# Sinhgad e-Journal of Nursing

## Volume IV, Issue I, June 2014

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VISION:
To provide highest quality nursing perspective keeping in view the societal health and nursing needs in global context.

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Greetings from Sinhgad e Journal of Nursing!!!!!!!

Nursing educational institutions have increased in multiple folds. Today. As part of their curriculum requirements, student's at under-graduates and post-graduates levels are conducting researches. Nurses who are in employments are also conducting researches to some extent. In spite of this, there is an acute shortage of nursing database in India. In India nurses need to develop and practice observation and documentation skills and disseminate their research knowledge to the professionals through proper channel.

In such scenario, we strongly believe that Sinhgad e Journal of Nursing will provide easy platform to the nurses for disseminating their research findings. The researchers who wish to publish their work in Sinhgad e journal of nursing must note that we publish original research papers only and there is no scope for any advertisement in our journal. We appreciate the suggestions from the readers for quality improvement.

We are very thankful to all our contributors, readers and well wishers for their support.

Dr. Rekha J. Ogale,
Managing Editor, Sinhgad e Journal of Nursing,
Principal,
Sinhgad College of Nursing, Narhe,
Pune: 411041.

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A study to assess the practices affecting thermoregulation in newborn immediate after birth within four hours

Prof. Mrs. Meena Sonavane,
M.Sc. Pediatric Nursing
Principal,
Institute of Nursing Education, Mumbai
sonavane_meena@yahoo.in

Introduction

The cry of the newborn is the only means of communication and brings a message that I need care. (Fernandez 93). The newborn babies need special care to meet their basic physiological and psychological needs. Delivery and the first few days of life are a critical period for the growth and development of the infant (Nelson 1996). More than half of the infants death occurs in the first twenty-eight days of the newborn's life, most of these deaths takes place in the first two weeks of life due to birth asphyxia, hypothermia, and infection. (WHO 93) One of the critical factors in the survival of newborn babies are the satisfactory maintenance of their body temperature. The neonatal period of the baby is a critical period and the birth is the major challenge to the newborn to negotiate successfully from intrauterine to extra-uterine life (WHO 93). Thermoregulation is the significant contributor to neonatal morbidity and mortality for all newborn. Cold injuries occur due to inadequate knowledge and skills (WHO 93). Many health personnel and mothers are not aware of the importance of keeping the babies warm by simple methods such as drying, wrapping and warming immediately after birth, avoiding harmful practices, encouraging early breastfeeding and keeping newborn in close contact with the mother (WHO 93). The care of normal newborn and approved practices to reduce the risk of hypothermia and infection is very essential. A newborn have no thermal control and is at high risk of developing hypothermia at the time of birth if precautionary measures are not taken.

Problem statement

'A study to assess the practices affecting thermoregulation in newborn immediate after birth within four hours.'

Objectives

1. To find out the practices carried out by the health personnel in newborn care within four hours after birth.
2. To identify the environmental factors influencing the temperature of newborn in labor room, the resuscitation room and postnatal ward.
3. To monitor the temperature of newborn within four hours after birth.
   a) Immediate after birth.
   b) After transferring to the resuscitation room.
   c) Before transferring to postnatal ward.
   d) After four hours of birth.

Review of literature:

Review of literature gave the researcher in-depth complete concrete and profound broad base knowledge of the research topic in detail to identify the problem exists related to topic and to identify the need of study.
The conceptual framework of this study is based on ‘General System Theory’ given by Ludwig Von Bertalanffy in 1968.

Ludwig Von Bertalanffy
Born: September 19, 1901
Vienna, Austria- Hungary
Died: June 12, 1972 (aged 70) Buffalo, NewYork, USA
Known for: General System Theory

The study was conducted in the urban civil hospital.

Research approach adopted for this study was descriptive evaluatory approach.
The sample composed of 100 normal newborn who born vaginally.
The sampling technique used in the study was non probability purposive convenient sampling technique.

Tool
The researcher used 30 item observation checklist with participatory observation and monitor four times temperature of newborn immediate after birth within four hours.

The validity of the tool was obtained by giving it to the experts from nursing fields and neonatologists.
Reliability was done by using inter rater method. The reliability coefficient by kappa method was 0.86.
Pilot study was carried out in the selected urban civil hospital. Total sample was 10 children.

Results
- Temperature of labour room, resuscitation room was maintained 79% at 25-28°C and 13% at 30-32°C.
- Doors of the labour room were 7% fully closed 93% partially closed.
- Doors of the resuscitation room and postnatal ward were 97% & 68% partially closed.
- Speed of the fan was high 96% in labour room 84% high in resuscitation room 96% high in postnatal ward.
- 49% babies were kept in warm clothes. 47% babies were kept in resuscitation room without drying. 4% babies nurse under radiant warmer.
- 90% babies cords were clamped after 15 minute and 10% babies cord clamped and cut immediately.
- 94% babies were dried with cold sheet. 6% babies were dried with warm sheet.
- Weighing of the baby was done 100% without keeping any cloth on the weighing scale.
- 93% babies nursed less than five minute 7% babies nursed more than 10 minutes.
- 100% babies were transferred with inadequate clothes from labour room to postnatal ward.
- 100% babies were kept with closed skin contacts of mother to maintain body temperature.

Monitoring of temperature of newborn

-Immediate after birth.
66% of the babies were in normal range.
34% of the babies were below the normal range.

-After transferring from the labour room to resuscitation room.
14% babies were below normal range.
86% babies were within normal range.

-After transferring to postnatal ward.
66% babies were maintaining normal temperature.
34% were maintained below normal range.
Conclusion

In order to provide quality care to the newborn, the health personnel should be well equipped with adequate knowledge and skill and attitude regarding thermoregulation. It was observed that knowledge and skill and attitude are required to provide quality care to the newborn. Quality advanced knowledge and skill helps to maintain good thermoregulation which helps to prevent complication in newborn after birth.

References

- CSSM review on the child survival and safe motherhood programme 1994 18
- Davies A. The invisible baby Killer Nursing mirror 1980,34-36.
- Leblane M.H. Thermoregulation insulators radiant warrir’s artificial & body needs clinical perinatal 1991 18 403-422.
- WhitnerwetalThe Influences of bathing on the newborn Infants body temperature Nursing Research 190-19-30-36.
Level of stress among the nurses working in Intensive care units.

Mrs. Manisha N. Pawar, 
Prof. cum Vice-Principal. 
Terna Nursing College, 
Nerul, Navi Mumbai. 
Manisha.pawar08@rediffmail.com

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<th>Research abstract</th>
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<td>In the present study Non experimental descriptive survey approach with typical descriptive design was to assess the level of stress among the nurses working in intensive care units in selected hospitals of Navimumbai with a view to develop an health educational pamphlet on stress management. Simple random sampling technique was used for the selection of 50 ICU staff nurses. The researcher modified the expanded nursing stress scale to assess the level of stress among the ICU nurses. The health education pamphlet was developed by the researcher to distribute it among the ICU nurses. The data gathering process began from 20th September to 10th October 2012. Descriptive and Inferential statistics had been used for data analysis. The overall findings revealed that majority 42% of the sample had severe stress. A highly significant association was found between the level of stress and the demographic variables, thus supporting the hypothesis. Hence the researcher emphasizes and concludes that stress alleviating programs should be conducted for the nurses and personality training should be offered and more research studies to be carried out in finding out the effectiveness of the relaxation program.</td>
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<th>Introduction</th>
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<td>Workplace stress has long been recognized as a challenge for the nursing profession. Stress also occurs when there is a constant desire to achieve only the best. Stress has been the growing concern among health care professionals, especially nurses. The working environment of Intensive Care Unit (ICU) is a constant source of stress for nurses working there. Critical care nurses practice in a complex assessment, high intensity therapies and continuous nursing vigilance. Nurses constantly experience a stressful environment because of the complex nature of patient's health problems requiring an extensive use of very sophisticated technology. Nurses not only have to cope with the sophisticated technology but also regularly face ethical dilemmas concerning issues of patient care management. The change in Health care delivery has also created new nursing roles and responsibilities and has also contributed to the source of stress. Stress occurs when nurses try to manage patient's nursing care within the scope of nursing. Studies conducted among nurses have revealed that stress affects the level of job satisfaction and in turn influence the quality of care, hence it was found necessary to assess the level of stress among the intensive care nurses.</td>
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<th>Statement of the problem</th>
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<tr>
<td>A descriptive study to assess the level of stress among the nurses working in intensive care units at selected hospitals in Navimumbai, with a view to prepare health educational pamphlet.</td>
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</table>
Conceptual framework of this study is based on Betty Neumann's health system model. Neumann uses selye's definition of stressors as tension producing stimuli with the potential of causing disequilibrium. This is a complex system model focuses on stress reaction and its reduction.

Review of literature
Studies related to
- Nature of stress
- Effect of stress among ICU nurses
- Job stress among ICU nurses
- Management of stress among ICU nurses

Materials and methods
Non experimental descriptive survey approach with typical descriptive design was adopted in the present study to accomplish the objectives.

Simple random sampling technique was used for the selection of 50 ICU staff nurses.

The tool is a modified version of expanded nursing stress scale (ENSS) description of the tool.

The questionnaire was constructed in two parts with 42 items.

<table>
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<tr>
<th>Part 1</th>
<th>Consisted of 9 items of demographic variables such as</th>
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<tr>
<td></td>
<td>age</td>
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<td>gender</td>
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<td></td>
<td>educational qualification</td>
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<td>years of experience</td>
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Part 2
Included the 8 areas related to stress, consisting of 36 items.

The tool was likert type, 5 point rating scale consisting of 5 options namely

<table>
<thead>
<tr>
<th>Area</th>
<th>Consisted of 6 items related to Death &amp; Dying. The highest possible score is 24.</th>
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<tbody>
<tr>
<td>Area 1</td>
<td>Consisted of 4 items related to Conflict with doctors. The highest possible score is 16.</td>
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<td>Area 2</td>
<td>Consisted of 3 items related to Inadequate emotional preparation. The highest possible score is 12.</td>
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<td>Area 3</td>
<td>Consisted of 2 items related to Problems relating to peers. The highest possible score is 8.</td>
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<tr>
<td>Area 4</td>
<td>Consisted of 3 items related to Problem relating supervisors. The highest possible score is 12.</td>
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<td>Area 5</td>
<td>Consisted of 7 items related to Work load. The highest possible score is 28.</td>
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<tr>
<td>Area 6</td>
<td>Consisted of 7 items related to Uncertainty concerning the treatment. The highest possible score is 28.</td>
</tr>
<tr>
<td>Area 7</td>
<td>Consisted of 4 items related to Patients and their families. The highest possible score is 16.</td>
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<td>Area 8</td>
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The steps adopted to prepare the health educational pamphlet were as follows.

- Review of literature regarding stress management
- Consultation with experts, preparation and organization of the first draft of health education pamphlets
- Ascertaining the content validity of health educational pamphlet
- Preparation of final draft of the health educational pamphlet.
  The areas included in health educational pamphlet were
  - Introduction
  - Causes of stress
  - Management of stress.
  - 10 ways to cope with stress.

Prior permission was taken from the concerned authorities.

Pilot study was conducted from 1st September to 10th September 2012 at Terna medical college hospital and research center to find out the feasibility of the study.

The final data collection was done from 20th September to 10th October 2012.

Results

The analysis revealed that
- 42% of the sample had severe stress,
- 34% had moderate stress,
- 14% had mild stress and
- 10% very severe stress.

Area wise analysis of the level of stress revealed that (6%) of the ICU nurses experienced very severe stress related to death and dying, ICU nurses (16%) experienced very severe stress related to conflict with the doctors and (8%) with inadequate emotional preparation. ICU nurses (18%) experienced very severe stress in the area of problems relating to peers and (22%) in the area of problems related to supervision. Nurses (20%) experienced very severe stress related to work load, (18%) of the ICU nurses experienced very severe stress related to uncertainty concerning the treatment. (30%) of the ICU nurses experienced very severe stress related to patient and families. The stress level scores of the ICU nurses in relation to the selected demographic variables were compared and tested statistically using chi square test. A highly significant association was found between the demographic variables such as age ($x^2=5.529$, $p<0.05$), years of experience ($x^2=20.887$, $p<0.05$), education($x^2=13.78$, $p<0.05$).

Discussion

Not surprising, the profession of nursing is widely perceived as one of the most inherently stressful occupations, often characterized by high rates of staff turnover, absenteeism and burnout. In the present study, the focus was on the various factors leading to stress among nurses working in ICU of Navimumbai hospital. The present study revealed that 14% of nurses’ fall in the category of mild stress while 34% nurses experienced moderate stress and 10% experienced high level of stress. Further, it was found that the demographic variables on factors influencing nurse’s feelings of stress can be used as the basis to modify work environment and plan programs to improve their psychological health.

<table>
<thead>
<tr>
<th>Education Qualification</th>
<th>Total (%)</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very Severe</th>
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<tbody>
<tr>
<td>Diploma in Nursing</td>
<td>32 (64%)</td>
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<td>B.Sc. Nursing</td>
<td>13 (26%)</td>
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<td>Post Basic Nursing</td>
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<td>Total</td>
<td>50 (100%)</td>
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<td>14</td>
<td>34</td>
<td>21</td>
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Table 2.2: Level of Stress

<table>
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<tr>
<th>Sr. No.</th>
<th>Year of experience in ICU</th>
<th>Total (%)</th>
<th>Level of Stress</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mild</td>
</tr>
<tr>
<td>1</td>
<td>1 – 5</td>
<td>41 (82%)</td>
<td>2</td>
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<tr>
<td>2</td>
<td>6 – 10</td>
<td>7(14%)</td>
<td>3</td>
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<tr>
<td>3</td>
<td>11 – 15</td>
<td>2(4%)</td>
<td>2</td>
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<tr>
<td>Total</td>
<td></td>
<td>50(100%)</td>
<td>7</td>
</tr>
</tbody>
</table>

Education Qualification Vs Level of stress, Chi square value = 13.786 and P-value = 0.032. According to education qualification, stress is statistically significant at 5% level i.e., $P < 0.05$.

Year of experience in ICU Vs Level of Stress, Chi square value = 20.887 and P-value = 0.002. According to year of experience in ICU, stress is statistically significant at 5% level i.e., $P < 0.05$.

**Interpretation and conclusion**

The overall findings revealed that majority 42% of the sample had severe stress. A highly significant association was found between the level of stress and the demographic variables, thus supporting the hypothesis. Hence the researcher emphasizes and concludes that stress alleviating programs should be conducted for the nurses and personality training should be offered and more research studies to be carried out in finding out the effectiveness of the relaxation programs. Findings can have important implications for nursing practice and research.

**Acknowledgement**

The investigator extends her gratitude for their timely guidance, support and valid suggestions in improving the study.
References


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6. Virk KC. Occupational stress and work motivation in relation to age, job level and type A behavior in nursing professionals. J Indian Academy Applied Psychol. 2001 ; 27 (1) : 51-


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Team Sinhgad e Journal of Nursing
Effectiveness of Planned Health Teaching on Knowledge of Cervical Cancer among Adolescent Girls

Ms. Shital Waghmare, Asst.Professor, Mrs. Sheela Upendra, Asso. Professor, Symbiosis College of Nursing, Symbiosis International University, Pune

shitalwaghmare@scon.edu.in
sheelaupendra2013@gmail.com

Abstract
Background: Cervical cancer is the second most common cancer among women worldwide. Important reason for higher cervical cancer is lack of effective screening programs and lack of knowledge among women regarding cancer cervix.

Objectives
To assess the knowledge regarding cervical cancer among adolescent girls
To evaluate the effect of planned health teaching regarding cervical cancer among adolescent girls

Methods
Evaluative approach, pre-experimental one group pre test- post test research design is used. Sample size was 30 samples. Non Probability Convenience sampling technique was used for selecting the samples. Structured questionnaires technique is used to assess the knowledge of the samples & planned teaching on cancer cervix.

Results: Pretest and post test knowledge scores of the adolescents girls were compared using paired t-test. T-value was 11.05 and corresponding p-value was found to be 3.28. Average knowledge score in the pretest was 6.23 which changed to 10.7 after the planned health teaching. The planned health teaching has improved the knowledge of the adolescents girls significantly.

Conclusion
The present study revealed the Adolescent Girls had considerably poor knowledge regarding Cervical Cancer. The Planned Health Teaching on Cervical Cancer has improved the knowledge of the Adolescent Girls significantly.

Key words: Planned Health Teaching, Cervical Cancer, Adolescent Girls

Introduction
Cervical cancer is the second most common cancer among women worldwide. About 2,88,000 women worldwide die of cervical cancer and at least 80% of deaths are due to cervical cancer occurring in the developing countries. In India, about 100 000 new cases of cervical cancer are expected to occur every year and this is likely to increase by 25% by 2015.1

It is reported that in Maharashtra crude rate (CR) of cervical cancer in Aurangabad and Nagpur cities are 42.0 and 88.6 respectively. Statistical data shows clear picture that in India prevalence rate of cancer cervix is high. Reason for higher cervical cancer is lack of effective screening programs and lack of knowledge among women regarding cancer cervix.2

In spite of having advanced technology exact cause of cancer is not yet discovered. Some of the risk factors are stress, habits like drinking, smoking, eating junk foods, lack of exercises.3

More than one million cancer cases occur worldwide annually, with some 580,000 cases found in developed countries (>300/100,000 population per year) and...
remaining found in developing countries (usually <1500/100,000 population per year) despite their much higher overall population and younger age. Over 80% of cervical cancer deaths occur in developing countries. Some 132,000 women in India develop cervical cancer every year and 74,000 die of cervical cancer.

Early detection and treatment of cervical cancer are the keys to survival. Still 12,200 new cases of the disease are diagnosed in the United States annually and approximately 4,100 women die from it. In Europe 65,000 new cases of cervical cancer are diagnosed each year of which 21,000 eventually die of it. HPV infection is the main causative factor among them; carriers are typically young and sexually active women and multiple sex workers.

A Study done in rural India in order to find out the incidence rate of cancer shows that the average annual incident rate per 100,000 of all cancers together was higher among women (62.6) than men (51.9). The most common cancers among men were stomach (5.6), mouth (4.2) and esophagus (3.7). Cervical cancer (22.1) was ranked at the top among women followed by breast (10.9).

In India, 1.32 lakh new cases and 70,000 or 30% of total global deaths occur every year due to cervical cancer. HPV positivity is 99.4% in Chennai. The overall 5 year survival rate for cervical cancer is 40%.

According to HPV related cancer information centre WHO (2010), Table 3.1: Incidence of cervical cancer in India, Southern Asia and the World.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>India</th>
<th>Southern Asia</th>
<th>World</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crude incidence rate</td>
<td>23.5</td>
<td>21.0</td>
<td>15.8</td>
</tr>
<tr>
<td>Age-standardized incidence rate</td>
<td>27.0</td>
<td>25.0</td>
<td>15.3</td>
</tr>
<tr>
<td>Cumulative risk (%)</td>
<td>2.8</td>
<td>2.7</td>
<td>1.6</td>
</tr>
<tr>
<td>Annual number of new cancer cases</td>
<td>134420</td>
<td>169854</td>
<td>529828</td>
</tr>
</tbody>
</table>

---

Statement of problem
‘Effectiveness of planned health teaching on knowledge of cervical cancer among adolescent girls in selected college of Pune city.’

Objectives
- To assess the knowledge regarding cervical cancer among adolescent girls.
- To evaluate the effect of planned health teaching regarding cervical cancer among adolescent girls.

Hypothesis
- \( H_1 \): There will be significant difference in the pretest and post test scores of knowledge regarding cervical cancer among adolescent girls following planned health teaching.
- \( H_0 \): There will be no significant difference in the pre-test & post-test knowledge scores regarding cancer cervix among adolescent girls following planned health teaching.

Material and methods
Research design and setting
The researcher adopted Pre Experimental evaluative, one group pre test – post test research design for the study. Setting for the study was selected College of Pimpri.

Sample size and technique Sample
Sample size comprised of 30 adolescent girls. Non Probability convenient sampling was used for the study.

Study Instrument
A Structured knowledge questionnaire was used to assess the knowledge of the samples and Planned Health teaching on cancer cervix.

Section I
It consisted of Information on demographic variables like the Age, education, marital status, educational role, teaching experience, History of previous illness, Previous Information about cancer cervix and source of information.
Section II

This section consisted of Structured knowledge questionnaire that comprised of total of sixteen (16) – item in five domains on knowledge of cervical cancer such as

- Meaning
- Prevalence
- Risk factors
- Symptoms, screening
- Treatment and management.

Study variables

Study had Independent variable like Planned health teaching on Cervical cancer and Dependent variable was Knowledge on Cervical cancer. Extraneous variables included in the study were Age, education, Marital status, educational role, teaching experience, History of previous illness, Previous Information about cancer cervix and source of information.

Data collection procedure:

After obtaining permission from the concerned authority and informed consent from the samples, the investigator administered the tool. Structured knowledge questionnaire on cervical cancer was administered along with baseline Performa. After the assessment of knowledge, Planned Health teaching on cervical cancer was provided to Adolescents girls. Post test was conducted after fifteen days to evaluate the effectiveness of Planned Health teaching on cervical cancer.

<table>
<thead>
<tr>
<th>Table 3.2: Frequency and percentage distribution of demographic variables of Adolescents girls.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sr. No.</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td>2</td>
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<tr>
<td></td>
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<tr>
<td>3</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>4</td>
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<tr>
<td></td>
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<tr>
<td>5</td>
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<td></td>
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<tr>
<td>6</td>
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<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Effectiveness of Planned health teaching on knowledge of Cervical cancer among Adolescents girls.

<table>
<thead>
<tr>
<th>Table 3.3: Comparison of pre and post test Knowledge score in study group</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=30 = 100%</td>
</tr>
<tr>
<td>Knowledge scores</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>Pre test scores</td>
</tr>
<tr>
<td>Post test scores</td>
</tr>
</tbody>
</table>

Pretest and post test knowledge scores of the adolescents girls were compared using paired t-test. T-value was 11.05 and corresponding p-value was found to be 3.28. Average knowledge score in the pretest was 6.23 which changed to 10.7 after the planned health teaching. The planned health teaching has improved the knowledge of the adolescents girls significantly.
Area wise distribution of knowledge score

**Fig. 3.1:** Effectiveness of planned health teaching on knowledge

<table>
<thead>
<tr>
<th></th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>6.23</td>
<td>10.70</td>
</tr>
</tbody>
</table>

Recommendation

- A study may be replicated on large samples; thereby findings can be generalized for a large population.
- A similar study may be repeated with a control group for more generalization of findings.
- Similar kind of studies can be undertaken in different settings and different target population.
- Study can be conduct with the help of self-instructional module.
- Prevalence rate of cancer cervix can be detect among commercial sex workers through pap smear test/Visual inspection of acetic acid.

**References**


**Conclusion**

The present study revealed the Adolescent Girls had considerably poor knowledge regarding Cervical Cancer. The Planned Health Teaching on Cervical Cancer has improved the knowledge of the Adolescent Girls significantly.
Stress level among wives of alcoholics

Ms. Nisha S. Naik
Asst. Professor
Dr. D. Y. Patil College of Nursing, Pune.
M.Sc. Mental Health Nursing.
shreya.naik@rediffmail.com

Abstract
The study was conducted to assess the stress level among the wives of alcoholics in Pimpiri Chinchwad municipal cooperation area at Kasarwadi, Pune-34. Descriptive research design was adopted, the sample consists of 100 wives of alcoholics and the subjects were selected using non-probability purposive sampling techniques. Demographic data and stress level related to drinking was assessed using self-structured questionnaire. Descriptive and inferential statistics were used to analyze the data. The result revealed that majority (88%) of the subjects had severe stress, 10(10%) of them were in moderate stress and only 02(02%) of subjects were in low level stress. There is an association of stress level with the demographic variables like age, religion, education, occupation, income in rupees, number of children and duration of drinking of spouse. The findings showed that the wives of alcoholics had severe stress level which needs significant attention by family members and health care providers.

Keywords: Stress level, wives of alcoholics.

Review of literature
A study to assess the psychological problems experienced by wives of alcoholics was assessed on N=50 at Shenoy Nagar, Chennai. Structured interview schedule was used to identify the psychological problems under three levels mild, moderate, severe and on analysis found 90% were having psychological problems in severe level, 64% under social problems in moderate level and overall problems 48% under moderate level and 46% under severe and statistically study showed significant association with age at p<0.001 levels. Similarly" A study of coping among the wives of alcohol depends” was assessed on N=50 at NIMHANS de-addiction centre, Bangalore. Data was collected with questionnaire on coping with drinking to identify coping strategy for stress and on analysis found 36% subjects were in moderate level, 13% in low level and only 1% in high level coping for stress. The study also shows association with demographic data like type of family, residence, marriage and number of children.

Introduction
Alcoholism is a evil ones family. Family burden due to alcoholism might be social, financial, emotional and physical. It is obvious that spouses are affected due to alcohol drinking. They are affected by their partner’s characteristics as well as by the stress full events related to drinking.

Objectives of the study
• To assess the stress level among wives of alcoholics.
• To find association of stress level of wives of alcoholics with demographic variables.

Methods & Materials
The research design adopted for the study was descriptive study design at kasarwadi, Pune-34. Study was conducted among 100 wives of alcoholics using non-probability purposive sampling technique.
Description of the tool
The tool consists of two sections.

Section 1 Includes demographic information.
This was developed to acquire the background information of the wives of alcoholics. It consisted of 9 items like:

- Age,
- Religion,
- Education,
- Occupational status,
- Income in rupees,
- Duration of marriage,
- Type of family,
- Number of children,
- Duration of drinking.

Section 2
It includes close ended questionnaire (yes/No) type on stress level.

Results

<table>
<thead>
<tr>
<th>Table 4.1: Description of sample characteristics</th>
<th>N=100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic variables</td>
<td></td>
</tr>
<tr>
<td>1.Age in years</td>
<td></td>
</tr>
<tr>
<td>21-30</td>
<td>42</td>
</tr>
<tr>
<td>31-40</td>
<td>45</td>
</tr>
<tr>
<td>41-50</td>
<td>13</td>
</tr>
<tr>
<td>&gt;50</td>
<td>00</td>
</tr>
<tr>
<td>2.Religion</td>
<td></td>
</tr>
<tr>
<td>Hindu</td>
<td>86</td>
</tr>
<tr>
<td>Muslim</td>
<td>03</td>
</tr>
<tr>
<td>Christian</td>
<td>10</td>
</tr>
<tr>
<td>Others</td>
<td>01</td>
</tr>
<tr>
<td>3.Education</td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>34</td>
</tr>
<tr>
<td>Secondary</td>
<td>30</td>
</tr>
<tr>
<td>Higher secondary</td>
<td>26</td>
</tr>
<tr>
<td>Undergraduate</td>
<td>08</td>
</tr>
<tr>
<td>Post-Graduate</td>
<td>02</td>
</tr>
<tr>
<td>4.Occupation status</td>
<td></td>
</tr>
<tr>
<td>Daily wages</td>
<td>08</td>
</tr>
<tr>
<td>Farmer</td>
<td>01</td>
</tr>
<tr>
<td>Housewife</td>
<td>61</td>
</tr>
<tr>
<td>Business</td>
<td>02</td>
</tr>
<tr>
<td>Service</td>
<td>28</td>
</tr>
<tr>
<td>5.Income in rupees</td>
<td></td>
</tr>
<tr>
<td>&lt;5000</td>
<td>35</td>
</tr>
<tr>
<td>5001-10000</td>
<td>45</td>
</tr>
<tr>
<td>&gt;10001</td>
<td>20</td>
</tr>
<tr>
<td>6.Duration of marriage</td>
<td></td>
</tr>
<tr>
<td>Up to 5 years</td>
<td>22</td>
</tr>
<tr>
<td>6-10 years</td>
<td>20</td>
</tr>
<tr>
<td>Above 11 years</td>
<td>58</td>
</tr>
<tr>
<td>7.Type of family</td>
<td></td>
</tr>
<tr>
<td>Nuclear</td>
<td>70</td>
</tr>
<tr>
<td>Joint</td>
<td>30</td>
</tr>
<tr>
<td>Extended</td>
<td>00</td>
</tr>
<tr>
<td>8.Number of children</td>
<td></td>
</tr>
<tr>
<td>Less than two</td>
<td>15</td>
</tr>
<tr>
<td>Two</td>
<td>70</td>
</tr>
<tr>
<td>More than two</td>
<td>15</td>
</tr>
<tr>
<td>9.Duration of drinking of spouse</td>
<td></td>
</tr>
<tr>
<td>Three to 10 years</td>
<td>35</td>
</tr>
<tr>
<td>11 to 18 years</td>
<td>38</td>
</tr>
<tr>
<td>19 to 25 years</td>
<td>13</td>
</tr>
<tr>
<td>&gt;25 years</td>
<td>14</td>
</tr>
</tbody>
</table>

The above table shows that maximum (45%) subjects were between 31-40 years of age group. Majorities (86%) was Hindus and out of these 34% were studied up to
primary level. Maximum (61%) were housewives. Majority (45%) had income upto 5001-10000 per month. Maximum (58%) were married since more than 11 years and 70% lived in nuclear family with majority having (70%) two children and maximum (38%) spouse were alcoholics since 11 to 18 years.

Table: 4.2: Description of frequency and percentage with mean and standard deviation of stress level among wives of alcoholics.

<table>
<thead>
<tr>
<th>Sr No.</th>
<th>Stress level</th>
<th>Frequency</th>
<th>Percentage (%)</th>
<th>Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Low level (0-6)</td>
<td>02</td>
<td>02</td>
<td>14.5</td>
<td>2.8</td>
</tr>
<tr>
<td>2</td>
<td>Moderate level (7-12)</td>
<td>10</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>High level (13-18)</td>
<td>88</td>
<td>88</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The above table depicts that 88% of subjects were suffering with severe stress level and 10% of subjects with moderate stress level. Mean of stress levels is 14.59 and standard deviation (S.D) is 2.89.

Table 4.3: The association of stress level with demographic variables N=100

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Low level (0-6)</th>
<th>Moderate level (7-12)</th>
<th>Severe level (13-18)</th>
<th>X²</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.Age in years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21-30</td>
<td>00</td>
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<td>42</td>
<td>91.25</td>
<td>0.00 ***</td>
</tr>
<tr>
<td>31-40</td>
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<td>45</td>
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<td></td>
</tr>
<tr>
<td>&gt;50</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Hindu</td>
<td>00</td>
<td>03</td>
<td>83</td>
<td>99.91</td>
<td>0.00 ***</td>
</tr>
<tr>
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<td>01</td>
<td>02</td>
<td>00</td>
<td></td>
<td></td>
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<tr>
<td>Christian</td>
<td>00</td>
<td>05</td>
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<tr>
<td>Others</td>
<td>01</td>
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<td>3.Education</td>
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</tr>
<tr>
<td>Primary</td>
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<td>01</td>
<td>33</td>
<td>77.97</td>
<td>0.00 ***</td>
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<td>Secondary</td>
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<tr>
<td>Higher secondary</td>
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<td>4.Occupation status</td>
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<tr>
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<td>07</td>
<td>43.76</td>
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<td>Housewife</td>
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<td>Business</td>
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<tr>
<td>Service</td>
<td>02</td>
<td>06</td>
<td>20</td>
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<tr>
<td>5.Income in rupees</td>
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<td>&lt;5000</td>
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<td>&gt;10001</td>
<td>02</td>
<td>10</td>
<td>08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.Duration of marriage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 5 years</td>
<td>00</td>
<td>00</td>
<td>22</td>
<td>5.033</td>
<td>0.28</td>
</tr>
<tr>
<td>6-10 years</td>
<td>00</td>
<td>02</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above11 years</td>
<td>02</td>
<td>08</td>
<td>48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.Type of family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear</td>
<td>00</td>
<td>02</td>
<td>68</td>
<td>Need Higher factor</td>
<td></td>
</tr>
<tr>
<td>Joint</td>
<td>02</td>
<td>08</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extended</td>
<td>00</td>
<td>00</td>
<td>00</td>
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<td></td>
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<tr>
<td>8. Number of children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than two</td>
<td>02</td>
<td>06</td>
<td>07</td>
<td>31.09</td>
<td>0.000 ***</td>
</tr>
<tr>
<td>Two</td>
<td>00</td>
<td>04</td>
<td>66</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than two</td>
<td>00</td>
<td>00</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.Duration of drinking of spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three to 10 years</td>
<td>00</td>
<td>03</td>
<td>32</td>
<td>6.734</td>
<td>0.15 1</td>
</tr>
<tr>
<td>11 to 18 years</td>
<td>00</td>
<td>03</td>
<td>35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 to 25 years</td>
<td>01</td>
<td>02</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;25 years</td>
<td>01</td>
<td>02</td>
<td>11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*** p<0.001 highly significant
The above table shows that the stress level has association with demographic variables like age, religion, education, occupation, income in rupees and number of children.

**Discussion**

The study revealed that wives of alcoholics were in severe stress (88%) and 10% in moderate stress level. Stress are high due to alcoholism in spouse are affected emotionally. Similarly study on psychological problem also showed wives alcoholics (90%) were in severe psychological problem.¹

**Conclusion**

The study concludes that wives of alcoholics are severely stressed due to alcoholism in family. It hampered martial life, caring of children, negative attitude towards husband, loss of respect and dignity. A psychiatric nurse could participate in planning and implementing effective intervention programme in collaboration with other members of the multidisciplinary team.

**References**

2. G.Jothimani, Dr.Nagarajaiah and Dr.Dhanasekara p."Level of coping among the wives of alcohol dependents” Journal of Nursing research society of India, April -may 2011:14:1:pp.30-35

**Al Anon**

"worldwide fellowship that offers a program of recovery for the families and friends of alcoholics, whether or not the alcoholic recognizes the existence of a drinking problem or seeks help."

**Alcohol a Family Disease**

According to ‘Alcoholics Anonymous’ Big Book ‘The alcoholic is like a tornado roaring his way through the lives of others. Hearts are broken. Sweet relationships are dead. Affections have been uprooted. Selfish and inconsiderate habits have kept the home in turmoil.”

There are many families in the world are disturbed due to substance abuse. One of the most widely used and abused substance is an alcohol.

‘Even though alcohol dependents are the victims of the alcohol, but the major victims are deprived and helpless family members of the alcohol dependents. The major of them are wives and children of the alcohol dependents. With the increasing dependency of the alcohol dependents towards the alcohol, all the family members develop increasing co-dependency towards the alcohol.’
Health teaching regarding low back pain among sedentary workers

Mrs. Sadhana U. Adhyapak
Asso. Professor
Dr. D. Y. Patil College of Nursing, Pune.
sadhana_adhyapak@yahoo.com

Introduction

Musculoskeletal disorders such as impairment of the back and spine are leading health problems and causes of disability. This occurs particularly in people during their employment years. Low back pain is one of the major reasons for medical visits. There are many causes of back pain. One of them is back strain. Back strain is an acute injury leading to lower back pain. It occurs when the person flexes the back without bending the knees or makes rotatory movements creating significant stress on the muscles of the back. Disk herniation is another cause of back pain. This may occur due to improper movements of the spine with lifting or turning.

There is strong evidence from literature that many people do have back pain sometime in their life. But they should understand that it can be prevented by proper body mechanics. Most back pain is self limited and can get resolved with analgesics, rest, stress reduction & relaxation. Most patients need to alter their activity patterns to avoid aggravating the pain. Good body mechanics & posture are essential to avoid recurrence of back pain. The patient may be taught how to stand, sit, lie & lift properly. It takes about 6 months for a person to readjust postural habits. Practicing these and body mechanics result in natural strengthening of the back and diminishes the chance of recurrent back pain. Therefore a study was done to assess the effect of health teaching regarding low back pain among sedentary workers of Dr D. Y. Patil Pratishthan.

Objectives of the study

- To assess knowledge regarding low back pain among sedentary workers of Dr D. Y. Patil Pratishthan
- To assess the effect of teaching regarding low back pain among sedentary workers of Dr D. Y. Patil Pratishthan
- To correlate the knowledge regarding low back pain among sedentary workers of Dr D. Y. Patil Pratishthan with selected demographic variables.

Research methodology

An evaluative approach was used to evaluate the effectiveness of planned teaching in terms of gain in knowledge. The research design selected for the study was Quasi experimental. A Pretest – posttest one group design was adopted.

Variables

Independent variable is planned teaching on low back pain.

Dependent variable is knowledge scores as measured by questionnaire.

It was hypothesized that the mean post test knowledge score of the sedentary workers will be significantly higher than their mean pre test knowledge score.

The sample size was 60 school teachers from Dr D Y Patil Public School selected by convenient sampling technique. A self reported questionnaire was prepared and used for data collection. The teaching plan was prepared on low back pain.

Data collection was done after receiving written informed consent from samples. Pretest was given following which teaching
was given. Posttest was taken after one week. Data gathered was analyzed by using description & inferential statistics.

Data Collection Technique

A self reported questionnaire was prepared and used for data collection. The teaching plan was prepared on low back pain. The self reported questionnaire consisted of two sections, section I and section II.

Each correct answer was given 1 mark and incorrect answer was given 0 marks. Minimum score was 0 and maximum score was 15. The total score of knowledge was categorized as poor score (0-5), average score (6-10) and good score (11-15).

Teaching Plan – Teaching plan covered all the broad aspects of the topic like meaning, anatomy and physiology, causes and prevention.

Major findings:

Table 5.1: Description of sample (teachers) according to personal characteristics.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20-30</td>
<td>18</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>31-40</td>
<td>20</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>41-50</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>51 &amp; above</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>57</td>
<td>95</td>
</tr>
<tr>
<td>3</td>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Graduation</td>
<td>39</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>Postgraduation</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>4</td>
<td>Income in rupees</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Upto 10,000</td>
<td>43</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>10000-15000</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>15000-20000</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>More than 20000</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 5.1 show that most of the samples (33%) were in the age group of 31-40 and (30%) in the age group of 20-30. 95% samples were women and 65% teachers were graduated. Data further indicated that 63% sample had some knowledge about low back pain & main sources of knowledge were magazines & newspapers.

Table 5.2: Pretest and posttest knowledge scores of teachers regarding low back pain.

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Mean difference</th>
<th>SD</th>
<th>T value</th>
<th>Level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>7</td>
<td>-7.55</td>
<td>2.5</td>
<td>-21.5</td>
<td>** P&lt;0.01</td>
</tr>
<tr>
<td>Posttest</td>
<td>14.55</td>
<td></td>
<td>0.7</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

Table 5.2 shows that mean knowledge score about low back pain in pretest was 7 and in posttest it was 14.55. This difference is highly significant at P<0.01. It can be concluded that the planned teaching on low back pain is effective in delivering knowledge.
The above figure explains area wise knowledge score obtained by teachers. The teachers had highest mean percentage score in the area of meaning (75%) and anatomy (51.60%). There is knowledge deficit high in the area of causes (25.80%) and prevention (42.90%) of low back pain.

Relation between knowledge score and personal characteristics

Table 5.3 shows that there is no association between age and knowledge but there is significant association between education, income and knowledge at $P < 0.05$. Thus level of knowledge is dependent on certain variables.

**Conclusion**

Maintenance of quality of life is an important issue throughout the world. Nursing education must emphasize to promote healthy body mechanics. Nurses can be trained how to practice body mechanics and prevent or minimize low back pain. Education about low back pain will empower people to take charge of their health and allow them to feel less helpless and powerless if they have back pain.

**References**

Title
A study to assess the effect of booklet on selected immunization among mothers in selected urban areas of Pimpri Chinchwad Municipal Corporation Pune.

Objectives of the study
1. To assess the knowledge regarding selected immunization among mothers.
2. To assess effect of booklet on knowledge regarding selected immunization among mothers.

The field of preventive and social medicine is improving with new concepts, changes and inventions, still people are facing lots of health problems in spite of measures taken through national health programs. Protection from preventable diseases, disabilities and death through immunization. Immunization is the birth right of every child and it is one of the most cost-effective health care interventions.

The research method adopted for the study was pre-experimental research design with an evaluative approach. Purposive sampling method was used to select 100 mothers of under-five children.

A structured questionnaire was prepared for assessing the knowledge of the mothers. Tool consisted of three sections.

Section-I
Demographic profile,

section II
Basic information regarding immunization

Section-III
Items to assess knowledge of mothers regarding selected immunization.

The reliability coefficient (r) was calculated with help of test-retest method and the value is equal to 0.887 and it is reliable.

Actual data collection was done on 100 mothers meeting the criteria for the study. Samples were collected from Nehru Nagar, Pimpri Chinchwad Municipal Corporation, Pune. In data collection process, a pre-test was administered first to assess the knowledge of the sample. On first day planned teaching was conducted. On the 7th day post-test was administered using same questionnaire to assess the effect of booklet.

The collected data was tabulated, coded & summarized. Analysis was done by
using descriptive & inferential statistics. The tests used were calculation of frequency, percentage, mean, standard deviation & chi-Square test.

**The Major findings**

Findings related to sample characteristics.
Most of the samples (34%) were in the 23-27 years age group, and only (15%) samples were in 33 and above year’s age group. Majority of samples 32% were graduate, and 6% were post graduate.

Analysis shows most of the samples (63%) were house wives, and no mother was found into farming. Most of the (40%) mothers had two children, and only 8% mothers had 4 or more than 4 children. 53% mothers belonged to nuclear family, and only 1% mother belonged to extended family. 40% mothers were having monthly family income between Rs. 5,000/- to 10,000/- and only 2% of the mothers were having monthly family income below Rs. 1,000/-. 

Findings related to basic information about immunization among mothers:

There 83% mother who had information regarding immunization schedule, importance and child care after immunization. However, 39% mothers received knowledge from health personnel, 28% mothers received information from mass media, 18% got knowledge from close relatives, and 17% mothers received information from neighbors. This study indicates that the health personnel plays major role in spreading the awareness about the immunization. Mothers had better knowledge about general immunization schedule.

Most of the mothers (26%) responded because of time limitation their children were not immunized and (4%) mothers had respond sickness was the reason for non-immunization of child.

Findings related to knowledge scores of mothers and effect of planned teaching programme regarding selected immunization:

<table>
<thead>
<tr>
<th>S. N.</th>
<th>Areas</th>
<th>Pre Test Score %</th>
<th>Post Test Score %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General immunization</td>
<td>56.75</td>
<td>80.25</td>
</tr>
<tr>
<td>2</td>
<td>HBV vaccination</td>
<td>52.67</td>
<td>68.33</td>
</tr>
<tr>
<td>3</td>
<td>Chicken pox vaccination</td>
<td>36.67</td>
<td>59.00</td>
</tr>
<tr>
<td>4</td>
<td>MMR vaccination</td>
<td>31.50</td>
<td>57.75</td>
</tr>
<tr>
<td>5</td>
<td>Typhoid vaccination</td>
<td>31.00</td>
<td>54.00</td>
</tr>
<tr>
<td>6</td>
<td>Hib vaccination</td>
<td>42.67</td>
<td>66.67</td>
</tr>
<tr>
<td>7</td>
<td>Child care after vaccination</td>
<td>51</td>
<td>71</td>
</tr>
</tbody>
</table>
Table No. 6.1 shows maximum mothers (56.75%) were having knowledge regarding general immunization in pre test and 80.25% in post test knowledge score. Only 31% mothers were having knowledge regarding typhoid vaccination. Table shows tremendous increase in knowledge in post test is observed.

Mean knowledge scores about selected immunization obtained by mothers in pre test was 9.45 and in post test 14.48. This difference was statistically highly significant at 0.01 level with z value of -11.43. Analysis shows there is high inclination of post test score than in pre test knowledge score related to general immunization schedule, Hepatitis B, Chicken-pox, MMR, Typhoid and Hib vaccination. After administration of planned teaching it was found that the post-test mean percentage knowledge score in all the content area were higher than the pre test mean percentage knowledge scores. The ‘z’ value was also computed to find out whether the effect of planned teaching on knowledge of mothers was significant. It was evident that all calculated ‘z’ value at 0.01 level of significance. Thus, from the above statistical data, it evident that the planned teaching was highly effective. It can be concluded that, the planned teaching on selected immunization was proved to be effective in delivering the knowledge and awareness.

References
Effectiveness of progressive muscle relaxation technique on anxiety

Ms. Lisa Sam,
M.Sc.Nursing
(Paediatric Nursing)
lisasamv@gmail.com

Introduction

Feeling anxious or nervous is a common emotion for people of all ages and a normal reaction to stress. Feeling anxious can help us handle problems and strange situations, and even avoid danger. It is normal to feel anxious about illnesses, new social interactions, and frightening events. But when one feels anxious often and the anxiety is overwhelming and affects daily tasks, social life, and relationships, it may be an illness.

Anxiety is a common illness among older adults, affecting as many as 10-20 percent of the older population, though it is often undiagnosed. Phobia—when an individual is fearful of certain things, places or events—is the most typical type of anxiety. Among adults, anxiety is the most common mental health problem for women and the second most common for men, after substance abuse.

Older adults with anxiety disorders often go untreated for a number of reasons. Older adults often do not recognize or acknowledge their symptoms. When they do, they may be reluctant to discuss their feelings with their physicians. Some older adults may not seek treatment because they have suffered symptoms of anxiety for most of their lives and believe the feelings are normal. Both patients and physicians may miss a diagnosis of anxiety because of other medical conditions and prescription drug use, or particular situations that the patient is coping with. Untreated anxiety can lead to cognitive impairment, disability, poor physical health, and a poor quality of life. Fortunately, anxiety is treatable with prescription drugs and therapy.

Anxiety is a general term for several disorders that cause nervousness, fear, apprehension, and worrying. These disorders affect how we feel and behave, and they can manifest real physical symptoms. Mild anxiety is vague and unsettling, while severe anxiety can be extremely debilitating, having a serious impact on daily life.

Problem statement

“A study to determine the effectiveness of progressive muscle relaxation technique on anxiety among elderly people residing in selected old age homes in Pune city.”

Objectives

1. To assess the level of anxiety among elderly persons staying in old age home before administering progressive muscle relaxation technique on anxiety.
2. To assess the level of anxiety among elderly persons staying in old age home after administering progressive muscle relaxation technique on anxiety.
3. To associate the effectiveness of progressive muscle relaxation technique on anxiety among elderly persons with selected variables.

Research Design

One group pretest – post test design (01 X 0 2) is used in this study.
01 – Pretest to assess the level of anxiety among elderly persons by using State – Trait Anxiety Inventory Scale.
X – Structured teaching on progressive muscle relaxation technique.
0 2 – Post test to determine the level of anxiety among elderly persons by Using State – Trait Anxiety Inventory Scale

Sample:
40 elderly persons were selected from ST. John Old age home and Premnivas Old age home, Pune.

Sampling Technique:
Purposive sampling technique.

Criteria for selection of sample:
• Elderly persons who were willing to participate in the study.
• Elderly persons who follow English/Hindi/Marthi
• Elderly persons staying in ST. John Old age home and Premnivas Old age home in Pune.
• Both sexes were included in the study.

Exclusion criteria
• Elderly persons who were not able to perform relaxation techniques.
• Elderly person who have medical illness or psychiatric illness

Instruments used for the study
A standard State – Trait Anxiety Inventory Scale was used to measure the anxiety level. For the present study

Description of instrument
The tool of the study has two sections.

<table>
<thead>
<tr>
<th>Section A</th>
<th>Demographic variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section B</td>
<td>State – Trait Anxiety Inventory Scale was used to measure the anxiety level (consists of 40 items)</td>
</tr>
</tbody>
</table>

Section A:
Demographic variables of the elderly persons were in relation to age, sex, religion, education, source of income.

Section B:

State – Trait Anxiety Inventory:
This is a self evaluation questionnaire developed by Charles – D – Spiel Bergerin 1968.

It is standardized tool comprises of 20 State and 20 trait anxiety statement.

Each Statement in the State category has four choices numbering which is indicated 1 = not at all;
2 = somewhat;
3 = moderately so;
4 = very much so.

Respectively which the patient had to mark to indicate how he is self right at the moment of testing.

Each statement in the Trait category has again four choices numbering which is indicated 1 = almost never; 2 = some times ; 3 = often; 4 = almost always respectively and the persons has so more these choices according to their self are no right on wrong answers. No time limit but the persons is instructed to do as quickly as possible.

Score interpretation
State – Trait Anxiety Inventory Scale (40 items) State Anxiety (20 items)
Direct Scoring (items 1 – 20): 3, 4, 6, 7, 9, 12, 13, 14, 17, 18
Reverse Scoring (items 1 – 20): 1, 2, 5, 8, 10, 11, 15, 16, 19, 20
Trait Anxiety (20 items)
Direct Scoring (items 21 – 40): 22, 24, 25, 28, 29, 31, 32, 35, 37, 40
Reverse Scoring (items 21 – 40): 21, 23, 26, 27, 30, 33, 34, 36, 39.
The analyzed data has been organized and presented in the following sections.

**Section A**
Distribution of subjects according to demographic variables.

**Section B**
Comparison of pretest and posttest anxiety level among elderly persons.

**Section C**
Effectiveness of progressive muscle relaxation technique on the level of anxiety among elderly persons.

**Section D**
Association of selected demographic variable with effectiveness of Progressive muscle relaxation technique on level of anxiety among elderly person

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Level of Anxiety</th>
<th>Pre test</th>
<th>Post test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percentage</td>
<td>Frequency</td>
</tr>
<tr>
<td>1</td>
<td>Normal</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>Mild</td>
<td>4</td>
<td>10%</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
<td>36</td>
<td>90%</td>
</tr>
<tr>
<td>4</td>
<td>Severe</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 7.1: Comparison of pretest and posttest anxiety level among elderly persons.

Bar diagram showing Comparison of pre test and post test anxiety level among elderly persons

In the present study it is observed that 4 (10%) of the subjects had mild anxiety, 36 (90%) of the subjects had moderate anxiety before administering Progressive muscle relaxation technique. The same table also implies that 37 (92.5%) of the subjects had mild anxiety, 3 (7.5%) of them had moderate anxiety after administering progressive muscle relaxation technique.

Table 7.2 Effectiveness of progressive muscle relaxation technique on the level of anxiety among elderly persons.

<table>
<thead>
<tr>
<th>Pre test</th>
<th>Post test</th>
<th>t-test Value</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>89.82</td>
<td>8.446</td>
<td>69.55</td>
<td>7.37</td>
</tr>
</tbody>
</table>

There is statistically significant difference on the level of anxiety in pre test of the elderly persons at the level of P<0.05

**Conclusion**
The study reveals that anxiety among elderly was reduced due to progressive muscle relaxation technique which was evidenced by the pre and post test scores of current study. During the pretest period, the elderly persons most of them had moderate anxiety, but following progressive muscle relaxation technique administration, the post test scores showed that most of them had mild anxiety, so intervention was effective in reducing anxiety.

**Bibliography**
- Laura A. Talbot. Principles and practice of nursing research. Mosby
Effectiveness of dry ginger powder in reduction of nausea and vomiting among antenatal mothers.

Ms. Manjusha D. Telgote
Lecturer,
The Yash Foundation
College of Nursing and MRI,
Ratnagiri.
varungilbert@gmail.com

**Problem Statement:**
"Effectiveness of dry ginger powder in reduction of nausea and vomiting among antenatal mothers residing at selected areas.

**Objectives of the study**
1. To assess the nausea and vomiting among antenatal mothers before administration of dry ginger powder in experimental group and control group.
2. To assess the nausea and vomiting among antenatal mothers after administration of dry ginger powder in experimental group.
3. To compare the nausea and vomiting among the experimental group and control group.

This study was based on quasi experimental (quantitative) approach. The population was the antenatal mothers from selected areas. Total 60 subjects (30 experimental and 30 control) were selected as per the inclusion criteria. The inclusion criteria was antenatal mothers suffering from nausea and vomiting, antenatal mothers who are willing to participate in the study, antenatal mothers who are available during the time of study. The exclusion criteria was antenatal mothers who under pharmacological management for nausea and vomiting and antenatal mothers who do not understand English and Marathi or Hindi. The sampling technique used in the study was non-probability purposive sampling. The technique used was interview technique.

The tool was a Modified scale. In order to obtain content validity, the tool was given to a total 11 experts 8 experts from Obstetric and Gynecological Nursing Department, 2 experts from department of Obstetrics and Gynecological, 1 expert of Ayurveda Department. After receiving the opinion from the experts some modifications were done in framing of the items and same were incorporated into the tool.

The pilot study was conducted in selected areas. The pilot study was conducted from 19/11/12 to 26/11/12 to assess the feasibility of the study and to decide the statistical analysis and practicability of research. 6 subjects were selected (3 for experimental group and 3 for control group) by Non-Probability Purposive sampling technique, based on the inclusion criteria to assess the feasibility of the study and to decide the statistical analysis and practicability of research.

A formal permission was obtained from the concerned authorities. The actual data collection period was from 3rd December to 7th January 2012. Antenatal mothers from selected areas who fit in the criteria were selected from various areas. The investigator introduced self and informed the subjects about the nature of the study so as to ensure better cooperation during the data collection. Objectives of study were discussed and consent was obtained for participating in study. Subjects were assured about the confidentiality of the data. Pretest was taken to score nausea and vomiting using Modified Rhodes index. Administration of dry ginger powder was given to
Major findings of the study:
Findings regarding demographic data

- In experimental group, 30% of the antenatal mothers were from age group 18-20 years, 46.7% of them had age 22-25 years and 23.3% of them had age 26-29 years.
- In control group, 23.3% of the antenatal mothers were from age group 18-20 years, 53.3% of them had age 22-25 years and 20% of them had age 26-29 years and remaining 3.3% of them were from 30-35 years of age.
- In experimental, 56.7% of them were primigravida and 43.35 of them were multigravida.
- In control group, 56.7% of them were primigravida and 43.35 of them were multigravida.
- In experimental group, 90% of them were Hindu, 6.7% of them were muslim and remaining 3.3% of them were Christians.
- In control group, 83.3% of them were Hindu and 16.7% of them were muslim.
- None of the antenatal mother from experimental and control group had any home remedy for nausea and vomiting.

Findings regarding assessment of nausea and vomiting in experimental and control group

- In pretest, all the antenatal mothers in experimental and control group had severe nausea and vomiting.

Findings regarding nausea and vomiting of antenatal mothers after administration of dry ginger powder

- All the antenatal mothers in experimental and control group had severe nausea and vomiting till day 1. On day 2, more than half (56.7%) of them had and 43.3% of them had severe moderate nausea and vomiting. On day 3, majority 86.7% of them had moderate and remaining 13.3% of them had severe nausea and vomiting. This indicates that there is improvement in nausea and vomiting of antenatal mothers after administration of dry ginger powder.

On the other hand, in control group, all the antenatal mothers had severe nausea and vomiting till day 4. There was no improvement in their condition.

Table 8.1: Paired t-test for comparing pre and post administration of ginger powder in antenatal mothers.

<table>
<thead>
<tr>
<th>Admin</th>
<th>Mean</th>
<th>SD</th>
<th>T</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>31.8</td>
<td>2.62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 1</td>
<td>30.8</td>
<td>2.23</td>
<td>3.0</td>
<td>0.003</td>
</tr>
<tr>
<td>Day 2</td>
<td>27.4</td>
<td>2.62</td>
<td>7.9</td>
<td>0.000</td>
</tr>
<tr>
<td>Day 3</td>
<td>22.5</td>
<td>4.39</td>
<td>12.4</td>
<td>0.000</td>
</tr>
<tr>
<td>Day 4</td>
<td>16.4</td>
<td>5.68</td>
<td>15.3</td>
<td>0.000</td>
</tr>
</tbody>
</table>
Investigator applied paired t-test for comparison of pre and post administration of dry ginger powder in antenatal mothers. Since all the p-values are small (less than 0.05), null hypothesis was rejected. This indicates that the dry ginger powder significantly improves nausea and vomiting in antenatal mothers right from day 1. The above figure for average scores shows that there is significant decrease (improvement).

**Conclusion**

The dry ginger powder significantly brought out improvement in reduction of nausea and vomiting of antenatal mothers residing at selected areas of Pune. Analysis of data showed that there was significant difference between pre-test and post-test nausea and vomiting.

**References**

Effectiveness of Planned Health Teaching on Knowledge and Practices among Staff Nurses regarding Indwelling Catheter Care.

Mr. Rahul Bhausaheb Pandit
B.J.G.M.C & Sassoon General Hospital
Pune

Ms. Minal Vishwanath Bayaskar
Clinical Instructor
Dr. Panjabrao Deshmukh Nursing Institute
Amravati.
rahul_music@yahoo.com

Introduction

Today, health is considered a basic human right. As basic human needs are essential for survival, people strive to meet them. A person whose needs are met may be considered to be healthy, and a person with one or more unmet needs is at increased risk of illness or health alterations in one or more of the human dimensions.

Nurses are the primary managers of all the routine care and problem solving associated with patients who have indwelling urinary catheters. The results revealed knowledge deficits in catheter-related knowledge, and variation in client education and documentation. The results also demonstrated the continued use of traditional knowledge as well as unclear application of fundamental nursing principles. There is a clear need for increased use of evidence-based practice and development of suitable post-registration education.

Problem Statement:

A Study to Assess the Effectiveness of Planned Health Teaching on Knowledge and Practices among Staff Nurses regarding Indwelling Catheter Care in selected hospitals.

Objectives:

1. To assess the Knowledge of Staff nurses regarding Indwelling Catheter Care.
2. To observe the Practices of Staff nurses regarding Indwelling Catheter Care.
3. To assess the Effectiveness of the Planned Health Teaching regarding Indwelling Catheter Care.
4. To associate the findings with the selected demographic variables.
5. To correlate between knowledge and practices of Staff Nurses.

Research Methodology

1. Research Design: One group Pre Test and Post Test Quasi Experimental research Design.
2. Research Approach: Descriptive Interventional Approach
3. Sample: Staff Nurses.
4. Sample Size: 50
5. Sampling Technique: Non Probability Convenience sampling.
6. Variables:
   a. Independent Variable: Planned Health Teaching
   b. Dependent variable: Knowledge and Practices.
7. Hypothesis:
   H1 - There is significant difference between the pre and post test Knowledge and Practices of Staff Nurses regarding Indwelling Catheter Care.
8. Data Collection
A structured knowledge questionnaire and observation checklist on Indwelling Catheter Care was used for data collection. In the data gathering process, a pre test was administered first to assess knowledge and observe the practices by of indwelling catheter care of the Staff Nurse. Post test was administered using the same questionnaire and checklist to assess knowledge and practices after Giving Planned Health Teaching.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-Test</th>
<th>Post Test</th>
<th>t Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Knowledge</td>
<td>21.6</td>
<td>4.1</td>
<td>24.0</td>
</tr>
<tr>
<td>Practice</td>
<td>21.4</td>
<td>3.6</td>
<td>26.7</td>
</tr>
</tbody>
</table>

*Significant at 0.05 Level of Significance.

This indicates that Planned Health Teaching was an effective method of imparting information to the Staff nurses regarding Indwelling Catheter Care. This study shows that there is positive correlation and marked relationship between knowledge and practices of nurses.

Regarding association between the Demographic variables with post-test knowledge scores and practice score it was found that there was no significant association between the variables like age, sex, educational qualification and experience.

**Conclusion and Interpretation**

The result of this study shows that the most of the staff nurses had Good Knowledge and Practices after administration of Planned Health Teaching. There was no association of Knowledge and Practice with their selected demographic variables. This study will help the Staff Nurses to improve Knowledge and Practices regarding Indwelling Catheter Care. Hence, it was concluded that Planned Health Teaching is an effective method of improving knowledge and Practices of staff nurses regarding indwelling catheter care in order to prevent the complications associated with indwelling catheter.

**References**

Disaster Preparedness among Staff Nurses

Ms. Gawade Sonal S.
M. Sc. Nursing (Community Health Nursing ),
PGDDM.

Sonalgawade09@gmail.com

Introduction

India has been traditionally vulnerable to natural disasters on account of its unique geoclimatic conditions. Floods, droughts, cyclones, earthquakes and landslides are regular phenomena. India also witnessed a hitherto new natural calamity in the form of Indian Ocean Tsunami in 2004. Last few decades have witnessed an increased frequency in disasters causing tremendous human casualties, in terms of loss of life and disability in addition to huge economic losses. Although these may not be totally preventable but their impact can be minimized by effective planning. Equally important are the “peripheral emergencies” like road, rail and air accidents, fire, drowning and stampedes in mass gathering, industrial accidents, explosions and terrorist attacks that have an inherent potential to convert into a mass casualty incident (MCI). The loss of life and disability are compounded by the lack of adequate medical preparedness both qualitatively and quantitatively across the country. Therefore the study was undertaken to explore the knowledge of Nursing staff regarding preparedness disasters.

Background

This paper investigates the preparedness for earthquakes and tsunami of residents living along the Andaman coast in Phang Nga province, Thailand. A survey of 557 households located in the areas that received tsunami warnings following the Indian Ocean earthquakes on 11 April 2012 was conducted. The fieldwork was carried out during the period of numerous aftershocks which put residents in the region on high alert thus allowing the survey to capture individuals’ emergency responses to natural hazards that might occur. The respondents were asked what emergency preparedness measures they have done following the 11 April earthquakes. Using the partial proportional odds model, the paper investigates determinants of personal disaster preparedness measured as the number of preparedness actions being taken. Controlling for village effects, we find that formal education – measured at the individual, household and community levels – has positive relationships with preparedness actions. Being affected by the 2004 tsunami increases emergency preparedness but for the group without such disaster experience, education of household members is found to be positively related with taking preparedness actions. This study suggests that formal education can increase disaster preparedness and consequently play a role in reducing vulnerability to natural hazards.

In this paper we investigate how well residents of the Andaman coast in Phang Nga province, Thailand, are prepared for earthquakes and tsunami. It is hypothesized that formal education can promote disaster preparedness because education enhances individual cognitive and learning skills, as well as access to information. A survey was conducted of 557 households in the areas that received tsunami warnings following the Indian
Ocean earthquakes on 11 April 2012. Interviews were carried out during the period of numerous aftershocks, which put residents in the region on high alert. The respondents were asked what emergency preparedness measures they had taken following the 11 April earthquakes. Using the partial proportional odds model, the paper investigates determinants of personal disaster preparedness measured as the number of preparedness actions taken. Controlling for village effects, we find that formal education, measured at the individual, household, and community levels, has a positive relationship with taking preparedness measures. For the survey group without past disaster experience, the education level of household members is positively related to disaster preparedness. The findings also show that disaster-related training is most effective for individuals with high educational attainment. Furthermore, living in a community with a higher proportion of women who have at least a secondary education increases the likelihood of disaster preparedness. In conclusion, we found that formal education can increase disaster preparedness and reduce vulnerability to natural hazards.

Operations research is the scientific study of operations for the purpose of better decision making and management. Disasters are defined as events whose consequences exceed the capability of civil protection and public health systems to provide necessary responses in a timely manner. Public health science is applied to the design of operations of public health services and therefore operations research principles and techniques can be applied in public health. Disaster response quantitative methods such as operations research addressing public health are important tools for planning effective responses to disasters. Models address a variety of decision makers (e.g. first responders, public health officials), geographic settings, strategies modelled (e.g. dispensing, supply chain network design, prevention or mitigation of disaster effects, treatment) and outcomes evaluated (costs, morbidity, mortality, logistical outcomes) and use a range of modelling methodologies. Regarding natural disasters the modelling approaches have been rather limited. Response logistics related to public health impact of disasters have been modelled more intensively since decisions about procurement, transport, stockpiling, and maintenance of needed supplies but also mass vaccination, prophylaxis, and treatment are essential in the emergency management. Major issues at all levels of disaster response decision making, including long-range strategic planning, tactical response planning, and real-time operational support are still unresolved and operations research can provide useful techniques for decision management.

### Problem statement
A study to assess the effectiveness of self instructional module on knowledge regarding disaster preparedness among staff nurses in selected hospitals of Mumbai city.

### Objective of study
1. To assess the knowledge of staff nurses in relation to disaster preparedness before and after the administration of the self instructional module.
2. To evaluate the effectiveness of self instructional module on the knowledge of staff nurses in relation to disaster preparedness.
3. To find out the relationship of effectiveness of self instructional module in relation to disaster preparedness with selected demographic attributes (e.g. Age, Gender, Religion, Years of experiences, Educational Qualification)

### Hypothesis
Null hypothesis: Ho 1. There will be no significant difference in the knowledge score of staff nurses after the administration of self instructional module.
2. Self instructional module will not help to improve knowledge of staff nurses in relation to disaster preparedness.

Research hypothesis: H1
1. There will be significant difference in the knowledge score of staff nurses after the administration of self instructional module.
2. Information booklet will help to improve knowledge of staff nurses in relation to disaster preparedness.

Research methodology
Evaluative quantitative approach was considered as an appropriate research approaches for the present study. The conceptual framework for this study was General system theory model, focuses three concepts input, process and output. The research design selected for the present study was pre-experimental one group pretest post test design. Simple random sampling technique was used to select the samples. The sample comprised of 30 staff nurses of selected hospitals.

The data for the present study was collected by constructing the Knowledge Structured Questionnaire and Self Instructional Module. The content validity of the tool and Self Instructional Module was done by experts in the field of nursing. Reliability of tool was tested by using test-retest method (0.9)

Findings of the study
The result of the study reveals that pre test mean knowledge score was 10.38 is less than the post test mean knowledge score 23.08 after the administration of Self instructional Module. The paired t test value was 21.525 which is statistically significant at 0.05 level in all aspects under study.

There were significant association of pre test knowledge levels score of Age, Educational status, Job status, Position, Year of clinical experience and Year of experience in casualty and ICU of the staff nurses with their selected Socio demographic variables.

Conclusion
The Self instrucational Module was significantly effective in improving the knowledge of the staff nurses.

References
4. K. park, Preventive and Social Medicine, 21st edition : Bhanot Publication.
Effectiveness of planned teaching programme regarding Basic Life Support (BLS)

Mr. Nithin Philip,
M.Sc. Nursing, (Medical Surgical Nursing)
MBA

nithinphilipv@gmail.com

Introduction

Birth and death are the two natural phenomena that all of us have to accept. When a child is born we are happy because a new person is added to our company, whereas, when someone dies, we grieve because he/she is no more with us. Death can occur at any time due to any cause. However death in certain instances can be prevented.

Recent statistics suggest that sudden cardiac arrest is rapidly becoming the leading cause of death. Once the heart ceases to function, a healthy human brain may survive without oxygen for up to 4 minutes without any permanent damage. Unfortunately, a typical emergency medical service response may take 6, 8 or even 10 minutes.

According to World Health Organization (WHO), cardiovascular diseases (CVD) are the number one cause of death globally: more people die annually from CVDs than from any other cause. An estimated 17.1 million people died from CVDs in 2004, representing 29% of all global deaths. Of these deaths, an estimated 7.2 million were due to coronary heart disease and 5.7 million were due to stroke. Low- and middle-income countries are disproportionately affected: 82% of CVD deaths take place in low- and middle-income countries and occur almost equally in men and women. By 2030, almost 23.6 million people will die from CVDs, mainly from heart disease and stroke. These are projected to remain the single leading causes of death.

The deaths due to CVD in India were 32% of all deaths in 2007 and are expected to rise from 1.17 million in 1990 and 1.59 million in 2000 to 2.03 million in 2010.

Cardiopulmonary resuscitation (CPR) is a technique of basic life support for the purpose of oxygenating the brain and heart until appropriate, definitive medical treatment can restore normal heart and ventilatory action.

Modern concept of Basic Life Support:
The concept of “chain of survival” emphasis the optimum results can be achieved only with four elements of;

- Early access to emergency help
- Rapid cardiopulmonary resuscitation
- Rapid defibrillation
- Early advanced care

Basic Life Support training is highly essential for all health care staff members; especially to those who are working in Emergency and Critical care units because protocol based management avoids confusion, wastage of time which in turn can save many lives. Nurses play an important role in emergency management. In order to have efficient, qualified and skilled nurses we should mainly focus on nursing educational system and the process of Basic Life Support training should start from the student nurses because they are future back bone of the hospital who will render services during the emergency.

So the researcher had thought to take research based on Basic Life Support that will contribute to provide knowledge to student nurses who are professionally qualified for tomorrow’s need and they are...
always in the patients unit observes first when patient collapses which in turn can save lives of many by appropriate interventions

Hence the study was conducted, ‘A study to assess the effectiveness of planned teaching programme on knowledge regarding Basic Life Support among student nurses of first year Post Basic B.Sc. Nursing in selected Nursing colleges of Pune city’

Objectives of the study:

1. To assess the existing level of knowledge regarding Basic Life Support among student nurses.
2. To assess the effectiveness of planned teaching programme regarding Basic Life Support among student nurses.
3. To associate the post test knowledge score with selected demographic variables.

Hypothesis:

Null hypothesis (h₀):
There will not be significant changes in the knowledge score of Student Nurses after giving planned teaching programme on Basic Life Support.

Alternative hypothesis (h₁):
There will be significant change in the knowledge score of Student Nurses after giving planned teaching programme on Basic Life Support.

Methodology

Research approach: Quantitative approach

Research design
A single group pre test and post test (quasi-experimental) design was chosen for the study.

In the present study a pre test was administered by means of semi structured questionnaire depicted as O₁ and then planned teaching was given depicted as X, a post test was conducted using the same semi structured questionnaire depicted O₂.

Key:-
O₁ = Pretest knowledge of Student Nurses regarding Basic Life Support
X = Planned Teaching on Basic Life Support
O₂ = Post-test knowledge of Student Nurses regarding Basic Life Support

Sampling: Non Probability Convenience Sampling

Sampling size: 60

Criteria for sampling

Inclusion criteria
- Male and female student nurses
- Those who can read and understand English
- Student nurses who are enrolled to first year Post Basic B.Sc Nursing

Exclusion criteria
- Those who have attended the certified course of B.L.S, A.C.L.S.
- Those who have more than one year experience in Cardiac Intensive Care Unit.

Description of the tool

The self administered semi-structure questionnaire was used to assess the effectiveness of planned teaching programme on knowledge regarding Basic Life Support among student nurses of first year Post Basic B.Sc Nursing in selected Nursing colleges of Pune city.

Tool was divided into two, section I & section II

Section I – Demographic data related to student Nurses

Section II - Self administered semi structured questionnaire related to Basic Life Support
Organization of study findings

The collected data is tabulated, analyzed, organized and presented under the following sections:

Section I: Distribution of sample in relation to demographic data.

Section II: Effectiveness of planned teaching programme regarding Basic Life Support among student nurses.

Section III: To associate the post test knowledge score with selected demographic variables

Major Findings:

- Majority (71.70%) of sample were females and only 28.30% were males.
- Majority (83.3%) of sample belongs to age group 21-25 years whereas 16.7% belongs to age group 26 years and above.
- Majority (61.7%) of the sample has 0-1 year of experience whereas (21.7%), (10.0%), (6.7%) of the sample has 2-3 years, 4-5 years, 6 years and above of experience respectively.
- Majority (35.00%), (31.7%), (21.7%) of the sample had their area of clinical experience in ICU, General wards and other departments respectively and only (5.0) % of the sample had in Casualty whereas (3.3%), (1.7%), (1.7%) had their clinical experience in more than one area including ICU & General wards, ICU & Casualty, Casualty & General Wards respectively.
- Overall Mean pretest score was 18.4 which was increased in post test to 26.8 and t-value was 20.04 which is more than table value at 0.05 L.o.s. So Ho was rejected. Thus it was concluded that the planned teaching was effective.
- No significant association is found in between percentage improvement in scores and among both genders (p-value=0.992), age (p-value=0.662), duration of clinical experience (p-value=0.564) and area of clinical experience (p-value=0.070).

The comparison of pre and post test knowledge scores:

The line graph given above shows the comparison between pre test and post test knowledge scores regarding Basic Life Support. Code Number of samples (1-60) under this study is represented in X-axis and scoring from (0 – 30) is represented in Y-axis of this line graph. From this graph it is evident that almost all samples shows significant improvement in post test scores when compared to pre test scores.

Over all post test knowledge mean score is greater than over all pre test knowledge mean score. Blue print objective wise (knowledge, comprehension, application) comparison shows that post test knowledge mean score is higher than all three pre test scores. Thus it is concluded that the planned teaching was effective.
Conclusion

Present study supports that planned teaching was effective based on enhanced knowledge score of student nurses after planned teaching programme. There was significant difference found between post test knowledge score and pre test knowledge score. No significant association was found in post test knowledge score of student nurses with selected demographic variable, hence it can be concluded that the demographic variables did not influence knowledge gain in this study.

Bibliography:

books


Journals

1. Anil Kumar, “Effectiveness of planned teaching programme on knowledge and practice of Basic Life Support among students in Manglore”, The nursing Journal of India, (2010); 2: 40-41
5. Broomfield R, “A quasi experimental research to investigate the retention of basic cardiopulmonary resuscitation skills and Knowledge by qualified nurses following a course in professional development” Advances in Nursing (2006); 23: 1016-1023.

Landslide of Malin Gaon

On 30 July 2014, a landslide occurred in the village of Malin in the Ambegaon taluka of the Pune district in Maharashtra, India. The landslide, which hit early in the morning while residents were asleep, was believed to have been caused by a burst of heavy rainfall, and killed at least 134 people. The landslide was first noticed by a bus driver who drove by the area and saw that the village had been overrun with mud and earth. In addition to those dead, more than 160 people, and possibly up to 200, were believed to have been buried in the landslide in 44 separate houses.

Let’s pray the God to take care of the victims of this disaster.

Mrs. Jyoti Vishal Naikare
Asso. Professor
Sinhgad College of Nursing, Pune
Effectiveness of planned teaching programme on knowledge of emergency drugs among staff nurses

Mr. Rajendra D. Lamkhede

Lecturer, PIMS (DU),
College of Nursing, Loni

rajendralamkhede@yahoo.com

Abstract

In the present study, one group pre-test post-test research design was used to assess effectiveness of planned teaching programme on knowledge of emergency drugs among staff nurses working in critical care units in selected hospital. 30 staff nurses were selected by convenient sampling method. Structured knowledge questionnaire were used to assess the effectiveness of planned teaching on emergency drugs among the staff nurses. Descriptive & inferential statistics were used for data analysis. Finding of the study showed that the knowledge of staff nurses after pre-test was not satisfactory; the planned teaching programme helped them to learn about emergency drugs. The post-test knowledge scores showed significant increase in knowledge. The research was conducted with the planned teaching improved knowledge of the staff nurses on emergency drugs.

Introduction

The human body works through complicated services of chemical reactions and process. Drugs are chemical that are introduced into the body to cause some sort of change. When drugs are administered; the body begins a sequence of processes designed to handle the new chemicals. This process which involves, breaking down and eliminating the drugs, in turn affect the body complex, series of chemical reactions. Understanding how drugs act on the body to cause changes and applying that knowledge in the clinical setting are important aspects of nursing practice, for many reasons, for instance, patients today often follow complicated drug regimen and review. Potentially toxic drugs, many also manage their own care at home. The nurse is in a unique position regarding drugs therapy.

Emergency department, the heart of the hospital demands unique expertise to deal with patients requiring prompt emergency care. The nurses in the emergency department are vital in the health team and must possess high degree of knowledge, skill and experience. The critical care nursing continues to be a unique and challenging specialty. The death forces are always batting in the critical care environment where nurses defend the patient.

Administration of Medication is a basic activity in nursing practice. As a result of the transition from hospitals and institutions to community-based services, an increasing number of nurses are practicing in a variety of settings. Nurses therefore must be knowledgeable about the actual drugs and their administration, client response, drug interactions, client allergies, and related resources. Hence, the researcher felt that, there is a need to conduct teaching programme on emergency drugs to improve and update nurse’s knowledge, in order to minimize or prevent occurrences of medication errors and increase patient safety.
Problem Statement

'A study to assess the effectiveness of planned teaching programme (PTP) on knowledge of emergency drugs among staff nurses working in critical care units in selected hospitals at Mangalore.'

Objectives of the study

1. To assess the existing knowledge on emergency drugs among the staff nurses by using structured knowledge questionnaire.

2. To administer Planned Teaching Programme on emergency drugs.

3. To find the effectiveness of Planned Teaching Programme by using same structured knowledge questionnaire.

4. To find out the association between the pre-test knowledge Scores and selected demographic variables such as age, gender, etc.

The Review of literature is organized under the following headings:

1. Literature related to nurses knowledge on emergency drugs and medication administration
2. Literature related to Medication errors
3. Literature related to planned teaching programme

Material & Method

An evaluative approach with one group pre-test post-test design was used for the study. The sample consisted of 30 staff nurses, selected by convenient sampling method. Data was collected by administering structured knowledge questionnaire on emergency drugs. After collecting base line data and pre-test, Planned teaching programme was given to the respondents and on the 7th day post-test was conducted using the same questionnaire. The collected data was analyzed by using descriptive and inferential statistics.

Results

- **Percentage description of demographic variables of staff nurses**
  - Percentage distribution of staff nurses according to their age in completed years shows that, the highest 80% of the respondents were in the age group, 21-25 years & lowest 3.33% of respondents were between age group of 31-35 years and none of respondents from 36 years and above.
  - Distribution of staff nurses with respect to their gender shows, 70% of the respondents were females and 30% of the respondents were males.
  - Percentage distribution of staff nurses according to their experience in completed years shows that, the highest percentage 33.33% of the respondents were in the experience between ≥6 months to 1 year and also experience of 10% of respondents were more than 5 years.
  - Percentage distribution of staff nurses reveals that, 46.67% of respondents were undergone in service education and 53.33% of respondents were not undergone in service education.

- **Assessment of the level of knowledge on emergency drugs among staff nurses working in CCU**
  - Finding reveals that, majority of respondents 70% had only average knowledge whose percentage of score ranged between (35-70). Only 10% of the respondents had good knowledge (70-100) and 20% of the respondents had poor knowledge (0-35) regarding emergency drugs.
Table 12.1: Pre-test and post-test score on emergency drugs among staff nurses

<table>
<thead>
<tr>
<th>Area</th>
<th>Max. Score</th>
<th>Respondents Knowledge</th>
<th>Paired t Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean (%)</td>
<td>Mean (%)</td>
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<tr>
<td>Pre-test</td>
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<tr>
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<td>87.73</td>
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<tr>
<td>Effectiveness</td>
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<td>35.73</td>
</tr>
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</table>

The knowledge score of staff nurses on emergency drugs in pre-test and post-test which reveals that, post-test mean knowledge score found higher 87.73%(43.67) and SD of 4.13, when compared with pre-test mean knowledge score value which was 52%(26) with SD of 6.98. The mean effectiveness score was 35.73% with SD of 2.80

Area-wise analysis of pre-test knowledge scores of staff nurses on emergency drugs

Area-wise highest mean percentage of knowledge scores in pre-test was 64.17% in the area of ‘morphine sulfate’ with mean and SD 2.57 ± 0.97. The least mean percentage of knowledge score in pre-test was 44.66% in the area of ‘general’ with mean and SD 0.93 ± 0.74. Area-wise highest mean percentage of knowledge scores in post-test was 93.33% in the area of ‘general’ with mean and SD 1.87 ± 0.35. The least mean percentage of knowledge score in post-test was 85% in the area of ‘dopamine hydrochloride’ with mean and SD 3.4 ± 0.56.

Quartile distribution of the pre-test and post-test scores of staff nurses on emergency drugs

The data presented in the form of Ogive shows significant difference between pre-test and post-test knowledge scores. The pre-test median score is 26; where as post-test median score is 43. The plotted ogives shows that, the first quartile score of the post-test is higher than the third quartile score of the pre-test and there is a large gap between all the quartiles of pre-test and post-test score. It reveals that, there is a significant increase in the knowledge of staff nurses after administration of PTP. Hence, a finding shows the effectiveness of PTP

Association between pre-test knowledge scores and demographic variables

Chi-square test was done to analyze the association between pre-test knowledge scores and selected demographic variables. The study findings shows that, there is association between pre-test knowledge score with demographic in-service variable (p<0.05), but there is no association between pre-test knowledge score with demographic variables like age, gender, professional qualification, professional experience and critical care training (p>0.05). Hence, the significant association will be, by enhance, thus the null hypothesis was rejected.
**Interpretation and conclusion**

Finding of the study showed that the knowledge of staff nurses after pre-test and before planned teaching programme was not satisfactory; the planned teaching programme helped them to learn about emergency drugs. The post-test knowledge scores showed significant increase in knowledge. Hence, planned teaching programme is an effective strategy for providing information and improving the knowledge of respondents.

**Recommendation**

On the basis of finding of the study the following recommendations has been made for the study.

1) The study can be repeated on a larger sample with a control group.

2) A comparative study may be conducted to find out the effectiveness between PTP and SIM regarding same topic.

3) Based on the result of the study, In-service Education programme on emergency drugs can be conducted in each and every ward or department of the hospital; frequently to update nurse's knowledge about emergency drugs.

4) An exploratory study may be conducted to identify the knowledge and varies practices of staff nurses on emergency drugs.

5) A similar study can be conducted in other hospital settings.

**Bibliography**


3. Sr. Lucy Rodrigues, 2004. The nursing activities required to meet the needs of the patients visiting the emergency department. The nursing journal of India Volume-XCV, No- 4; 75-6.

Effectiveness of deep breathing exercise on level of stress among the industrial workers

Mr. Sachin Thorat
M.Sc. Psychiatric Nursing.
G.M.C.H, Aurangabad.
luckysachin.thorat@gmail.com

Introduction

As like above quote our thoughts really do color our perceptions and affect our stress level. What thoughts are serving you today? Which thoughts are weighing you down? To create less stressed existence. As stress is a disease of modern life. We are habitual to carry stress daily but we are not habitual to use simple techniques of stress management such as deep breathing.

Problem Statement

‘A study to assess the effectiveness of deep breathing exercise on level of stress among the industrial workers of selected industries of Pune’.

Objective

1. To assess the level of stress before deep breathing exercise among the industrial workers.
2. To assess the level of stress after deep breathing exercise among the industrial workers.
3. To evaluate the level of stress before and after deep breathing exercise among the industrial workers.
4. To find the association between the post test level of stress with selected demographic variables.

Materials and Methods

Investigator selected evaluative approach Quantitative.

A nonequivalent control group pretest post test (quasi - experimental) design was chosen for the study

The sampling technique used in the study was non-probability Quota sampling.

Research tool composed of two section .section one deals with the demographic data of the sample and section 2 was ratting scale to assess the level of stress. Which composed of total 30 questions which were rated on 4 point likert scale scoring was

A score is given as follows Always will be score as a 4 Often as a 3 Occasionally as a 2 and Never as 1. And the question 1,2 12,13and 20 will be score as Always will be score as a 1 Often as a 2 Occasionally as a 3and Never as 1.

Grade of level of stress

1. 0-30 = Mild stress
2. 31-60= Moderate stress
3. 61-90 = Severe stress
4. 91-120 = Extreme stress

Structured interview technique was used to collect the data from the sample. Necessary permission to conduct the study was obtained from the concern authorities. Purpose and role of the participant was explained to the participants, pre test was conducted after that experimental group was given the intervention for next six days (deep breathing exercise). On sixth day post test of experimental and control group was done.
Results

Fig 13.1 significance difference between pre test and post test stress level in experimental group.

Bar diagram shows that mean pre test stress level score 73.7 which are higher than post test stress score 48.3. Thus it is conclude that deep breathing exercise was effective.

Fig 13.2 Significance difference between pre test and post test stress level in control group.

Bar diagram shows that there is no any significant change in the level of the pre test and post test stress score. By comparing this effect with the effect of the experimental group we can conclude that deep breathing is effective in the management of the stress among the industrial workers.

Table 13.2: significance difference between post test stress level in control group and experimental group (N= 60)

<table>
<thead>
<tr>
<th>Test</th>
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<th>SE</th>
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</tbody>
</table>

$t$ calculated > is more than $t$ (table) at 0.05 level of significance. So null hypothesis is rejected and research hypothesis is accepted. Above mentioned table depicted mean pre test score 75.4 which are more than post test score 48.3 and dispersion of post test score SD 9.89 is more than that of their post test score SD 8. and $t$ value is 11.68 is more than tabled value is 2.02 at the level of 0.05. Thus data in the Table showed more than the tabled value 2.02 at $p<0.05$ thus indicated significant difference between pre test and post test stress level among industrial workers.

Fig 13.3 significance difference between post test stress level in control group and experimental group.
Table 13.3: Distribution of sample with regards to pre test and post test level of stress in experimental group (N= 30)

<table>
<thead>
<tr>
<th>Sr no</th>
<th>Level of stress</th>
<th>Pre test</th>
<th>Post test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency (f)</td>
<td>Percentage (%)</td>
<td>Frequency (f)</td>
</tr>
<tr>
<td>1</td>
<td>Mild stress (0-30)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Moderate stress (31-60)</td>
<td>4</td>
<td>27</td>
</tr>
<tr>
<td>3</td>
<td>Severe stress (61-90)</td>
<td>20</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Extreme stress (91-120)</td>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>

From above mentioned table it is evident that majority of sample (66.66%) were having severe stress in pre test were as in post test majority of sample (90%) having moderate stress. So we can conclude that there was a reduction of stress in of industrial workers.

References

7. Times of India. Ways to feel less stressed each day. Dec 1, 2012, URL: http://timesofindia.indiatimes.com/lifestyle/health-fitness/health/Ways-to-feel-less-stressed-each-day/articleshow/15532100.cms
Common Menstrual Problems among Adolescent students

Mr. Sharad Bhausaheb Pandit,
M.Sc. Nursing (Obs. & Gyn. Nsg.),
Tutor, Institute Of Nursing Education,
Sir. J. J. Gr. of Hospital, Byculla, Mumbai-8.

sharadpandit.research@gmail.com

Introduction

Menstrual cycles are a key driver of reproductive events in women, which is a physiological process and associated with the ability to reproduce. A period, or menstruation, marks the beginning of the process by which the uterus, or womb, prepares itself for pregnancy. Each month the lining of the uterus, called the endometrium, is shed from the body, producing a period, and a new lining is grown to replace it. The first experience of a menstrual period during puberty is called menarche. The average age of menarche is 13, but menarche can typically occur between ages 8 and 18 yrs. Perimenopause is when fertility in a woman declines, and menstruation may occur infrequently in the years leading up to menopause, when a woman stops menstruating completely and is no longer fertile.¹

As direct reproducers for future generations, the health of adolescent girls influences not only their own health, but also the health of future generations. A vast majority of adolescent girls in India are suffering from reproductive health morbidities. Reproductive morbidities such as dysmenorrhea, pre-menstrual syndrome, irregular menses, excessive bleeding during menstruation etc. are common in adolescent girls. Most of the adolescent girls remain silent without seeking health care. If these are not treated early, they could lead to various reproductive disabilities.

Background

Menstrual problems are commonest gynecological disorders among urban population. Although not life threatening, this affects their daily life and work efficiency and performance. This is a major cause of absenteeism’s in colleges and business establishments. Data obtained from this study and their etiologies are scanty. This study shows that 87% of the females suffering due to menstrual disorders were having stress related to one or more reasons as like studies, job, financial, or social issues. Health education, regular routine medical examination, adequate social support by family, school, job colleagues, meditation, stress management program and dietary improvements and total life style modification can help to prevent menstrual problems.

Adolescence in girls has been recognized as a special period which signifies the transition from girlhood to womanhood. This transitional period is marked with the onset of menarche, an important milestone. Menstruation is a normal physiological process that begins during adolescence and may be associated with various symptoms occurring before or during the menstrual flow. Adolescent girls constitute a vulnerable group, particularly in India where female child is neglected one. Menarche is a part of the complex process of growing up. The age of onset of menstruation varies from 9 to 18 years with the average age in United States being about 12 years and 8 months, whereas in India it is slightly lower and has been reported to be around 12 years (Khadilkar VV et al 2006, Chumlea WC et al 2003). The age at menarche shows many
socioeconomic, environmental, nutritional and geographical differences in the societies. These problems include psychological adjustment with menstruation, premenstrual and menstrual symptoms and disorders of menstruation. Female experience premenstrual symptoms 7 to 10 days before the onset of bleeding. These include irritability, malaise, headache, acne, abdominal pain etc. The main importance of the premenstrual tension is psychosomatic. The menstruation in majority of females is asymptomatic apart from per vaginal bleeding, however some may have pain in abdomen with or without gastrointestinal upsets like anorexia and vomiting (Padubidri VN et al 1997). Complaints like leg pain, backache may also be associated with normal menstrual cycle (Banerjee D et al 1961). The medical and social consequences of premenstrual, menstrual symptoms and disorders of menstruation influence not only the individual but also her family and society. In respect to adolescent girls it may manifest as loss of school days leading to poor progress in education. This may lead to problems in continuation of her education (Deo D S et al 2007). However few studies in India have described the lifestyle factors associated with various menstrual cycle patterns. The present study, therefore, aims to determine the age at menarche and patterns of menstruation among school adolescent girls and explore its variation across socio-economic and demographic factors.

In view of this, a study to estimate the frequency percentage of common menstrual problems faced by urban slum dwelling adolescent girls and to assess the influences of anemia and nutritional status on common menstrual problems was undertaken. The health information obtained from the present study will be useful in organizing and modifying health programme activities for young females with a view to improve reproductive health of women.

Statement of problem

‘A qualitative cross sectional study to investigate the Common Menstrual Problems among Adolescent students in selected schools of urban area.’

Objectives

1. To determine the prevalence of common menstrual problems.
2. To find out the association with its demographic variable.

Methodology

A Qualitative cross sectional study was conducted among adolescent students of age between 11-15 yrs. from selected schools of Pune, Maharashtra, India. 100 adolescent students selected by simple random method, were given semi-structured questionnaire.

Results

In present study the Age of Menarche shows highest (49%) of samples had in the year of 13. Among the adolescent had regular menstrual cycle (66%) and irregular menstrual cycle (34%) of samples. The Body Mass Index of adolescent students shows that the 39%, 52%, 9% were Underweight (<18.5), Normal (18.5 – 24.99), Overweight (>25) respectively.

Different Menstrual problems experienced by the Adolescent students are Amenorrhea (0%), Oligomenorrhea (6%),...
Menorrhagia (14%), Hypomenorrhea / scanty bleeding (2%), Dysmenorrhea (67%), Premenstrual syndrome (84%).

Changes in the normal menstrual patterns of women in reproductive age group may affect the physical and psychological well being. The present study has established poor nutritional status to be often associated with common menstrual problems among adolescent girls from urban establishment. Menstrual problems are widely prevalent among school-going adolescent students of urban. The study provides an indication to implement intensive health educational activities among the adolescent girls, their parents, and teachers for effective management of menstrual problems among all adolescent students.

As the different menstrual problems present among the adolescent students but only 26% seeks the health facilities & 74% were not. Majority of the adolescent students 48% were consult their problems with mother and 28% with doctors. There were highest prevalence of dysmenorrheal and premenstrual syndrome among the adolescent students, they consume the drug Not at all, Occasionally, Always 56%, 31%, 13% respectively.

There is statistical association existed between nutritional status of adolescent girls according to BMI and Dysmenorrhea, hypomenorrhea and Premenstrual Syndrome (p <0.05*).

<table>
<thead>
<tr>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menstrual health is fundamental to women’s sexual and reproductive health.</td>
</tr>
</tbody>
</table>

References:


3. Age at Menarche and Menstrual Cycle Pattern among School Adolescent Girls in Central India Dr. Dharampal G. Dambhare, Dr. Sanjay V. Wagh, Dr. Jayesh Y. Dudhe URL: http://dx.doi.org/10.5539/gjhs.v4n1p105


Effectiveness of deep breathing exercise on the level of anxiety among the family members of patients admitted with cardiac disorders.

Mr. Varun Satyachari
Lecturer,
The Yash Foundation College of Nursing and MRI,
Ratnagiri.

varungilbert@gmail.com

Problem Statement ‘Effectiveness of deep breathing exercise on the level of anxiety among the family members of patients admitted with cardiac disorders in selected hospitals of Pune.’

Objectives of the study
1. To assess the level of anxiety among the family members of patients with cardiac disorders before administration and after administration of deep breathing exercise.
2. To compare the level of anxiety among experimental group and control group.
3. To find out the association between the scores and the demographic variables.

This study was based on quasi experimental (quantitative) approach. The population was the family members of patients with cardiac disorders. Total 60 samples (30 experimental and 30 control) were selected as per the inclusion criteria.

The sampling technique used in the study was non-probability convenient sampling. The tool was modified self evaluation questionnaire based on Spielbergers State Anxiety Inventory scale, and Checklist for assessment of anxiety.

In order to obtain content validity, the tool was given to a total 12 experts 10 experts from Medical Surgical Nursing, 1 expert from department of Mental Health Nursing, and 1 from the bio-statistician. After receiving the opinion from the experts some modifications were done in framing of the items and same were incorporated into the tool.

The pilot study was conducted in in selected hospitals of Pune.6 samples were selected (3 for experimental group and 3 for control group) by Non-Probability Convenient sampling technique, based on the inclusion criteria from 7th Dec. 2012 to 11th Dec. 2012, to assess the feasibility of the study and to decide the statistical analysis and practicability of research.

The data gathering process began from 18th Dec. 2012 to 22nd Dec. 2012. A formal permission was obtained from the concerned authorities. The family members of patient admitted with cardiac disorders in selected hospitals of Pune, who fit in the inclusion criteria were selected .The investigator introduced self and informed the samples about the nature of the study so as to ensure better co-operation during the data collection. Objectives of study were discussed and consent was obtained for participating in study. Subjects were assured about the confidentiality of the data. The necessary information was collected by interview technique using Modified self evaluation questionnaire based on Spielbergers State Anxiety Inventory scale, and Checklist for assessment of anxiety.
Table 15.1 Analysis of data related to level of anxiety among the family members of patients with cardiac disorders before and after deep breathing exercise: N=60

<table>
<thead>
<tr>
<th>Group</th>
<th>Anxiety level</th>
<th>Per test</th>
<th></th>
<th>Post test</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percentage</td>
<td>Frequency</td>
<td>Percentage</td>
<td></td>
</tr>
<tr>
<td>Experimental group</td>
<td>Mild anxiety: 18-36</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Moderate anxiety: 37-54</td>
<td>0</td>
<td>0.0%</td>
<td>29</td>
<td>96.7%</td>
</tr>
<tr>
<td></td>
<td>Severe anxiety: 55-72</td>
<td>30</td>
<td>100.0%</td>
<td>1</td>
<td>3.3%</td>
</tr>
<tr>
<td>Control group</td>
<td>Mild anxiety: 18-36</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Moderate anxiety: 37-54</td>
<td>3</td>
<td>10.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Severe anxiety: 55-72</td>
<td>27</td>
<td>90.0%</td>
<td>30</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Fig. 15.1 level of anxiety among the family members of patients with cardiac disorders before and after deep breathing exercise

In experimental group, all of the relatives had severe anxiety (score 55-72) in pretest, whereas in posttest, majority of 96.7% of them had moderate anxiety (score 37-54) based on Spielberger’s State Anxiety Inventory scale and only 3.3% of them had severe anxiety. In control group, 90% of the relatives had severe anxiety (Score 55-72) and 10% of them had moderate anxiety (score 37-54) in pretest, whereas in posttest, all of them had severe anxiety (score 55-72). This indicates that the deep breathing exercises reduce level of anxiety of the relatives of patients with cardiac disorders.
Researcher applied two sample t-test for comparison of experimental and control groups. The two series compared are the effects on anxiety scores (pretest-posttest) for the corresponding groups. T value was found to be 17.5 at 58 degrees of freedom. Corresponding p-value is 0.000 is small (less than 0.05), null hypothesis was rejected. This indicates that the deep breathing exercises improve anxiety of relatives of patients of cardiac disorders. Also, the mean effect of the experimental group is 18 and that of the control group is -3.7. Thus, the anxiety of experimental group shows significant improvement after deep breathing exercises, whereas the anxiety worsens for control group.

In experimental group, majority (86.7%) of the relatives had severe anxiety (score 10-14) and 13.3% of them had moderate anxiety (score 5-9) in pretest, whereas in posttest, majority of 73.3% of them had moderate anxiety (score 5-9) based on checklist and 26.7% of them had mild anxiety (score 0-4). In control group, 86.7% of the relatives had severe anxiety (Score 10-14) and 13.3% of them had moderate anxiety (score 5-9) in pretest, whereas in posttest, all of them had severe anxiety (score 10-14). This indicates that the deep breathing exercises improve anxiety of the relatives of patients with cardiac disorders.

The deep breathing exercise significantly brought out improvement in the level of anxiety among the family members of patient admitted with cardiac disorders in selected hospitals of Pune. Analysis of data showed that there was significant difference between pre-test and post-test anxiety level.

### References

Effectiveness of activity therapy on self-esteem of patients with Schizophrenia.

Mr. Amol B. Kanade  
M. Sc. Psychiatric Nursing  
Clinical Instructor  
DES, Smt. Subadra K. Jindal, College of Nursing, Pune.

amolkanade623@gmail.com

Introduction

“IF you talk to G od, you are praying,  
If G od talks to you, you have S chizophrenia”¹

Mental illness is maladjustment of Human Beings. It produces disharmony in the person’s ability to meet human needs comfortably or effectively and function within a culture. A mentally ill person loses his ability to respond according to the expectations he has for himself and the demands that society has for him. Of all major psychiatric syndromes, Schizophrenia is the most difficult to define. This largely reflects the fact that, over the past 100 years, widely divergent concepts have been held in different countries and by different psychiatrist.²

Activity therapy is a psychiatric rehabilitating therapy administered by professionally trained therapist, nurses, and aides or by patient themselves. The benefits derived from these activities depend upon the wisdom exercised in their administration. In psychiatry, we come across many patients who are withdrawn from reality, in a world of their own without any interest in what are going on around them on the other hand; we also have patients with lot of energy being utilized in a maladaptive manner. Thus there is need to direct the activities of these patients in order to keep them occupied in a socially acceptable manner giving rise to activity therapy. Activity therapy has been used for centuries in the treatment of mentally ill.³

Problem statement

Effectiveness of activity therapy on self-esteem of patients with schizophrenia in selected areas.

Objectives

1. To assess the self-esteem of patients with schizophrenia before activity therapy in experimental and control groups.
2. To assess the self-esteem of patients with schizophrenia after activity therapy in experimental and control groups.
3. To evaluate the effectiveness of activity therapy on Self-esteem of patients with schizophrenia before and after activity therapy in control and experimental groups.
4. To associate the Self-esteem scores with selected demographic variables.

Material and methods

The study was conducted in the selected areas of the mental hospital. Review of literature: gave the researcher in-depth complete
concrete and profound broad base
to the problem exists related to topic
and to identify the need of study.
The conceptual framework of this study is
based on ‘Health Belief model’
Research approach adopted for this study
was evaluatory approach
Research Design Quasi experimental
onequivalent control group design
The sample consisted of 60 subjects with
schizophrenia, 30 subjects in control group
and 30 subjects in experimental group.
The sampling technique used in the study
was non probability convenient sampling
technique.

<table>
<thead>
<tr>
<th>Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Modified Rosenberg's Self-esteem was developed for the study.</td>
</tr>
</tbody>
</table>

**Dependent variable:** In this study, the dependent variable is self esteem among the patients admitted in selected hospital.

**Independent variable:** In this study activity therapy is the independent variable.

**The validity of the tool** was obtained by giving it to the experts from nursing fields and Psychiatrist. 

**Reliability** was calculated with the help of split half method and correlation coefficient was calculated by Karl Pearson’s formula. The estimated value was 0.85 which suggests that tool is reliable.

**Pilot study** Prior to commencement of Pilot study, permission was obtained from concerned Authority. Pilot study was conducted from 3 October, 2013 to 16 October, 2013 in selected areas.

The purpose of the study was explained to the subjects, confidentiality was assured and the tool was administered on first contact day. Pilot study was conducted within 14 days, 6 patients with Schizophrenia were selected on first day. Pre-test was conducted on subjects who fulfilled the sampling criteria. Out of the 6 subjects, 3 subjects were randomly assigned for control group and 3 subjects for experimental group. Activity therapy was given only to experimental group on the first day after the pretest. Post test score were obtained after 14 days from pre test. The tool was found to be feasible and practicable. Data analysis was done using descriptive and inferential statistics. Minor changes were done in questionnaire. No further changes were made in the tool after the pilot study.

**Results**

Significance difference of level of self-esteem in patients with schizophrenia before and after administration of activity therapy:

This section deals with the analysis of data to determine the significance difference between the pre tests and post tests self-esteem score of the subjects.

The p value is calculated by using paired and unpaired t-test.

1. H₀: There is no significant effect of activity therapy on self-esteem of patients with Schizophrenia.
2. H₁: There is significant effect of activity therapy on self-esteem of patients with Schizophrenia.

**Table 16.1: Significance difference between pre and post test of self-esteem in experimental group (n=30)**

<table>
<thead>
<tr>
<th>Test</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>T (Cal.)</th>
<th>t (table)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>31.9</td>
<td>3.60</td>
<td></td>
<td>1.24</td>
<td>9.86</td>
</tr>
<tr>
<td>Post test</td>
<td>44.13</td>
<td>5.84</td>
<td></td>
<td>9.86</td>
<td>2.02</td>
</tr>
</tbody>
</table>

The above mentioned table shows t calculated is more than t (table) at 0.05 level of significance so null hypothesis was rejected and research hypothesis was accepted. The above mentioned table shows that significant difference between pre test and post test self-esteem level. Thus it is conclude that activity therapy was effective on self-esteem of patients with schizophrenia in experimental group.
The above Figure shows that significant difference between pre test and post test self-esteem mean.

The above mentioned table shows that $t$ calculated is less than $t$ table at this 0.05 level of significance so null hypothesis was accepted and research hypothesis was rejected. Data in the table showed lesser than the table value 2.02 at $p$ 0.05 thus indicated no significance difference between pre and post test of self-esteem level among schizophrenia patient.

**Table 16.2 Significance difference between pre and post test of self-esteem level in control group.**

<table>
<thead>
<tr>
<th>Test</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>$T$ (Cal.)</th>
<th>$T$ (table)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>30.06</td>
<td>2.74</td>
<td>0.95</td>
<td>1.12</td>
<td>2.02</td>
</tr>
<tr>
<td>Post test</td>
<td>31.13</td>
<td>4.45</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The above figure shows that the pre-test score was 30.06 and post test score was 31.13. It shows that there is no significant difference between pre-test and post-test self-esteem score of schizophrenia patient in control group.

**Conclusion**

The findings demonstrated that the activity therapy improves the self-esteem.

**References**

1. Thomas S. Szasz Quotes, Hungarian psychiatrist and Professor of Psychiatry Emeritus at State University of New York. Health Science Center in Syracuse, b.1920.
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Sexual health and its perceived barriers

Mr. Amit Jawahar Salvi
M. Sc. Nursing
(Community Health Nursing),
GMCH, Aurangabad.

Mr. Hanuman Ram Bishnoi,
Lecturer,
Sinhgad College of Nursing, Pune.
amit_4u_now@outlook.com
hrbishnoi58@singhagad.edu

Introduction

*How can a young person stay on the path of purity?*

By living according to your (God’s) word.
I seek you with all my heart;
do not let me stray from your commands.
I have hidden your word in my heart.

_Psalms 119: 9-11_

_Bible (New International Version)*

Sexuality takes on new importance as our bodies make the change from being children to being adults. Unfortunately, for many youth, feeling good about ourselves, building healthy relationships, making good choices that affect our sexual health, and figuring out, is a struggle. Too many young people become sexually active without knowing the facts and the risks involved. To overcome the serious issues that affect youth, such as teen pregnancy, sexual violence, involvement in the sex trade, depression, suicide and HIV/AIDS, communities need to actively work on the concerns of youth and to involve them in the design and delivery of programs that raise awareness and provide support.

Problem statement

“A study to assess the knowledge about sexual health and perceived barriers in health care seeking behaviour among youth in selected colleges”.

Objectives

1. To assess the knowledge about sexual health among youth.
2. To assess perceived barriers in health care seeking behaviour among youth.
3. To associate knowledge about sexual health with selected demographic variables among youth.
4. To associate perceived barriers in health care seeking behaviour with selected demographic variables.
Material and methods

The study was conducted in the selected colleges of Pune. Review of literature: gave the researcher in-depth complete concrete and profound broad base knowledge of the research topic in detail to identify the problem exists related to topic and to identify the need of study.

The Conceptual Framework of this study is based on Health Belief Model By Rosentech, Becker, Maimam's (1974-75.) Research approach adopted for this study was Quantitative non-experimental descriptive survey approach.

The sample composed of 200 youths (17-22 yrs) from selected colleges.

The sampling technique used in the study was simple random sampling technique.

The researchers used Semi-structured Questionnaire prepared for present study. Another tool used in present study is a four point Likert attitude scale.

The validity of the tool was obtained by giving it to the experts from nursing fields, sociologist, and experts from Preventive and Social Medicine Depts.

Reliability was assessed using split half method. The Pearson’s correlation coefficient was found to be 0.85. The tool was found reliable.

Pilot study was conducted in selected colleges from 7th October to 12th October 2013. 20 samples were selected by simple random sampling technique, based on the inclusion & exclusion criteria to assess the feasibility of the study and to decide the statistical analysis and practicability of research.

Results

Fig. 17.1: Knowledge about sexual health among youth

<table>
<thead>
<tr>
<th>Score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>36%</td>
</tr>
<tr>
<td>Averag e</td>
<td>47%</td>
</tr>
<tr>
<td>Poor</td>
<td>19%</td>
</tr>
</tbody>
</table>

Fig. 17.2: Perceived barriers in health care seeking behavior among youth.

<table>
<thead>
<tr>
<th>Severity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe</td>
<td>3%</td>
</tr>
<tr>
<td>Moderate</td>
<td>95%</td>
</tr>
<tr>
<td>Mild</td>
<td>2%</td>
</tr>
</tbody>
</table>

An Analysis of data to association between knowledge about sexual health and selected demographic variables.

Since p-value corresponding to age, name of the course and the year, religion, education of father and education of mother are small (less than 0.05). The demographic variables age, name of the course and the year, religion, education of father and education of mother were found to have significant association with the knowledge about sexual health among youth.
Table 17.1: Association between knowledge about sexual health and selected demographic variables.

<table>
<thead>
<tr>
<th>Demographic variable</th>
<th>F</th>
<th>p-value</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>2.4</td>
<td>0.037</td>
<td>S</td>
</tr>
<tr>
<td>Gender</td>
<td>1.9</td>
<td>0.151</td>
<td>NS</td>
</tr>
<tr>
<td>Name of the course and year</td>
<td>8.5</td>
<td>0.000</td>
<td>S</td>
</tr>
<tr>
<td>Religion</td>
<td>3.4</td>
<td>0.035</td>
<td>S</td>
</tr>
<tr>
<td>Education Father</td>
<td>2.3</td>
<td>0.033</td>
<td>S</td>
</tr>
<tr>
<td>Education of Mother</td>
<td>2.4</td>
<td>0.036</td>
<td>S</td>
</tr>
<tr>
<td>Type of family</td>
<td>0.1</td>
<td>0.931</td>
<td>NS</td>
</tr>
<tr>
<td>Source of existing information</td>
<td>1.5</td>
<td>0.062</td>
<td>NS</td>
</tr>
</tbody>
</table>

An Analysis of data to association between perceived barriers in health care seeking behavior among youth and selected demographic variables.

As the p-values corresponding to age and name of the course and the year are small (less than 0.05), the demographic variables age and name of the course and the year were found to have significant association with perceived barriers in health care seeking behavior among youth.

Table 17.2: Association between perceived barriers in health care seeking behavior among youth and selected demographic variables.

<table>
<thead>
<tr>
<th>Demographic variable</th>
<th>F</th>
<th>p-value</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>3.6</td>
<td>0.004</td>
<td>S</td>
</tr>
<tr>
<td>Gender</td>
<td>0.3</td>
<td>0.780</td>
<td>NS</td>
</tr>
<tr>
<td>Name of the course and year</td>
<td>9.9</td>
<td>0.000</td>
<td>S</td>
</tr>
<tr>
<td>Religion</td>
<td>0.5</td>
<td>0.621</td>
<td>NS</td>
</tr>
<tr>
<td>Education Father</td>
<td>1.5</td>
<td>0.187</td>
<td>NS</td>
</tr>
<tr>
<td>Education of Mother</td>
<td>1.7</td>
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Fig. 17.3: Correct responses and incorrect responses of the samples (Likert Scale)
Conclusion
The Semi-structured Questionnaire significantly provided improvement in the knowledge of sexual health and perceived barriers in health care seeking behaviour among the youth. This study will help in bringing awareness among the general population of youth worldwide.

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