## Index

<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Pg. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Effectiveness of SIM on knowledge of parents regarding prevention of domestic accidents among the under five children: Prof. Mrs. Meena Sonavane, Mr. Bhondawe Ramesh K.</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Knowledge of Autism Among Pre School Teachers: Mrs. Sheela Upendra.</td>
<td>5</td>
</tr>
<tr>
<td>3.</td>
<td>Use of simulation to teach CPR skills: Mrs. Sadhana Adhyapak.</td>
<td>9</td>
</tr>
<tr>
<td>4.</td>
<td>Effect of guided imagery on life style among alcoholics: Ms. Nisha S. Naik</td>
<td>11</td>
</tr>
<tr>
<td>5.</td>
<td>A comparative study to assess and develop information booklet on immunization practices among health personnel from selected urban versus rural areas of Pune district: Mrs. Shweta Joshi</td>
<td>15</td>
</tr>
<tr>
<td>6.</td>
<td>Expressed Breast Milk and Its Storage: Ms. Shital Waghmare.</td>
<td>20</td>
</tr>
<tr>
<td>7.</td>
<td>Effectiveness of information booklet on the knowledge in relation to selected aspects of first aid in the golden hour among the school teachers: Ms. Gawade Sonal S.</td>
<td>26</td>
</tr>
<tr>
<td>8.</td>
<td>Knowledge and issues, regarding physiological and psychological changes during puberty among adolescent girls: Mr. Hanuman Bishnoi, Ms. Ancy Mathew, Mr. Anil Oommen, Ms. Barve Janabai, Ms. Benake Krishnali, Ms. Angelina Diana.</td>
<td>28</td>
</tr>
<tr>
<td>9.</td>
<td>Lifestyle modification in premenstrual syndrome: Mr. Pandit Sharad Bhausaheb.</td>
<td>32</td>
</tr>
<tr>
<td>10.</td>
<td>Effectiveness of aromatherapy massage on postoperative pain and sleep pattern among children: Mr. Raghu V. A.</td>
<td>37</td>
</tr>
<tr>
<td>11.</td>
<td>Knowledge about traffic Signs among adolescents: Dr. Rekha J Ogale, Mr. Vishal R. Naikare.</td>
<td>40</td>
</tr>
<tr>
<td>12.</td>
<td>Effectiveness of Self Instructional Module on Knowledge and Practices of Nurses regarding Care of the Patient on Mechanical Ventilator: Mr. Rahul Bhausaheb Pandit.</td>
<td>42</td>
</tr>
<tr>
<td>13.</td>
<td>Effectiveness of supine and prone position on oxygen saturation in specific Respiratory disorders among the neonates admitted in NICU's: Ms. Lisa Sam.</td>
<td>45</td>
</tr>
<tr>
<td>14.</td>
<td>Effectiveness of planned health teaching on the knowledge regarding warning signs of pregnancy among antenatal women: Ms. Swati Khandare.</td>
<td>51</td>
</tr>
<tr>
<td>15.</td>
<td>Effect of foot and hand massage on post operative pain of patients with chest surgery: Ms. Vaishali Kale.</td>
<td>53</td>
</tr>
<tr>
<td>16.</td>
<td>Effectiveness of planned teaching programme on knowledge regarding risk of coronary artery disease amongst patients with diabetes mellitus: Mr. Aniket Arole</td>
<td>59</td>
</tr>
</tbody>
</table>
VISION:
To provide highest quality nursing perspective keeping in view the societal health and nursing needs in global context.

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<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Content</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>59</td>
</tr>
</tbody>
</table>
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From the Desk of the Managing Editor

ISSN '2249 -3913' (online), ISSN '2278 – 893X' (Print) Sinhgad e-Journal of Nursing
Effectiveness of SIM on knowledge of parents regarding prevention of domestic accidents among the under five children

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Mr. Ramesh K. Bhondawe
M.Sc. Nursing, Pediatric Nursing.

Introduction

It’s routine now when we go through the news paper to see one or the other news about accidents in which most victims are under five children. A recent news article of Times of India dated 9th January 2012 showed that children are more prone to accidents during play.

Children are the future of every country and all societies strive to ensure their health and safety. India is home to nearly 500 million young people among whom children less than 15 years are 37% (370 million). Since India’s independence, continuous efforts have been made to improve the status of children. The large burden of communicable, infectious and nutritional disorders is gradually on the decline due to massive efforts and investments by successive Indian governments, even though it is an unfinished agenda. Parallel to these changes, it is also becoming apparent that children saved from diseases of yesterday are becoming victims of injury on road, at home and in public, recreational places.

As per WHO estimates, nearly 9,50,000 children die in the world due to an injury each year.

The moment we see child we move ahead and take steps to keep the child safe. The injury is the most common cause of mortality among children than the diseases. Parents take care of their children to prevent them from uninvited injuries or accidents. But despite of this most under five children faces accidents. Accidents on the road, at play or at home leave many children disabled.

Accidents at home are more common than on the roads and relatively few occur outdoors. Death by fire or smoke inhalation is the commonest cause of mortality from accidents at home.

National Crime Records Bureau data and few independent studies reveal that nearly 15 - 20% of injury deaths occur among children. For every death, nearly 30 to 40 children are hospitalized and are discharged with varying level of disabilities Drowning is a leading cause of injury related death in children. In 2000, more than 1400 US children younger than 20 years drowned. Most 91% of these deaths were unintentional and were not related to boating. Majority of accidents occur in the age group of 1-5 years and most of them are preventable simply by improving alertness among parents.

Problem Statement

A study to assess the effectiveness of self instructional module (SIM) on knowledge of parents regarding prevention of selected domestic accidents among the under five children in urban areas.
Objectives

a. To find out the existing knowledge of parents regarding prevention of accidents among under five children.

b. To evaluate the effectiveness of self instructional module on knowledge of parents regarding prevention of accidents among the under five children.

c. To find out the association, between the self instructed module (SIM) & selected demographic variables.

Hypothesis:

\( H_0 \): There will be no significant effect of self instructional module on knowledge of parents regarding prevention of accidents among the under five children.

\( H_1 \): There will be significant effect of self instructional module on knowledge of parents regarding prevention of accidents among the under five children.

Material and methods

The study was conducted in the urban community.

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 sample.

The conceptual framework of this study is based on ‘General System Theory’ given by Ludwig Von Bertalanffy in 1968.

Research approach adopted for this study was descriptive evaluatory approach and pre-experimental one group pre-test post-test design was used. The sample composed of 40 parents from community. The study was conducted in the selected urban areas. The sampling technique used in the study was non probability convenient sampling technique.

Tool: The researcher used 30 item questionnaires on prevention of accidents in under five children as a tool for the assessment of knowledge and data was collected by using interview technique.

The dependent variable in this study was the parents Knowledge regarding prevention of accidents among the under five children. The independent variable in the current study will be the self instructional module.

Reliability was done by using test re-test method and the reliability coefficient obtained by Pearson correlation formula was found to be 0.808.

The validity of the questionnaire and self instructional module was obtained by giving it to the experts in various fields, total 20 expert’s which had included 04 doctors from pediatric department, 16 nursing personnel and 02 statistician.

Pilot study was carried out in the selected urban community area. Total sample for pilot study was 10 parents. The result of pilot study revealed that \( T \) value was found to be 21.91 which is more than table value 2.26. There was gain in knowledge level of parents after the SIM on prevention of home accidents.

In final data gathering process pretest and post test was conducted.

Ludwig von Bertalanffy

Born: September 19, 1901

Vienna, Austria-Hungary

Died: June 12, 1972 (aged 70) Buffalo, New York, USA

Known for: General System Theory
Results

Demographic variables:

- For age and education of mothers, maximum sample 36 (90%) belonged to age group of 26-30 years.
- Maximum 17 (42.5%) of the sample had studied till High School.
- Fathers data, majority sample 32 (80%) belonged to age group of 26-30 years.
- 100% samples were belongs to Hindu.
- Maximum 21 (52.5%) of the sample had studied till High School.
- Monthly income Rs.10000 – 15000/monthly and residence in Servants / govt. quarters.
- Regarding sources of information, most 34 (85%) of the sample had source of information from Radio or Television.
- Highest 30 (75%) of the sample belong to joint family.
- Majority 39 (97.5%) of the sample had a history of home accidents.
- Most 14 (35%) of the sample had suffered from Drowning/suffocation.

Assessment of level of overall knowledge in relation to prevention of domestic accidents among the under five children in urban areas in pre test and post test

In pre test

Most 38(95%) sample had average knowledge followed by 2(5%) with poor knowledge
Nil samples were in there in good and excellent range.
The post test score reveals that
30(70%) were had excellent knowledge
12(30%) sample had good knowledge,
No samples are there in poor and average range.
After planned teaching programme there was a boost in the number of sample from poor, and average range to excellent and good range after administration of planned teaching programme.

Evaluation of the effectiveness of self instructional module by comparing pretest and post test knowledge and practice scores of sample analyzed in terms of t test to find out the level of significance and proving of hypothesis.

Table - Effect of self instructional module on the overall knowledge of the sample.

<table>
<thead>
<tr>
<th>Knowledge score</th>
<th>M1</th>
<th>M2</th>
<th>Calculated value</th>
<th>Significance at 0.05 level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>13.90</td>
<td>24.68</td>
<td>37.04</td>
<td>0.00</td>
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<tr>
<td>Post test</td>
<td>24.68</td>
<td>2.20</td>
<td>0.37</td>
<td>0.00</td>
</tr>
</tbody>
</table>

df= 39, level of significance is 0.05 for table value of 2.03

Fig: Compare Pretest & Post Test score
The calculated value was found to be 37.048 for knowledge. As the calculated value was greater than the table's value 2.03 at 0.05 level of significance with the degrees of freedom -39 so null hypothesis (H₀) was rejected. This shows that there was a significant difference in the mean of pre and post test knowledge of the sample. These results support the significance of self instructonal module in the improvement of knowledge score of the parents regarding prevention of domestic accidents among the under five children

*Association of knowledge with demographic variables*

There was no significant association between selected demographic variables and the post test knowledge score.

### References


12. B.T.Basavanthappa., Community health Nursing; 2nd Edition: Jaypee Brothers Medical Publisher (P) Ltd. New Delhi; Page-820


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Team Sinhgad e Journal of Nursing
Knowledge of Autism Among Pre School Teachers

Mrs. Sheela Upendra
Associate Professor
Symbiosis College of Nursing
Symbiosis International University, Pune.
sheelaupendra@rediff.com

Abstract
The present study aimed to assess the Knowledge of Autism among Pre –School teachers

Objectives:

a. To describe the socio-demographic characteristics of pre -school teachers.
b. To assess the knowledge of Autism among preschool teachers.

The researcher adopted Non Experimental descriptive method for the study .Sample comprised of 30 Pre School teachers. Setting for the study was Selected Pre schools of Pune city. Sampling technique used for the study was random sampling technique.

After obtaining permission from the concerned authority and informed consent from the samples, the investigator administered the tool. The tool was divided into two sections:

Section I: Demographic proforma of the sample
Section II: Self administered structured Knowledge questionnaire on Autism.

Data collected were analyzed and interpreted in terms of objectives of the study by using descriptive and inferential statistics.

Major findings:

On the basis of frequency and percentage wise distribution of knowledge about Autism in Pre School teachers, it was found that the majority (96.7%) of pre school teachers had poor knowledge and only (3.3 %) preschool teachers had average knowledge.

Based on these findings recommendations were given for future research.

Key words: Knowledge, Pre School teacher, Autism

Introduction

Karande 2006, Meyer et.al; 2007, Paterson et.al; 2007 & Medelsohn & Schaefer 2008 Autism is a neurodevelopment disorder characterized by restricted, repetitive, stereotyped patterns of behavior, interests and activity. Autism is a polygenetic disorder with a heritability index of 0.90.

Cowley 2000 and Committee on children with disabilities 2001 'Due to increased public awareness about Autism, availability of more educational and medical resources, propaganda in media coverage about the families and affected individuals, availability of training and educational information for physicians, psychologist, health team members, the prevalence rate has increased.'

Gallese 2007 and Zalla et.al, 2011 Autistic individuals are relatively unable to understand the intention of other person's action.

Siegel 2004 & Stone et.al; 2004 Modified checklist for Autism in Toddlers (M-CHAT) is a screening tool for use in children aged 24 months. Twenty three items all based on parental report. Specificity 87% and sensitivity 99%. Efficient for use in a primary care setting.
Diagnosis of Autism can be made between two – three years of age (Stone et al; 1999 and Charman & Baird 2002) With language delay more severely affected children usually present in the preschool years (Rapin 1997).

There is currently no known ‘cure’ for Autism. Various types of therapies are available applied behavioral analysis, Treatment and education of Autistic and related communication handicapped children (TEACCH), Speech and language therapy, Social skill therapy, Sensory integration, Occupational therapy and Pharmacotherapy.

When treating children with autistic are to lessen associated deficits and family distress and to increase quality of life and functional independence (1)

**Operational definitions**

1. **Knowledge**: Refers to the Verbal responses of the pre school teachers as measured by the knowledge part of the structured questionnaire on Autism.
2. **Autism**: Child marked by the problem with impairment in communication, social interaction and by restricted and repetitive behavior and odd responses to the environment who is studying in preschool.
3. **Preschool teachers**: Teachers who teaches and provide care to children between three to five years of age in pre schools of Pune city.

**Aim**

*Aim:* The study focused on the Knowledge of Autism among pre- School teachers.

**Research methodology**

The researcher adopted Non Experimental descriptive method for the study. Sample comprised of 30 Pre School teachers. Setting for the study was Selected Pre schools of Pune city. Sampling technique used for the study was random sampling technique.

**Inclusion Criteria:**

a. Preschool teacher who teaches three to five years old children in pre schools.

b. Pre school teacher who can read and understand English/Hindi/Marathi.

**Exclusion Criteria:**

a. Pre School teachers who will be on leave at the time of data collection.

**Research tool and technique**

A self administered structured knowledge questionnaire on five domains of Autism used. These areas has selected after extensive literature review and consultation with experts of concerned discipline.
Description of tool: Tool divided in two parts

**Part I: Demographic Proforma of the sample**

**Part II: Self administered structured questionnaire on Autism.**

**Section I:** It consisted of information on selected demographic variables like the Age, Gender, education, educational role, teaching experience, Autism Training attended and have you come across with Autistic child before.

**Section II:** This section consisted of self administered knowledge questionnaire that comprised of total of sixty (60) – item questions in five domains on knowledge of Autism such as meaning, causes, sign and symptoms, diagnosis and Management.

**Method of data collection:**

After obtaining permission from the concerned authority and informed consent from the samples, the investigator administered the tool.

**Major findings:**

**Section I- Sample characteristics**

**Table:** Frequency and percentage distribution of demographic variables of preschool teachers.

<table>
<thead>
<tr>
<th>Parameters</th>
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<td>26 – 30</td>
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<td>31 – 35</td>
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<td>Female</td>
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<td>&lt; 5</td>
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<td>≥ 5</td>
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<td>Other</td>
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<td><strong>Come across with Autistic child before</strong></td>
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<td></td>
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<tr>
<td>Yes</td>
<td>5</td>
<td>16.67</td>
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<tr>
<td>No</td>
<td>25</td>
<td>83.33</td>
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</table>
Section II: Findings related to the Knowledge of Autism among pre-school teachers.

Fig: Level of Knowledge in Preschool teachers

On the basis of frequency and percentage wise distribution of knowledge about Autism in Pre School teachers, it was found that the majority (96.7%) of preschool teachers had poor knowledge and only (3.3 %) preschool teachers had average knowledge.

Conclusion

The present study revealed the preschool teachers had considerably poor knowledge (96.7%) regarding Autism. The enhancement in knowledge is greatly required on all the aspects of Autism.

References


Use of simulation to teach CPR skills

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Introduction
Education is a process which prepares the student to learn to develop a way of thinking, how to seek information, sources for obtaining it and analyze it. We are developing and moving towards newer educational technology based on the knowledge of nursing service. In the early period of life, child learns through imitation and imagination. Later, student must be taught to convert whatever they learn in classroom into more practical knowledge. The principles of teaching are universal but the methods may vary.

Simulation is one of the techniques which provide a learning opportunity for controlled clinical practice without putting patients or others at risk. Use of imagination encourages students to stretch their thinking and explore their understanding of concepts in different ways.

When students use their imagination, they learn to express themselves in new and different ways and become involved in their learning. The role of nursing faculty is helping students develop insight into the translation of classroom to clinical.

Objectives
- To teach CPR skills using simulation technique
- To assess CPR skills with the help of checklist.

Research methodology
In this study quasi experimental one group pretest posttest research design was used. Research setting was the Nursing Foundation lab of Dr D. Y. Patil College of nursing. Convenient sampling technique was used and sample comprised of 33 S.Y. B.Sc. Nursing students studying in Dr D. Y. Patil College of nursing. The study aimed at teaching CPR skills with the help of simulation. Checklist was used to evaluate CPR skills. Checklist consisted of 15 clinical activities. Each correct activity was given 1 mark and wrong activity 0 marks. Students were categorized into 3 groups i. e. average group (0-5 score), good group (6-10 score) and excellent group (11-15 score).

Results
Demographic details
Most of the samples (66.66%) were in the age group of 17-19. About (66.66%) were females. 39.39% students’ F.Y.B.Sc. marks in percentage were in the range of 61-65 & 36.36% students’ F.Y.B.Sc. marks in percentage were in the range of 56-60.
**Major findings**

The above graph shows that in **first attempt**, only 3 students (9.09%) were in average category, 5 students (15.15%) were in good category & 25 students (75.75%) were in excellent category. In **second attempt**, no student stood in average category, only 3 students (9.09%) were in good category & 30 students (90.90%) were in excellent category. All the students stood in excellent category in **third attempt**.

It is seen that required number of attempts to learn skills are also less.

**Discussion**

Above study indicates that use of simulation to teach CPR skills was effective as the number of attempts required by students is less. The study also shows that number of attempts in simulation will increase the effectiveness of simulation as a method of teaching. There was no correlation found in age, gender with number of attempts. But there is significant relationship between number of attempt & F.Y.B.Sc.marks in percentage.

**References**

1. Arlene J, “Fushman’s innovative teaching strategies in nursing”, 3rd ed pg no 121-140
Effect of guided imagery on life style among alcoholics

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shreya.naik@rediffmail.com

Abstract:
Imagery is a sensory process to bring to light with positive feeling. Alcoholism shows negative character to any individual regarding alcoholics. Imagery can changes one’s life style. Objectives of the study are to assess the life style in pre-test and post-test among alcoholics admitted in de-addiction centers in experimental group and control group, to assess the effect of guided imagery on lifestyle among alcoholics admitted in de-addiction centers in experimental group and to compare pre-test and post –test lifestyle among alcoholics admitted in de-addiction centers in experimental group and control group. Study adopted exploratory approach with quasi-experimental two groups design among male alcoholics admitted in de-addiction centers using Probability simple random sampling Technique for 20 alcoholics. The tool consists of three sections. Study has shown significance at 0.01 levels and found guided imagery is effective among alcoholics.

Introduction:
Guided Imagery: It is estimated that an average person has 10,000 thoughts or images flashing through his mind each day. At least half of those thoughts are negative, such as anxiety of meeting a quota, a coming speech, job related anxiety, etc. Unharnessed, a steady dose of worry and other negative images can alter your physiology and make you more susceptible to a variety of ailments, ranging from acne to arthritis, headaches to heart disease, and ulcers to urinary tract infections.

As 2nd October is celebrated as ‘world no alcoholic day’ and in a world with population 6,909 in billions out of which 60.3% is shared by Asia and India is the second largest in the world with 1.15 billion out of that Maharashtra is 96,752,247 and Pune’s population is 3,337,481. Alcohol is common among most population, 15.1 millions are alcoholic population and India is 10% of total alcoholic population and highest is Maharashtra with 6.9% alcoholics.

(WHO, 2010)

Problem Statement
Effect of guided imagery on life style among alcoholics admitted in de-addiction centers.

Objectives:
a. to assess the life style in pre-test and post-test among alcoholics admitted in de-addiction centers in experimental group and control group.
b. to assess the effect of guided imagery on lifestyle among alcoholics admitted in de-addiction centers in experimental group.
c. to compare pre-test and post –test lifestyle among alcoholics admitted in de-addiction centers in experimental group and control group.
Review of literature:

Thirty-seven men and women, ages 21–35, were randomly assigned to a placebo (n= 15) or ethanol group (n= 22). Subjects participated in two sessions, one with stress (Trier Social Stress Test) the other without stress. In each session, immediately after the stress or no-stress period, subjects consumed the first dose (placebo or 0.3 g/kg of ethanol for men or 0.2 g/kg for women). Then, subjects were allowed to choose up to six more beverages (0.1 g/kg each for the ethanol group or placebo beverages for the placebo group). Measures included percentage of beverage consumed, salivary cortisol level, heart rate, blood pressure, and subjective ratings of mood and drug effect. As a result it showed that subjects in both the placebo and ethanol groups consumed significantly more of their beverages after stress, compared to no stress. Stress increased anxiety, uneasiness, and produced some stimulant-like effects and, in the ethanol group, it dampened some of the acute subjective effects of ethanol. The direct physiologic and mood effects of the stress were fairly short-lived. It is concluded that acute stress may produce a modest increase in alcohol consumption in healthy, non-problem social drinkers but that this increase is not directly related to the pharmacological effects of the drug. Non-pharmacological factors may include expectancies, thirst, or nonspecific facilitation of ongoing behaviors. (Haber de Wit, 2006)

Methods and Materials

Study adopted exploratory approach with quasi-experimental two groups design among male alcoholics admitted in de-addiction centers using Probability simple random sampling Technique for 20 alcoholics.

Description of the tool: The tool consists of three sections.

Section I includes demographic information which consist 17 items on background data of alcoholics like age, marital status, Period after marriage, spouse alive, Educational status of alcoholic, Educational status of spouse, Occupation, Family income, Source of income, Type of family, size of the family, Dependent members, Number of children, Phases of alcoholism Duration of Alcoholism, Number of admission in de-addiction center.

Section II includes close ended (Yes/NO) questionnaires on lifestyle.

Section III Profile of Guided imagery and observation checklist

Results: In lifestyle study shows 100% need to change to good lifestyle in pretest and in post test found very good change 90% in experimental group but no change in control group in pretest as well as post test. Study also has shown significance at 0.01 levels and found guided imagery is effective among alcoholics.

Table: Level of significance of Life style among alcoholics in pretest and post test in experimental group and control groups. N=10

<table>
<thead>
<tr>
<th>Alcohols</th>
<th>Calculated ‘t’ value</th>
<th>'p' value</th>
<th>d. f.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life style</td>
<td>n</td>
<td>mean</td>
<td>sd</td>
</tr>
<tr>
<td>Experimental group</td>
<td>11</td>
<td>23.3</td>
<td>66.4</td>
</tr>
<tr>
<td>Control group</td>
<td>11</td>
<td>13</td>
<td>22.3</td>
</tr>
</tbody>
</table>

**. P less than 0.01 significant

The data presented in Table indicates that significance level of experimental and control group with life style is significant in relation to pre test and 7th observation of post test.
Figure: Line graph showing mean value of change in Life styles among alcoholics in control and experimental groups

Table: Comparative percentage distribution of Lifestyle in pretest and post tests among alcoholics in experimental and control groups.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>ALCOHOLICS</th>
<th>PRETEST</th>
<th>POST TESTS</th>
<th></th>
<th></th>
<th></th>
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<th></th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I</td>
<td>LIFE STYLE</td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
</tr>
<tr>
<td>A.</td>
<td>EXPERIMENTAL GROUP (N=10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Need to change to good lifestyle (0-11)</td>
<td>110</td>
<td>1100</td>
<td>2</td>
<td>2</td>
<td>220</td>
<td>1</td>
<td>1</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Good change (12-23)</td>
<td>00</td>
<td>00</td>
<td>0</td>
<td>0</td>
<td>00</td>
<td>0</td>
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<tr>
<td>3</td>
<td>Very good change (24-35)</td>
<td>00</td>
<td>8</td>
<td>880</td>
<td>9</td>
<td>99</td>
<td>99</td>
<td>99</td>
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<tr>
<td>B.</td>
<td>CONTROL GROUP (N=10)</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Need to change to good lifestyle (0-11)</td>
<td>110</td>
<td>1100</td>
<td>9</td>
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<td>9</td>
<td>8</td>
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<td></td>
</tr>
<tr>
<td>2</td>
<td>Good change (12-23)</td>
<td>00</td>
<td>00</td>
<td>0</td>
<td>0</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>3</td>
<td>Very good change (24-35)</td>
<td>00</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
The data presented in Table indicates that in lifestyle 100% need to change to good lifestyle in pretest and in post test found very good change 90% in experimental group but no change in control group in pretest as well as post test.

After analysis indicated that guided imagery was effective for changing lifestyle among alcoholics.

This mini research was the concept to assess the tool.

An analysis was based on three objectives of the study.

Association with demographic variable was not feasible to calculate with ten samples in each group.

Study has shown significance at 0.01 levels and found guided imagery is effective among alcoholics.

<table>
<thead>
<tr>
<th>References</th>
</tr>
</thead>
</table>
A comparative study to assess and develop information booklet on immunization practices among health personnel from selected urban versus rural areas of Pune district

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Abstract:
Immunization does more than just protect individual. It protects entire population, preventing the diseases to spread. It is very important that health personnel follow ideal practices while vaccinating child to avoid sickness & threats like death. The objectives of the study are to assess and compare the immunization practices among health personnel and develop a information booklet based on their practices. The cross-sectional descriptive study design is used for this study. The settings for this study were the selected area in urban & rural area from Pune city. The sample size selected for this study is 100 health personnel. Probability Multistage random sampling technique is used for selecting samples who met the designated set of criteria during the period of data collection. Structure interview technique and observation checklist is used for data collection. The practices of health personnel in urban area are better than rural area as p value is less than 0.05.

Introduction:
India’s rate of under-5 mortality fell from 169 in 1990 to 69 in 2008, averaging an annual rate of decline of just 2.9%. This puts India firmly in the insufficient progress category. During the first decade of 1990 to 2000, infant mortality declined by just 2.1% annually in India, but it increased to 3.9% annual decrease between 2000 and 2010. (NNF 2011)

Immunization does more than just protect individual. It protects entire population, preventing the diseases to spread. Mass vaccination has not only eliminated incidence of diphtheria and tetanus from most of the developed world, it has actually eradicated small pox from the world. This remarkable achievement saves much suffering worldwide and saves money.

An alarming rise in the deaths of children after vaccination has put this issue under the scanner of the Union Health Ministry and triggered off ripples of apprehension among the general public. The Union Health Ministry under the Right to Information Act put up by the media conglomerate, The Times of India, disclosed that 128 children died in 2010 due to adverse effects after immunization (AEFI). The number of deaths has escalated over the past
According to media sources, the numbers only appear to be climbing upwards. Sources in the logistics industry and the medical fraternity are analyzing the cause of death and indicate that among other reasons, neglect of cold chain facilities could be a possible reason for such deaths. (Union Health Ministry 2010)

**Problem Statement**

A comparative study to assess and develop information booklet on immunization practices among health personnel from selected urban versus rural areas of Pune district.

**Objectives of the study**

1. To assess immunization practices among health personnel of urban and rural population.
2. To compare immunization practices among health personnel from urban and rural areas.
3. To find association of selected demographic variables with immunization practices among health personnel of urban and rural areas.
4. To develop and provide information booklet on immunization practices to parents and health personnel.

**Review of literature:**

A study was done on to assess if immunization utilization practices differ between rural and urban primary care physicians in Kentucky. Survey of 200 primary care physicians. The samples were Pediatricians, family physicians, and general practitioners in Kentucky. Participants completed a 20-item questionnaire that surveyed selected demographics with regard to the physician and practice, immunizations offered to children, and reasons why the responding physicians did not offer immunizations and where they referred patients for this service. Physicians practicing in rural counties offered immunizations to their patients less frequently than did urban physicians (54% vs 77%). Rural and urban physicians cited immunization costs to patients as the chief reason that immunizations were not used more often and referred patients primarily to county health departments. The conclusion of study is rising costs have limited physician use of immunizations in rural areas to a greater extent than that seen in urban areas. This may make access to immunizations more difficult for children living in rural areas. (Hueston WJ, Meade RL 2004)

Literature concerning vaccination rates in India indicates a considerable disparity between children in urban compared with rural areas. In addition, 75% of the health infrastructure, medical personnel, and other health resources are concentrated in urban areas of India, whereas only 27% of the population lives in the urban parts of the country. The weak health infrastructure and unsanitary conditions contribute to the increased incidence of diseases like polio, cholera, and hepatitis in rural compared with the urban areas. (WHO 2006)

An urgent need at present is to strengthen routine immunization coverage in the country with EPI vaccines. India is self sufficient in production of vaccines used in UIP. As such the availability of the vaccine is not an issue. For improving coverage, immunization needs to be brought closer to the communities. There is need to improve immunization practices at fixed sites along with better monitoring and supervision. Effective behavior change and communication would increase the demand for vaccination. There is certainly a need for introducing innovative methods and practices. In Bihar, ‘Muskan ek Abhiyan’ an innovative initiative started in 2007 is a good example, where a partnership of Government organization, agencies and highly motivated social workers has paid rich dividends. Full vaccination coverage, a mere 11%, in 1992 increased to only 33% in 2005-06 but zoomed to 55% in 2008. (NNF - 2010)
**Methods and materials**

The *cross-sectional descriptive* study design is used for this study.

The *settings* for this study were the *selected urban & rural health care centre from Pune District*.

*Samples* are *health care personnel* involved in vaccination in selected areas of Pune city.

The *sample size* selected for this study is *100 health personnel*.

Probability *Multistage random sampling* technique is used for selecting samples who met the designated set of criteria during the period of data collection. *Structure interview technique* and observation checklist is used for data collection.

The researcher prepared *observation checklist* to assess immunization practices.

**Section I:**

Includes demographic information which consist 04 items like age, gender, Category of job, Experience.

**Section II:**

Basic Information about immunization.

**Section III:**

Observation Checklist related to immunization.

**Result:**

Majority (60%) from urban area health personnel's age is between 23-27yrs, 50% are MHW/VHW,
50% had experience between 6mths-1yr.

Whereas in rural area majority (50%) health personnel's age is 23-27yrs, 60% are MHW/VHW,
50% had experience between 6mths-1year same as urban.

In urban area majority 70% had information regarding immunization,
60% did not know the need of immunization,
70% did not had record of immunization.

Whereas in rural area majority 52.5% had no information regarding immunization,
32.5% know the need of immunization,
72.5% did not had record of immunization.

Majority health personnel from urban had better information than rural area.

The practices of parent in urban area are better than rural area as p value is less than 0.05.

The practices of health personnel in urban area are better than rural area as p value is less than 0.05.

![Bar diagram showing immunization practices among health personnel.](image)
Table: Description of basic information about immunization among health personnel by frequency and percentage. 

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Basic Information about immunization of Health Personnel</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Freq</td>
<td>%</td>
</tr>
<tr>
<td>1.</td>
<td>Meaning of immunization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Vaccines provide immunity against some diseases</td>
<td>35</td>
<td>70</td>
</tr>
<tr>
<td>2.</td>
<td>Purpose of immunization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>To protect child from communicable diseases.</td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td>3.</td>
<td>The seven childhood diseases under immunization program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Tuberculosis, Polio, Measles, Diphtheria, Pertusis,</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Tetanus, Hep-B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Initiation of immunization to a normal child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Immediately after birth.</td>
<td>35</td>
<td>70</td>
</tr>
<tr>
<td>5.</td>
<td>Common side-effects after immunization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Fever, Soreness, redness swelling over the injection site.</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td>6.</td>
<td>Treatment of fever after immunization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Give medications &amp; tepid sponge</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>7.</td>
<td>Knowledge about specific vaccine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>BCG: Age Route Dose</td>
<td>45</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td>B</td>
<td>OPV: Age Route Dose</td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50</td>
<td>100</td>
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<tr>
<td></td>
<td></td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>C</td>
<td>DPT: Age Route Dose</td>
<td>35</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40</td>
<td>80</td>
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<tr>
<td></td>
<td></td>
<td>15</td>
<td>60</td>
</tr>
<tr>
<td>D</td>
<td>Hepatitis – B: Age Route Dose</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25</td>
<td>50</td>
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<td></td>
<td></td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>E</td>
<td>Measles Age Route Dose</td>
<td>25</td>
<td>50</td>
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<td>20</td>
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<td>F</td>
<td>Vitamin - A Age Route Dose</td>
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<td>20</td>
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<td></td>
<td></td>
<td>15</td>
<td>30</td>
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<td></td>
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<td>05</td>
<td>10</td>
</tr>
</tbody>
</table>

The above table shows that majority health personnel from urban had better information than rural area.
The above table shows that practices of health personnel in urban area are better than rural area as p value is less than 0.05.

Conclusion: The study shows that health personnel need improve their practices specially related to preparation of child after care of vaccine. The booklet will provide guidance to health personnel. It is very important that health personnel follow ideal practices while vaccinating child to avoid sickness & threats like death. As every mother feels that, her child should be healthy so there is a need to immunize children to get protected from these diseases, because prevention is always better than cure.

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Health Personnel</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
<th>d.f.</th>
<th>'P' Value</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Urban Area</td>
<td>50</td>
<td>22</td>
<td>12.4</td>
<td>99</td>
<td>0.0031</td>
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<tr>
<td>2</td>
<td>Rural Area</td>
<td>50</td>
<td>17</td>
<td>11.6</td>
<td>99</td>
<td></td>
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</tbody>
</table>

References

- Aggarwal. S. et. al, (2005), Understanding and addressing childhood immunization coverage in urban slums., Indian Pediatric, 42,(7), 653-663.
- Murthy. G.V., & Kumar S., (1989), Knowledge of mothers regarding immunization in a high coverage area--need for strengthening health education., Indian Pediatric, 26, (12), 1219-1222.
- Parashar. S, (2005), Moving beyond the mother-child dyad: women’s education, child immunization, and the importance of context in rural India, Journal Social Science Medicine, 61, (5), 989-1000.
Expressed Breast Milk and Its Storage

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Introduction
The importance of breast milk has been accepted since the time of Hippocrates who has stated that one's own milk is beneficial. Human milk is unquestionably the best source of nutrition for neonates or infants by the virtue of uniqueness of its biological composition. SAMHITA, one of the ancient physician from India in his SAMHITA while describing the importance of qualities of breast milk said “One just cannot compare even water of seven seas, with mother's milk which is nothing but water ensuring optimum growth, nutrition and healthy life of hundred years.”

Breast feeding promotion network of India, (BPNI) says, infant aged (0-5 months) who are not breast feed have seven fold and fivefold increased risk of death from diarrhea compared with infants who are exclusively breast feed. To reduce the infant mortality rate and improve the health status and development of infant and young children, breast feeding is important. World Health Organization and UNICEF, says that breast feeding should be initiated for all babies immediately after birth. Most infant should receive only breast milk till six month of age.

The recent researches related to clinical aspects of breast feeding for child development have given a new impetus to the practice. In 1980's the importance of breast feeding has been so widely realized that the World Health Organization conducted a study on 'Breast feeding' in nine countries.

From 1st – 7th August, ‘Breast Feeding Week’ is celebrated every year. The first ‘World Breast Feeding Week’ was based on the theme of the baby friendly hospital initiative (BFHI)” Which was launched on 1ST August 1992. The aim of BFHI is to encourage all institutions and hospitals to provide maternity services and to practice 10 steps for the successful breast feeding. This joint statement was suggested by WHO/UNICEF.

In today’s world around 75% of women are working in urban area, out of which 58% are working mothers. In India, the maternity leave is given for 6 months paid leave in government setting but in private services the mother has to return back to work after 45 to 90 days. Also as per World Health Organization (WHO) exclusive breast feeding should be given upto six months. As mother return back to work the infant does not get proper feeds thus she can express and store the breast milk. But many a time it get spoiled and baby may fall sick thus it is important to have proper knowledge regarding expressed breast milk and its storage at proper temperature.

According to WHO and UNICEF, exclusive breastfeeding for 6 months is the single most effective child survival intervention which reduces the under five children death about 16% in India.
India has more than 400 million children. 2.5 million children die in India every year, accounting for one in five deaths in the world, with girls being 50 percent more likely to die. One out of 16 children die before they attain one year of age, and one out of 11 die before they attain five years of age. India accounts for 35 percent of the developing world’s low birth weight babies and 40 percent of child malnutrition in developing countries, one of the highest levels in the world. Although India’s neonatal mortality rate declined in the 1990s from 69 per 1000 live births in 1980 to 53 per 1000 live births in 1990, it remained static, dropping only four points from 48 to 44 per 1000 live births between 1995 and 2000.

Breast feeding is a rewarding experience for both mother and baby. Breastfeeding is natural but it is not naturally known to many mothers. Breastfeeding is a learned skill that both mother and baby need to practice many times before both fully know and understand the process. The key for successful exclusive breastfeeding is support from healthcare professionals. They play an important role in encouraging the exclusive breastfeeding practices. Research indicates many women’s lack in knowledge of breastfeeding. Thus an art of exclusively breastfeeding is getting lost from our society due to the changing scenario, as both men and women both are walking shoulder to shoulder. Both the parent are working thus baby is looked after by the maid or grandparents and mother don’t get maternity leave for six months they have to return back to work after two or three months in private settings thus baby don’t get proper feed and bottle feeds are started.

Breast feeding is the fundamental right of the child. Feeding practices vary from place to place and person to person. Human milk is superior to all substitutes and that expressed breast milk may be suitable feeding alternative for infants whose mother are unable to breast feed her baby. Hence this study could help the postnatal working mothers who are indented to work after 90 days of Maternity leave, and will be away from their baby for a period of 6 to 8 hours, in the selected hospitals of Pune.

**Problem Statement**

‘A study to assess the effectiveness of information booklet on knowledge and practices of expressed breast milk & its storage among postnatal working mothers in selected hospitals of Pune’

**Objectives:**

1. To assess the knowledge regarding expressed breast milk and its storage among postnatal working mothers before administration of information booklet.
2. To identify the practices regarding expressed breast milk and its storage among postnatal working mothers before administration of information booklet.
3. To compare the knowledge and practices regarding expressed breast milk and its storage among postnatal working mothers after providing information booklet.
4. To associate the demographic variables with the knowledge and practice of expressed breast milk and its storage among postnatal working mothers.

**Research Methodology**

\[ H_0: \]

- There will be no significant difference in the knowledge and practices regarding expressed breast milk and its storage after providing the information booklet.

\[ H_1: \]

- There will be a significant difference in the knowledge and practices regarding expressed breast milk and its storage after providing the information booklet.
Research Design: One group pretest and posttest design.

Research Approach:
Evaluative Approach

Independent Variable: The effect of information booklet on expressed breast milk and its storage

Dependent Variable: The dependent variable is knowledge and practice regarding expressed breast milk and its storage

Setting of the study: selected hospitals of city

Population:
The population is a complete set of individual or objects that possess some common characteristics of interest to the researcher.

Target Population:
The target population for present study was postnatal working mothers.

Accessible Population:
Accessible population for the study was postnatal working mothers in selected hospitals of Pune city, who are intending to work and will be away from their baby for 6 to 8 hours.

Sampling Technique: Non probability Convince sampling

Sampling size: 60 postnatal working mothers.

Inclusion Criteria:
1. Postnatal working mothers who are intended to work after 90 days of delivery and will be away from their baby for 6 to 8 hrs from her infant.
2. Postnatal working mothers who are willing to participate in research study.
3. Those who understand English and Marathi.
4. Those available at the time of data collection.

Exclusion Criteria:
1. Those who are from medical field.
2. Those who doesn’t understand Marathi or English.

Tool:
A self structured questionnaire was developed to assess the knowledge & Observation checklist was developed to identify the practices regarding expressed breast milk and its storage.

Findings related to pretest knowledge score.
72% of sample know the meaning of expressed breast milk where as 87% of the samples know the meaning of exclusive breast feeding. Majority 67% of them knows the advantages of exclusive breast feeding. 65% of them preferred to give demand feeding to the baby whereas 80% of them preferred to breast feed their baby exclusively for one year. 63% of them preferred to express breast milk only when the breastfeeding is interrupted whereas 35% of them preferred to start weaning if exclusively breast feeding is interrupted. Only 18% of them felt to expressed breast milk when the breast are full. 37% of them felt that whole breast should be pressed while expressing the breast milk. And maximum 40% of them preferred to clean the breast with soap and cold water.

Findings related to pretest Practice score
Maximum (38.33%) of postnatal working mothers massage the breast in circular movements whereas (30%) of them pressed the edges of areola while squeezing the breast milk from breast. Only (6.66%) of sample used the clean container to expressed breast milk, while (1.66%) of sample washed hands and supported the breast during expression of breast milk.
### Major Findings of the Study:

**Findings related to demographic variables.**

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Demographic</th>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age at present</td>
<td>18 – 21 years</td>
<td>8</td>
<td>13.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22- 25 years</td>
<td>19</td>
<td>31.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26- 30 years</td>
<td>25</td>
<td>41.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>31 years and above</td>
<td>8</td>
<td>13.3</td>
</tr>
<tr>
<td>2</td>
<td>Education qualification</td>
<td>Primary</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Higher Secondary</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Graduate</td>
<td>50</td>
<td>83.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Postgraduate</td>
<td>9</td>
<td>15.0</td>
</tr>
<tr>
<td>3</td>
<td>Type of service</td>
<td>Government service</td>
<td>3</td>
<td>5.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Private service</td>
<td>55</td>
<td>91.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Business</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>4</td>
<td>Monthly Income</td>
<td>5000 to 10,000</td>
<td>6</td>
<td>10.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11,000 to 15,000</td>
<td>26</td>
<td>43.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16,000 to 20,000</td>
<td>20</td>
<td>33.3</td>
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<tr>
<td></td>
<td></td>
<td>21,000 and above</td>
<td>8</td>
<td>13.3</td>
</tr>
<tr>
<td>5</td>
<td>Type of Family</td>
<td>Nuclear</td>
<td>37</td>
<td>61.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Joint</td>
<td>21</td>
<td>35.0</td>
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<tr>
<td></td>
<td></td>
<td>Extended</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Divorce</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>6</td>
<td>Is maternity leave available</td>
<td>No</td>
<td>11</td>
<td>18.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>49</td>
<td>81.7</td>
</tr>
<tr>
<td>7</td>
<td>How many weeks</td>
<td>2 to 4 weeks</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 to 6 weeks</td>
<td>4</td>
<td>6.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 to 12 weeks</td>
<td>54</td>
<td>90.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 to 24 weeks</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>8</td>
<td>Did you attend antenatal classes</td>
<td>No</td>
<td>49</td>
<td>81.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>11</td>
<td>18.3</td>
</tr>
<tr>
<td>9</td>
<td>Which place you will keep your baby when you will be away from him for 6 to 8 hrs.</td>
<td>Home</td>
<td>49</td>
<td>81.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Crèche</td>
<td>11</td>
<td>18.3</td>
</tr>
</tbody>
</table>
EFFECTIVENESS OF INFORMATION BOOKLET ON PRACTICE REGARDING EXPRESSED BREAST MILK.

Significant Difference of Knowledge Score

Significant Difference of Practice Score

Findings on association of demographic variables with knowledge and practice score.

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Demographic variable</th>
<th>F-value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age at present</td>
<td>2.910</td>
<td>.042</td>
</tr>
<tr>
<td>2</td>
<td>Education</td>
<td>7.701</td>
<td>.007</td>
</tr>
<tr>
<td>3</td>
<td>Type of Service</td>
<td>1.426</td>
<td>.245</td>
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<tr>
<td>4</td>
<td>Monthly Income</td>
<td>1.503</td>
<td>.224</td>
</tr>
<tr>
<td>5</td>
<td>Type of family</td>
<td>1.265</td>
<td>.290</td>
</tr>
<tr>
<td>6</td>
<td>Maternity Leave</td>
<td>.208</td>
<td>.650</td>
</tr>
<tr>
<td>7</td>
<td>Number of weeks of leave</td>
<td>.445</td>
<td>.643</td>
</tr>
<tr>
<td>8</td>
<td>Attend antenatal class</td>
<td>.000</td>
<td>.983</td>
</tr>
<tr>
<td>9</td>
<td>Place to keep baby when mother will be away from her baby for at least 6 to 8 hours</td>
<td>.170</td>
<td>.682</td>
</tr>
</tbody>
</table>

Age groupwise Average of Pretest knowledge score

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Summary

- This study was conducted to assess the effectiveness of information booklet on knowledge and practices regarding expressed breast milk among postnatal working mothers. The postnatal working mother’s knowledge and practice was assessed and then information booklet was provided to them and on fifth day posttest was given.
- The instrument used was a self structure questionnaire and observation checklist and the setting was selected hospital in the city. The study revealed that information booklet was effective in increasing knowledge and improving the practices. Analysis was done by using paired t- test revealed that there was a significant relationship between information booklet and knowledge and practices regarding expressed breast milk among postnatal mothers.
- All the assumption of the present study were proved, The postnatal working mother has limited knowledge regarding expressed breast milk. The information booklet on expressed breast milk is useful strategy for learning to enhance knowledge and practices regarding expressed breast milk.

Conclusion

The following conclusions were drawn from the findings of the study. The information booklet on expressed breast milk was found to be effective in increasing the knowledge and practice among postnatal working mothers. The samples had a highly significant gain in knowledge and practice after providing the information booklet.

References

Effectiveness of information booklet on the knowledge in relation to selected aspects of first aid in the golden hour among the school teachers

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P. G. Dip. Disaster Management
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Background of the study:
Children are the future of every country and all societies strive to ensure their health and safety. India is home to nearly 500 million young people among whom children less than 15 years are 37% (370 million). Students spend more than 8-10 hours of their 24 hours of day in the school and emergency can occur at any point of time. It is school’s responsibility to take care of student 1 hr. before the school start and 1hrs after the school closes.

The present study was undertaken to assess the knowledge of teachers on selected aspects of first aid in golden hour in selected school of sub urban area of Mumbai city.

Objective of study:
1. To assess the knowledge of school teachers in relation to selected aspects of first aid in golden hours before and after the administration of the information booklet.
2. To evaluate the effectiveness of an information booklet on the knowledge of school teachers in relation to the selected aspects of first aid in golden hour.
3. To find out the relationship of effectiveness of information booklet in relation to selected aspect of first aid in golden hour with selected demographic attributes.

Hypothesis:
H1:
1. There will be significant increase in the knowledge score of teachers after the administration of information booklet.
2. Information booklet will help to improve knowledge of teachers in relation to selected aspects of first aid in golden hour.

Methodology:
The research approach adopted for the study was evaluative quantitative approach, which was considered as an appropriate research approaches for the present study. The research design selected for the present study was pre-experimental design. Simple random sampling technique was used to select the sample comprised of 100 teachers of selected school. The data for the present study was collected by constructing the following tools Structured Questionnaire.

Results:
Most of the teachers (46%) were in the age group of 35-44 years.
Majority of them (71%) were female.
Many of the teachers (73%) were B. Ed. Qualification.
Maximum teachers (66%) were working in private sector.
Majority of them (92%) belongs to Hindu religion.
Majority of the teachers (37%) had 16 and above years of experience. The total mean pre test score was 15.13 and post test score was 26.87 with a change in knowledge score 11.74, Which was found to be highly significant.

Fig: 7.1 Comparison of Pretest and Post Test Knowledge Score

![Graph showing comparison of pretest and posttest knowledge scores.]

There is significant relationship with age, educational qualification, nature of working, religion, years of experience, but no significant relationship with gender of the subjects and pre test knowledge score of teachers regarding first aid in golden hour.

**Conclusion:**

The study concludes that teachers are having inadequate knowledge on selected aspects of first aid in golden hour. So there is a need to impart the knowledge on selected aspects of first aid in golden hour.

**References**

1. Stanhope, Lancaster, Community health nursing, process and practice for promoting health edition, Mosby publication, page 131
2. Gulani K.K, Text Book of Community Health Nursing, 1st
3. First Aid to the injured, St John’s Ambulance Association Book published by volunteers of St John’s ambulance Brigade; Page No 5-6.

**Form the Readers Desk**

Sinhgad e journal bridge and integrate the intellectual, methodological and substantive diversity of nursing research and to encourage a communication between research scholars and professionals. It is one of the informative as well as outstanding journals in the field of Nursing Profession. I congratulate you for your efforts and wish you move forward with same zeal and enthusiasm.

**Mr. Pandit Sharad B.**

Tutor

Institute of Nursing Education, Sir. J. J. Group of Hospital, Mumbai.
Knowledge and issues, regarding physiological and psychological changes during puberty among adolescent girls

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Ms. Angelina Diana.

Introduction

"Experience is not what happens to a man, it is what a man does with what happens to him"

Aldous Huxley

The term adolescence meaning ‘to emerge’, or ‘achieve identity’ is a relatively new concept, especially in development thinking. The origins of the term from the Latin word, ‘adolescence’ meaning ‘to grow, to mature’ indicates the defining features of adolescence.

India has one of the fastest growing youth populations in the world and adolescent girls of age 10 to 19 year constitute to one fifth of total population. Adolescence is a crucial period of life - a bridge between childhood and adulthood. However, little attention is paid for these populations and majority of adolescents still do not have access to information and education on sexuality, reproduction, sexual and reproductive health and rights nor have access to preventive and curative services.

Adolescents experience several types of maturation, including cognitive (the development of formal operational thought), psychosocial (the stages of adolescence), and biologic. The complex series of biologic transitions are known as puberty, and these changes may impact psychosocial factors. Pubertal timing is related to several dimensions of adolescent development.

Adolescence had been defined as a stage among human beings where a lot of physiological as well as anatomical changes take place resulting in reproductive maturity in them. Rapid physical changes create a strange state of mind in the adolescents. They grow extremely sensitive. At times, they experience a sense of embarrassment because of those changes. The associated sexual changes also bring in a lot of psychological as well as emotional changes. They need proper guidance, counseling and consolation. Most of the adolescents are illiterate and live in pathetic conditions and lack knowledge in critical areas of life that is essential for leading a healthy and meaningful family life and parenthood. (Gupta SD, 2003)
Research questions
What are the issues regarding physiological and psychological changes during puberty among adolescent girls?

Methodology
Research Design: Descriptive exploratory design.
Setting of the study: Narayanrao Navale Primary school, Dhayari, Sinhgad College of Arts and Science College; Vadagaon, Pune.

Sample
Adolescent girls of selected schools of Narhe.

Sample criteria
Inclusion criteria:
- Adolescent girls in the age group of 10-19 yrs.
- Adolescent girls who are willing to participate in the study.
- Students available during the data collection period
- The study is limited to the selected schools of Narhe.

Exclusion criteria:
Adolescent girls who attended a health education programme recently about adolescent health.

Sample size: 50
Sampling Technique: Non probability convenience sampling technique

Data Collection Technique & Tool: semi structured questionnaire and Likert scale

Major findings of the study:
- 86% of the samples were from age group 16 to 17 years, 60% of them were having age of menarche 13 to 14 years, 40% of them were having 11 to 12. 50 of them were from nuclear family 94% of them were from Hindu religion 60% of them were having NO elder sister, 34% of them were having 1 elder sister, 36% of them were having 2 elder sisters.
- 24% of them had stress, 20% of them had anxiety, 18% of them had abuse and acne, 14% of them had maladjustment, 6% of them had other problems.
- 48% of them used sanitary pads, 44% of them used clothes, 6% of them used cotton, 2% of them used others and tampons. 44% of them had mild pain, 40% of them had moderate pain, 10% of them had no pain, 6% of them had severe pain.
- 26% of them use medicine, 22% of them take rest, 10% of them not using any remedial measures, 4% of them do massage, 6% of them use other remedial measures.
- 18% of their source of knowledge through school, 16% of their source of knowledge through medias, books, peers group and others, 14% of their source of knowledge through parents, 4% have no source of knowledge.
- All of them having knowledge about adolescent age group, meaning of puberty, changes in puberty, cause of acne, 22% of them having lack of knowledge about experience of girl during pubertal period.
- 54% of adolescence are worried about body changes during puberty, 100% of adolescents are getting family guidance and support during puberty, 64% are experiencing stress during puberty, 84% are pressurized by peers, 90% feels weak during menstruation.
### Knowledge regarding puberty

<table>
<thead>
<tr>
<th>SR NO</th>
<th>LIKERT SCALE QUESTIONS</th>
<th>NEVER (1)</th>
<th>SOMETIMES (2)</th>
<th>FREQUENTLY (3)</th>
<th>ALWAYS (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are you worried about your body changes</td>
<td>0</td>
<td>16</td>
<td>7</td>
<td>27</td>
</tr>
<tr>
<td>2</td>
<td>Does your family guides and supports you during this phase of puberty</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>3</td>
<td>Are you experiencing stress during puberty period</td>
<td>9</td>
<td>0</td>
<td>9</td>
<td>32</td>
</tr>
<tr>
<td>4</td>
<td>Are you anxious due to pubertal changes</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>48</td>
</tr>
<tr>
<td>5</td>
<td>Do you feel irritated when you think regarding physical changes</td>
<td>0</td>
<td>0</td>
<td>21</td>
<td>29</td>
</tr>
<tr>
<td>6</td>
<td>Are you getting cranky during your periods</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>45</td>
</tr>
<tr>
<td>7</td>
<td>Are you feeling weak during menstrual cycle due to blood loss</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>45</td>
</tr>
<tr>
<td>8</td>
<td>Do you share your feelings with your family members and colleagues</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>39</td>
</tr>
<tr>
<td>9</td>
<td>Does your family members are over conscious about you</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>10</td>
<td>Do you feel pressurized by your peers</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>42</td>
</tr>
<tr>
<td>11</td>
<td>Did anybody in your friend circle experienced sexual harassments</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>42</td>
</tr>
</tbody>
</table>
Implications of the Study
The objective of any educational programme is to bring about a desired change in knowledge and beliefs. The first step to achieving this target is to improve knowledge. It is of utmost importance that Pubertal Education to be incorporated among all the adolescent girls and also into the public information services in order to increase public awareness regarding Adolescent Health.

The findings of the present study have implications for Nursing Research, Nursing Education and Nursing Administration

Nursing Research
Nursing research is an essential aspect of nursing as it uplifts the profession develops new nursing norms and the body of knowledge. Another research had been added to the nursing literature. Very few studies have been done on similar basis. The research design, findings and the tool can be used as avenues for further research.

Nursing Education
Nursing education is developing rapidly in India and nurse from our country can be found all over the world providing care and education. The education curriculum must emphasize imparting knowledge about traditional as well as modern pubertal education.

Nursing Administration
As a part of administration, the nurse administrator plays a vital role in educating clients and student nurses. Nursing administration can depute nurses for various workshops, conferences, symposiums, special courses and also in service education programmes can be arranged for the nursing staffs.

So, the findings of the study should be used as a basis of in service education programme for nurses on imparting knowledge about pubertal education.

Discussion
The study to assess the knowledge and issues regarding physiological and psychological changes during puberty in adolescent girls shows that the girls attain menarche in the age group of 13-14 yrs, previous studies on pubertal changes shows that the attainment of menarche in the girls at the age of 12-13 yrs. In our study it shows that girls while undergoing puberty go through lot of stress, anxiety and maladjustment as compared with previous study. Knowledge regarding puberty is greater in the girls from educated families. This study find that the girls undergoing puberty needs more guidance and support from families, peer groups etc.

Conclusion
It was found that the samples had some knowledge about puberty. And also, the study shows the significance relation between knowledge, issues and selected demographic variables.

The findings concluded that the assessment developed by the researcher was found that there is beneficial use of assessment of knowledge and issues regarding physiological and psychological changes during puberty.

References
Lifestyle modification in premenstrual syndrome

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Introduction

All living things reproduce. Reproduction is the process by which organisms make more organisms like themselves. It is one of the things that set living things apart from nonliving matter.

Menstrual cycles are a key driver of reproductive events in women, which is a physiological process and associated with the ability to reproduce. In the past twenty years premenstrual syndrome (PMS) has emerged as a well-recognized phenomenon for which effective treatments are available. Unfortunately, because of the widespread public awareness of adverse premenstrual experiences, most women mistakenly believe that they have PMS. Nurse helps the women & family by educating about PMS to relief from symptoms.

Background

Few studies have been reported in relation to PMS experience in Chinese women of any age. PMS has been studied in a group of 153 secondary school students in Hong Kong, where the prevalence rate was 19%. In adults, 92% of the Chinese women were found to experience some PMS symptoms as compared with approximately 40% in Moos’s study of English-speaking women. Fatigue was found to be the most prevalence physical symptoms and pain also featured highly in study. (Chau and Chang et.al.)

Study was conducted to investigate the frequency and severity of this syndrome and its associated signs and symptoms. out of 500 students 255 (about 50%) completed and returned the premenstrual daily symptom diary forms. Out of the 255 students 200 (78.43%) were suffering from some degree of PMS (62% mild, 36% moderate, and 2% severe). Mood symptoms in 24% and the behavioral symptoms in 3% of them can be considered to be severe. There were significant positive relationship between behavioral symptoms and physical and mood symptoms. Therefore, health professionals should notice mood and behavioral as well as physical symptoms and signs of PMS and provide them with an appropriate consultation or medical intervention if necessary. (Zohre Mahmoodi et.al)

An observational study was conducted at Peshawar by convenient sampling on 384 young girls. The frequency of premenstrual syndrome was 53% according to ICD-10 criteria, among which 42% was mild, 18.2% moderate and 31.7% severe. A total of 64 girls (18.2%) met the DSM-IV criteria for severe PMS. Doctors should adopt comprehensive measures to reduce its incidence and improve the quality of life in the affected girls. (Tabassum S, Afridi B et.al.)

Community based study was cross sectional study at Ratnagiri District. The study reveals the
mean age of the study subjects was calculated to be 16.9 years. Most (77.6) of the subjects were students followed by school dropout (22.4). As far as problems related to menstruation cycle were concerned Dysmenorrhea (44.2%), Irregular menses 16.9%, Irritation-21.7%, Malaise – 9.5% , Headache-14.2, chest pain-8.2%, abdominal bloating 20.3%, constipation-11.3%, tightness in chest 10.6% were symptoms of PMS. Majority of the study subjects, i.e. more than three fourth of the adolescent girls were suffering from menstrual related problems which leads to reproductive morbidities. To achieve optimum health and development of the adolescent segment of the population, there is need to introduce a comprehensive Adolescent Health Initiative (AHI) at block level. (Patil S N, Wasnik et.al)

Very few studies were done on Knowledge and attitude about the Premenstrual Syndrome in India. Moreover, there were no educational programmes about Premenstrual Syndrome for women, which highly affect the quality of life.

Students are the promising group to country’s development. Therefore the investigator felt a strong need to take up this study with simple measures like educational module on premenstrual syndrome, which will help the women to prevent PMS and will improve the quality of life of women in the age group 18 to 30 yrs., where the prevalence of PMS is high. In view of this, investigator has decided to take this topic for study.

Problem Statement

'A study to assess the effectiveness of self instructional module on knowledge & attitude regarding lifestyle modification in premenstrual syndrome among students in selected college of urban area.'

Objectives

1. To describe the basic characteristics of the samples.
2. To assess the existing knowledge & attitude regarding lifestyle modification in premenstrual syndrome in experimental & control group.
3. To develop & evaluate the effectiveness of self instructional module on knowledge & attitude regarding lifestyle modification in premenstrual syndrome.
4. To compare the knowledge & attitude regarding premenstrual syndrome in experimental group & control group.
5. To associate knowledge & attitude regarding lifestyle modification in premenstrual syndrome with the selected demographic attributes.

Methodology:

Descriptive evaluative study approach. Pre test post test with control group, Quasi experimental research design is used in this study. Probability, simple random sampling method, 100 samples, 50 in each (Control & Experimental) group. The study is conducted in selected colleges from urban area, situated in one of the metropolitan city Mumbai, Maharashtra, India. Self-instructional module developed and distributed among students.

Results

The demographic data 50% of the samples were 19 years of age, highest percentages 42% of samples have second birth order. 24% of samples get source of information from family member and the highest percentage (98%) of samples had experience of PMS.
A line diagram showing percentagewise distribution of PMS symptoms experience by female students

In present study the Age of Menarche shows highest (48%) of samples had in the year of 13 in control group and (38%) in experimental group. (98%) of samples had experience of PMS in control group and (96%) in experimental group experience the PMS symptoms.

The majority of different premenstrual syndrome (PMS) symptoms experience by the students are acne/pimple (22% & 48%), abdominal bloating (96%&96%), food craving (28%&34%), poor concentration (20%&52%), headache (94%&92%), fullness in breast (52%&52%) in control group and experimental group respectively.

In relation to knowledge and attitude score of lifestyle modification in premenstrual syndrome before and after self Instructional Module, there was significant difference between pre test and post test knowledge score which was evident by t-value is 7.26 in p-value is 0.02 which is less than 0.05 in control group and in experimental group t-value is 97.13 in p-value is P<0.0001 which is less than 0.05.

Fig.: A bar diagram showing, area wise of Knowledge score of Students before & after giving Self Instructional Module in Experimental group.
Table: Pre and Post Test mean knowledge and Attitude score regarding Lifestyle modification in Premenstrual Syndrome

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Variable</th>
<th>Group</th>
<th>Pre-Test</th>
<th>Post Test</th>
<th>t value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>1.</td>
<td>Knowledge</td>
<td>Control</td>
<td>7.32</td>
<td>1.15</td>
<td>7.74</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Experimental</td>
<td>6.12</td>
<td>1.42</td>
<td>19.38</td>
</tr>
<tr>
<td>2.</td>
<td>Variable</td>
<td>Group</td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>3.</td>
<td>Attitude</td>
<td>Control</td>
<td>Positive</td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Negative</td>
<td>10</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Experimental</td>
<td>Positive</td>
<td>37</td>
<td>74</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Negative</td>
<td>13</td>
<td>26</td>
<td>50</td>
</tr>
</tbody>
</table>

* Significant at 0.05 level

Table depicts that the pre test mean score for knowledge in control group was 7.32 and the post test was 7.74 and in experimental group it was 6.12 and 19.38 respectively regarding Lifestyle modification in Premenstrual Syndrome. For attitude in control group pre test score was, 80% had positive attitude in control group and 74% in experimental group and post test it raised to 82% in control group and 100% in experimental group.

The statistical paired 't' test indicates that the enhancement of mean knowledge score was found to be significant (p<0.05) revealing the effectiveness of self instructional module in experimental group.

The statistical paired ‘z’ test indicates that the enhancement of attitude score was found to be significant (p<0.05) revealing the effectiveness of self instructional module in experimental group.

Fig.: A scatter diagram showing, correlation of knowledge and attitude score
The statistical analysis and interpretation of data show that there is positive correlation and a marked relationship between knowledge and attitude of college students. This means with increase in knowledge, there is improvement in attitude.

**Conclusion:**
This study shows that Self instructional module was an effective teaching strategy in increasing the knowledge and attitude of students. There is positive correlation and a marked relationship between knowledge and attitude of college students. This means with increase in knowledge with there is improvement in attitude.

**References**


Effectiveness of aromatherapy massage on postoperative pain and sleep pattern among children

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Introduction:
Post operative pain management is challenging for nurses especially in pediatrics even though adequate analgesics are available to control the pain. The new trend in nursing is the use of complementary therapy to enhance the physical and mental well being of the patient. Aromatherapy is one of the most widely used methods of complementary therapies. Aromatherapy is used for controlling the pain, anxiety, depression, stress, and improves the sleep pattern. Children who had undergone surgery will perceive moderate to severe pain and it can have a significant effect on patient recovery. Aromatherapy is one of the most rapidly expanding areas among complementary therapy. Complementary therapies may have an important role in holistic pediatrics pain management.

Aim
The aim of the study was to evaluate the effectiveness of aromatherapy massage in reducing pain and improving sleeping pattern among post operative children.

Problem Statement
‘Effectiveness of aromatherapy massage on postoperative pain and sleep pattern among children (6-12 years)’

Objectives of the study:
• To determine the postoperative sleep pattern among children (6-12 years) as assessed by structured interview schedule.
• To evaluate the effectiveness of aromatherapy in improving the sleep pattern among postoperative children (6-12).
• To describe the characteristics response of postoperative pain among children (6-12 years) as assessed by FACES pain scale.
• To evaluate the effectiveness of aromatherapy in reducing the postoperative pain.
• To find the correlation between postoperative pain and sleep pattern.
Hypotheses

- $H_1$: The mean post-test sleep pattern score of the experimental group is significantly higher than the mean pre-test sleep pattern score.
- $H_2$: The mean post-test sleep pattern score of the experimental group is significantly higher than mean post-test sleep pattern score of control group.
- $H_3$: There is a significant difference in post test pain score in experimental and control group
- $H_4$: There is a significant correlation between post operative pain and sleep pattern.

Methodology

Research approach: Evaluative approach was used

Research design: Interrupted time series with control group design was used in this study

- E: P1 S1 X P2 X P3 S2 X P4 X P5 S3
- C: P6 S4 P7 P8 S5 P9 P10 S6

$P_1$ is pre test to assess pain and $S_1$ is pretest to assess sleep pattern in experimental group. $P_2 P_3 P_4 P_5$ and $S_2 S_3$ is post test to assess pain and sleep pattern in experimental group.

Method:

An evaluative study and continuous time series research design with purposive sampling technique was used to select 40 samples.

Data was collected by using structured interview schedule and Wong Baker’s FACES pain scale.

Pre test was conducted on both experimental and control group.

The aromatherapy massage was administered to experimental group two times a day for two days from first post operative day.

Four post tests were done to assess the pain and two post tests were done to assess sleep pattern both in the experimental and in the control group.

The collected data was analyzed using descriptive and inferential statistics.

Major findings of the study

**Findings related to post operative sleep pattern among children (6-12 yrs)**

In the experimental group, pre test score shows that majority (65%) of sample had poor sleep pattern where as in the control group highest (55%) percentage of the sample had average sleep pattern.

In post test I majority (60%) of children had poor sleep pattern in the experimental group where as in the control group most (90%) of them had average sleep pattern.

In post test II all (100%) the sample had good sleep pattern in the experimental group where as in the control group, highest (55%) percentage of the sample had good sleep pattern. The difference in experimental group of pre test to post test I was $t_{19}=13.80$, pre test to post test II was $t_{19}=16.86$, post test I to post test II was $t=5.486$ value was more than the table value ($t_{19}=1.72$) at 0.05 level of significance.

There was significant difference in post test I ($t_{38}=10.28$) and post test II ($t_{38}=7.28$) sleep pattern score between experimental and control group at 0.05 level of significance.

**Level of post operative pain among children (6-12 years)**

It is observed that in pre test highest percentage of sample reported hurt worst both in the experimental group (50%) and in control group (55%).

In post test II highest percentage of sample reported hurt even more in the experimental group (50%) and hurt whole lot in the control group (55%).

In post test III highest percentage (55%) of sample in the experimental group and least percentage (22%) of the sample in control group reported hurt little more.

In post test IV majority (70%) of sample in the experimental group reported no hurts where as in the control group majority (75%) of the sample reported hurt even more.

The present study findings revealed that the difference in post test pain was found significant.
as evident from the ‘F’ value 95.78 in the experimental group and 30.47 in the control group at 0.05 level of significance. There was a negative correlation between post operative pain and sleep pattern. The obtained correlation coefficient value \( r = -0.728 \) which was significant at 0.05 level of significance.

**Interpretation and conclusion of the study**

From the findings of study it can be concluded that after the surgery highest percentage of children experience pain and sleep disturbance and aromatherapy massage was effective in reducing the post operative pain and improving sleep pattern among the children of 6-12 years.

**Reference**

6. Kelly JJ, Donatton S. Postoperative sleep disturbance in paediatric patients using patient control devices. Department of General Medicine, Royal Children's Hospital, Australia; 2006
11. Daniel D, A study to determine the characteristics response to pain among hospitalized children in the age group of 3-6 years at selected hospital mangalore, 2005.
Introduction

“Health of the Nation is more important than the wealth of the Nation”

India has only 1 % of world vehicle population, but accounts for 6 % of the accidents and 10 % deaths due to road traffic injuries.

Road traffic accidents (RTAs) are considered as one of the important public health problems around the world. According to Global Status Report on Road Safety-2009, over 1.2 million people die each year on the roads worldwide and between 20 and 50 million suffer non-fatal injuries. Currently, road traffic accidents are the 9th leading cause of death and are predicted to become the 5th leading cause of death by the year 2020.

Developing countries, such as India face the double burden of already existent communicable diseases and increasing burden of non-communicable diseases including RTAs.

According to a report published by Ministry of Road Transport and Highways, 56 accidents occur every hour on Indian roads and at least 14 people are killed in these accidents. Prevention of RTAs thus, becomes very crucial in order to improve the longevity and the quality of life of the individuals concerned.

The present study is aimed to assess the awareness traffic Signs among adolescents of selected areas of Pune.

Scope of the study

The Investigators were the part of Road Safety mission undertaken by Sinhgad College of Nursing, Pune academic year 2013-14. During this mission

Problem Statement

A study to assess Knowledge about traffic Signs among adolescents of selected areas of Pune.

Objective

1. to assess Knowledge about traffic Signs among adolescents.

Assumptions:

Adolescents may have knowledge about traffic signs.

Research methodology

Approach: Descriptive.

Design: Non experimental descriptive

Setting: Adolescents in selected 12th standard college of Pune.

Population and samples

Population:

Target population: Adolescents in Maharashtra.

Accessible population: Adolescents in Pune.
Sample: Adolescents in selected 12th standard college of Pune.
Sample size: 100.
Sample technique: Non probability Convenient Sampling.
Method of data collection:
Semi structured Questionnaires.
Description of tool:
Appendix A: Consent form
Appendix B: Semi structured Questionnaires to assess Demographic data.
Appendix C: Semi structured questionnaires to assess the knowledge about traffic Signs among adolescents.
Total of 26 standard traffic signs were selected copy of the same given to respondents. Respondents were asked to write the meaning of the same.
Result:
Total 26 questions were asked to each respondent.
Total number of respondents were 100.
So total responses collected were 100 X 26 =2600.
Out of Total 2600 responses 1162 responses were correct and 1438 were wrong responses.

References:
Effectiveness of Self Instructional Module on Knowledge and Practices of Nurses regarding Care of the Patient on Mechanical Ventilator

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Introduction

Nursing care is often directed towards meeting unmet needs. While providing nursing care all the dimensions that affects basic needs should be taken into consideration. This allows the nurse to provide proper nursing care while ensuring all basic health care needs are met.

Proper oral care and suctioning have been identified as preventive measures against acquiring ventilator-associated pneumonia and for reducing the risk of complications.

Problem Statement:

A Study to Assess the Effectiveness of Self Instructional Module on Knowledge and Practices of Nurses regarding Care of the Patient on Mechanical Ventilator in selected hospitals of Vidarbha region.

Objectives:

1. To assess the knowledge of nurses regarding care of patient on mechanical ventilator.
2. To observe the practices of nurses regarding care of the patient on mechanical ventilator.
3. To assess the effectiveness of the self instructional module regarding care of the patient on mechanical ventilator.
4. To associate the knowledge finding with the selected demographic variables.

Hypothesis:

H₁: There will be significant difference between the pre and post test knowledge and practices of Nurses regarding care of patient on mechanical ventilator.

Methodology:

A descriptive evaluative research approach was used with one group pre-test post-test design to evaluate the effectiveness of the Self Instructional Module on ‘care of the patient on mechanical ventilator among nurses’. The study was conducted in selected Hospitals of Vidarbha region. The sample composed of 30 nurses of selected area of hospitals. The sampling technique used in this study was non probability convenience method of sampling. A structured knowledge questionnaire and observation checklist on care of the patient on mechanical ventilator was used for data collection.

Self Instructional Module on “Care of the patient on mechanical ventilator” was developed by the investigator. The content validity of the tool and self instructional module was established by nine experts against the criteria checklist based on suggestions of the experts the final draft of tool and self instructional module was prepared. Reliability of the tool was tested by using split half method and intra class correlation. (i.e. 0.8) The questionnaire and observation checklist was found to be reliable. A pilot study was conducted on a small sample of five nurses.
In the data gathering process, a pre test was administered first to assess knowledge and practices of the samples. On first day self instructional module was administered. On the seventh day post test was administered using the same questionnaire and checklist to assess knowledge and practices after self instructional module.

The data collected was analyzed in terms of frequency, percentages, paired 't' test and coefficient of correlation and presented in the form of table and graph.

**Finding of the study:**

The participants included in the study were between the age group of 21-36 and above, maximum number of nurse (18) were in the age of 21 - 25 years. Maximum number of nurses (26) was female. Maximum numbers of nurses (28) were completed GNM programme. Maximum numbers of nurses (21) are having 1 – 5 years of experience.

Regarding the existing knowledge of the nurses, there was an average knowledge in all area of care of the patient on mechanical ventilator. Knowledge was highest in the area of ABG interpretation (60.00%) and lowest in the area of oral care (48.66%).

Regarding the existing practices of the nurses, there was a good practice in all area of endotracheal tube suctioning and mouth care. Practice score was highest in the area of procedure (58.78% and 61.26%) and lowest in the area of article require for procedure (55.00% and 56.25%).

Regarding the effectiveness of Self instructional module on “care of the patient on mechanical ventilator”, it was found to be effective in terms of increasing the knowledge scores and practice score. The major findings of the study were: the post-test knowledge scores and practice score were higher than the pre-test knowledge scores and practice score and the differences between the pre-test and post-test scores were statistically significant at 5% level.

In relation to knowledge and practice score of care of the patient on mechanical ventilator before and after self Instructional Module, there was significant difference between pre test and post test knowledge score which was evident by t-value is 16.91 and p-value is 0.000 which is less than 0.05. There was significant difference between pre test and post test Practice score of endotracheal tube suctioning which was evident by t-value is 13.90 and p-value is 0.000 which is less than 0.05, and for oral care t-value is 16.74 and p-value is 0.000 which is less than 0.05.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-Test</th>
<th>Post Test</th>
<th>t value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>12.93</td>
<td>20.63</td>
<td>16.91</td>
</tr>
<tr>
<td>Practice (ETT Suctioning)</td>
<td>17.33</td>
<td>28.30</td>
<td>13.90</td>
</tr>
<tr>
<td>Practice (Mouth care)</td>
<td>17.36</td>
<td>28.60</td>
<td>16.74</td>
</tr>
</tbody>
</table>

* Significant at 5% level p<0.05. df = 29

Table depicts that the pre test mean score for knowledge was 12.93 and the post test was 20.63 regarding Care of the patient on Mechanical ventilator for practice pre test mean score was 17.33 and 17.36 and post test mean was 28.30 and 28.60. The statistical paired ‘t’ test indicates that the enhancement of mean knowledge and practice score was found to be significant (p<0.05) revealing the effectiveness of self instructional module.

This indicates that self instructional module was an effective method of imparting information to the nurses regarding care of the patient on mechanical ventilator. From the
statistical analysis it was clear that there was significant increase in the knowledge level of the nurses regarding care of the patient on mechanical ventilator after administration of the Self Instructional module.

This study shows that there is positive correlation and marked relationship between knowledge and practices of nurses. This implies that with respect to increase in knowledge there is an improvement in the practices of nurses.

Regarding association between the baseline 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**

Findings of the study show that Self instructional module was an effective teaching strategy in increasing the knowledge and practices of the nurses on care of the patient on mechanical ventilator. There is positive correlation between knowledge and practices of the nurses.

**References**

2. Evans, G. A rationale for oral care, Nursing Standard: 15(43), 33 - 36.
Effectiveness of supine and prone position on oxygen saturation in specific Respiratory disorders among the neonates admitted in NICU’s

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Introduction

Little hands and little feet, little toothless grins so sweet, little eyes that shine so bright, little arms to hug you tight. Everything’s little, except your joy, when you have a new baby. A new baby is like the beginning of all things – wonder, hope, a dream of possibilities.

Every family looks forward to the birth of a healthy newborn. It is an exciting time with so much to enjoy. In some cases, though, unexpected difficulties and challenges occur along the way. Some newborns are considered high risk. This means that a newborn has a greater chance of complications because of conditions that occur during fetal development, pregnancy conditions of the mother, or problems that may occur during labor and birth. Some complications are unexpected and may occur without warning. Other times, there are certain risk factors that make problems more likely.

In the first months of life, babies are developing physically, mentally, emotionally and socially by exploring and experimenting with the things in the environment around them. Caregivers can help babies to safely explore their world by attending to and fixing aspects of babies’ environments that may be dangerous for them. Caregivers need to baby-proof not only a baby’s primary home, but also the car that the baby will be transported in, and the community of other homes and environments that the baby may visit and explore.

Life of neonate is precarious and caring them with safety is the aim in the reduction of their morbidity and mortality. Lack of facilities, high cost, poor economy, more load of pharmacotherapy will lead to adverse effects. Positioning the neonates will mitigate these deficiencies in simple, but in more compromised way. The researcher undertook this study with the same ambition.

Objectives

1. To assess the effectiveness of supine position on oxygen saturation in specific respiratory disorders among the neonates
2. To assess the effectiveness of prone position on oxygen saturation in specific respiratory disorders among the neonates
3. To compare the effectiveness of supine position and prone position on oxygen saturation in specific respiratory disorders among the neonates
4. To associate effectiveness of supine and prone position on oxygen saturation with selected demographic variables

Hypothesis

Null hypothesis ($h_0$): There will not be significant relationship between supine position and prone position on oxygen saturation in specific respiratory disorders among the neonates

Alternative hypothesis ($H_1$): There will be significant relationship between supine position on oxygen
saturation in specific respiratory disorders among the neonates

- \( H_1 \): There will be significant relationship between prone position on oxygen saturation in specific respiratory disorders among the neonates.
- \( H_2 \): Prone position will be more significant than supine position in improving oxygen saturation in specific respiratory disorders among the neonates.
- \( H_3 \): Supine position will be more significant than prone position in improving oxygen saturation in specific respiratory disorders among the neonates.

**Methodology**

Research approach: Quantitative approach
Research design: Cross over study design
Sampling technique: Non-probability "Judgmental or purposive sampling technique"
Sampling size: 30

**Population**

All Neonates with Specific respiratory disorders

**Target Population**

All Neonates with Specific respiratory disorders admitted in NICU's

**Accessible Population**

All Neonates with Specific respiratory disorders who fulfilled the inclusion and exclusion criteria who are admitted in selected hospitals in Pune

**Population Selection of Sample (Sampling Technique)**

Non Probability Judgemental Sampling

**Cross Over Research Design**

(Random Allocation of Treatments)

Treatment A (Supine Position)

Treatment B (Prone Position)

**Analysis**

Comparison of:
Treatments A&B (Supine Position & Prone Position)
Sequences (Group A & Group B)

**Interpretation**

GROUP A: Treatment A First & then Treatment B
GROUP B: Treatment B First & then Treatment A
Method of data collection

The final study was conducted from 06\textsuperscript{th} December 2012 to 06\textsuperscript{th} January 2013. Actual data collection was done on 30 neonates meeting the criteria for the study. 30 neonates with specific respiratory disorders admitted in NICU’s of selected hospitals were selected during the data collection period as per availability of subjects in the concerned department. Samples were collected from NICU’s of two different hospitals

The following schedule was followed for data collection:

- **Before Data Collection:**
  - Prior permission for the study was taken from respective authorities of selected hospitals
  - Informed consent was obtained for participation in the study from neonate’s parents.
  - They were assured about the confidentiality of the data.
  - Continuous monitoring of health status of Neonate was assessed and given highest priority.
  - Available subjects (neonates) on the particular data collection day were divided in two groups (A & B) by randomization to administer different treatments (Supine or Prone) so as to achieve 15+15 in both groups, A & B.

<table>
<thead>
<tr>
<th>Groups</th>
<th>Treatments</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A</td>
<td>Supine Position administered first</td>
<td>2 Hours</td>
</tr>
<tr>
<td></td>
<td>Wash out period</td>
<td>2 Hours</td>
</tr>
<tr>
<td></td>
<td>Prone position administered finally</td>
<td>2 Hours</td>
</tr>
</tbody>
</table>

| Group B | Prone Position administered first                | 2 Hours  |
|         | Wash out period                                 | 2 Hours  |
|         | Supine position administered finally             | 2 Hours  |

Table: Description of Groups A & B

- The obtained sequence (treatment) position, (Supine or Prone) as per random selection was given particular position for 2hours and recorded the data before and after administration of position.
- Given stabilization period of 2hr
- Then reverse the order position or cross over the treatments. (Group A was given prone and Group B was given supine)
- Oxygen saturation and other vital parameters were measured using Observation chart.

Organization of study findings

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

- **Section I:** Distribution of subject with regard to demographic data
- **Section II:** Deals with the analysis and interpretation of the data related to the effectiveness of supine position on:
  - A. oxygen saturation in specific respiratory disorders among the neonates
  - B. selected vital parameters in specific respiratory disorders among the neonates
- **Section III:** Deals with the analysis and interpretation of the data related to the effectiveness of prone position on:
  - A. oxygen saturation in specific respiratory disorders among the neonates
  - B. selected vital parameters in specific respiratory disorders among the neonates
- **Section IV:** Deals with the analysis and interpretation of the data related to the
effectiveness of supine position and prone position on;
A. oxygen saturation in specific respiratory disorders among the neonates
B. selected vital parameters in specific respiratory disorders among the neonates

Section V: Deals with the analysis and interpretation of the data related to effectiveness of sequence of supine position and prone position on;
A. oxygen saturation in specific respiratory disorders among the neonates
B. selected vital parameters in specific respiratory disorders among the neonates

Section VI: Deals with the analysis and interpretation of the data related to association of supine and prone position on;
A. oxygen saturation with selected demographic variables
B. selected vital parameters with selected demographic variables

The major findings of the study:

- 60% of the samples in group A were from age group 1-7 days, 33.3% of them from age 8-14 days and 6.7% of them were from age 15-21 days. 66.7% of them from group B were from age 1-7 days and 33.3% of them were from age group 8-14 days.
- In group A, 53.3% of them were males and 46.7% of them were females. In group B, 53.3% of them were males and 46.7% of them were females.
- In group A, 13.3% of them had birth weight 1501-2000 gm, 20% of them had weight 2001-2500 gm, 60% of them had weight 2501-3000 gm and 6.7% of them had birth weight above 3000 gm. In group B, 26.7% of them had birth weight 1501-2000 gm, 13.3% of them had weight 2001-2500 gm, 46.7% of them had weight 2501-3000 gm and 13.3% of them had birth weight above 3000 gm.
- In group A, 6.7% of them had gestational age 28-30 weeks, 13.3% of them had 31-33 weeks, 33.3% of them had 34-36 weeks and 46.7% of them had gestational age of 37 weeks and above. In group B, 13.3% of them had gestational age 28-30 weeks, 20% of them had 31-33 weeks, 20% of them had 34-36 weeks and 46.7% of them had gestational age of 37 weeks and above.
- In group A, 60% of them had normal delivery, 26.7% of them had caesarian and 13.3% of them had instrumental delivery. In group B, 40% of them had normal delivery, 33.3% of them had caesarian and 26.7% of them had instrumental delivery.
- Regarding to APGAR score in group A, 6.7% of them had severe depression at 1 min and 93.3% of them had mild depression at 1 min. In group B, 26.7% of them had severe depression at 1 min, 66.7% of them had mild depression at 1 min and remaining 6.7% of them had no depression at 1 min. In group A, 20% of them had mild depression at 5 min and 80% of them had no depression. In group B, all of them had no depression.
- For 20% of them in group A and 33.3% of them from group B resuscitation method was used at birth.
- Paired t-test was used to compare the SPO2 of neonates before and after supine position. The obtained t-value on 1st, 2nd and 3rd day is 3.5, 2.7, 3.0 respectively which is greater than the table value at 0.05% l.o.s and p-values are small (less than 0.05). So H0 is rejected and H1 1 is accepted. Thus it is concluded that supine position is significant in improving the SPO2 of neonates on days 1, 2 and 3.
- Paired t-test was used to compare the heart rates of neonates before and after supine position. The obtained t-value on 1st, 2nd and 3rd day is 3.3, 1.3, and 0.8 respectively. Day 1 obtained t-value is greater than the table value at 0.05% l.o.s. day 2 and day 3 obtained t-value is less than table value 0.05% l.o.s. P-value corresponding to day 1 is small (less than 0.05). Supine position is significant in improving the heart rate of neonates on day1. On day 2 and day 3 the supine position
showed improvement in heart rate, the improvement is not significant.

- Paired t-test was used to compare the respiratory rates of neonates before and after supine position. The obtained t-value on 1st, 2nd and 3rd day is -1.2, -0.5, 0.6 respectively which is smaller than the table value at 0.05% l.o.s. Since p-values are large (greater than 0.05), Supine position is not effective in improving the respiratory rate of neonates.

- Paired t-test was used to compare the SPO2 of neonates before and after prone position. The obtained t-value on 1st, 2nd and 3rd day is 14.0, 19.4, 20.0 respectively which is greater than the table value at 0.05% L.O.S and p-values are small (less than 0.05). The null hypothesis is rejected and H12 is accepted. Prone position is significant in improving the SPO2 of neonates on days 1, 2 and 3.

<table>
<thead>
<tr>
<th>Effects of prone and supine position on SPO2</th>
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</thead>
<tbody>
<tr>
<td>Supine</td>
</tr>
<tr>
<td>4.3</td>
</tr>
</tbody>
</table>

- Paired t-test was used to compare the heart rates of neonates before and after prone position. The obtained t-value on 1st, 2nd and 3rd day is 1.2, 2.7, -0.7 respectively. In 2nd day t-value is greater than the table value at 0.05% L.O.S. 1st and 3rd day t-value is small than table value. P-value corresponding to day 2 is small (less than 0.05). Prone position is significant in improving the heart rate of neonates on day 2. On day 2 prone positions showed improvement in heart rate, the improvement is not significant.

- Paired t-test was used to compare the respiratory rates of neonates before and after prone position. The obtained t-value on 1st, 2nd and 3rd day is -8.6, -5.0, and -8.0 respectively which greater than t value at 0.5 L.O.S and p-values are small (less than 0.05). Prone position is effective in reducing the respiratory rate of neonates.

- Two sample t-test was used to compare the effects of supine and prone position on SPO2 of neonates. Since all the p-values are small (less than 0.05), H0 is rejected and H14 is accepted. The effect of prone position was significantly higher in improving SPO2 of neonates as compared to that of supine position on days 1, 2 and 3.

- Two sample t-test was used to compare the effect of supine and prone position on heart rates of neonates. P-value corresponding to day 1 is 0.051 (less than 0.05). The effect of prone position was significantly higher as compared to that of supine position on day 1. On days 2 and 3 the effects of prone and supine positions was not significant on heart rate.

- Two sample t-test was used to compare the effect of supine and prone position on respiratory rates of neonates. Since all the p-values are small (less than 0.05). The effect of prone position was significantly higher in reducing the respiratory rate of neonates as compared to that of supine position on days 1, 2 and 3.

- Two sample t-test was used to compare the effect of sequence of supine and prone position on SPO2 of neonates. Since all p-values are large (greater than 0.05). The sequence of positions had no significant impact on SPO2.

- Two sample t-test was used to compare the effect of sequence of supine and prone position on SPO2 of neonates. Since all p-values are large (greater than 0.05). The sequence of positions had no significant impact on SPO2.
position on heart rates of neonates. Since all p-values are large (greater than 0.05). The effect of sequence of supine and prone position on heart rates of neonates is not significant. If the prone position is given to the neonates followed by the supine position, the effect was higher as compared to the effect if the supine position was given first followed by prone position on day 1. On day 2 supine position followed by the prone position showed higher effect on heart rate as compared to the prone position followed by supine position group.

- Two sample t-test was used to compare the effect of sequence of supine and prone position on respiratory rates of neonates. Since all p-values are large (greater than 0.05), there is no evidence for the effect of sequence of supine and prone position on Respiratory Rate. The sequence of positions had no significant impact on RR.
- P-values are large (greater than 0.05), none of the demographic variable was found to have significant association with effect of supine position on SPO₂.
- P-values corresponding to birth weight are small (less than 0.05), it is evident that birth weight has significant relationship with effect of prone position on SPO₂. Birth weight is the only demographic variable which was found to have significant association with effect of prone position on SPO₂.
- Since P-values corresponding to gestational age and APGAR score at 1 minute are small (less than 0.05), Gestational age and APGAR score at 1 minute are the demographic variables which were found to have significant association with effect of prone position on heart rate.
- Since P-values corresponding to APGAR score at 1 minute is small (less than 0.05), there is evidence to prove effect of prone position on Respiratory Rate (RR) with APGAR score at 1 minute is the only demographic variable which was found to have significant association with effect of prone position on respiratory rate.
- Since P-values are large (greater than 0.05), the effect on preterm and full term neonates is not significantly different. The mean values indicate that there is higher effect on SPO₂ of preterm neonates as compared to full term neonates.

## Conclusion

The study reveals that both supine and prone position was effective in improving oxygen saturation in Neonates with specific respiratory disorders. But the effect of prone position was significantly higher in improving oxygen saturation of neonates as compared to that of supine position on days 1, 2 and 3. And the sequence of positions had no significant impact on oxygen saturation as per current study.

## References

Effectiveness of planned health teaching on the knowledge regarding warning signs of pregnancy among antenatal women

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**Problem statement**

‘A study to assess the effectiveness of planned health teaching on the knowledge regarding warning signs of pregnancy (trimester wise) among antenatal women residing in selected areas.’

**Objectives**

1. To assess the knowledge about warning signs of pregnancy (trimester wise) among the antenatal women before implementation of planned health teaching.
2. To assess the knowledge about warning signs of pregnancy (trimester wise) among the antenatal women after implementation of planned health teaching.
3. To compare the pre-test knowledge scores with the post-test knowledge scores within the group.

**Hypothesis**

H\(_0\): there is no significant effect of planned health teaching on the level of knowledge regarding warning signs of pregnancy (trimester wise) among the antenatal women residing in selected areas.

H\(_1\): there is no significant difference between the pre-test and post-test knowledge scores among the antenatal women residing in selected areas.

H\(_1\): there is a significant effect of planned health teaching on the level of knowledge regarding warning signs of pregnancy (trimester wise)

among the antenatal women residing in selected areas.

**Conceptual framework**

This study is intended to evaluate the effectiveness of planned health teaching regarding warning signs in pregnancy. The Conceptual framework of the present study is based on Pender’s Health Promotion Model. It mentions cognitive, perceptual and modifying factors. Women knowledge before implementation of planned health teaching is assessed by conducting pretest and then in cognitive factors knowledge regarding warning sign is given in the form of planned health teaching and then posttest is assessed after the implementation of planned health teaching.

**Research Methodology**

The investigator used one group pre and post test research design. 60 antenatal women were included as per the inclusion criteria from the selected areas.

This study was based on Quasi research approach. The populations were the antenatal women from selected areas. Total 60 samples were selected as per the inclusion criteria. The sampling technique used in the study was non-probability convenient sampling. The tool for the present study was semi-structured questionnaire which had two sections:

- Section I- semi-structured questionnaire on Warning signs in pregnancy
In order to obtain content validity, the tool was given to a total 11 experts. 8 experts from obstetrical and gynecological Nursing, 2 experts from obstetrical and gynecological department, 1 expert from community health nursing and 1 statistician. After receiving the opinion from the experts some modifications were done in framing of the questions and same were incorporated into the tool. Some of the questions were deleted.

The pilot study was conducted in selected areas. 6 samples were selected by Non-Probability Purposive sampling technique, based on the inclusion criteria from 19th Nov. 2012 to 26th Nov. 2012, to assess the feasibility of the study and to decide the statistical analysis and practicability of research.

The data gathering process began from 3rd Dec. 2012 to 7th Jan. 2013. A formal permission was obtained from the concerned authorities. The premenopausal women 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 through semi-structured questionnaires then the collected data was analysed by using different statistics. Interpretations were based on the objectives designed for the study.

The Major Findings of the study

1) Section 1 : Distribution of pre-test knowledge score about warning signs of pregnancy among the antenatal women (trimester wise)
In pretest, 55% of the antenatal women had poor knowledge (score 0-11) and 45% of them had average knowledge (score 12-22).

2) Section 2: Analysis of data related to knowledge about warning signs of pregnancy (trimester wise) among the antenatal women after implementation of planned health teaching.
In posttest, all of the antenatal mothers had good knowledge (score 22-32) regarding warning signs of pregnancy (trimester wise).

3) Section 3: Analysis of data related to comparison of pretest and posttest knowledge about warning signs of pregnancy (trimester wise) among the antenatal women.
In pretest, 55% of the antenatal women had poor knowledge (score 0-11) and 45% of them had average knowledge (score 12-22). In posttest, all of the antenatal mothers had good knowledge (score 22-32) regarding warning signs of pregnancy (trimester wise). This indicates that there is improvement in knowledge of antenatal women after planned health teaching.

Limitations
The limitations recognized in the study were:
1. The sample size of the study was small which imposes limitations on generalizations.
2. The study is limited to antenatal women in first trimester.
3. The study is limited to 60 samples only.

Conclusion
The planned health teaching significantly brought improvement in the knowledge of antenatal women regarding warning signs during pregnancy. Analysis of the data showed that there was significant difference between pretest and posttest knowledge scores.

References
Effect of foot and hand massage on post operative pain of patients with chest surgery

Ms. Vaishali Kale

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Abstract

Research aim: To assess baseline level of post-operative pain of patients with chest surgery in experimental and control group. To determine the effect of foot and hand massage on post-operative pain of patients with chest surgery in experimental group. To compare post intervention changes on post-operative pain of patients with chest surgery between experimental and control group. Methods: The tools used for data collection were demographic profile, interview schedule and Numerical Rating Scale and biophysiological parameters. Quasi experimental pre test post test control group design on forty samples (twenty in the control group and twenty in the experimental group) who were in 3rd post operative day by non probability purposive sampling technique. Results shows 100% subjects had pain on operated site. In that most of the subjects were having pain during deep breathing exercise. The pre intervention data of pain measured with Numerical Rating Scale, the mean score of pain in control group and experimental group were 7.25 and 7.85 respectively. In pre intervention phase the mean score of heart rate in control and experimental group was 87.75 and 86.6 respectively, respiratory rate was 18.7 and 19.45 respectively, SBP was 132.45 and 129.8 respectively and DBP was 89.5 and 87.1 respectively. It indicates that the mean score of heart rate, SBP and DBP is more in control group and the mean score of respiratory rate is more in experimental group. The pre and post intervention mean score of pain in experimental group was 7.85 and 3.892 respectively. The pre and post intervention mean score of biophysiological parameters in experimental group was 6.25 and 4.6 respectively. It reveals that foot and hand massage intervention is highly significant in reduction of pain of patients with chest surgery in experimental group. The p value of pain intensity was 0.000** and biophysiological parameters was 0.0039** which is less than 0.01 at 1% level of significance. It reveals that there is highly significant difference in the level of post operative pain and biophysiological parameters of patients with chest surgery after giving foot and hand massage.
in experimental group. On the basis of the study we can draw the following conclusion. This study supported the use of foot and hand massage for reducing post operative pain of patients with chest surgery.

**Introduction:**

Pain is a complex, multifaceted phenomenon. It is an individual, unique experience that may be difficult for clients to describe or explain and is often difficult for others to recognize, understand and assess. Unrelieved acute pain leads to debilitation, diminished quality of life and depression. Unrelieved acute postoperative pain leads to development of chronic pain syndrome and increased complication. Uncontrolled post operative pain may lead to variety of complications in cardiovascular, immunity, respiratory, metabolic, endocrine, mentality systems and also increase immobility, thrombosis, emboli, lengthened hospitalization and increased costs. Non pharmacologic treatment modalities like massage therapy is increasingly applied to relieve the symptoms of pain in postoperative patients. Massage is the systematic manipulation of the soft tissues of the body, particularly the muscles, tendons and skin. Massage, through touch, is one way that nurses communicate with patients. Pain associated with chest surgery has been poorly controlled in many surgical patients and this area has been less researched by the nursing personnel.

The nurses play an integral member of the multidisciplinary team to provide intervention that can be used by all those recovering from chest surgery. So, the investigator felt the need to find out a simple, easy and effective intervention to reduce the post operative pain and conducted a study to evaluate the effect of foot and hand massage on post operative pain of subjects with chest surgery in selected hospitals of Pune city as a partial fulfilment for the decree of Masters in Nursing, as per MUHS, Nashik.

**Title:**

Effect of foot and hand massage on post operative pain of patients with chest surgery in selected hospital of Pune city.

**Objectives of the study:**

1. To assess baseline level of post-operative pain of patients with chest surgery in experimental and control group.
2. To determine the effect of foot and hand massage on post-operative pain of patients with chest surgery in experimental group.
3. To compare post intervention changes on post-operative pain of patients with chest surgery between experimental and control group.
Hypotheses

H0: There will be no significant difference in the levels of postoperative pain of patients with chest surgery after foot and hand massage in both groups (experimental and control group).

H1: There will be significant difference in the levels of postoperative pain of patients with chest surgery after foot and hand massage in experimental group.

H2: There will be significant difference in the biophysiological parameters in patients with chest surgery in experimental group.

H3: There will be association between the findings and selected background variables.

Assumptions:

1. The patients undergone chest surgery suffering with pain.
2. Majority of the patients do not have adequate pain control with pharmacological measures.
3. Foot and hand massage may help to reduce the level of pain among patients undergone chest surgery.

Research methodology:

In this study quasi experimental pre test post test control group design was adopted. The post surgery patients who were in 3rd post operative day were chosen as the target population. The sample consisted of forty (twenty in the control group and twenty in the experimental group). The sampling criteria were inclusion criteria: The post chest surgery subjects who were on 3rd post operative day and complaining of pain, subject with following chest surgery admitted in the cardiac recovery unit and wards for the next three days and subjects who were conscious and well oriented. Exclusion criteria: Subjects who are having chronic pain and who are hemodynamically unstable. Non probability purposive sampling technique was adopted. The tools used for data collection were demographic profile, interview schedule, Numerical Rating Scale and biophysiological parameters. To ensure the content validity the instruments were given to 15 experts from different fields. The reliability of the tools was established by using data collected from 6 research subjects who underwent chest surgery. Reliability was established by Split half method. The reliability of the Numerical Rating Scale was 0.94 and biophysiological parameter measurement was 0.9.

Significant findings of the study:

It was observed that majority (50%) subjects were between the age group above 60 years in control group and 30% subjects were between the age group of 40-50 years in experimental group. Most of the subjects were male, married and educated. Majority of subjects were serviceman. It also interpreted that majority of the subjects were having coronary artery disease and operated for CABG. Most of the subjects were receiving Tramadol as an analgesic.
Pre and post intervention data of post operative pain:

100% subjects had pain on operated site. In that most of the subjects were having pain during deep breathing exercise and none of them complained of pain on first day of surgery. 100% subjects were having sharp and aching pain in both the groups.

**Figure:** Bar diagram showing pre and post intervention pain intensity in experimental group.

<table>
<thead>
<tr>
<th>No. of subjects (in %)</th>
<th>Pre intervention %</th>
<th>Post intervention %</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mild pain</td>
<td>0</td>
<td>35</td>
</tr>
<tr>
<td>Moderate pain</td>
<td>0</td>
<td>65</td>
</tr>
<tr>
<td>Severe pain</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>Worst possible pain</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Distribution of pain scores and biophysiological parameters observed in the pre intervention phase in both groups:**

The pre intervention data of pain measured with Numerical Rating Scale, the mean score of pain in control group and experimental group were 7.25 and 7.85 respectively in the pre intervention phase. It reveals that there is statistical significance difference before intervention in both groups. In pre intervention phase the mean score of heart rate in control and experimental group was 87.75 and 86.6 respectively, the mean score of respiratory rate in control and experimental group was 18.7 and 19.45 respectively, the mean score of systolic blood pressure in control and experimental group was 132.45 and 129.8 respectively and the mean score of diastolic blood pressure in control and experimental was 89.5 and 87.1 respectively. It indicates that the mean score of heart rate, systolic blood pressure and diastolic blood pressure is more in control group and the mean score of respiratory rate is more in experimental group.
Distribution of pain scores and biophysiological parameters observed in the post intervention phase in experimental group:

The pre and post intervention mean score of pain in experimental group was 7.85 and 3.892 respectively. The pre and post intervention mean score of biophysiological parameters in experimental group was 6.25 and 4.6 respectively. It reveals that there is significant decrease in pain and biophysiological parameters in experimental group after intervention. It also reveals that foot and hand massage intervention is highly significant in reduction of pain of patients with chest surgery in experimental group.

In post intervention data of changes in pain pattern, 75% subjects were having reduction in pain, 60% subjects were having relief in pain and inducing sleep. This indicates that most of the subjects were having reduction in pain and none of them having increasing pain in experimental group in post intervention phase.

Figure: Bar diagram showing pre and post intervention data of pain by Numerical Rating Scale and biophysiological parameters in experimental group.

Comparison of pre and post intervention changes on post operative pain of patients with chest surgery in experimental group:

The pre and post intervention mean score of pain in experimental group was 7.85 and 3.892 respectively. The pre and post intervention mean score of biophysiological parameters in experimental group was 6.25 and 4.6 respectively. It reveals that there is significant decrease in pain and biophysiological parameters in experimental group after intervention. The p value of pain was p = 0.000** and biophysiological parameters was p = 0.004** is less than reasonable choice i.e. less than 0.01 at 1% level of significance. It reveals that foot and hand massage intervention is highly significant in reduction of pain of patients with chest surgery in experimental group.
Comparison of post operative pain of patients with chest surgery in experimental and control group:

The comparison of the post intervention changes in pain intensity and biophysiological parameters in both the groups. The p value of pain intensity was 0.000** and biophysiological parameters was 0.0039** which is less than reasonable choice i.e. less than 0.01 at 1% level of significance. It reveals that there is highly significant difference in the level of post operative pain and biophysiological parameters of patients with chest surgery after giving foot and hand massage in experimental group.

Conclusion:

This study supported the use of foot and hand massage for reducing post operative pain of patients with chest surgery.

References

Effectiveness of planned teaching programme on knowledge regarding risk of coronary artery disease amongst patients with diabetes mellitus

Mr. Aniket Arole
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Abstract

Investigator selected Quantitative, Comparative and evaluatory approach. The diabetes patients admitted in selected hospital were selected. The subjects consisted of 60 patients diagnosed with diabetes mellitus. The inclusion criteria were Patients willing to participate, Patients with diabetes mellitus and diagnosed as diabetics before one year, Patients who can read and write Marathi, Hindi and English, Patients who are admitted in hospitals.

The exclusion criteria were Patient who have associated complications like diabetic ketoacidosis, hypertension, diabetic nephropathy. Patients with sensory loss, Patient who have had previous sessions of Health education on Diabetes and its management through various Medias.

The sampling technique used in the study was non-probability Convenience sampling. The tool consisted of a semistructured questionnaire which includes 30 questions which was used to assess the effectiveness of planned teaching programme on knowledge regarding risk of coronary artery disease amongst patients with diabetes mellitus admitted in selected Hospital.”

In order to obtain content validity, the tool was given to a total 13 experts 10 experts from Medical Surgical Nursing Department, 1 Doctor from Cardiology department and 1 to a Diabetologist and 1 to Statistitian. After receiving the opinion from the experts some modifications were done in framing of the items and same were incorporated into the tool. Some of the questions were deleted.

The Pilot study was conducted in selected Hospital. As per the laid down criteria, 6 subjects were selected by non-probability convenient sampling who were available for the study.

The data gathering process for the main study was done. The Investigator introduced himself and the purpose of the study was explained to subjects and informed consent was obtained. Research was conducted properly on the subjects.

The pre-test was conducted using semistructured questionnaire to assess the knowledge regarding the risk of coronary artery disease among diabetes mellitus patients. The pre test was conducted once before administration of Planned Teaching Programme. Following the pretest subjects only from experimental group were given planned teaching on risk of coronary artery disease in diabetes mellitus.

Post test score was obtained after 6 days from pre test to evaluate the effectiveness of Planned teaching Programme on knowledge regarding risk of coronary artery disease amongst patients with diabetes mellitus.

Data was calculated and it was found that the Planned Teaching Programme significantly
brought out improvement in the knowledge of patients regarding risk of coronary artery disease in patients with diabetes mellitus.

**Introduction**

Heart disease or cardiovascular disease are the class of diseases that involve the heart or blood vessels (arteries and veins), while the term technically refers to any disease that affects the cardiovascular system, it is usually used to refer to those related to atherosclerosis (arterial disease). These conditions usually have similar causes, mechanism, and treatments. These Diseases need to be prevented for the best prognosis.

**Problem Statement**

‘Effectiveness of planned teaching programme on knowledge regarding risk of coronary artery disease amongst patients with diabetes mellitus admitted in selected hospital.’

**Objective**

1. To assess the knowledge regarding the risk of coronary artery disease amongst diabetes mellitus patients before administration of planned teaching programme.

2. To assess the effectiveness of planned teaching programme on knowledge regarding the risk of coronary artery disease amongst patients with diabetes mellitus admitted in selected Hospital.

3. To compare the knowledge scores amongst control group and experimental group before and after the administration of planned teaching programme.

4. To associate the knowledge scores with selected demographic variables.

**Review of literature**

A cross sectional study was conducted to examine a combination of healthy lifestyle behaviors associated with cardio metabolic risk reduction in Boston, USA. The analysis was based on 1454 participants from the population based lipid research clinics Princeton follow-up study. The result study revealed that combination of healthy lifestyle behaviors was strongly and negatively associated with the presence of cardio metabolic risk, as well as with a composite cardio metabolic risk score after adjustment for race, age, generation and sex. Healthy lifestyle behaviors including sufficient fruit and vegetable intake, less meat intake, less TV viewing time, abstinence from smoking, modest alcohol intake and regular exercise are associated with reduced cardio metabolic risk.

**Materials and methods**

Investigator selected Quantitative, Comparative and evaluatory approach. The diabetes patients admitted in selected hospital were selected. The subjects consisted of 60 patients diagnosed with diabetes mellitus.

The sampling technique used in the study was non-probability Convenience sampling. The tool consisted of a semi-structured questionnaire which includes 30 questions which was used to assess the effectiveness of planned teaching programme on knowledge regarding risk of coronary artery disease amongst patients with diabetes mellitus admitted in selected Hospital.” The Pilot study was conducted on 6 subjects who were selected by using non-probability convenient sampling who were available for the study.

The data gathering process for the main study was done. Informed consent was obtained. Research was conducted properly on the subjects.

The pre-test was conducted using semi-structured questionnaire to assess the knowledge regarding the risk of coronary artery disease among diabetes mellitus patients. The pre test was conducted once before administration of Planned Teaching Programme. Following the pretest subjects only from experimental group were given planned teaching on risk of coronary artery disease in diabetes mellitus.

Post test score was obtained after 6 days from pre test to evaluate the effectiveness of Planned teaching Programme on knowledge regarding risk of coronary artery disease amongst patients.
Results

A Bar dig. showing Effectiveness of planned health teaching program on knowledge of diabetes mellitus patients regarding risk of coronary artery disease. In other words, the planned health teaching program was highly effective in improving the knowledge of diabetes patients regarding risk of coronary artery disease.

<table>
<thead>
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<td>Posttest</td>
<td>25.0</td>
<td>1.9</td>
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above Table investigator applied paired t-test for comparison of pretest and posttest knowledge scores of diabetes mellitus patients. T value was found to be 50.6 at 29 degrees of freedom. Since p-value is 0.000 which is small (less than 0.05), null hypothesis was rejected. This indicates that planned health teaching program improved knowledge of diabetes mellitus patients regarding risk of coronary artery disease.

References


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Issue I in May June
Issue II in November December every year

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- **With effect from Vol. III, Issue II, December 2013 and may subject to change without prior notice.

Name in Block letters only: ________________________________________________________________

Present Position: - ______________________________________________________________________

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- **Note: It is mandatory for authors to fill up Declaration form and Subscription form.**

I have read all instructions carefully and agree to bind for them

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Pune.

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Kindly do the needful as early as possible.
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Name and Signature of the Author/s

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**Format for the paper:** For Sinhgad e-Journal of Nursing
- Length of paper should not exceed 10 pages.
- Submission of manuscript: Paper should be typed with double spacing with 12 font size in Times New Roman. Margin on all the sides of paper should be 1.5 inches.

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Review of literature should be brief, pertinent and up to date.

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All references must be checked minutely for their appearance in text as well as in reference / Bibliography sections.
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On acceptance the editor retains the right to make stylistic changes, decide on the date of publication and shorten material if necessary.

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There was a time when professional nurses had very little choice of service because nursing was centered in the hospital and bedside nursing. Career opportunities are more varied now for nurses in India and worldwide.

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This is a biannual journal that publishes original research papers in the field of Nursing/Health Sciences.

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