an individual's career especially when one is in health care discipline¹. The concept of emotional intelligence has been viewed as new until early 90's. A number of researches conducted to identify the factors that contributed to academic performance of students in general found that IQ, micro nutrient deficiency, personality, teacher student relationship etc. are a few to name². Daniel Goleman's book-"Emotional Intelligence: why it can matter more than IQ" have thrown a new light into the concept of emotional intelligence and stated that only 20% of a person's success can be attributed to his/her IQ³.

Studies exploring the relationship between emotional intelligence and academic performance have produced mixed results^{4,5,6}. Emotional quotient is increasingly made reference to in all the health care disciplines. Assessment of emotional quotient is an important factor in determining students' adaptation and also the educational achievements. Neglect during this period of life may lead to or intensify psychological disorders and finally leading to failure in social and educational performances. So it is widely recognized as a measure of overall performance across various fields¹.

Clinical studies have explored on the impact of emotional intelligence of academic performance of nursing students. In nursing education, psycho affective domain plays a major role in committed care to patients in clinical area. Emotional intelligence, being a part of psycho affective domain plays a major role in clinical performance of students⁷. Few studies only were reported on this from Indian scenario. So the researchers felt the need to correlate the emotional intelligence and academic performance of students which may have an effect on the quality of care provided to their clients.

Objectives

- To assess the various domains of emotional quotient of second year B.Sc. Nursing students in selected College of nursing, Kollam.
- To assess the overall emotional quotient of second year B.Sc. Nursing students in selected College of nursing, Kollam.
- To assess the academic performance of second year B.Sc. Nursing students in selected College of nursing, Kollam.
- To determine the correlation between various domains of emotional quotient and the academic performance of second year B.Sc. Nursing students in selected College of nursing, Kollam.

- To determine the correlation between the overall emotional quotient and academic performance of second year B.Sc. Nursing students in selected College of nursing, Kollam.
- To find the association between emotional quotient and selected demographic variables of second year B.Sc. Nursing students in selected College of nursing, Kollam.
- To find the association between academic performance and selected demographic variables of second year B.Sc. Nursing students in selected College of nursing, Kollam.

MATERIALS AND METHODS

Research Approach and Design

The present study selected the quantitative approach for determining the relationship between emotional quotient and academic performance. Correlational research design was used to analyse the relation between emotional quotient and academic performance.

Sample: 39 Second year B.Sc. Nursing Students of the selected setting

Sampling Technique: Purposive sampling was used to select the samples from the available 45 students based on inclusion and exclusion criteria.

Inclusion Criteria

- B.Sc. nursing students who got admitted in the academic year 2013-14
- B.Sc. nursing students whose first year results were published at the time of data collection

Exclusion Criteria

- Students who had partial appearance for first year examination

Tools and Techniques

- Tool 1 – Demographic proforma
- Tool 2 – Emotional quotient self-assessment checklist⁶
A 30 item pre validated and reliable (Cronbach's alpha=0.82) 5 point Likert scale with scoring from 1-5. They items are divided under six sub areas namely self-awareness, self-confidence, self-control, empathy, motivation and social competency
- Tool 3- Record analysis to assess the academic performance (Marks scored in the First year B.Sc. nursing examination held in September 2014).

Data Collection Process

Formal permission was obtained from the concerned authorities and data was collected from students in the class room set up. The students took 20 – 25 minutes to complete the questionnaire. Record analysis of marks was done with permission from college administration.

Ethical Consideration

The study was conducted after obtaining written approval from institutional ethics committee of the selected setting (No. BBCON/1099/15 dated 25.07.2015). Informed consent was taken from the participants. B.Sc. nursing students who fulfilled the sampling criteria were identified, purpose of the study was explained and confidentiality was assured.

Statistical Analysis

The collected data were analysed using descriptive and inferential statistics.

RESULTS

Demographic Variables

Figure 1: All the students were females in the age group of 18 years.

Description of Sub factors of Emotional Quotient

Table 1 describes the frequency, percentage and mean scores obtained by the participants in the sub factors of emotional quotient. More than 50% of participants scored high on sub factors of emotional quotient except self-control. 64.1% and 61.5% of participants had scored high in empathy and social competency respectively. 53.8% had high scores on self-awareness and self-confidence and 51.2% had obtained a high motivation score

Overall Emotional Quotient

Figure 2: 10.25% of students had shown very high level of emotional quotient where as 69.23% had high emotional quotient. 17.95% of the students had moderate level of emotional quotient and only 2.56% had very low emotional quotient. The mean emotional quotient score was 66.12.

Description of Academic Performance

Figure 3: No students belonged to the very high and very low category. 46.2% had a high level of academic performance and 51.3% had a moderate level of academic performance. Only 2.5% had low level of academic performance. The mean academic performance score was 55.65.

Correlation of Academic Performance and Emotional Quotient

Table 2: The coefficient of correlation r values were 0.0768, -0.0223, 0.1369, 0.0566, -0.0495, 0.0874 and 0.0521 respectively for self-awareness, self-confidence, self-control, empathy, motivation, social competency and overall emotional quotient with academic performance. Even though the mean score of emotional quotient was high when compared to mean score of academic performance, statistical analysis showed a weak positive correlation between emotional quotient and academic performance.

Association with Demographic Variables

No association was found between selected demographic variables and academic performance, and emotional quotient.

Table 1: Description of Sub Factors of Emotional Quotient

Scores/Description	Self-Awareness			Self-Confidence			Self-Control			Empathy			Motivation			Social-Competency		
	n	%	Mean	n	%	Mean	n	%	Mean	n	%	Mean	n	%	Mean	n	%	Mean
0-5 (Very Low)	1	2.6	69.44	1	2.6	68.41	1	2.6	68.61	1	2.6	66.41	1	2.6	67.69	1	2.6	65.23
6-10 (Low)	0	0		0	0		2	5.1		1	2.6		1	2.6		2	5.1	
11-15 (Moderate)	11	28.2		12	30.8		19	48.7		6	15.4		11	28.2		10	25.7	
16-20 (High)	21	53.8		21	53.8		13	33.5		23	64.1		20	51.2		24	61.5	
21-25 (Very high)	6	15.4		5	12.8		2	5.1		6	15.4		6	15.4		2	5.1	
Overall Mean and Standard Deviation	Mean Emotional Quotient = 68.128; Standard Deviation = 13.824																	

Table 2: Correlation of Academic Performance and Emotional Quotient

Factor and Sub Factors	Correlation Coefficient (r)
Self-awareness	0.0768
Self-confidence	-0.0223
Self-control	0.1369
Empathy	0.0566
Motivation	-0.0495
Social competency	0.0874
Overall emotional quotient	0.0521

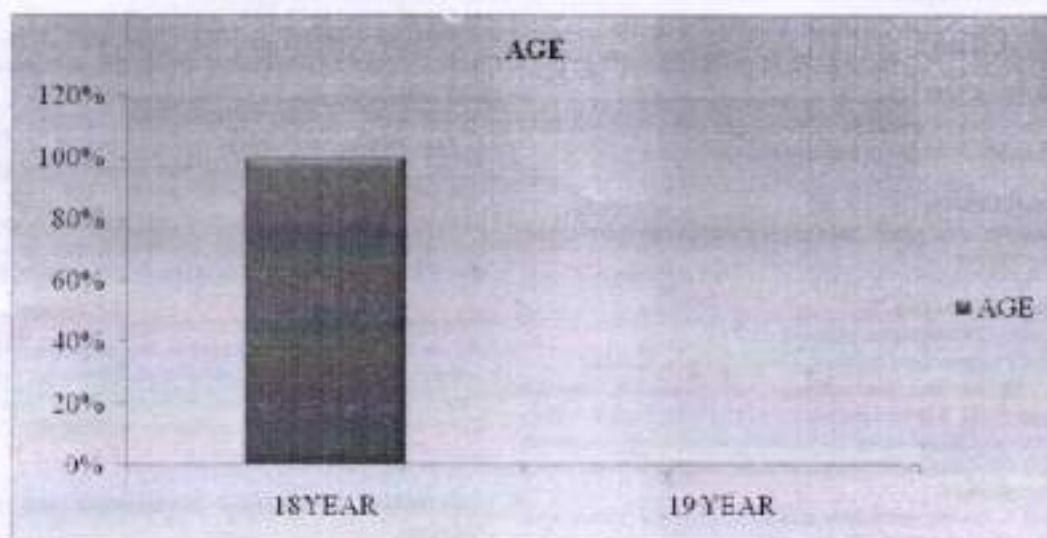


Figure 1: Description of demographic variables

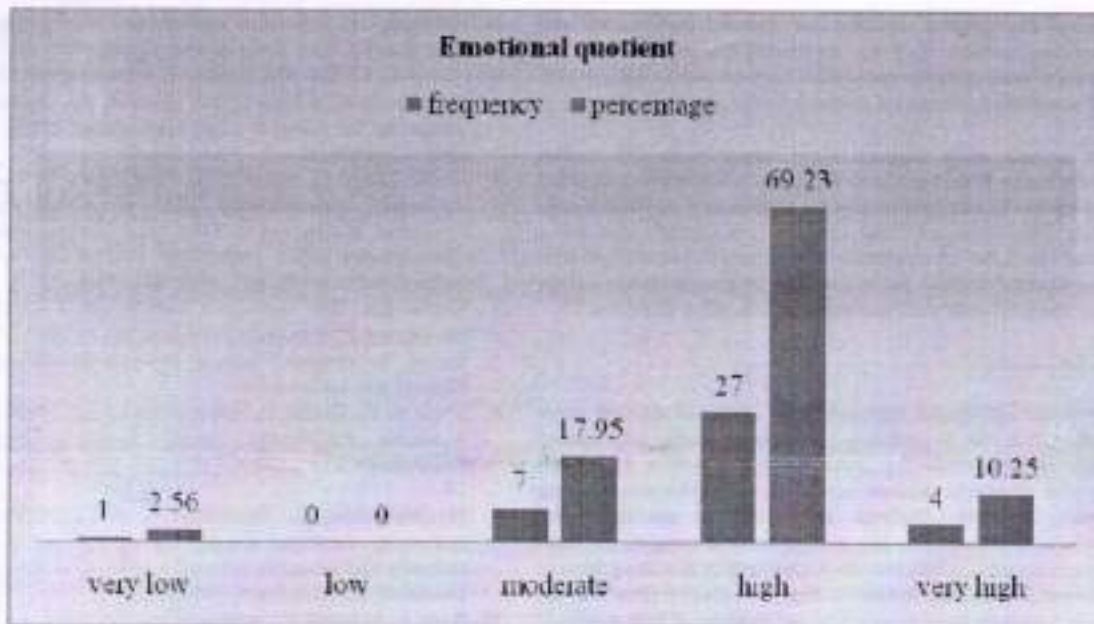


Figure 2: Description of overall emotional quotient

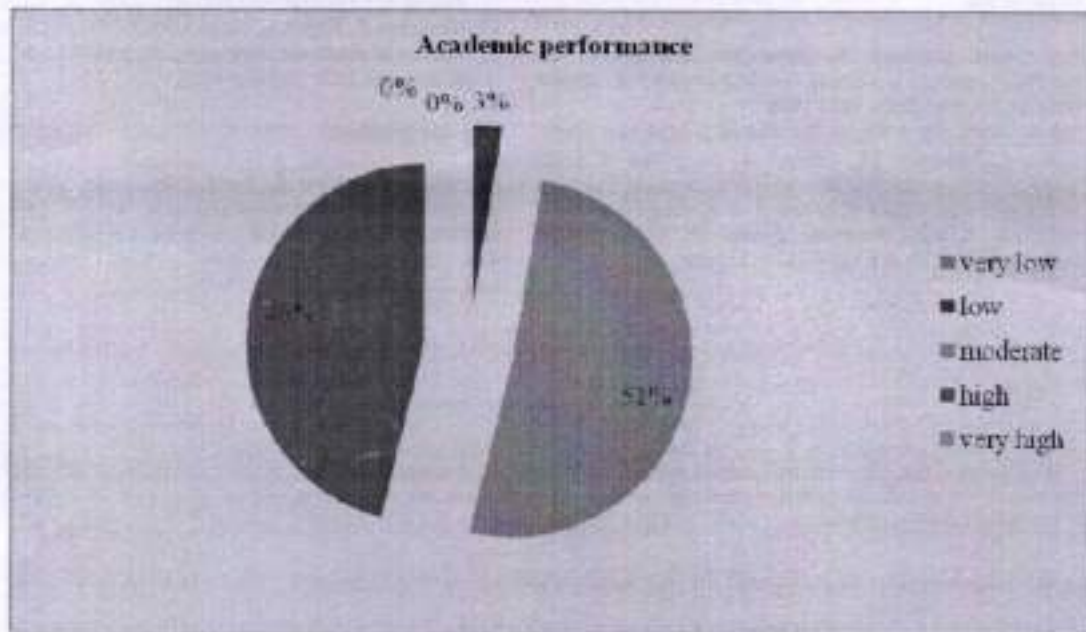


Figure 3: Description of academic performance

DISCUSSION

The relation between emotional intelligence and academic performance were explored by many researchers considering its predictive nature regarding ones success in their career. Emotional intelligence represented by emotional quotient of nursing students thus becomes a relevant area of research as it can affect the quality of nursing care rendered by them.

Researchers have undertaken this study to investigate the correlation between emotional quotient and academic performance of nursing students. Apart from the demographic data sheet, researchers used Emotional Quotient Self-

Assessment Check List⁸ and Record Analysis of Marks to collect data with regard to academic performance.

All the 39 Second year B.Sc. Nursing students participated in the study were females in the age group of 18 years. Considering the participants who obtained very high and high emotional quotient score, it was found that 79.4% had high overall emotional quotient. The mean emotional quotient was 66.328 and standard deviation was 13.824. In the case of academic performance, no students belonged to the very high and very low category and only 46.2% had high score on academic performance. The mean academic performance was 55.656 and standard deviation was 8.831. The coefficient of correlation 'r' was 0.0521. No association was found between

selected demographic variables and academic performance, and emotional quotient. So it was concluded that present study has shown a weak positive correlation between emotional quotient and academic performance among selected nursing students.

The present study findings were supported by the studies conducted by Rhode et al and Newsome S. Researchers reported that emotional intelligence was not significantly associated with Grade Point Average¹⁰ and emotional intelligence was not a strong predictor of academic achievement¹¹ Researchers who have reported findings not in line with the present study findings have used different tools and subjects from other discipline.^{1,8,9}

CONCLUSION

Emotional intelligence represented by emotional quotient plays a significant role in grooming a competent, caring professional nurse. Present study has shown a weak positive correlation between emotional quotient and academic performance among nursing students. Students have reflected certain highly desirable characteristics like empathy, social competence, self-awareness, self-confidence which may help in moulding them to successful practicing nurses in future. Further studies may be carried out with large sample size and students of both gender to generalize the findings of present study.

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CORRELATION BETWEEN EMOTIONAL QUOTIENT AND ACADEMIC PERFORMANCE AMONG SECOND YEAR B.Sc. NURSING STUDENTS

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Table 1 describes the frequency, percentage and mean scores obtained by the participants in the sub factors of emotional quotient. More than 50% of participants scored high on sub factors of emotional quotient except self-control. 64.1% and 61.5% of participants had scored high in empathy and social competence respectively. 53.8% had high scores on self-awareness and self-confidence and 51.2% had obtained a high motivation score

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21-25 (Very high)	6	15.4		5	12.8		2	5.1		6	15.4		0	15.4		2	5.1	
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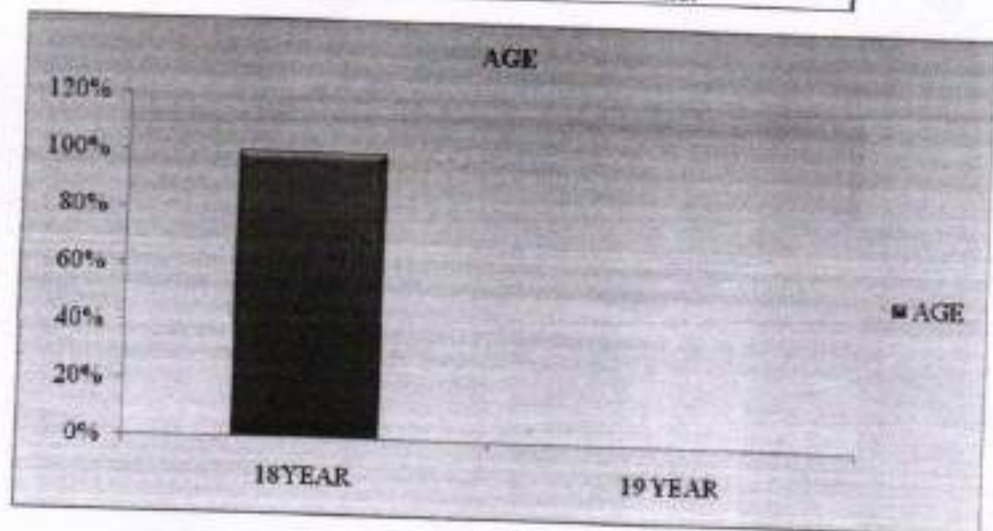


Figure 1: Description of demographic variables

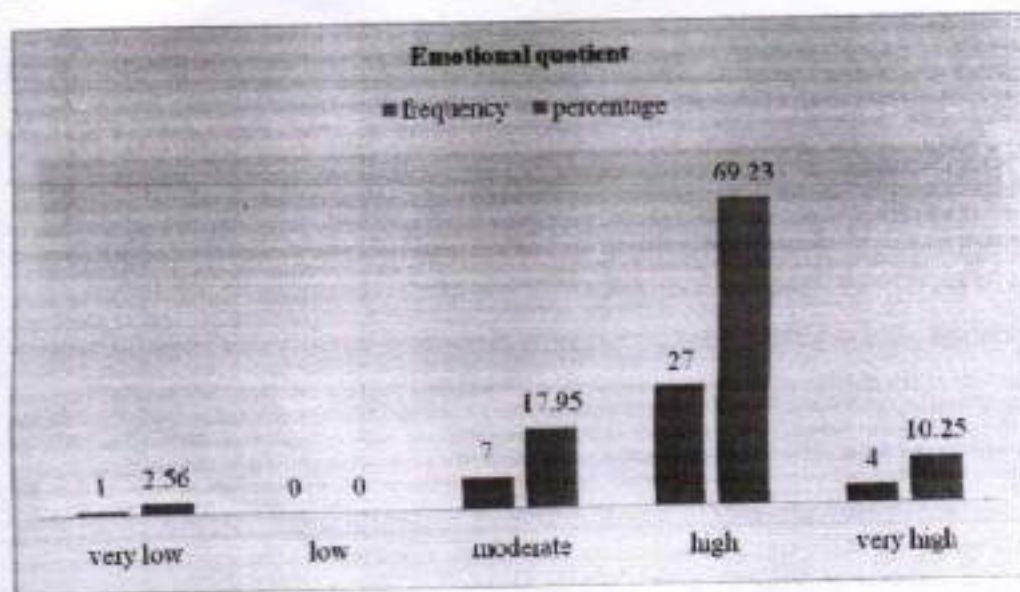


Figure 2: Description of overall emotional quotient

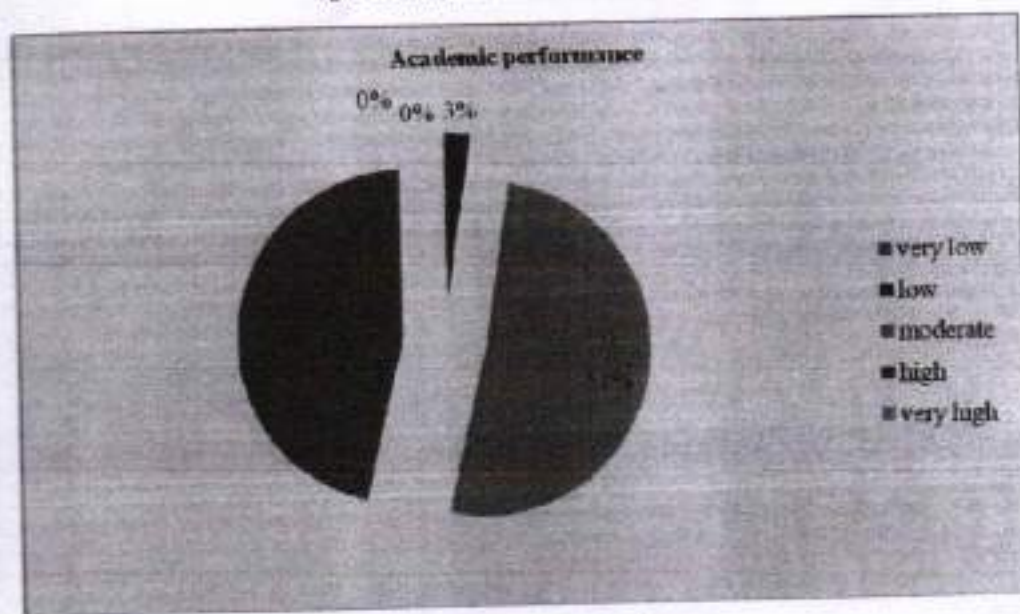


Figure 3: Description of academic performance

DISCUSSION

The relation between emotional intelligence and academic performance were explored by many researchers considering its productive nature regarding ones success in their career. Emotional intelligence represented by emotional quotient of nursing students that becomes a relevant area of research as it can affect the quality of nursing care rendered by them.

Researchers have undertaken this study to investigate the correlation between emotional quotient and academic performance of nursing students. Apart from the demographic data sheet, researchers used Emotional Quotient Self-

Assessment Check List[®] and Record Analysis of Marks to collect data with regard to academic performance.

All the 39 Second year B.Sc. Nursing students participated in the study were females in the age group of 18 years. Considering the participants who obtained very high and high emotional quotient score, it was found that 79.4% had high overall emotional quotient. The mean emotional quotient was 66.128 and standard deviation was 13.824. In the case of academic performance, no students belonged to the very high and very low category and only 46.2% had high score on academic performance. The mean academic performance was 55.656 and standard deviation was 8.831. The coefficient of correlation 'r' was 0.0521. No association was found between

selected demographic variables and academic performance, and emotional quotient. So it was concluded that present study has shown a weak positive correlation between emotional quotient and academic performance among selected nursing students.

The present study findings were supported by the studies conducted by Rhode et al and Newsome S. Researchers reported that emotional intelligence was not significantly associated with Grade Point Average¹⁰ and emotional intelligence was not a strong predictor of academic achievement¹¹. Researchers who have reported findings not in line with the present study findings have used different tools and subjects from other discipline.^{8,9}

CONCLUSION

Emotional intelligence represented by emotional quotient plays a significant role in grooming a competent, caring professional nurse. Present study has shown a weak positive correlation between emotional quotient and academic performance among nursing students. Students have reflected certain highly desirable characteristics like empathy, social competence, self-awareness, self-confidence which may help in moulding them to successful practicing nurses in future. Further studies may be carried out with large sample size and students of both gender to generalize the findings of present study.

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Effectiveness of Information Booklet on Knowledge of Mothers Regarding Home Management of Respiratory Tract Infection among Under Five Children in Pallithottam at Kollam

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ABSTRACT:

A study to assess the effectiveness of information booklet on knowledge of mothers regarding home management of respiratory tract infection among under five children in Pallithottam at kollam. The objectives of the study were to: a) to evaluate the pre test knowledge of mothers regarding home management of respiratory tract infection among under five children: b) to evaluate the effectiveness of information booklet on mothers knowledge regarding respiratory tract infection among under five children: c) to determine association between pretest knowledge of mothers regarding home management of respiratory tract infection among under five children and selected demographic variables. A quantitative approach was used with pre experimental one group pretest post test only control group design. Purposive sampling was used. Sample size was 60. The investigator assessed the mothers knowledge using structured questionnaire regarding respiratory tract infection. After conducting the pretest information booklet was introduced to the mother. Post test was conducted on the fifth day using the same research tool. It is found that the calculated t value is greater than table value. There is a significant difference in between pretest and posttest scores of knowledge among mothers of under five children. There is association between pretest knowledge among mothers with selected demographic variable (age and education of mother). The finding of the study suggests that information booklet is effective in increasing the knowledge of mothers regarding home management of respiratory infection among under five children.

KEYWORDS:

INTRODUCTION:

Children constitute the most important and vulnerable segment of our population. They are truly the foundation of the nation. Hence, the focus of every citizen should be to promote their health and safeguard their interest. "A healthy child is a sure future" is one of the themes of WHO. Healthy children grow to become healthy adults, who are strong both in body and mind.¹

During first five years of life physical growth, maturation, acquisition of competence and psychological recognition occurs in discontinues burst. The child acquire new competencies in the gross motor, fine motor, cognitive and emotional domains. The family is the central focus in the under five, in turn exerts considerable influence on all other families regardless of the size and form of the family unit. The parents feel more comfortable when the child reaches five year. Parents feel discomfort when their children are sick. Disturbance in the childhood can bring about various consequences with regard to the growth and the development, both physically and mentally. Diseases play the most terrific role in taking away the innocent from their faces. Under five children are more prone to get respiratory tract infections.²

OBJECTIVES:

- To evaluate the pretest knowledge regarding home management of respiratory tract infection among mothers of under five children.
- To evaluate the effectiveness of information booklet on knowledge regarding respiratory tract infection among mothers under five children.
- To determine association between pretest knowledge regarding home management of respiratory tract infection among mothers of under five children and selected demographic variables.

REVIEW OF LITERATURE:

1. Studies related to respiratory tract infection among children.

A randomized control study or observation studies of children with acute respiratory tract infections in primary care or emergency settings in high income countries who received either a control treatment or a placebo or over the counter treatment. Of 22182 identified references, 23 trials and 25 observational studies met inclusion criteria. Study populations varied in age and duration of symptom before study onset. The durations of earache and common colds are considerably longer than current guidance and for other symptoms such as sore throat, acute cough, bronchiolitis and croup the current guidance is consistent with our findings.³

A cohort study was conducted in Hervanta area in Tampere to assess the viral etiology of frequently recurring respiratory infections in children. Two cohorts of children (n= 329 and n= 611) were followed from 2 to 24 months of age in two prospective studies. The results showed that in children less than two years of age rhino viruses, entero viruses and respiratory syncytial virus (RSV) appears to cause most of the upper respiratory infections.⁴

A cohort study was conducted in France on management of upper respiratory tract infection by different medical practices, including homeopathy and consumption of antibiotics in primary care. 518 adults and children's with upper respiratory tract infections were included in the study. Patient who chose to consult general practitioners certified in homeopathy used less antibiotic drugs for upper respiratory tract infection than those seen by general practitioner prescribing conventional medications. No difference was observed in patients consulting general practitioners within mixed practice.⁵

2. Studies related to knowledge and practice of mothers on respiratory tract infections.

A descriptive study was conducted in Jordan to assess mother's knowledge and practices of managing minor illnesses of children under five years. The study was conducted at nine health centers located in Jordan. 348 mothers were asked to participate and a structured self administered questionnaire was used to collect data related to mothers knowledge and practices in managing minor illnesses of their children. The study finding showed that, older participant mothers had more adequate knowledge and practices than the younger ones in managing upper respiratory tract infections.⁶

A descriptive study was conducted in Egypt to assess maternal knowledge, attitude and practice on antibiotic use for acute respiratory tract infection in children. 60 samples of mothers were selected and pre test questionnaire was administered. The results showed that no significant correlation between knowledge, practice and attitude and mother's age and family monthly income was significantly correlated with moderate knowledge, poor practice and the neutral attitude towards antibiotic use. The study concluded that mother's level of knowledge was moderate and that level affect attitude but not affect the practice toward use of antibiotics, also knowledge level is affected by mother's socio economic characteristics.⁷

A descriptive study was conducted in Iran to assess the knowledge, attitude and practice of mothers regarding acute respiratory tract infection in children. The study was conducted on 255 mothers. The data were collected through using intervieweradministered questionnaire. The study concluded that the knowledge and attitude of mothers were high and their practice was good toward acute respiratory tract infection.⁸

3. Studies related to alternative measures to evaluate the knowledge regarding home management of respiratory tract infections among mothers of under five children.

A descriptive study was conducted in Bangladesh to assess the role of management practices for acute respiratory infections in improving the competency of community health volunteers in diagnosing and treating acute respiratory infections among children. Data were collected by group of research physicians who observed the performance of a sample of 120 health volunteers in 10 sub districts in Bangladesh. The sensitivity, specificity and overall agreement rates in diagnosing and treating acute respiratory infection were significantly higher among the health volunteers who had basic training. The study concluded that diagnosis and treatment of acute respiratory infections at house hold level in developing countries are possible if intensive basic training and close supervision of service providers are ensured.⁹

A descriptive study was conducted in South Africa to assess maternal ability to recognize respiratory distress and to identify local beliefs and practices around respiratory infections. 15 knowledgeable mothers were shown a video of 10 children with respiratory distress and four normal children. Mothers were asked to describe perceived types, signs and symptoms, causes of and actions taken for each child. Sensitivity and specificity were calculated for maternal recognition of respiratory distress shown on the video. The study concluded that knowledge of local vocabulary and concepts about respiratory infections is essential to design strategies for health care workers to communicate with mothers about respiratory disease, so that mothers will seek timely medical care, provide continued safe, supportive home care and comply with antibiotic treatment.¹⁰

4. Studies related to effectiveness of information booklet on knowledge regarding home management of respiratory tract infection among mothers of under five children.

A descriptive study was conducted in Bangalore to assess the effectiveness of structured teaching programme regarding knowledge on prevention of upper respiratory tract infection among mothers of toddlers. The participants were 60 mothers of toddlers were included using simple random sampling. Questionnaire is used to collect data from the subjects and the obtained data was analyzed. The study proved that the structured teaching programme was significantly effective in improving the knowledge of mothers of toddlers on prevention of upper respiratory tract infection.¹¹

An experimental study was conducted in urban slums at Bangalore to evaluate the effectiveness of structured teaching programme on domiciliary management and prevention of upper respiratory tract infection among mothers of under five children. The sample consisted of 60 mothers, experimental group 30 and control group 30. A structure interview schedule was used for data collection. The research concluded that structured teaching programme was effective means in improving knowledge of mothers regarding domiciliary management and prevention of upper respiratory tract infections.¹²

MATERIALS AND METHODS:

Methods

A quantitative approach is used in that the research design adopted for the study is one group pretest post test only control group design. Here, independent variable is introduction of information booklet regarding home management of respiratory tract infection among mothers of under five children and dependent variable is knowledge of mothers of under five children's regarding home management of respiratory tract infection. The setting will be pallihottam community area situated at Kollam. The populations in this study includes mothers of under five children in selected villages at Kollam. purposive sampling is used in the study.

Tools /instruments

The instruments used for the present study are demographic proformaand structured questionnaire which were validated by the experts.

Data collection

Data will be collected after obtaining prior administrative permission and informed consent from mothers. The tool for data collection procedure are demographic profoma including age, address, religion, type of family, type of house, education, occupation and previous history of respiratory tract infection and structured questionnaire regarding respiratory tract infection.

The data collection was conducted from 6-02-2017 to 11-02-2017.

The purposive sampling was used to select the samples. Setting for the study is Pallihottam areas at Kollam. Initially, the structured questionnaire was given to 60 samples. On the first day, pretest is done by using demographic profoma and structured questionnaire regarding respiratory tract infection. Then information booklet given to the mothers and post test is done after five days by using the same structured questionnaire regarding respiratory tract infection.

Data analysis

The researcher will analyze the data by using descriptive and inferential statistics based on the objectives and hypotheses of the study. To compute the data, a master data sheet was prepared by the investigator.

FINDINGS OF THE STUDY:

Description of sample characteristics

This sections describe the percentage wise distribution of demographic variables.

(N=60)
Figure 1: Percentage wise distribution of samples according to age

The data presented in figure 1 shows that most of samples in this group belongs to age between 26-30.

(N=60)
Figure 2: Percentage wise distribution of samples according to religion.

The data presented in figure 2 reveals that 96.66% samples are Christians and 3.33% are Hindus.

(N=60)
Figure3: Percentage wise distribution of samples according to type of family.

The data presented in figure 3 shows that most of the samples in this group belongs to nuclear family (56.66%).

(N=60)
Figure4: Percentage wise distribution of samples according to type of house.

The data presented in figure 4 elicit that many of the samples in this group lives in terraced house (71.66%)

(N=60)
Figure 5: Percentage wise distribution of samples according to mother's education.

The data presented in figure 5 reveals that majority of the samples in this group have completed higher secondary education (45%).

(N=60)
Figure 6: Percentage wise distribution of samples according to occupation of mother.

The data presented in figure 6 describes that most of the mothers are house wives (93.33%)

(N=60)
Figure 7: Percentage wise distribution of samples according to previous history of respiratory tract infection.

The data presented in figure 7 reveals most of the samples in this group show that their children do not have previous history of respiratory tract infection.

The effectiveness of information booklet on knowledge of mothers regarding home management of respiratory infection among under five children.

The overall mean value of pretest and posttest knowledge score are 19.63, 25.87 and S.D are 4.03,4.6 respectively. When computed the data, calculated t' value 7.8768 which is greater than the table value at 0.05 level of significance. Hence the research hypothesis is accepted. So it can be concluded that there is a significant difference in between pretest and posttest scores of knowledge among mothers of under five children.

Table 1: Comparison of pre test and post test scores of knowledge among mothers of under five children.

	Mean	S.D	t' value
Pretest	19.63	4.03	
Posttest	25.87	4.6	7.8768*

t(59) = 2.0, *Significant at 0.05 level of significance.

The table above shows that the mean value of pretest and posttest knowledge score are 19.63, 25.87 and S.D are 4.03, 4.6 respectively. When computed the data, calculated t-value 7.8768 which is greater than the table value at 0.05 level of significance. Hence the research hypothesis is accepted. So it can be concluded that there is a significant difference in between pretest and posttest scores of knowledge among mothers of under five children.

Table 2 : Association between pretest knowledge among mothers with selected demographic variables.

Selected demographic variables	knowledge			Chi square value	Inference
	Good	Average	Poor		
1. Age				2.095	Significant
• <20	0	0	0		
• 21-25	1	14	1		
• 26-30	2	29	0		
• >30	0	12	1		
2. Education				10.01	Significant
• Primary education	13	9	1		
• Higher secondary	19	7	0		
• Higher education	7	3	0		
• No education	0	1	0		

t(59) = 2.0, *Significant at 0.05 level of significance.

The table above shows the association of pretest knowledge of mother with selected demographic variables. When computed the data, calculated chi square value for age and education is 2.095 and 10.01 respectively, which is greater than the table value 2.0 at 0.05 level of significance. So it can be concluded that there is association between pretest knowledge among mothers with selected demographic variables (age and education of mothers).

CONCLUSION:

This study attempted to assess the effectiveness of information booklet on knowledge regarding home management of respiratory infection among mothers of under five children. The following conclusions are made drawn from the findings of the study.

- The information booklet has found to be effective and promotes in enhancement of mothers knowledge regarding home management of respiratory infection among under five children.
- There is association between pretest knowledge among mothers with selected demographic variables (age and education of the mother).

RECOMMENDATIONS;

Based on the results of the present study, the following recommendations are offered:

- A similar study can be under taken with a large number of samples to generalize the findings.

- A study can be conducted using other strategies such as manual, computer assisted instruction, self instruction module, video show, planned teaching program etc.
- A longitudinal study can be done using posttest after 1 month, 6 month and 1 year to see the retention of knowledge and practice.

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Effectiveness of Play on Anxiety among Hospitalized Children

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ABSTRACT:

A child is a unique individual; he or she is not a miniature adult, not a little man or woman. The childhood process is vital because of socialization process by the transmission of attitude, customs, and behavior through the influence of the family and community. Some children become sick and need hospitalization, Anxiety is the greatest stress imposed by hospitalization during early child hood. Play is one of the non-pharmacological therapy which act as an important part of life and foster the growth and development of child. Play also reduces anxiety of child during hospitalization. Quantitative research approach was selected with quasi experimental pretest-posttest control group design. Purposive sampling was used. Sample size was 50 that is 25 each in experimental group and control group. The researcher assessed the anxiety of hospitalized children using structured anxiety rating scale. After conducting a pretest for both experimental and control group, play was introduced to the experimental group. The experimental group received play for 30 min a day, for 3 days and no intervention was given to the control group. Post test was conducted on the third day using the same tool, to both the groups. The result shows that, in experimental group 38% of children had mild anxiety and 12% had moderate anxiety. In control group 44% children had moderate anxiety and 6% children had severe anxiety in

the post test. It is found that the calculated t value is greater than table value. It was concluded that there was significant difference in anxiety score among hospitalized children in experimental group than the control group. The finding of the study suggest that play is an effective therapy in reducing anxiety of hospitalized children.

KEYWORDS: Play, anxiety, preschooler, hospitalization.

INTRODUCTION:

The process of growth and development starts before the baby is born, that is from the conception phase in the mother's womb. The main stages of development are infancy, toddler, preschooler, schooler, adolescence and adult¹.

Among the stage of development, preschooler is the period where child express emotions and feelings increasingly to the caregivers and strangers². An important index used to estimate the nation's health is the health status of the children in the country. Unfortunately, even the healthiest child can get sick. The sick child is different from sick adult³. Play is one of the non-pharmacological therapy which acts as an important part of life. Therapeutic play is specialized play activities by which child acts or express his unconscious feelings. The children undergoing medical procedure, investigation or treatment, is potentially a very stressful experience⁴. A health care professional can comfortably carry out the procedures with the help of play activities⁵. It is estimated that 35% of children in America are experiencing stress -related health problem. Each year, millions of children are hospitalized for a myriad of reasons⁶. An experimental study was conducted in Britain to assess the effect of play on the creativity of young children during subsequent activity, the result prevailed that there was as significant positive effect of unstructured play upon creativity⁷.

STATEMENT OF THE PROBLEM:

A study to assess the effectiveness of play on anxiety among hospitalized children in selected hospitals at Kollam.

OBJECTIVES:

The objectives of the study is to:

- Assess the anxiety among hospitalized children before administering play in experimental and control group.
- Assess the effectiveness of play among hospitalized children in experimental group.
- Find out the association between pretest anxiety among hospitalized children with selected demographic variables like sex of the child, birth order, and type of family, previous history of hospitalization and history of painful procedures.

REVIEW OF LITERATURE:

1. Studies related to anxiety among hospitalized children:

A descriptive study was conducted in Barton hospital for assessment psychological stress in hospitalized children through projective instrument. The Barton hospital picture test, an instrument designed to elicit children's perceptions of hospital stress, and to measure self-reported of stress in hospital was used. There were 59 children in the age group of 4 to 9yrs, were conveniently selected from pediatric in teaching hospital. This study identified the age group of 5 to 9yrs were particularly vulnerable to stressors of hospitalization⁸.

2. Studies related to introduction of play activities among hospitalized children:

An experimental study conducted in Canada to assess the effectiveness of play activities in helping children between 3 to 12yrs in coping with painful procedures. The findings revealed that adequate coping ability was shown by 62.5% of the children in verbal responses, 3.1% in facial expression, 34.4% in posture and 16.9% in physical activity rating scale; Play activities had helped in improving coping ability of children during painful procedures and children with play activities coped better than children without play activities⁹.

A descriptive study was conducted in Vellore, to assess the knowledge, attitude and practice of the parents and nursing personnel regarding the importance of play needs in hospitalized children between the age group of 1 month to 12 years. The study findings have shown that the practice of parents in regard to meeting the play needs of children is moderately adequate than nursing personnel¹⁰.

3. Studies related play activities and its therapeutic value in reducing anxiety among the hospitalized children:

An experimental study was conducted at pediatric unit of American university medical Centre, to evaluate the effectiveness of therapeutic play for hospitalized preschoolers before surgery. A sample size of 100 subjects was selected. In experimental group, 50 children participated in a puppet show before surgery, while the control group of 50 received usual care. Significant findings of children in the experimental group showed less anxiety, more cooperation, lower blood pressure and lower pulse rate during injection¹¹.

MATERIALS AND METHODS:

Methods:

A quantitative approach is used, in that the research design adopted for the study is quasi experimental pretest post control group design. Here, the independent variable is introduction of play among hospitalized children and anxiety that develops among children during the period of hospitalization is the dependent variable. The setting will be Pediatric wards of Bishop Benziger hospital and Sree Narayana Medical Trust mission hospital situated at Kollam. The population will be hospitalized children whose age between 3 to 6 years in selected hospitals at Kollam. Purposive sampling is used in the study.

Tools / Instruments:

The instruments used for the present study are the demographic proforma and structured anxiety rating scales which were validated by the experts.

Data collection:

The data will be collected after obtaining prior administrative permission and informed consent from parents. The tools for data collection procedure are demographic proforma including sex, birth order of child, type of family, parent rearing child, previous history of hospitalization, and history of painful procedures and structured anxiety rating scale.

The data collection was conducted from 8th to 13th February 2016. The setting for the study were Bishop Benziger Hospital and Sree Narayana Medical Trust Mission Hospital Kollam. The purposive sampling was used to select the samples. Setting for the study is Bishop Benziger Hospital and Sree Narayana Trust Medical mission Hospital, Kollam. Initially the anxiety scale was given to 60 samples, then anxiety score was obtained which is categorized as mild, moderate and severe. Later the investigators selected the samples having moderate and severe anxiety as experimental and control group by consecutive sampling 25 in each group. On the first day, pretest was done by using demographic proforma and structured anxiety rating scale. Then play intervention given to the experimental group for 30 minutes a day for three days. Posttest of both group done on the third day by using the same structured anxiety rating scale.

Data analysis:

The systematic organization and synthesis of research data is done by data analysis¹². Researcher will analyze the data by using descriptive and inferential statistics based on the objectives and hypotheses of the study. Compute the data, a master data sheet was prepared by the investigator.

RESULTS:

The effectiveness of play among hospitalized Children in experimental group.:

The overall mean anxiety calculated in experimental group was 9.28 and SD is 2.49. The overall mean anxiety calculated in control group was 16.52 and SD is 3.33. The calculated t value of posttest anxiety score 8.7 which is greater than table value, it is concluded that play was found to be effective in reducing anxiety among hospitalized children.

Table: Frequency and percentage distribution of demographic variables

Demographic Variables	Number of respondents		Percentage (%)	
	Experimental Group	Control Group	Experimental Group	Control Group
SEX				
Male	10	12	20%	24%
Female	15	13	30%	26%

BIRTHORDER				
First Child	9	11	18%	22%
Second Child	12	10	24%	20%
Third Child	4	4	8%	8%
Fourth Child	0	0	0%	0%
TYPE OF FAMILY				
Small family	20	18	40%	36%
Extended family	2	4	4%	8%
Joint family	3	3	6%	6%
NUMBER OF PERSONS REARING CHILD				
One guardian	5	6	10%	12%
Two guardian	20	19	40%	38%
PREVIOUS HISTORY OF HOSPITALIZATION				
Within 6 months	2	11	40%	22%
Within 1 year	13	7	26%	14%
Within 1 & 1/2 year	8	6	16%	12%
Within 2 year	2	1	4%	2%
HISTORY OF PAINFUL PROCEDURES				
1	4	5	8%	10%
2	7	9	14%	18%
3	12	5	24%	10%
More than 3	2	6	4%	12%

Table 2: comparison of pretest and post test scores of experimental group

	Mean	S.D	t' value	Significance
Pretest	18.52	2.47	13.173*	Highly Significant
Posttest	9.28	2.49		

t(24) = 2.06, *Significant at 0.05 level of significance

The table above shows that the mean value of pretest and posttest anxiety scores of experimental group are 18.52, 9.28 and S.D are 2.47, 2.49 respectively. When computed the data, calculated t' value 13.173 is greater than the table value at 0.05 level of significance. Hence the research hypothesis is accepted. So, it can be concluded that there is a highly significant difference in between pretest and posttest scores of anxiety among hospitalized children in the experimental group

Table 3: comparison of pretest and post test scores of control group.

	Mean	S.D	t' value	Significance
Pretest	18.64	3.56	2.174*	Significant
Posttest	16.52	3.33		

t(24) = 2.06, *Significant at 0.05 level of significance

The table above reveals that the mean value of pretest and posttest scores of anxiety is 18.64, 16.52 and S.D are 3.56, 3.33 respectively. The t' value is 2.174. When computed the data, calculated t' value 2.174 is greater than the table value at 0.05 level of significance in all the comparisons. Hence the research hypothesis is accepted. So, it can be concluded that there is a significant difference in between pretest and post test scores of anxiety among hospitalized children the control group.

Table 4: Comparison of posttest scores of anxiety among hospitalized children in experimental and control group.

	Mean	S.D	t' value	Significance
Experimental group	9.28	2.49	8.7*	Significant
Control group	16.52	3.33		

t(48) = 2.807, * significant at 0.05 level of significance

The table above shows that the mean, S.D of experimental group are 9.28, 2.49 and that of control group are 16.52, 3.33 respectively. The t' value is 8.7. When computed the data, calculated t' value 8.7 is greater than the table value at 0.05 level of significance in all the comparisons. Hence the research hypothesis is accepted. So, it can be concluded that there is a significant difference in anxiety among experimental group and a significant difference in anxiety among control group in posttest. So play is effective in reducing anxiety among hospitalized children.

Table 5: The association between pretest anxiety among hospitalized children with selected demographic variables

SELECTED DEMOGRAPHIC VARIABLES	ANXIETY			Chi Square Value	INFERENCE
	MILD	MODERATE	SEVERE		

1. SEX					
• Male		14	8	0.0978	NS*
• Female		19	9		
2. BIRTH ORDER					
• First Child		10	10	4.78	NS*
• Second Child		18	4		
• Third Child		5	3		
• Fourth Child		-	-		
3. TYPE OF FAMILY					
• Small family		26	12	0.785	NS*
• Extended family		4	2		
• Joint family		3	3		
4. NUMBER OF PERSONS REARING CHILD					
• One guardian		8	3	0.284	NS*
• Two guardian		25	14		
5. PREVIOUS HISTORY OF HOSPITALIZATION					
• 6 months		6	3	1.62	NS*
• 1 Year		9	7		
• 1 ½ Year		1	3		
• 2 Year		4	4		
6. HISTORY OF PAINFUL PROCEDURS					
• One		6	3	3.62	NS*
• Two		9	7		
• Three		14	3		
• More than three		4	4		

*NS=Non- Significant.

The table above shows that there is no association between pretest anxiety among hospitalized children with selected demographic variables.

DISCUSSION:

The present study finding is consistent with another study, which was conducted in Karnataka. The study aims to assess the effectiveness of play activities in reducing the level of anxiety among hospitalized children in a selected hospital in Bidar. Sampling technique was purposive sampling. Research design was one group pretest and posttest. The population of the study was hospitalized children admitted in pediatric ward Buchpan hospital in Bidar. The study result showed the calculated t value($t = 4.252$) as greater than the table value ($t = 1.671$) at 0.05 level of significance. Thus they found that play activity is effective in reducing anxiety among hospitalized children. In the present study, the overall mean anxiety calculated in experimental group was 9.28 and SD is

2.49 .The calculated t value of posttest anxiety score 8.7 which is greater than table value It is concluded that play is found to be effective in reducing anxiety among hospitalized children.

CONCLUSION:

This study attempted to assess the effectiveness of play on anxiety among hospitalized children. The following conclusions are made drawn from the findings of the study.

- The children who are admitted in the hospital have significant level of anxiety.
- Play was found to be effective in reducing anxiety of hospitalized children.

The anxiety of children during hospitalization doesn't show a consistent pattern of significance in terms with selected demographic variables

RECOMMENDATIONS:

Based on the results of the present study, the following recommendations are offered.

- Replicate this study by utilizing an increased sample size. A large sample size would help to create a higher statistical power that would increase the chance of finding statistical significant to generalize.
- Studies can be conducted to assess the knowledge of pediatric care nurses regarding the use of non-pharmacological measures to reduce anxiety among children under going hospitalizations
- Comparative study can be conducted to assess the effectiveness of play in different age group such as infant,toddler and school age
- A time series study can be conducted to identify long term effects of play in children undergoing hospitalization
- A similar study can be conducted in children to identify the effects on stress among hospitalized children.

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Knowledge And Attitude Assessment Regarding Prevention Of Water Borne Diseases Among Mothers Of Preschoolers Of Selected Community Area Kollam

INTERNATIONAL JOURNAL OF CURRENT RESEARCH ISSN:0975-833X;IMPACT FACTOR:7.749

Author:

Amartha Jomon, Angel Stephen, Bidhula, B., Jissa Thomas, Reeba Babu, Teena S Babu and Mrs. Sheeja, S.

Subject Area:

Health Sciences

Abstract:

Developing countries carry a heavy burden of water related diseases, the heaviest being of the diarrheal diseases in preschoolers. The aim of the study to assess the knowledge and attitude regarding prevention of water borne diseases among mothers of preschoolers. A descriptive observational study was conducted in 2016 in kollam community area. The criteria for the evaluation was mothers of preschoolers, from the total population of mothers, from that 2% mother had adequate knowledge, 52% had moderately adequate knowledge and 46% had inadequate knowledge and 50% mothers had positive attitude, 50% had negative attitude regarding prevention of water borne diseases. The findings suggest that a high frequency of mothers had poor knowledge regarding prevention of water borne diseases.

A STUDY TO ASSESS THE EFFECTIVENESS OF ASSISTED TEACHING PROGRAM ON KNOWLEDGE REGARDING THE EFFECT OF DUG ABUSE AMONG ADOLESCENTS IN SELECTED SCHOOLS AT KOLLAM

INTERNATIONAL JOURNAL OF ADVANCED NURSING MANAGEMENT

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ABSTRACT:

A study was done to evaluate the effectiveness of video assisted teaching programme on knowledge regarding the effect of drug abuse among adolescents in selected schools at Kollam. The objectives of the study were to assess the knowledge regarding the effect of drug abuse among adolescents, to assess the effectiveness of video assisted teaching programme regarding the effect of drug abuse among adolescents, to determine the association between pretest knowledge regarding the effect of drug abuse and selected demographic variables. Quantitative research approach was selected with one group pretest posttest research design. Purposive sampling technique was used. The sample comprised of 60 adolescents studying in selected schools at Kollam. The researcher assesses the effectiveness of video assisted teaching programme using knowledge questionnaire. Video assisted teaching programme was given to group and posttest conducted on fifth day after pretest. The collected data were analyzed using descriptive and inferential statistics. The findings of the study were, the mean posttest score (13.77 ± 1.78) is greater than the mean pretest score (10.07 ± 1.90) and the calculated t value is greater than the table value. which indicate that, there is significant increase in the knowledge regarding the effects of drug abuse among adolescents. The association between level of knowledge regarding the effects of drug abuse among adolescents and selected demographic variables shows association only with religion. There is no association between other demographic variables such as gender, family history, family type, food habits. The present study suggested that video assisted teaching programme improved the knowledge regarding the effect of drug abuse among adolescents.

Keywords:

- Effectiveness
- Video assisted teaching
- knowledge
- effect of drug abuse
- adolescents.

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A Descriptive Study to assess the knowledge regarding effects of Skipping breakfast among

mothers of school children in selected community areas at Kollam

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Online published on 3 June, 2020.

Abstract

The study entitled "A study to assess the knowledge regarding effects of skipping breakfast among mothers of school children in selected community areas at Kollam." The objectives of study was to assess the knowledge regarding effects of skipping breakfast among mothers of school children in selected community areas of Pallithottam at Kollam. To find out the association between knowledge regarding effects of skipping breakfast among mothers of school children and selected demographic variables. To develop knowledge in mothers about effects of skipping breakfast of school children through palmlets. Non experimental research design was a used for this study. The sample compromised of 30 mothers of school going children in selected community area of Pallithottam, Kollam. The sampling technique selected for present study was non probability convenience sampling. The data collected were analyzed by using inferential statics. The result shows that out of 30 samples 27% of mothers have inadequate knowledge and 46% has moderate knowledge regarding the effect of skipping breakfast in school children. It was completed to determine that there was no significant association between knowledge regarding effect of skipping breakfast among mothers of school children and selected demographic variables.



Keywords

Nutritional supplement, Concentration, Coordination.

A Study to assess the Knowledge regarding health problems related to climate change among peoples in selected community areas at Kollam

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Online published on 3 June, 2020.

Abstract

The project undertook was "A study to assess the knowledge regarding health problems related to climate change among people in selected community areas at kollam." The objectives of the study were: To assess the knowledge regarding health problems related to climate change among people in selected community areas of Kollam.

A quantitative research approach was adopted for the study. The study was conducted among 30 peoples residing among selected community areas at Kollam. In order to assess the knowledge regarding health problems related to climate change among peoples in selected areas at Kollam, the study sample were selected by convenience sampling technique. The tool used for data collection consists of demographic preform and structured questionnaire, basic introduction of the study was given to the subjects. The analysis of the data was based on the objectives of the study using descriptive and inferential statistics. The major findings of the study were as follows: The findings of the present study showed that there is no significant association between knowledge and selected demographic variables like age, family, education, and source of information, type of house and water supply and significant association with demographic variable like occupation. The findings of the present study showed that out of 30 samples 40% of the people have inadequate knowledge, 20% have moderate knowledge, and 40% people have adequate knowledge regarding the health problems related to climate changes. Based on the findings the investigator have drawn implications which were of vital concerns in the field of nursing practice, nursing administration, nursing pattern, nursing education and for future development.

Keywords

Assess, Knowledge, health problem, climate change, people,

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A Study to assess the Knowledge regarding Droplet infection among residents in selected community areas at Kollam

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Online published on 3 June, 2020.

Abstract

The research project under took was "A study to assess the knowledge regarding droplet infection among residents in Selected community areas at kollam"; the objectives of the study were To assess the knowledge regarding droplet infection among residents in selected community areas at Kollam. To find out the association between demographic variables and knowledge regarding droplet infection among residents in selected community areas at Kollam. To develop and distribute pamphlets regarding droplet infection among residents in selected community areas at Kollam. a quantitative research design was adopted for this study. The study was conducted among 30 residents in Pallithottam, Community Area at Kollam. In order to assess the knowledge of regarding droplet infection among residents, the study sample was selected by convenience sampling technique. The tool used for data collection consisted of demographic profoma and structured questionnaire basic introduction of the study was given to the subjects. The analysis of the data was based on the objectives of the study using quantitative and inferential statistics. regarding droplet infection among residents The findings of the present study showed that out of 30 samples 3.33% of

residents have poor knowledge, 30% of residents have average knowledge, 46.67% of residents have good knowledge and 20% of residents have excellent knowledge regarding droplet infection so there was significant association between knowledge and demographic variables like age, type of family, education, religion, monthly income, nutritional status and family history of respiratory infections. Based on the findings the investigator have drawn implication which were of vital xiv concerns in the field of nursing practice, nursing administration, nursing pattern, nursing education for future development.

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Keywords

Assess, Knowledge, droplet infection, residents.

Social Problems and Self Esteem among Male and Female Patients with Seizure Disorders-A Comparative Study

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Abstract

Epilepsy, a chronic brain disorder characterized by recurrent unprovoked seizures, affects people of all ages. Epilepsy affects every sphere of the individual's life, cutting across age, gender and social differences. Major areas of education, employment, marriage, child rearing and social functioning are often affected and the overall quality of life is hampered due to the uncertain nature of the illness and its consequences¹. The aim of the study is to identify the social problems and self esteem of patients with seizure disorders and to compare the social problems and self esteem of male and female patients with seizure disorders.

INTERNATIONAL JOURNAL OF CURRENT MEDICAL AND PHARMACEUTICAL RESEARCH ISSN: 2395-6429, Impact Factor: 4.656 Available Online at www.journalcmpr.com Volume 4; Issue 6(A); June 2018; Page No. 3381-3383 DOI: <http://dx.doi.org/10.24327/23956429.ijcmpr20180468> Research Article

A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECT OF GUIDED SOMATO PSYCHIC RELAXATION TECHNIQUE ON PAIN AND ANXIETY AMONG PRIMIGRAVIDAE DURING FIRST STAGE OF LABOUR IN SELECTED HOSPITALS AT KOLLAM

Nimmi Mani Daniel¹ and Annal Angeline² Department of Obstetrics and Gynecological Nursing, Bishop Benziger College of Nursing, Kollam ARTICLE INFO

ABSTRACT Subject: Quasi experimental study was conducted to assess the effect of Guided Somato Psychic Relaxation technique on pain and anxiety among primigravidae during first stage of labour.

Objectives: The objectives of the study were to assess the effect of Guided Somato Psychic Relaxation technique on pain among primigravidae during first stage of labour, to assess the effect of Guided Somato Psychic Relaxation technique on anxiety among primigravidae during first stage of labour, to find the association between pain among primigravidae during first stage of labour and selected demographic variables and to find the association between anxiety among primigravidae during first stage of labour and selected demographic variables.

Method: The conceptual frame work used was Katharine Kolcaba's comfort theory. A quantitative research approach was used with quasi experimental pre-test post-test control group design. Purposive sampling was used to select 60 samples. Pre-test was conducted using adapted numerical pain rating scale and Spielberg State Trait Anxiety Scale. For experimental group, Guided Somato Psychic Relaxation technique was given. Control group received routine nursing care. Post-test was conducted using the same tool. **Results:** The findings of the study showed that the mean post-test pain score of experimental group (4.5 ± 0.57) was lower than the control group (6.37 ± 0.96) and the mean post-test anxiety score of experimental group (43.77 ± 2.16) was lower than control group (45.8 ± 2.59) and it was significant at 0.05 level of significance. The findings of the study shows that there was a significant association between the pain with social support and anxiety with social support and previous knowledge regarding management of labour pain. **Conclusion:** The study concludes that Guided Somato Psychic Relaxation technique was effective in reducing pain and

anxiety among primigravidae during first stage of labour. Copyright © 2018 Nimmi Mani Daniel and Annal Angeline. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Motherhood is the greatest gift God gave to womankind, to know that we are instruments in God's creation, to know that we participated in God's purpose and plan.¹ Parturition is a unique, exciting, wondersome yet sometimes worrisome experience for the women.² Labour pain have been described as the most excruciating pains that a human being can experience.³ Studies of pain have demonstrated that the anticipation of pain can raise the anxiety level significantly.² Motherhood means giving life to a life un-lived, it means dreaming of things yet undreamed, and sustaining hope in a hopeless world. The physiological transition from being a pregnant women to becoming a mother means an enormous change for each women both physically and psychologically.⁴ Although pregnancy is often portrayed as a time of great joy, that's not the reality for all women.⁵ Anxiety during childbirth presents a problem for health care providers because of the resulting physiologic response.⁶ Several techniques have been used to relieve the pain experienced during the first and second stage of labour. The choice of technique and also the timing of initiation has a bearing on successful relief from labour pain.⁷ For managing pain both pharmacologic and non pharmacologic methods are used.² A study conducted in Finland found that women with an intense fear of labour who underwent cognitive (talk) therapy had shorter labour hours and fewer unnecessary caesarean sections than those who didn't.⁸ Guided Somato Psychic Relaxation technique is a verbal instruction by the expert in the form of an audio recording which produces relaxation from body to mind. Hence the present study is an attempt to find the effect of Guided Somato Psychic Relaxation technique on pain and anxiety among primigravidae during first stage of labour. Statement of the Problem A study to assess the effect of Guided Somato Psychic Relaxation technique on pain and anxiety among primigravidae during first stage of labour in selected hospitals at Kollam. Article History: Received 10th March, 2018 Received in revised form 3rd April, 2018 Accepted 11th May, 2018 Published online 28th June, 2018

Key words: Guided Somato Psychic Relaxation technique; primigravidae; first stage of labour; labour pain; anxiety. *International Journal Of Current Medical And Pharmaceutical Research*, Vol. 4, Issue, 6(A), pp. 3381-3383, June, 2018 3382

Objectives

The objectives of the study were: • To assess the effect of Guided Somato Psychic Relaxation technique on pain among primigravidae during first stage of labour in selected hospitals at Kollam. • To assess the effect of Guided Somato Psychic Relaxation technique on anxiety among primigravidae during first stage of labour in selected hospitals at Kollam. • To find the association between pain among primigravidae during first stage of labour and selected demographic variables. • To find the association between anxiety among primigravidae during first stage of labour and selected demographic variables. **MATERIALS AND METHODS**

Quantitative approach was adopted in this study with pre-test post-test control group design. The independent variable chosen for this study was Guided Somato Psychic Relaxation technique. The

dependent variables were pain and anxiety among primigravidae during first stage of labour and the demographic variables were age, education, occupation, area of residence, type of family, social support and previous knowledge regarding management of labour pain. The setting of the study was the labour room of Bishop Benziger Hospital, Kollam and LMS Hospital, Kundara. The population comprised of primigravidae admitted in labour room after 37 weeks of gestation and 60 samples were selected using purposive sampling technique. The tools used were Section A: Demographic proforma Section B: Adapted numerical pain rating scale Section C: Adapted Spielberg State Trait Anxiety Scale Section D: Partograph The samples were selected purposively. The purpose of the study was explained and informed consent was obtained from samples. Samples were asked to give baseline information. Then the pain and anxiety was assessed using adapted numerical pain rating scale and Spielberg State Trait Anxiety Scale. For experimental group, one session of modified Guided Somato Psychic Relaxation technique is given for 12 minutes. Control group received routine nursing care. Post-test was conducted immediately after therapy using the same tool for both the experimental and control group.

RESULT AND OBSERVATION

Demographic data Data shows that majority (66.67%) of samples belongs to the age group of 24-29 years and the least (11.66%) belongs to the age group of 30-35 years. Majority of samples (56.66%) had education of graduation and above and no one belongs to the category of primary education. Majority of samples (71.67%) were unemployed. Majority of samples (58.33%) were from rural area. Half of the samples (50%) belongs to nuclear family and half of the samples (50%) belongs to joint family. All the samples (100%) had support from both the family and partner. Majority (96.67%) of samples had no previous knowledge regarding management of labour pain.

Description of pain among primigravidae during first stage of labour The study revealed that (98.33%) of samples had moderate pain and (1.67%) of samples had mild pain and the mean pretest pain score was 5.57 with standard deviation of 0.74.

Description of anxiety among primigravidae during first stage of labour The study revealed that (95%) of samples has moderate anxiety and (5%) of samples had mild anxiety and the mean pre-test anxiety score was 45.9 with standard deviation of 2.74.

Effect of Guided Somato Psychic Relaxation technique on pain among primigravidae during first stage of labour

Table 1 Mean, mean difference, standard deviation and paired 't' value of pre-test and post-test pain in experimental group (n=30)

Test	Mean	Mean difference	SD	t value
Pre-test	5.73	0.45	1.23	15.7*
Post-test	4.5	0.57		t(29)= 2.05, *Significant at 0.05 level of significance

The data in the table1 shows that mean post-test pain score of experimental group (4.5±0.57) was lower than the pre-test pain score (5.73±0.45) and calculated 't' value (15.7) is greater than the table value at 0.05 level of significance. It indicates that there was a significant reduction in labour pain among primigravidae during first stage of labour in experimental group.

Table 2 Mean, mean difference, standard deviation and unpaired 't' value of post-test pain among experimental and control group (N=60)

Group	Mean	Mean difference	SD	t value
Experimental	4.5	0.57	1.87	9.12*
Control	6.37	0.96		t(58)= 2.00, *Significant at 0.05 level of significance

The data in the table2 shows that the mean post-test pain score of experimental group (4.5±0.57) was lower than the mean post-test pain score of control group (6.37±0.96) and calculated 't' value (9.12) is greater than the table value at 0.05 level of significance. It indicates that there was a significant difference between mean post-test pain scores of experimental and control group. So the present study shows that Guided Somato Psychic Relaxation technique was effective in reducing pain among primigravidae during first stage of labour.

Effect of Guided Somato Psychic Relaxation technique on anxiety among primigravidae during first stage of labour

Table 3 Mean, mean difference, standard deviation and paired 't' value of pre-test and post-test anxiety in experimental group (n=30)

Test	Mean	Mean difference	SD	t value
Pre-test	46.07	2.82	2.3	6.77*
Posttest	43.77	2.16		t(29)= 2.05,

*Significant at 0.05 level of significance International Journal Of Current Medical And Pharmaceutical Research, Vol. 4, Issue, 6(A), pp. 3381-3383, June, 2018 3383 The data in the table 3 shows that the mean post-test anxiety score of experimental group (43.77 ± 2.16) was lower than the mean pre-test anxiety score (46.07 ± 2.82) and calculated 't' value (6.77) is greater than the table value at 0.05 level of significance. It indicates that there was a significant reduction in anxiety among primigravidae during first stage of labour in experimental group. Table 4 Mean, mean difference, standard deviation and unpaired 't' value of post-test anxiety among experimental and control group (N=60)

Group	Mean	Mean difference	SD	t value
Experimental	43.77	2.16	2.03	3.3*
Control	45.8	2.59	t(58)=2.00	

*Significant at 0.05 level of significance The data in the table 4 shows that mean post-test anxiety score of experimental group (43.77 ± 2.16) was lower than the mean post-test anxiety score of control group (45.8 ± 2.59) and calculated 't' value (3.3) is greater than the table value at 0.05 level of significance. It indicates that there was a significant difference between mean post-test anxiety scores of experimental and control group. So the present study shows that Guided Somato Psychic Relaxation technique was effective in reducing anxiety among primigravidae during first stage of labour. Association between pain and selected demographic variables As the calculated chi-square value of social support (56.07) was more than the table value at 0.05 of level significance, there was a significant association between the pain and social support. As the calculated chi-square value of age, education, occupation, area of residence, type of family and previous knowledge regarding management of labour pain variables were less than the table value there was no significant association between pain and these demographic variables. Association between anxiety and selected demographic variables As the calculated chi-square value of social support (48.6) and previous knowledge regarding management of labour pain (8.82) were more than the table value at 0.05 level of significance, there was a significant association between the anxiety and these demographic variables. As the calculated chi-square value of age, education, occupation, area of residence and type of family were less than the table value there was no significant association between anxiety and these demographic variables. CONCLUSION The results of the present study revealed that Guided Somato Psychic Relaxation technique was effective in reducing pain and anxiety among primigravidae during first stage of labour. Conflict of Interest – There is no conflict of interest for the present study. Source of funding – No external funding agencies. Self funding. Ethical clearance - Formal written permission was obtained from Ethical committee of Bishop Benziger College of Nursing. Data were collected after giving participant information sheet and informed consent. Bibliography 1. Hartfield K. Motherhood. Go Fish Ministries. 2011. Available from: <https://gofishministries.wordpress.com/2011/05/08/an-essay-on-motherhood/> 2. Raman AV. Maternity nursing. 19th ed. New Delhi: Wolters kluwer publishers; 2014. p.320,325,341-2. 3. Sabaratnam A, Sarala G, Pratap K. Obstetrics and gynaecology for postgraduates. 3rd ed. Manipal: Universities press publishers; 2009. 443 4. Franser MD, Cooper AM. Myles text book for midwives. 14th ed. London: Elsevier publications.; 2003. p. 435-6,471-2. 5. Shahhosseini Z, Poursaghar M, Khalillian A, Salehi F. A review of the effects of anxiety during pregnancy on children's health. MSM. 2015; 27(3): 200-2. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4499279/> 6. Paterno TM. Fear factor: Anxiety disorders in the intrapartum environment. JOGN. 2010; 39(s1): s128-9. Available from: http://onlinelibrary.wiley.com/doi/10.1111/j.1552-6909.2010.01131_7.x/full 7. Harilal K. D C Dutta's text book of obstetrics. 6th ed. New Delhi: Jaypee brothers; 2004. p.114,117,131. 8. Do you dread delivery: Fit pregnancy and baby. Available from: <https://www.fitpregnancy.com/pregnancy/labor-delivery/do-you-dread-delivery> How to cite this article: Nimmi Mani Daniel and Annal Angeline (2018) 'A Quasi Experimental Study To Assess The

Abstract

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING POLYCYSTIC OVARIAN SYNDROME AMONG ADOLESCENT GIRLS IN SELECTED HIGHER SECONDARY SCHOOL AT KOLLAM

Akhila Raju*, Archana. S. B., Babitha Xavier, Jeena Mary Roy, Rincy, Raju and Nisha John

ABSTRACT

The research project undertook was "A study to assess the effectiveness of Structured Teaching Programme on knowledge regarding polycystic ovarian syndrome among adolescent girls in selected Higher Secondary School at Kollam" The objective of the study were to assess the knowledge on polycystic ovarian syndrome among the adolescent girls in selected Higher Secondary School, Kollam, assess the effectiveness of Structured Teaching Programme on knowledge regarding polycystic ovarian syndrome among the adolescent girls in selected Higher Secondary School, Kollam. find the association between knowledge regarding polycystic ovarian syndrome among the adolescent girls and selected demographic variables. A quantitative research design was adopted for the study. The study was conducted among 60 adolescent girls in VimalaHridaya Higher Secondary School Kollam. In order to assess the knowledge of adolescent girls regarding polycystic ovarian syndrome, the study sample were selected by convenient sampling technique. The tools used for data collection consisted of demographic profoma and structured questionnaire basic introduction of the study was given to the subjects. The analysis of the data was based on the objectives of the study using quantitative and inferential statistics. The findings of the present study showed that Structured Teaching Programme was effective to increasing the knowledge regarding poly cystic ovarian syndrome among adolescent girls.

Keywords: Knowledge, Polycystic Ovarian Syndrome, Adolescent Girls.

Effectiveness of Music Therapy on Anxiety and Pain among Mothers During First Stage of Labour in Selected Hospitals at Kollam

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Quasi experimental-pre test post test with control group design to evaluate the effectiveness of music therapy on anxiety and pain among mothers during first stage of labour in selected Hospitals at Kollam; the objectives of the study were to assess the anxiety and pain, to evaluate the effectiveness of music therapy on anxiety and pain, to find the association between anxiety and pain with selected demographic variables. Based on non-probability purposive sampling technique samples are... CONTINUE READING