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'White Room Torture' A Sensory Denial Method which Obliterates All Sense of Realism

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Abstract

White torture is a form of psychological torment that is generally allied with use in the middle east. The victim is garbed in white clothing and sealed in a room where each and everything including the floor, walls, ceiling, and all furniture and fixtures are painted white in colour. White walls, white bed, white floor, white clothing, white light - everything shall be must in white. On top of that, these people will also be privileged a very quiet and impenetrable or soundproof room. The victim is assisted only white food on a white plate (for example white rice) and given only white brews (such as milk) in a white cup. They are kept in this state for days to even weeks. Though it sounds inoffensive it has been stated that by grudging the brain of access to colour the victims of this agony quickly can be driven to the brink of madness. The victim often commences to suffer both visual and auditory hallucinations. If the suffering lasts long enough, they can become disjointed and even attempt to impairment themselves. But why is it so punitive that some people turn out to be miserable after doing the sentence. In this punishment, the offender will be losing the controlling power on sense organs once days, months and years passed. At last, the victim will become mentally unstable or will loss the memory especially.

Keywords: Sensory Deprivation, Epidemic, Hopelessness, Vertigo, Logical Reasoning, Migraines, Hallucination

Introduction

There is a unique type of punishment which is painstaking to be treacherous and scary, where the colour white is used to deal with gruelling prisoners. There is a punishment entitled 'white room torture' where a person is locked in an entirely white room, white walls, white door and even the food assisted will be only white rice. Even the lavatory and the set-up will be completely white in colour. There will be pin-drop hush in the cell, where the person can hear only his or her voice. After a person starts living

in this room, they shortly forget things, sometimes even how their parents looked also. This torture was typically practised in Iran to make them break down mentally. After knowing about this torture, prison authorities in many countries thought that this could be applied, particularly for those who are defendant of rape cases.¹



White torture, often raised to as white room torture, is a type of mental torture

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technique meant at complete sensory denial and separation. A prisoner is held in a cell that divests them of all sanities and distinctiveness. It is chiefly used in Iran; though, there is also evidence of its use by the Venezuelan and the United States intelligence services.²

Methodology

This detailed review includes open data about white room torture. Though the topic White Room Punishment is a unique type of psychological torture method mainly useful for the criminals ineffective to cruel physical tortures. This information collected from the different search engines like 'Cinahl', 'Google Scholar', 'Cochrane' etc. from plentiful review as well as research articles along with a number of renowned articles. The search borne almost 85 papers, including reviews, case reports, case series, and small clinical studies. After excluding the 30 non-English reports without an English abstract, we encompassed the remaining 55, notwithstanding of publication date.

Mechanism

Visually, the prisoner is destitute of all colour. Their cell is completely white: the ramparts, floor and ceiling, as well as their garments and food. Neon tubes are placed above the inhabitant in such a way that no glooms appear. Auditorily, the cell is impenetrable, and void of any sound, voices or social contact. Guards stand in quiet, wearing padded shoes to avoid making any noise. Prisoners cannot receive anything but themselves. In terms of taste and smell, the convict is fed white food—classically, unseasoned rice—to deprive them of these senses. Furthermore, all surfaces are smooth, raiding them of the feeling of touch. Prisoners are frequently held for months, or even years. The effects of white torture are well-documented in a number of endorsements. Classically, prisoners will become depersonalized by trailing personal identity for protracted periods of isolation; triggering hallucinations, or even psychotic breaks.^{3,4}

History of White Room Torture

Evin Prison, situated in Tehran, Iran, has been a political penitentiary since 1972. The convicts there entail of activists, artists, writers, and intellectuals who are exposed to exploitation and agony. In the month August 2021, Pardon International unconfined



a statement concerning the condition within the prison walls as seen in leaked surveillance footage, saying, "It is shocking to see what goes on inside the walls of Evin prison,

but sadly the abuse depicted in these leaked video clips is just the tip of the iceberg of Iran's torture epidemic." One of the forms of chastisement used in Evin is white torture — a life-threatening form of solitary quarantine used on prisoners in order to push them to sign confessions, break their resolve, or give out important information. Though, when the senses are destitute for long periods of time, the convict can experience adverse effects that may be perpetual and disparaging.

The study of sensory deprivation

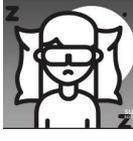
Canadian psychologist Donald Hebb showed a study on sensory deprivation that he issued in 1949 in the book titled "The Organization of Behavior." Hebb salaried volunteers — which typically consisted of college students — \$20 daily to take part in a sensory scarcity study that took place at McGill University Medical Centre in Montreal, Canada. The subjects were sited in individual rooms and run-down of their senses. The study was hypothetical to last six weeks, but most of the subjects could only last a few days. One of Hebb's partners in the study, Woodburn Heron, wrote, "Nearly all of them stated that the most conspicuous thing about the experience was that they were inept to think visibly about anything for any length of time and that their thought progressions seemed to be precious in other ways," as described by Mother Jones. After coming out of seclusion, the test subjects endured cognitive tests that exhibited they were momentarily mentally impaired.^{5,6}

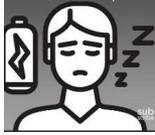
Sensory scarcity warps people's sense of time

A French scientist named Michel Siffre steered a geological study in 1962 in which he planned to perceive an underground glacier in the Alps. The study was only made-up to last for two weeks, but he protracted it to two months and reformed the focus to study human chronobiology. He thoughtful to "live like an animal," without modern amenities or sunlight. Siffre expected to regulate whether humans have a natural internal clock. In one reasoning test,

his team had him count 120 seconds. They found it took Siffre five minutes to count two minutes, meaning he "psychologically practiced five real minutes as though they were two." When the CIA imprisoned Mohamed Ben Soud in total darkness, he was incapable to track the days authorities held him captive.

Clinical Manifestation Series

SI No.	Time	Effect	Condition (Pictorial)
1.	40 Mins	Sweating (The fitter the person is the sooner he starts to sweat)	
2.	1 Hour	Heart Palpitations (The person may feel that heart is beating too fast)	
3.	2 Hours	Stress (Stress can cause profuse sweating)	
4.	8 Hours	Vertigo (It may appear to be spinning in motion)	
5.	10 Hours	Logical Reasoning (The person's nerves will constantly misfire trying to make connections)	
6.	23 Hours	Hallucinations (Many have reported seeing points of light & geometric shapes)	
7.	1 Day	Anxiety (Women are twice as likely as men to develop it)	
8.	2 Days	Panic Attacks (They can happen when the person is sleeping)	
9.	3 Days	Sleep Patterns (They almost double in length)	

Sl No.	Time	Effect	Condition (Pictorial)
10.	5 Days	Inflammation (Its easy to develop sores on the body)	
11.	6 Days	Fatigue (Typical cycles of 36 hours awake & 12 hours sleep)	
12.	1 Week	Abdominal Pain (The person may get rid of a stomach ache in 5 mins)	
13.	2Weeks	Infection (Being isolated renders the person more vulnerable to infection)	
14.	3 Weeks	Eyes (The person's eyes deteriorate & cannot stand sunlight)	
15.	1 Month	Suicidal Thoughts (Many suicidal people give certain caveats)	
16.	2 Months	Weight Loss (Due to digestion complications)	
17.	6 Months	Sense of Reality (Becomes hard to shake off once the person is released)	
18.	1 Year	Attachment Issues (Romanian children isolated in the 1990s had serious behavioural problems)	
19.	2 Years	Psychosis (Laymen's terms, the person may go crazy)	
20.	3.5 Years	Loss of Identity (The memory may be reset or wiped clean)	
21.	20 Years	Insanity (1 in 5 people will develop mental illness in their lifetime)	

THINGS TO BE CONSIDERED

Hallucinations may be Visual, Physical or Auditory

Scientific studies show when a brain that lacks normal stimulation attempts to make sense of its surroundings, it generates hallucinations in an effort to establish a pattern. Much like a human face in the wood grain of a table, inaccessible detainees see, hear, or feel non-existent ambiances. The samples eyes' obscured by a visor, they reported visions of animals, colour patterns, and light. Some even felt electrical jolts and a tremor from a hallucinated space capsule.

The Practice Yields Questionable Data

After denial of human interface and normal stimuli, the make pliable minds of captives underwent penetrating cross-examination. Iranian convicts provided with paper customary constant pushes to write a acknowledgement to crimes against government leaders in exchange for human interface. The CIA's own KUBARK manual stated the deprivation method pushed "a subject's propensities toward obedience" as they were frantic for company, even their captors'. Ahmed Errachidi, who was destitute of sleep and isolated, broke under interrogation from personnel at Guantanamo Bay.

Sensory Scarcity May Be Used for Curative Instead of Aching

While subjects forced into sensory deficiency suffer harshly, those who seek it willingly may benefit from complete remoteness. Sensory deprivation is an incipient treatment for stress and anxiety, and it's growing in admiration. Meehan Crist of Nautilus vexed a sensory deprivation tank, which is fundamentally an enclosed bathtub filled with saltwater. Pitch black and soundproof, the measured version of this technique often leads to pleasant hallucinations that some compare to a drug-induced experience.⁶

White Torture Appeared from CIA Research into Brainwashing

During the Cold War, the CIA instigated researching a way to reproduce the mind-control tactics hired by countries in opposition to America. They perceived American soldiers in Korean POW camps transporting

anti-US and pro-communist statements, which urged the idea of brain-washing. Hebb in book form his findings in *The Canadian Journal of Psychology*, though he camouflaged it as a study about the effects of living a inactive and uninteresting lifestyle.

Sensory Deprivation May Leave No Physical Mark, So It's Frequently Ignored

Waterboarding is an interrogation technique that includes pouring water into a prisoner's breathing passages to estimate the feeling of being drowned. The practice increased fame during the Spanish Inquisition and sustained until it was outlawed by the Geneva Convention in 1949; the technique's toxic physical effects place it firmly in the category of torture.

Why is "white room torture" shoddier than other torture?

The only reason this is factual is because it's so naive. Gazing at knives puts more fear into a person but he or she at least have something to cause the emotion of fear. Everything is just one colour wherever the person looks. It's like the person are detained in to the point where every angle the person looks him or her will see the same thing.⁹

Filmy References

German artist Gregor Schneider built his room strategy of "Weiße Folter" on this idea.⁷

The TV Series named *Brave* Episode 10 "Desperate Measures" January 8, 2018. A team member is held in an Iranian black site for grilling. The room is all white, as is her and the sentries clothing and the negligible furniture. The interrogator explains it is intended to cause sensory deprivation, and that bits of colour will be added as she begins to cooperate.⁸

In 2022 Indian picture, *Rorschach*, the protagonist Luke Antony is exposed to White Room torture in Dubai Prison.

THE WHITE TORTURE EXPERIENCE

Report No. 1 - Amir Fakhravar was a convict in Evin Prison who was exposed to white torture. In a conference with CNN, Fakhravar thorough his experience. "We didn't see any colour, all of the cell was white in colour, the floor was white, our clothes

were white and the light too, 24 hours, was white," he told. If prisoners wanted to use the toilet, they would slip a white piece of paper under the door and be ushered by protectors with amplified shoes to avoid making noise. Fakhravar endured separation in the white room for eight months, and by the time he got out, he said he couldn't reminisce the faces of his parents.⁵

Report No 2- A Trio of Hikers Were Imperilled to Isolation in Iranian Prison

In the year 2009, Sarah Shourd, her fiancé Shane Bauer, and their colleague Josh Fattal erroneously trekked over the border unravelling Iraqi Kurdistan from Iran. In detention as spies, the three went to Evin prison in Tehran. Shourd and her male friends spent an appraised 410 days curbed to individual cells without human interface. Shourd veteran panic attacks, hallucinations, and unadorned anxiety during her incarceration. She inscribes: "After two months with next to no human interaction, my mind started to slip. Some days, I perceived phantom footsteps coming down the hall. I spent large portions of my days squatted down on all fours by a small slit in the door, heeding." After her proclamation in September 2010, doctors detected Shroud with PTSD, illustrating the practice's long-term psychological impairment.⁶

Report No 3- Many Victims Say the Method Was Shoddier Than Physical Ferocity

A 2016 study by John Leach, of Thrilling Environments Laboratory at University of Portsmouth, directed a lack of social collaboration for prolonged periods of time causes sufferers to experience struggle in launching what is real and what is not. As social beings, humans' brains brawl to adapt to an remote way of life, and many people experience mental breakdowns with perpetual psychological consequences.⁶

CONCLUSION

White Room Torture is another strange type of torture that some countries still practise today as a punishment to those that are imprisoned. It's a severe, pathetic but effective punishment especially for cruel criminals. So, we, authors have vexed to cover the allied data regarding this this order to make society more and more aware. We hope that the readers will

obtain all the information about this condition.

LIST OF ABBREVIATIONS

DSM-5- Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition)

CIA- Clinical Impairment Assessment

KUBARK- KUBARK COUNTERINTELLIGENCE INTERROGATION

POW-Prisoner of War

CNN- Convolutional Neural Network

PTSD- Post-Traumatic Stress Disorder

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Cotard's Delusion-DEAD MAN'S SKETCH

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Abstract

Cotard's delusion (CD) is an erratic psychiatric disorder in which the patient believes to be dead, *i.e.*, the patient holds nihilistic delusions concerning his/her own existence. Taking into justification its rarity, and possible subdiagnosis due to inexperience, most of the literature consists of case studies, confounding a more systematic approach and leading to hitches in deciding the best clinical direction to offer the patient misery from CD. The patient eventually grieves from nihilistic delusions that they no longer exist. Though the delusional disorder was first recognized in the 17th century by Dr. Jules. It is neither classified under DSM-IV-TR nor ICD-10. There is main **three main stages** of this disease condition: **Germination stage, Blooming stage and Chronic stage**. Detecting Cotard delusion is habitually difficult because most organizations don't distinguish it as a disease. Patients habitually receive medication and therapy. Medications used to treat this delusional disorder include: Anti-anxiety, Antidepressants, Antipsychotics, Mood stabilizers medications, Psychotherapy, Play therapy etc. treatment modalities. Nevertheless, Cotard syndrome have been described in connotation with many other affective disorders, it is less often found in patients with catatonia.

KEYWORDS: Capgras delusion, Melancholia, Migraine, Dissociative disorder, Catatonia, Dementia, Multiple sclerosis

Introduction

Cotard's syndrome is a comparatively rare illness that was first described by Dr. Jules Cotard in the year of 1882. This rare case of Delusional disorder has been reported in patients with psychotic disorders, mood disorders and medical conditions. Most cases of Cotard's delusion are more approachable to ECT than to pharmacological treatment. We present the case of a recent immigrant with Cotard's syndrome, in the framework of depression, to illustrate both how weakening the condition can be and how a course of effective, personalized therapy can improve outcome.¹

Cotard's syndrome is an erratic neuropsychiatric condition categorized by anxious melancholia, delusions of non-existence concerning one's own body to the level of delusions of immortality. It has been most usually seen in patients with spartan depression. However, now it is thought to be less common possibly due to early institution of treatment in patients with severe depression with psychotic symptoms.^{2,3}

Cotard delusion is a rare condition marked by the false belief that makes the patient realize that his or her body parts are dead, dying, or don't exist. It usually occurs with severe depression and some

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other psychotic disorders. It can go together with other mental illnesses and neurological conditions. The patient might also hear it referred to as walking corpse syndrome, Cotard's syndrome, or nihilistic delusion.⁴

Methodology

We have performed a PubMed and Google Scholar quest in March, 2022 by using the phrases "Cotard's Delusion", "Cotard's delusional pathophysiology", "Delusional treatment", "Walking Corpse Syndrome" and "Delusions of negation". The search borne almost 130 papers, including reviews, case reports, case series, and small clinical studies. After excluding the 40 non-English reports without an English intangible content, we involved the remaining 90, regardless of publication date.

History

Cotard's syndrome was originally labelled in **1880** by the **French psychiatrist Jules Cotard**, who entitled it the *délire des négations*. The distinctive symptom of the syndrome is nihilistic delusion. Stereotypically, in this delusional disorder the patients believe they have lost organs, blood or body parts, or even that they are dead. This relatively occasional syndrome exists in patients with depression, schizophrenia and psychotic disorder triggered by a general medical condition, and it is often allied with dementia.



Delusions are the principal manifestation of a psychosis in neurologic disorders. Cotard's syndrome and other content-specific delusions may be observed in neurologic illnesses, organic lesions of

the brain and distressing brain injury. In patients suffering from Cotard's syndrome, brain atrophy has been reported to occur more recurrently when equated with controls.⁴

Background

People with Cotard's syndrome believe that parts of their body are missing, or that they are dying, dead,

or don't exist. They may think nothing exists. Cotard's syndrome is rare, with about **200 known cases worldwide**. People with this syndrome often become much less social. Sometimes, they may stop speaking at all. Some hear voices that tell them they're dead or dying. The CD is one of a variety of narrowly defined monothematic delusions characterized by nihilistic beliefs about the body's existence or life itself. The presence of CD within the context of schizophrenia is rare (<1%), and remains understudied.⁵

Another Name - Cotard delusion, Walking Corpse Syndrome, Delusions of negation

Risk Factors

Researchers aren't definite what causes Cotard delusion, but there are a few conceivable risk factors. Quite a lot of studies indicate that the middling age of people with Cotard delusion is approximately 50. It can also transpire in children and teenagers. People under the age of 25 with Cotard's delusion incline to also have bipolar depression. Women are more probable to this special type of delusional disorder as well as Capgras syndrome can also be present together. Other mental health conditions that might upsurge someone's risk of evolving Cotard delusion include:

- postpartum depression
- depersonalization disorder
- dissociative disorder
- catatonia
- bipolar disorder
- psychotic depression
- schizophrenia

This special type of delusion can also look to be associated with certain neurological conditions together with:

- stroke
- brain tumours
- brain infections
- multiple sclerosis
- Parkinson's disease
- dementia
- epilepsy
- migraines
- traumatic brain injuries⁶

Common Causes

The precise cause of Cotard's delusion is idiopathic. There are certain conditions that more probably cause this syndrome:

- MS (serious incapacitating disease of the brain and spinal cord)
- Parkinson's disease (nerve cell impairment in the brain leading to shaking, stiffness and pace difficulty)
- Dementia (forfeiture of memory power and judgment)
- Encephalopathy (a condition, where a virus or toxin disturbs the brain)
- Stroke
- Subdural bleeding (bleeding external area of the brain)
- Epilepsy
- Migraine⁷

Pathophysiology

The fundamental neurophysiology and psychopathology of Cotard's delusion might be associated to the problems of delusional misidentification. Neurologically, Cotard's delusion (negation of the self or personality) is thought to be related to Capgras delusion (people exchanged by impostors); each category of delusion is thought to result from neural miscarrying in the fusiform face area of the brain, which recognizes faces, and in the amygdalae, which subordinate emotions to a recognized face.

The neural discontinuation creates in the patient a sense that the face they are perceiving is not the face of the person to whom it belongs; therefore, that face absences the familiarity (recognition) normally allied with it. This results in derealization or a disconnection from the environment. If the pragmatic face is that of a person known to the patient, they experience that face as the face of an impostor (Capgras delusion). If the patient sees their particular face, they might perceive no connotation between the face and their own sense of self – which results in the patient believing that they do not exist (Cotard's syndrome). Cotard's syndrome is usually come across in people with psychosis, as in schizophrenia. Haemodialysisfixed the patient's delusions (of negating the self) within hours of treatment, which suggests that the occurrence of

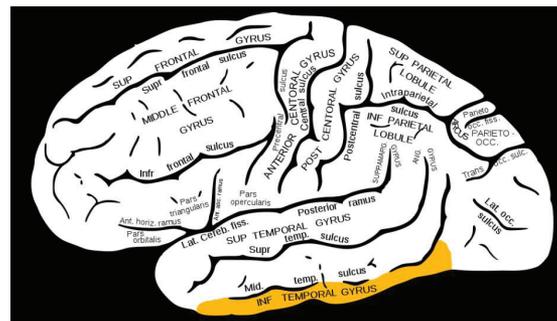
Cotard's delusion symptoms might not always be source for psychiatric hospitalization of the patient.^{8,9}

Stages

Cotard's syndrome occurs in **three main stages**:

1. **Germination stage:** indications of psychotic depression and of hypochondria appear;
2. **Blooming stage:** full progress of the syndrome and delusions of negation;
3. **Chronic stage:** sustained severe delusions along with lingering psychiatric depression.¹⁰

Cotard's syndrome removes the person with the state from other people due to neglect of their personal hygiene as well as physical health. Delusions of negation of self-prevent the patient from making sense of external certainty, which then



produces an inaccurate view of the external world. Such delusions of repudiation are usually found in schizophrenia. Even though a verdict of Cotard's syndrome does not necessitate the patient to have had hallucinations, the strong delusions of negation are analogous to those found in schizophrenic patients.^{11,12}

Symptoms

Clinical features of Cotard's delusion) include:

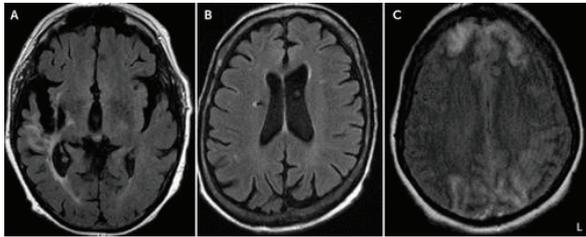
- Delusions one is dying, dead, or no extensive exists
- Spartan depression or sadness (melancholia)
- Attempts to self-harm
- Taking away from social activities
- Patients stop speaking
- Insensitivity to pain
- Refusal to eat leads to nutritional deficiencies
- Delusional voices say the patient is dead or dying
- Ideas of damnation or refusal

- Delusions of immortality¹³

Diagnostic Evaluation

Detecting Cotard delusion is habitually difficult because most organizations don't distinguish it as a disease. This indicates there is no uniform list of criteria used to make a diagnosis. In most cases, it's only detected after other possible conditions have been ruled out. 'Walking Corpse Syndrome' is spotted based on the patient's clinical history as well as symptoms. Tests are used to eliminate other conditions as well as to diagnose associated diseases. These tests include:

- Blood test
- EEG
- CT Scan
- MRI
- SPECT 14



Scanning reports shows the activeness of brain

Treatment

The principal way to treat walking corpse syndrome is to treat the fundamental medical condition that causes it. Patients habitually receive medication and therapy. Medications used to treat this delusional disorder include:

- Anti-anxiety medications
- Antidepressants medications
- Antipsychotics medications
- Mood stabilizers medications
- Psychotherapy
- Behavioural therapy
- CBT

ECT may be used as a last resort when medications and talk therapy do not work

Complications

Feeling like the patient already died can lead to several complications. For example, some people **stop bathing or taking care of themselves**, which can reason those around them to start estrangement themselves. This can then lead to further feelings of depression and isolation. In some cases, it can also lead to skin as well as teeth problems to the patient. In case of some patients, they stop eating and drinking as they have faith in their body doesn't need it. In unembellished cases, this can lead to **malnutrition and starvation**. **Suicide attempts** are also common in people with Cotard syndrome. Some see it as a way to prove they're even now dead by showing they can't die again. Others feel like stuck in a body and life that doesn't look real. They hope that their life will get improved or stop if they **die again**.

Existing With Cotard Delusion

- Cotard delusion is an erratic but somber mental illness. While it can be hard to get the right diagnosis and treatment, it generally responds well to a mix of therapy and medication. Many people prerequisite to try several medications, or a combination of them, before they find something that works. If nonentity seems to work, ECT is often an active treatment. If one think that they have Cotard delusion, should try to find a doctor who seems open to listening to the symptoms and working with the patient to detect or address any other conditions you might have.

Reported Cases

Report No. 1 - Ms. L, a 53-year-old Filipino woman, was admitted to the psychiatric unit when her family called 911 because the patient was peevish that she was dead, smelled like decomposing flesh, and wanted to be taken to a mortuary so that she could be with dead people. Upon discussion in the hospital, the patient voiced fear that "paramedics" were annoying to burn down the house where she was staying with her cousin and her brother. She also admitted to hopelessness, low energy, decreased appetite, and drowsiness. Ms. L reported that she had been under treatment of antidepressants while in the Philippines but could not recall the name or dosage of the medication. After organic reasons were ruled

out, treatment with quetiapine and bupropione SR was started. At the time of discharge, she deprived of nihilistic or paranoid delusions and hallucinations and articulated hopefulness about her future and a craving to participate in psychiatric follow-up care.¹⁵

Report No. 2- Mr. C is a 58-year-old Navy veteran with a history of substance use disorder in sustained diminution, TBI, mild neurocognitive impairment, and a 15-year diagnosis of schizophrenia. Prominently, his sister designated that Mr. C agonized his first psychiatric break during adolescence. He was prescribed medication, but his parents, who directed their preference for treating his condition with prayer, declined these. He has been living with his sister for the past 20 years and partakes in all activities of daily living. He is a widower and is currently out of a job. His TBI history includes a single episode nearly 25 years ago when he fell off a moving train, necessitating extended hospitalization. Mr. C was carried in to our Veterans Affairs (VA) hospital by his sister after vocation of the Veterans' Crisis Line with SI. One week past there was an exchange with his brother-in-law resulting in Mr. C assaultive him with a crowbar and the sister superseding. On admission, the family reported that Mr. C was taking venlafaxine and quetiapine.¹⁶

Report No. 3- A 50-year-old male patient, native of Cajamarca, who had finished high school and lived with his son and daughter-in-law for three months. His family psychiatric background included a mother with BPAD, a father who was a heavy drinker, and two sisters with depression diagnoses. None of them had obtainable Cotard's features in the course of their syndromes. Since the age of 13 the patient has presented behavioral changes, with marked isolation due to fearing other people and poor school performance so he recurrent third year of high school. The patient completed his studies with problems and had no interest in continuing, so he decided to work on his parent's farm. His relatives labelled him as "strange," "weird," of "repressed character," quiet, very dependent on his parents and as someone who took no initiative, ran no projects, did not bathe, and had no interest in personal hygiene. This behavior keeps on and for periods got shoddier. He was treated with olanzapine 10mg/day and clonazepam 2mg/day; with this therapy, he showed some development, was no longer anxious, and could go off home alone. During physical examination flaking lesions on the scalp were found, comprehensive rigidity, and short step gait. The rest of the bodily

examination did not reveal any pathological findings. During mental inspection, the patient was found in a pharaonic position, with narrow consciousness, confusion, paralysis of self, derealization, and depersonalization. There were also symptoms like flat affection, paranoid mood, ambivalence, and feelings of guilt. Lastly, the patient exhibited decreased vital energy, insomnia, hypokinesia, and waxy flexibility, sustaining persistent positions as well as lack of spontaneity. On CT scan no alterations were found. It was decided to start dealing with aripiprazole 30mg/day and clonazepam 2mg/day. The patient was meaningfully amended after two weeks of treatment. Delusions were lessened and emotional resonance upgraded.¹⁷

Report No. 4- A 45-year-old male patient was self-confessed to SVRR Government General Hospital, Tirupati by his family when he happening demanding that he had died and his gut was rotting. He seemed withdrawn and anxious. He spoke irrelevantly and proceeded to self-starvation. He protested about his organs and brain dysfunction and had faecal and urinary incontinency. He had been treated by psychiatrists 3 years back for severe depression and was on antidepressants. There was nothing significant family history of mental illness. Physical examination displayed mild pallor and dehydration with bilateral pitted edema shadowed by the mental examination, where the patient obtainable with sad effect, mutism and negativism, he also displayed rigidity in all 4 limbs. Blood analysis exposed that he was anemic (hb-10mg/dl) and had hypoproteinemia and hypoalbuminemia from malnourishment due to starvation. On monotonous lab investigations, no further anomalies were seen. The patient was given a test dose of IV Lorazepam (2mg/dl), there was no enhancement. Physicians, then continued to start the patient on ECT. The patient's care takers were uncertain towards the treatment at first, but upon further counselling and advocacy by the health care officials, they agreed to go with the treatment and ECT was begun. He was ongoing on bilateral ECT exploiting Thiopentane for induction and Succinylcholine as muscle relaxant. Abatement of delusional indicators were seen only after 8 ECT cycle.¹⁸

Report No. 5 - Mr. A.S, 43 years old, with a long-term history of psychiatric hospitalizations in his home country has presented himself at an immigrant camp in Greece and sought psychological and psychiatric assistance for his condition. The patient

described nihilistic delusions such as believing he did not have blood running through his veins and that he was immortal or that it was unbearable for him to die. Most tenacious symptoms included severe anxiety and continuing depression while he also stated various auditory hallucinations. The patient's history recommended that he was hospitalized 3 times in his home country in various psychiatric clinics and for substantial amounts of time. The first psychiatric hospitalization befell when the patient was 37 years old for about six months, mostly due to severe depression. Upon preliminary psychological assessment at the refugee camp the patient was denoted for psychiatric assessment and was subsequently detected with psychosis (ICD-10, F29), while the appearing psychiatrist testified suspecting Cotard's syndrome. During the first month of CBT sessions, self-help techniques such as deep breathing exercises and relaxations methods were introduced. Primarily, only minor enhancement of anxiety and depressive symptoms was reported by the patient and by week 6 further enhancement of depressive symptoms was testified. While nihilistic delusions somewhat improved with psychiatric medication, these persisted active until the end of the psychological intrusions and the subsequent transfer of the patient to a specialized mental health facility in Greece.¹⁹

Conclusion

Cotard's delusion is a very occasional as well as exceptional category of mental disorder but can be detected and scared by watching numerous social media videotapes in various multimedia platforms like Facebook and other sites. So, we, authors have taxed our best to cover the allied information regarding this seldom known disorder. We expect that the readers will get enough evidence about Walking Corpse Syndrome or Delusions of negation.

List Of Abbreviations

- CD-Cotard delusion
- ECT- Electroconvulsive Therapy
- MS-Multiple sclerosis
- CT-Computed tomography
- MRI-Magnetic Resonance Imaging
- SPECT -Single-photon emission computed tomography

- EEG- Electroencephalogram
- CBT-Cognitive Behavioral Therapy
- TBI-Traumatic brain injury
- Bipolar affective disorder

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Pedophilia-Social Shame at present

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Abstract

Presently in the society main pathetic and cruel news is sexual harassment as well as molestation towards children, girls, women even old age people also. By keeping this concept to make people aware have taken this initiation to put light on a very interesting topic i.e. Pedophilia. Pedophilia is a type of illness in conventional usage, a psychosexual disorder, commonly affecting adults, manifested by sexual interest in preteen children or attempts to engage in sexual acts with prepubescent children. The word pedophilia originates from the Greek παῖς, παιδός (país, paidós) means "child", and φιλία (philia), "friendly love" or "friendship". The term paedophilia erotica was thought up in an 1886 article by the Viennese psychiatrist Richard von Krafft-Ebing. According to the Diagnostic and Statistical Manual of Mental Disorders, fourth edition text revised the fantasies, sexual urges or behaviors must cause clinically significant distress or impairment in social, occupational or other important areas of daily functioning. Some psychological treatment ways for treating this disease are Cognitive-behavioral Therapy (CBT), Psychodynamic Therapy, Neurobiological Interventions etc.

Keywords: Preadolescent, Child pornography, DSM-5, Cognitive-Behavioral Therapy, POCSO

Introduction

Pedophilia is defined as a sexual attention towards preadolescent progenies. It is empirically connected with sexual offending contrary to children. Child pornography criminals and sex crooks with child victims are more likely to be paedophiles based on self-report or unbiased measures of sexual safeties. At the same time, some paedophiles have not had any known sexual commerce with children, and perhaps half of sex offenders against children would not meet investigative criteria for pedophilia.¹

Pedophilia (otherwise spelt as paedophilia) is a psychiatric condition in which an adult or older juvenile experiences a prime or exclusive sexual

desirability to prepubescent children. Even though girls typically begin the process of puberty at age of 10 or 11 where in case of boys at age 11 or 12 criteria for pedophilia extend the cut-off point for prepubescence to age 13. A person must be at least 16 years old, and at least five years older than the prepubescent child, for the lure to be diagnosed as pedophilia.^{2,3}

As per another concept Pedophilia is a type of illness in conventional usage, a psychosexual disorder, commonly affecting adults, manifested by sexual interest in preteen children or attempts to engage in sexual acts with prepubescent children. The term was used with that connotation in the psychiatric diagnostic literature prior to the publication of the fifth edition of the DSM-5(2013), which replaced

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pedophilia with pedophilic disorder. As in earlier editions, the DSM-5 categorizes the disorder as one of several paraphilic disorders, concerning atypical sexual interests, practices, or behaviours (paraphilias).⁴

Methodology

This detailed review includes open data about Pedophilia global information in all the aspects. Though the topic Pedophilia is a enormous area to discuss, still we tried best to open up the associated data reading this in various perspectives. This information collected from the different search engines like 'Cinahl', 'Google Scholar', 'Cochrane' etc. from abundant review & research articles along with a number of well-known articles. The search borne almost 70 papers, including reviews, case reports, case series, and small clinical studies. After excluding the 25 non-English reports without an English abstract, we encompassed the remaining 45, irrespective of publication date.

Etymology

The word pedophilia originates from the Greek παις, παιδός (país, paidós) means "child", and φιλία (philia), "friendly love" or "friendship". Pedophilia is sometimes referred to as nepiophilia (from the Greek: νήπιος (népios) meaning "infant" or "child," which in turn derives from "ne-" and "epos" meaning "not speaking"), though this term is rarely used in theoretical sources.⁵

Epidemiology

CSA is a solemn problem of substantial magnitude throughout the world. A recent systematic assessment of 55 studies from 24 countries found much assortment in studies in terms of definition and measurement of

CSA and clinched that rate of CSA ranged from 8 to 31% for women and from 3 to 17% for men. Despite alike methodological challenges, other methodical reviews which included studies showed worldwide across hundreds of different age-cohort samples have observed alarming rates of CSA, with averages of 18–20% for females and of 8–10% for males, with the lowest rates for both girls (11.3%) and boys (4.1%) found in Asia, and highest rates found for girls in Australia (21.5%) and for boys in Africa (19.3%).¹³

Children, under the age of 18, underwrite to 37% of India's population with large proportions experiencing great denials such as lack of access to basic education, nutrition or health care. A large-scale national study showed in the year 2007 by MoWCD, to assess the extent and nature of child abuse in India, uncovered some alarming statistics; that among the 12,447 children interviewed, more than half (53%) reported experience of sexual abuse, defined as "sexual assault, making the child fondle private parts, making the child exhibit private body parts and being photographed in the nude" and over 20 percent reported severe sexual abuse.¹⁴

History of Pedophilia

Pedophilia was first officially documented and named in the late 19th century. A noteworthy amount of research in the area has taken place since the year 1980s. Even though habitually recognized in men, there are also women who exhibit the syndrome and researchers taken up obtainable estimates underrepresent the true number of female pedophiles. No cure for pedophilia has been developed, but there are therapies that can reduce the incidence of a person obligating child sexual abuse. The exact causes of pedophilia have not been convincingly recognized. Some studies of pedophilia in child sex offenders have allied it with various neurological abnormalities and psychological pathologies.⁶ The term paedophilia erotica was devised in an 1886 article by the Viennese psychiatrist Richard von Krafft-Ebing but does not go in the author's *Psychopathia Sexualis* until the 10th German edition. A number of authors prophesied Krafft-Ebing's diagnostic gesture. In *Psychopathia Sexualis*, the term seems in a section titled "Violation of Individuals Under the Age of Fourteen", which emphasizes on the forensic psychiatry aspect of child sexual crooks in general. Krafft-Ebing labels numerous typologies of offender, separating them into psychopathological and non-psychopathological

ancestries, and hypothesizes several seeming causal factors that may lead to the sexual abuse of children.

Causes

Numerous factors could play a role in the progress of paedophilic condition such as:

- genetics and epigenetics
- hormones
- developmental differences
- differences in brain structure
- childhood experiences

Since many studies involve only people who have acted out pedophilic behaviour and are in the legal organization as a result, research on those with pedophilia who don't act on their thoughts is still imperfect.⁵ Factors linked to pedophilia include:

- Pathological or dysfunctional family systems
- Developmental disruptions
- Certain neurobiological factors
- absence of social support in childhood
- Certain biological factors⁷

Clinical Manifestations

A pedophile is habitually looks particularly reliable to the children who are potential fatalities. Probable pedophiles may volunteer their services to athletic teams, Scout troops, or devout or civic organizations that serve youth. They may also maintain that they are "teaching" the child about "the facts of life" or "love"; this reasoning is recurrently offered by pedophiles who have molested children related to them. All these rationalizations may be initiate in pornography with pedophilic themes.

The three official indicators of pedophilia per the DSM-5 are:

- Tenacious and recurrent sexually touching fantasies, urges, or behaviors involving a prepubescent child experienced for at least 6 months
- Momentous distress or interpersonal challenges caused by sexual fantasies and desires involving a prepubescent child
- Having devoted an actual sexual felony in contradiction of a child.⁸

Diagnosis

According to the Diagnostic and Statistical Manual of Mental Disorders, fourth edition text revised, the following criteria must be met to establish a diagnosis of pedophilia.

- Over a period of at least six months, the affected person must experience recurrent, intense and sexually arousing fantasies, sexual urges or actual behaviors involving sexual activity with a prepubescent child or children aged 13 or younger.
- The fantasies, sexual urges or behaviors must cause clinically significant distress or impairment in social, occupational or other important areas of daily functioning.
- The affected person must be at least age sixteen and be at least five years older than the child or children who are the objects or targets of attention or sexual activity.⁹

Treatment

- Cognitive-behavioral Therapy (CBT)

CBT is one of the most investigated interventions for addressing challenging patterns of sexual arousal, and it has demonstrated some effectiveness at dipping sexual offending risk. Treatment focuses on altering behaviour through cognitive restructuring.

- Psychodynamic Therapy

Psychodynamic therapy may be a more apposite option for individuals wishing to sightsee childhood traumas, early sexual development, and personality structures.

- Relapse Prevention

Relapse inhibition is generally used in dealing for individuals who have committed sexual offenses. This approach focuses on disregarding risk factors accompanying with sexual abuse of children. Individuals learn to forestall emotional and behavioural initiations, as well as risk circumstances (e.g., watching child pornography) that could hurry sexual felonious.

- Strengths-based Tactics to Therapy

Strengths-based therapists are qualified to comprehend and appreciate the influence of the environment in uniqueness development. Strengths-based therapy with minor-attracted

individuals fosters negotiations about social stigma and its impact on their expressive and psychosocial well-being. While a strengths-based viewpoint can be integrated into most types of psychotherapies, some are more unsurprisingly suited to this approach, such as narrative therapy and compassion-focused therapy.

- Neurobiological Interventions

SSRIs are often prescribed to help diminution sexual craving, sexual urges, and compulsive sexual behavior. This method is most commonly used with individuals who have been sentenced of a sexual crime, bring into line with the main objective to reduce sexual recidivism risk.

Things To Be Considered

Coping Strategies

Main eight deal with strategies for minor-attracted individuals are:

- Self-education (learning about pedophilia from apposite sources)
- Connecting with online peer support groups
- Partaking in research
- Practicing healthy affiliation skills with same-age friends
- Journaling to externalize feelings of humiliation and other emotional problems
- Embracing movement (generating or engaging in new projects that enlarge sense of self and distinctiveness)
- Participating in events to keep engaged and inspired
- Some individuals assistance from involvement in spiritual and faith communities

Helplines for Pedophilia

- **B4U-ACT:** provides capitals for adolescents and adults undergoing minor-attraction and offers edifying chances for providers interested in working with this population.
- **ATSA:** International organization for the anticipation of childhood sexual abuse through research and education
- **Christian Pedophile**

- **Virtuous Pedophiles:** online community offering social backing for pedophiles who are staunch to non-offending living
- **Help Wanted:** online course providing tools for individuals who are concerned to children
- **The Global Prevention Project:** organization/podcast indorsing mental wellness and prevention of childhood sexual abuse through intervention.

India and its stand on pedophilia

Pedophilia is not a crime under the Indian law, because Indian law does not recognize pedophilia at all. POCSO is the only act that is been made for saving the molestation in India. Child predatory apprehensions are valid in any country and laws to guard them must be executed. The POCSO Act, 2012 was enacted to provide a legal framework for the protection of children from crimes like sexual assault, sexual annoyance, and pornography, while safeguarding the interest of the child at each stage of the judicial procedure. The Act make available for a variety of offenses under which an defendants can be penalized. It recognizes forms of infiltration other than penile-vaginal penetration and criminalizes acts of arrogance against children too. Crimes under the act include- Penetrative Sexual Assault: Inset of penis/object/another body part in a child's vagina/urethra/anus/mouth, or requesting the child to do so with them or some other person Sexual Assault: When a person traces the child or makes the child touch them or someone else Sexual Harassment: passing sexual remarks, sexual gestures, recurrently following, flashing them, etc.

Child Pornography The act is gender-neutral for both children and the defendant. The Act also makes abetment of a child sexual misuse an offense. So essentially, this Act only emphasizes on the victims and gives all the sexual criminals the same kind of punishment, but what it disregards is the mental condition of the offender. Pedophilia is a psychiatric disorder that cannot be fully pickled, so even if the criminal does his/her time in jail, it doesn't assurance that he/she will not repeat it again in the future, because of the lack of proper treatment.¹⁰

Misconceptions

- Pedophilia is the same as like child harassment
- Catastrophe in the brain to identify which environmental stimuli should incite a sexual response

- Pedophilia is much more communal among men than among women.

Case Reports

Report No. 1 - Mr. A, a 70-year-old man, was hospitalized in 2005 with a history of engaging in carnal behaviour with female children 6 to 7 years old. The history was attained from Mr. A's adult son, as the patient firstly denied any problem. Throughout the last 13 years, Mr. A had been giving young girls money, later captivating them to far-flung places and undressing them and caressing their genitals. On 1 or 2 times, he had apparently attempted intercourse (founded on reports from the victims' families of vaginal bleeding). However, Mr. A's family was troubled that he may molest these children and get detained and thus locked him in the house often. Mr. A's medical history was prominent for a cataract surgery in the left eye 3 months before admission. He had no history of psychiatric or progressive problems and had exhibited no prior divergent sexual behaviour. There was no history evocative of cerebrovascular disease or dementia.¹¹

Report No. 2 - A 55-year-old male salutation from middle socioeconomic bands of urban Bihar, a father to two sons prevailing as outpatient in department of Psychiatry, IGIMS, Patna escorted by his wife in month of December, 2017 with chief grievances of low mood and sensation of guilt with suicidal ideations for last 1 year. On detail valuation and history taking, patient an airport official with an regular intelligence had been freshly transferred as a corrective step from higher authorities exposed with a teary and downward gaze eyes, along with his wife who too was crying while deliberating the ordeals of her husband, that all worry and current state aroused because of his sexual attention towards little children of either sex boy or girl, which had been present for years since his adolescent days, and contempt his efforts, this magnetism remained persistent and often landed the whole family into moments of awkwardness and shame. The entire family had to recklessness their house, they had been living for years all of a sudden, his children had to leave their sequence of study and shift to this city to evade any legal significances. Consequently, he said that a crisis arose in their house, and subsequently has developed low mood and guilt to the extent of not wanting to live anymore.¹²

Conclusion

Pedophilia is a rare type of psychiatric abnormality but mostly undiagnosed as related with sensitive issues especially child molestation. So, we, authors have tried to cover the associated data regarding this this order to make society more and more aware. We hope that the readers will receive all the statistics as well as information about this condition.

List of Abbreviations

DSM-5 - Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition)

CSA - Childhood Sexual Abuse

SSRIs-Selective Serotonin Reuptake Inhibitors

POCSO - Protection of Children from Sexual Offences

MoWCD - Ministry of Women and Child Development

ATSA - Connotation for the Treatment of Sexual Abusers

CBT - Cognitive-Behavioral Therapy

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Anxiety Level in Covid-19 Survivors

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Abstract

Background: The person survived after covid-19 is experiencing a variety of post covid physical and mental health complications. Anxiety is one such mental health complication experienced by most of the covid-19 survivors. As less studies are conducted in India regarding anxiety level of covid-19 survivors, the researcher felt the need to conduct such studies. This study aimed to assess the level of anxiety experienced by the covid-19 survivors in Bangalore. **Materials and Methods:** The study used a non-experimental descriptive research design among 35 Covid-19 survivors residing at Bangalore, Karnataka recruited through network sampling. Data was collected by using Generalised Anxiety Disorder Scale (GAD-7). **Results:** The anxiety scores range from 0 to 20 with the mean and standard deviation of 6.54+5.209. Overall 43% had minimal anxiety, the moderate and severe anxiety were 14.7% and 8.8% respectively. None of the socio demographic variables were significantly associated with the level of anxiety. There is a negligible negative correlation exists between age and anxiety, but it was not statistically significant. **Conclusions:** Anxiety symptoms are prevalent among covid-19 survivors. Therefore initiatives should be taken to overcome before it gets worsen by paying attention to various coping mechanism and utilization of support system.

Keywords: COVID-19 survivors, Level of anxiety

Introduction

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a widely spreading pandemic of coronavirus disease 2019 (covid-19). The current covid-19 pandemic is inducing fear of feeling sick, helplessness, dying, and stigma. Timely understanding of mental health status is needed to help the community². The person survived after covid-19 is experiencing a variety of post covid physical and mental health complications. Anxiety is one such mental health complication experienced by most of the covid-19 survivors.

Since the first confirmed case of covid-19 was announced at the end of 2019, the coronavirus disease has been a global health emergency. A systematic review among the general population identifies that the prevalence of anxiety in 17 studies as 31.9%¹ another systematic review shows 6.33% to 50.9% of anxiety². A cross sectional study conducted on Wuhan china reported to have 22.6% of anxiety³. A study conducted in Saudi Arabia among general public shows that 24% of the population have anxiety⁴. As less studies are conducted in India regarding anxiety level of covid-19 survivors, the researchers felt the

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need to conduct such studies. This study aimed to assess the level of anxiety experienced by the covid-19 survivors in Bangalore.

Objectives

To assess the level of anxiety among general population.

To find out the association between anxiety and selected socio-demographic variable among general population.

Material And Method

A Non experimental Descriptive research study was carried out on covid-19 survivors among general population at Urban Bangalore, Karnataka. A total of 35 participants were selected through network sampling technique. Ethical clearance was obtained from the respective institution.

Inclusion criteria:

General population of Bangalore who survived covid-19.

Exclusion criteria:

Who refuse to participate in the study.

Data was collected in the month of august, 2021. To collect the desired data for the study, socio demographic profile were used such as age, gender, marital status, type of family. And Generalised Anxiety Disorder Scale (GAD-7) was used which is a 7- item self-rated scale developed by Spitzer and Colleagues (2006) as a screening tool and severity indicator for GAD. The GAD-7 score is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of 'not at all', 'several days', 'more than half the days', and 'nearly every day', respectively. GAD-7 total score for the seven items ranges from 0 to 21. The results are interpreted as 0-4: minimal anxiety, 5-9: mild anxiety, 10-14: moderate anxiety, and 15-21 severe anxiety. The GAD-7 has good reliability, factorial validity, and concurrent validity. The reliability of the GAD-7 was good (Cronbach's alpha = 0.89). (5)

Statistical Analysis

Data was analyzed by means of descriptive and inferential statistics using statistical package software for social sciences (SPSS) version 21. Frequency and percentage distribution were used to describe socio-demographic data and level of anxiety. Chi square test was done to determine association between demographic characteristics and the variables. Confidence interval was set at 95% and $P < 0.05$ was considered statistically significant.

Table 1: Mean and standard deviation of level of anxiety among covid-19 survivors

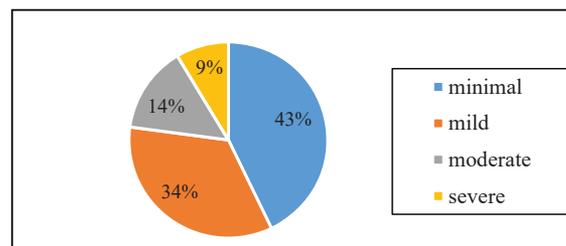
N=35

Variable	Min	Max	Mean \pm SD
Anxiety	0	20	6.54 \pm 5.209

The above mentioned table shows that the anxiety scores range from 0 to 20 with the mean and standard deviation of 6.54 \pm 5.209.

Fig 1: Percentage distribution of Level of Anxiety

The above figure shows that majority of respondent (43%) has minimal anxiety, 34% had mild anxiety, 14



% had moderate anxiety and 9% had severe anxiety.

Table 2: Association of level of anxiety among covid-19 survivors with socio-demographic variables

N=35

Sl. No.	Variables	Level of anxiety		Chi square	P-value
		Minimal	Mild >		
1.	Gender			.092	0.762
	Male	6	7		
	Female	9	13		
2.	Marital status			1.020	0.313
	Married	8	14		
	Single	7	6		
3.	Family type			7.079	0.069
	Nuclear	8	16		
	Joint	6	2		
	Extended	0	2		

Discussion

The current study on covid-19 survivors shows that 43% had minimal anxiety, 14% had moderate and 9% had severe anxiety. Similarly, a study conducted at Latin America shown that 43% presented mild anxiety, 17.20% moderate anxiety and 8.30% severe anxiety.⁶ Another study conducted in Iran shown that there is 9.2 % of sample had severe anxiety as present study shown that 8.8% of severe anxiety. The current study also shows that none of the socio demographic variables were significantly associated with the level of anxiety and negligible negative correlation exists between age and anxiety, but it was not statistically significant. Similarly a descriptive study done in Iran showed that there is significant association between anxiety and age ($p = 0.035$) and even with marital status contrasting to present study.⁷

Limitations

The present study was confined to small number of participants within the limited settings which limits the generalization of findings.

Conclusion: Anxiety symptoms are prevalent among covid-19 survivors. Therefore initiatives should be taken to overcome it before it gets worsen by paying attention to various coping mechanisms and utilization of support systems.

Conflict of interest: Nil

Source of funding: Self

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Chronic Mania-A Case Report

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Abstract

Bipolar disorder is a phasic mental disorder characterized by the presence of (hypo) maniac, depressive and/or mixed episodes during the course of the disease. A 70 year man, with no prior history of depressive episodes, began to suffer a picture of manic characteristics as an adolescent. Despite the numerous drug treatments prescribed, there has been no improvement, and the disorder has followed a torpid and chronic course. Chronic unipolar mania is a clinical entity appearing as a residual characteristic in the current psychiatric nosology. Its low prevalence makes it difficult to carry out research aimed at elucidating whether it has a subordinate or independent relationship with the bipolar disorder. A systematic assessment of the effectiveness of electroconvulsive therapy is needed in these patients.

Keywords: bipolar disorder, mania , depression , electroconvulsive therapy.

Introduction

That concept of Chronic Mania as a diagnostic clinical entity does exist. In the second half of nineteenth century every professor of psychiatry had his own system of diagnostic formulation. It was **Emil Kraepelin** through his clinical descriptions of observations brought order in psychiatric diagnosis and also gave his classification which was the basis of later development of diagnostic system. He also given clinical description of chronic mania and this idea got strength by corroborating case reports of various researchers, though DSM-4 TR had categorized criteria of chronic specifier for major depressive episodes but omitted for manic episode. We have tried to report one case which fulfills the ICD-10

criteria of mania. Classically chronic mania has been defined as continuous presence of manic symptoms for more than two years without remission (Goodwin FK, Jamison KR)^[1] Other researchers have used different criteria such as improvement in symptoms and treatment resistant or treatment responders also in their research work. In this case report we present a case of chronic mania with classical symptoms found in bipolar mania or manic episode.

Case Report

Mr A, 70 years male of middle socioeconomic status, was referred to our referral centre by his family physician. His son who is IT Engineer came to his native place during lockdown and has been

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staying with his father while working from home, accompanied him because he was not willing to consult a psychiatrist. He had been kept in seclusion for few months before being brought to our centre. He denied having psychotic illness but displayed diminished insight, claiming that he was well but took medication for forgetfulness and disturbed sleep. History reveals that his disorder commenced when he was 65 years of age, presented with an insidious-onset of 5 years' duration, with a continuous course with above mention symptoms.

He also had a history of tobacco abuse since the age of 40 years. In the last 5 years, he frequently absconded from home; when asked about his whereabouts, he would talk about his grandiose abilities, identity, and association and would say **"I m the king of city and I can go anywhere I want"**. Before coming to our facility about one year back he had been treated with some psychotropic medications. With which family members reported only 20% improvement in his symptoms.

There was no family history of mental illness or any history of past episodes. Early developmental history did not reveal any abnormality, and there was no history of hyperthymic traits. There was no history suggestive of Schneider's first-rank symptoms, overfamiliarity, depressive features, head injury, and seizures.

On examination, he was found to have expensive and dysphoric mood he was having grandiose ideas. His cognitive functions were preserved. He was having pressure of speech and he giggled inappropriately. He readily became distracted and, on occasion he showed overfamiliarity. With the available information, a diagnosis of chronic mania was considered.

His routine investigations did not reveal any abnormality, and computerized tomography scan of brain show age related cortical changes. Earlier he was managed with Quetiapine 200 mg/day. He showed only marginal improvement in his symptoms with the above combination. Following this, he was shifted to tablets of Olanzapine 30 mg/day along with Sodium Valproate 1000 mg/day, with this combination, over the period of 8 weeks, the patient showed improvement in his overall behaviour, delusion of grandiosity subsided, sleep was improved. His family was advised to shift the patient to a long-stay mental health facility. However, his family decided to keep the patient at home. Over the period of next 6 month,

he was continued on the combination of Olanzapine 30 mg/day along with Sodium Valproate 1000 mg/day during which he did not take up any work and continued to harbour delusion of grandiosity and had elevated mood. However, he was better in the form of lack of abusiveness and running away behaviour.

Discussion

According to DSM -5 and ICD 10 mania can be of duration of 7 days^[2,3] and epidemiological studies suggest that untreated mania usually remits within 6 months, though in some cases it may last longer^[4] Classically, chronic mania has been defined as the presence of manic symptoms for more than 2 years without remission^[5] However, in recent years, other researchers have used different definitions such as lack of improvement by at least two points from baseline on the Clinical Global Impression-Bipolar Disorder Mania scale^[6] at any observation during the 12 months after starting treatment for acute mania^[7] However in literature, chronic mania lasting for about 48 years has also been described^[8]

Studies that have evaluated patients with bipolar disorders have reported an incidence of 6–15% for chronic mania among all the patients with bipolar disorders. With regard to symptomatology and associated clinical features, one of the recent studies that compared patients of acute mania and chronic mania suggested that chronic course usually arises in the background of hyperthymic temperament and recurrent mania, with a deteriorative pattern. It also noticed that compared to patients with acute mania, patients with chronic mania have significantly a high rate of almost constant euphoria, grandiose delusions, and related delusions and relatively low rates of sleep disturbance, psychomotor agitation, and hyper sexuality. Another study by Van Reil et al suggested that compared with treatment responders, patients who do not respond and run a chronic course have a lower severity of mania symptoms at baseline but a higher prevalence of delusions/hallucinations, have a shorter duration of current episode prior to start of the treatment, are less socially active, and have a higher occupational impairment.

Conclusion

Present case illustrates unremitting treatment-resistant chronic mania that posed a diagnostic and management challenge. The Iowa study^[9] which

examined the natural history of 525 mentally ill patients in the era predating modern psychotropic agents, found that the majority of the 122 patients with bipolar disorder recovered within 3 years, and that almost all eventually experienced some period of recovery. Hare ^[10], in reviewing the concept of mania, commented on the notable 20 century decline in interest in chronic mania, and suggested that it was more prevalent at the beginning of the last century than it is now, due presumably to the implementation of efficacious treatments. The index case exhibited manic symptoms for 5 years prior to presentation to us, with minimum improvement with treatment. He has been under our care of about 1.5 years, with no change in the core manic symptoms despite good treatment compliance. This clinical picture fits with the clinical description of chronic mania and suggests that in rare patients, mania can run a chronic course.

In recent times, there have been a few reports of chronic mania from various other centers in India, and this suggests that chronic mania does exist in clinic population and there is a need to study this clinical entity more meaningfully to understand its biological correlates and treatment outcome.

Declaration of Ethical clearance - Taken from ethical committee of institute

Source of funding - Self

Conflict of Interest - Nil

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Effect of an Interactive Education on Electroconvulsive Therapy Perception in Nursing Students

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Abstract

Objectives: Evidence suggests poor education is associated with negative attitudes toward ECT. Our study was designed to evaluate the perceptions of nursing students towards ECT before, and after, a clinical experience during ECT. The hypothesis is that an interactive education about ECT correlates with more positive attitudes regarding ECT treatment.

Methods: Between November 2016 and March 2017, researchers surveyed 24 nursing students attending clinical at a southern California psychiatric hospital. Students completed a pre-education and post-education survey. The surveys consisted of 15 and 16 questions, respectively, regarding attitudes and sources of knowledge. The intervention consisted of one four-hour rotation of clinical experience participating in ECT.

Results: The intervention was found to be statistically significant in the areas of education for indication and personal attitudes toward recommending ECT. The study revealed a connection between increased positive responses toward ECT and a baseline education on ECT treatment. Prior to the clinical experience, 13% believed ECT caused brain damage, 67% believed ECT to be humane and safe, and 58% believed ECT was more effective than medication. In the post-survey, 96% of participants believed ECT to be appropriate for treating severe depression, suicidal ideation, bipolar depression, and bipolar mania. 79% indicated ECT for the treatment of schizophrenia. For the questions concerning common misconceptions about ECT, 100% of participants believed that ECT is a safe and humane treatment that is more effective than medication and viewed short-term confusion and short-term memory loss as the most common side effects of ECT.

Keywords: ECT; education; electroconvulsive therapy; nursing; nursing students; stigma; mental illness; popular media

Introduction

Background

Electroconvulsive therapy (ECT) is an effective and commonly utilized procedure for the treatment of depression and other psychotic illnesses that has been in use for more than 80 years.¹ Popular media have portrayed ECT as barbaric and incapacitating; this portrayal has created a negative public perception of the treatment.¹ However, further studies conducted on the safety and effectiveness of ECT treatment show that several of these perceptions are misleading.

Knowledge Gap

The majority of research indicates ECT to be highly effective for the treatment of depressive disorders, catatonia, and psychosis.¹ ECT has presented a remission rate of approximately 90% for depressed patients compared to an approximate remission rate of 67% for antidepressant medication.² Furthermore, there was also a reported estimate mortality rate of 2.1 per 100,000 cases.³ Of the approximately 766,000 cases reviewed, just over 414,000 had been conducted after 2001 with only one ECT-related death reported.³ Despite the efficacy and relative safety of the procedure, ECT continues to carry a negative stigma

among patients and medical professionals, who have a significant influence on the opinions of patients and families.

Significance

In a Southern California hospital behavioral health unit, many nurses and support staff were noted to have a negative or poor understanding of ECT. It was noted that of 183 nursing students surveyed, two out of three students held negative views on the use of ECT.⁴ Many studies of medical students have also demonstrated significant negative perceptions of ECT. 31% of third-year medical students believed, in one study, that ECT was used as punishment, and 32% of third-year medical students believed that ECT could cause brain damage in another.² Within the same study, 50% believed the procedure to be dangerous.² Several studies have indicated many patients and nurses involved with ECT are simply not well educated on the treatment, with most of the knowledge being obtained from sources within popular culture, such as cinema.^{5,6,7} The lack of education for psychiatric nursing contributes to negative beliefs about ECT, which creates difficulty in assigning nurses to ECT within a hospital setting.

Purpose

The purpose of this paper is to examine the effects of education on negative perceptions held by nursing students. In this study, nursing students were allowed to meet and interact with patients before, during, and after the procedure. Study results will help to answer the question: Will an immersive clinical experience with ECT produce a more positive perception of the treatment?

Theoretical Framework

The theoretical framework for this study is that the perceptions and attitudes of nursing students toward ECT are directly connected to knowledge about the procedure. This paper will build on research that was previously conducted. The results of the study indicated a positive and statistically significant relationship between ECT education and positive perceptions of ECT.⁵ Many clinicians believe a positive attitude by the patient before receiving ECT can increase the effectiveness of therapy.¹ The results would indicate the justification for improved ECT education for nurses and other mental health

providers. The focus of this paper was on nursing students preparing for a bachelor's degree in Nursing Science.

Evidence suggests that negative attitudes toward ECT are associated with stigma and a lack of proper education and understanding of the procedure. The hypothesis set forth was that an objective education about the procedure would be correlated with more positive attitudes. The study was designed to evaluate the perceptions of nursing students before, and after, an immersed clinical experience during the ECT procedure.

Materials and Methods

This study was designed to assess nursing student attitudes towards ECT based on education and personal experience. The researchers in this study were the hospital staff. This study was a quality improvement project for the Behavioral Health Unit to assess the quality of education received by nursing students and was not required to be submitted to the hospital's internal review board.

Participants

Between November 2016 and March 2017, researchers surveyed 24 nursing students attending clinical study at a southern California psychiatric hospital that had agreed to participate in the research. Students were asked to participate by taking the survey before and after their clinical experience at the hospital. Ethical concerns were addressed by ensuring that all patients had given consent for the students to be present during the procedure. Confidentiality was ensured and participation was voluntary and anonymous.

The patients were a combination of inpatient and outpatient persons receiving ECT for a variety of psychiatric conditions. Each patient was asked to give consent before student involvement with their care. This is in alignment with the student's role in clinical nursing education.

Setting

This study was conducted in the psychiatric unit of a southern California hospital. The students were assigned to the hospital independent of the hospital or the study. The ECT setting consisted of three treatment beds, a psychiatrist, an anesthesiologist, an ECT coordinating nurse, two recovery nurses, a nursing assistant, and two or three nursing students.

Intervention Procedures

The 24 students completed a pre-education survey on the first day of their clinical rotation and a post-education survey on the last day of their clinical rotation. The surveys consisted of 15 and 16 questions respectively regarding attitudes and sources of knowledge. The intervention consisted of at least one rotation of four hours of clinical experience observing and participating in the ECT procedure. The students attended the clinical for eight hours, two or three days weekly for eight weeks. The education was not a formal algorithm. It was an educational experience that was an on-the-job type of experience in which the students were present and assisted with the ECT procedure. Students observed medication preparation, patient preparation, the procedure, and the recovery period. Students were educated about the indications, benefits, and risks of ECT by the psychiatrist and ECT nurses. The students were also clinically involved with patients on the psychiatric unit pre-treatment and post-treatment.

Instrument and Data Collection

The survey was designed by hospital management as a quality improvement project. Validity was measured with a Cronbach's alpha of 0.73. It was given to the clinical instructor for the nursing school and administered by the nursing school instructor. The statements on the questionnaires were scored 1, 2, or 3 with 1 indicating agreement, 2 indicating uncertainty, and 3 indicating disagreement with the statement. The questions were designed to assess the participant's education level, understanding, and attitude toward ECT. One question focused on the source of the knowledge, four questions focused on education and experience, and 10 questions focused on the attitudes held concerning the use of ECT. A 16th question on the post-survey was added to allow the students to express the most influential experience in their own words. The questions also evaluated the student's specific knowledge of the indications for the use of ECT and the appropriateness of the indication.

Results

The intervention was shown not to be statistically relevant to the overall score in the study. However, the intervention was found to be statistically

significant in the areas of education for indication and personal attitudes toward recommending ECT. The study revealed a connection between positive responses and the baseline education of the students. In the pre-survey, 88% (n= 21) identified as students only, and 13% (n=3) identified as students who are also employees of the hospital. One explanation for the generally positive view of ECT in the pre-survey is an advanced baseline education level. A total of 63% (n=15) of the participants had an associate's degree or higher and 63% (n=15) indicated having healthcare experience. 83% (n=20) indicated having no experience in mental health. For the questions that addressed common misconceptions about ECT only 13% (n=3) believed ECT caused brain damage, 67% (n=16) believed ECT to be humane and safe, and 58% (n=14) believed ECT can be more effective than medication. Of the 24 participants, 38% (n=9) believed ECT to be a treatment that had been used in the past to control agitated patients, and one participant was uncertain. In the question about prior knowledge, some participants marked more than one area of exposure, television/movies, or fictional books represented 63% (n=15) of the responses. 67% (n=16) believed that their attitude toward ECT affected patient perceptions about ECT. Figure 1 shows a full report of the pre-survey responses.

In the post-survey, 96% (n=23) of participants stated that they believed ECT to be appropriate for treating severe depression, suicidal ideation, bipolar depression, and bipolar mania. 79% (n=19) indicated ECT for the treatment of schizophrenia. For the questions on common misconceptions of ECT, 100% (n=24) of participants indicated that they believed ECT could be more effective than medication, is a safe and human treatment, and that short-term confusion and short-term memory loss are the most common side effects of ECT. That is an increase from 58% (n=14), 67% (n=16), and 79% (n=19) respectively. The results were analyzed using a Chi-squared test to assess baseline knowledge source and baseline education. A two-tailed T-test was utilized to analyze the effect of the intervention on the overall positive responses and positive responses to each question. Figure 2 shows a full report of the post-survey responses.

In the pre-survey questionnaire, the minimum possible score = 10 and the maximum possible score = 30 with the lower number indicating a more positive view of ECT. The pre-survey mean score = 17.7 and the

post-survey mean score = 11.25. Based on a two-tailed T-test, with a $P > 0.05$ ($n=9.33$) the intervention did not have a statistically significant effect on the overall score in this population. The graphs in figures 3 and 4 represent positive responses to survey questions in the pre and post-survey responses respectively.

Pre-Survey Positive Responses

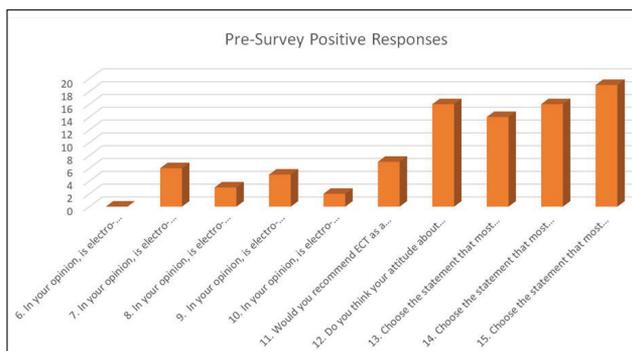


Figure 1. This graph shows the positive responses to the pre-survey.

Post-Survey Positive Responses

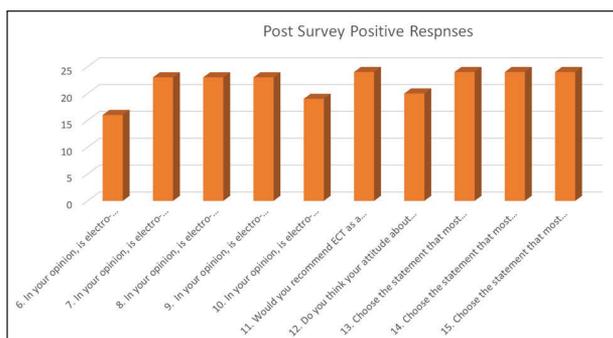


Figure 2. This graph shows the positive responses to the post-survey.

In the analysis of questions 6-12 regarding indications for and attitudes toward ECT, the two-tailed T-test produced $P < 0.05$ ($n=0.00023$) which indicated a statistically significant improvement following the intervention. The mean pre-survey was 5.6 positive responses, and the mean post-survey was 21.1 positive responses. Based on this analysis the intervention was significant in the education for indications for ECT and personal attitudes regarding ECT. Pre- and post-survey positive responses for questions 6-12 can be seen in Figures 5 and 6 respectively.

Pre-Survey Positive Responses to Questions 6-12

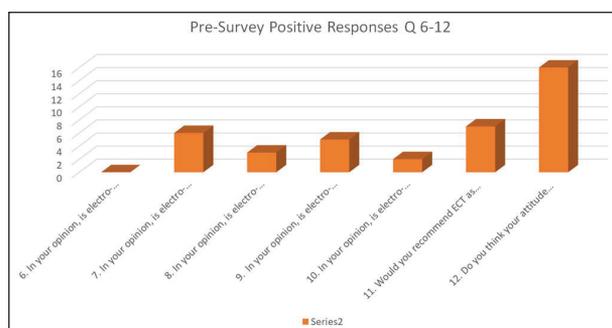


Figure 3. This graph shows the positive responses to questions 6-12 on the pre-survey

Post Survey Positive Responses to Questions 6-12

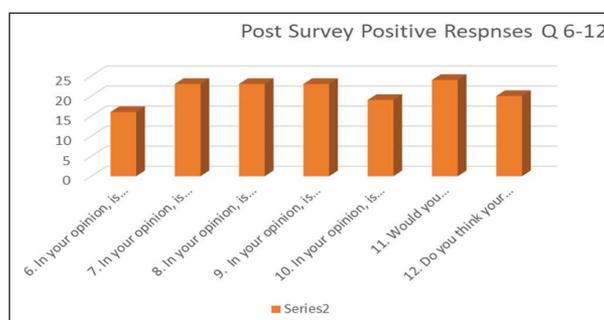


Figure 4. This graph shows the positive responses to questions 6-12 on the post-survey.

Chi-squared analysis of baseline education indicated that education level was a significant factor for a positive response to ECT $P < 0.05$ ($n= 0.026$). Further analysis using Chi-squared, $P > 0.05$ ($n=1.98$), indicated, for this group, that baseline knowledge source was not a significant factor for a positive or negative response to ECT.

Discussion

The results shown could be attributed to increased awareness and acceptance of ECT. The study revealed less of a negative view of ECT and more of a lack of understanding of the intricacies and indications for the procedure. For the pre-survey, 71.3% ($n=114$) of responses to questions about indications were marked uncertain compared to only 5% ($n=9$) in the post-survey.

Conclusion

Participants in this study did not harbor as many negative perceptions about ECT as studies before had

indicated. Many participants did indicate that their primary source of information about ECT was derived from popular culture which aligned with results from previous studies. Despite the source of information about ECT participants expressed a far greater feeling of uncertainty than they did of negative perceptions about ECT. The analysis of this study indicated that the source of information was not as influential as the pre-education level of the new nursing students.

Implications

Nursing education plays an important role for nurse practitioners. As an educator, nurse practitioners are responsible for providing the most current and accurate information available. Nurses are essential in the ECT environment. They spend a lot of time with the patient before and after treating the patient. It is their responsibility to educate patients and new nurses about the indications for ECT and possible side effects. Nurses must ensure that patients and their families receive the most current and accurate information when making care decisions. Nursing schools should strive to educate nurses thoroughly about ECT so that new nurses have a good understanding of the procedure. Nurse practitioners should review the latest information on ECT and pass this information on to the patient. As nurses increasingly participate in the training and use of ECT, evidence-based nursing research must continue to evaluate the most effective interventions. This study and other similar studies can be used to ensure that objective information is disseminated and that patients receive the best possible care and make informed decisions.

Recommendations

Further research should be conducted to assess the influence that increased education level has on the perceptions of psychiatric patients and treatments. One question that could be addressed would be the following: "Is the perception of ECT changing in popular media and has that affected the perceptions of new student nurses?" Another possible question would be to investigate the effect of previous higher education and work experience on perceptions of ECT. These themes of education and perceptions can be applied to all areas of mental health as awareness continues to grow throughout the United States.

Cost Effects

This study and the results would not affect the cost of providing care or conducting research. The students were attending class at the hospital independent of the study and no increased cost was incurred. Staff provided the education in the performance of the daily duties as they do for all nursing students attending clinical education at the hospital. It is reasonable to hypothesize that, a more comprehensive understanding of ECT by providers and caregivers would translate to an increase in patients willing to participate in treatment and may reduce unnecessary medication changes. Further research would be required to address this aspect of cost-effectiveness.

Ethical Clearance

The students signed consent forms, and the surveys were cleared by the hospital.

Source of Funding - Self

Conflict of Interest - Nil

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A Study to Assess the Problems of the Adolescent Children with Alcohol Dependent Parents in selected Deaddiction Centers of Moradabad, U.P.

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Abstract

Background: The abuse of drugs and alcohol by parents seem to create considerable problems for most young people. This derives from the fact that adolescents are unable to provide consistent practical or emotional care for themselves, while the effects of the abuse of alcohol by parents brings more anxiety, social stigma, violence and the absence of parents from home. ¹ Children of alcoholism are at higher risk population due to member of physical emotional and behavior problems.²

Objectives¹: To Assess problems of the adolescents with alcohol dependent parents using structured questionnaire.². To find the association problems of the adolescent with the socio- demographic variables of adolescents.

Results: The analysis revealed that there is no significant association established with the selected socio-demographic variables except psychological problems with age and academic adjustment with type of family at $p < 0.05$ level of significance.

Conclusion: The present study concludes that the focus of the health practitioners should be directed towards primary prevention and early prevention. Nursing personnel, who comes in closer contact with the children of alcoholic fathers, can identify the problems of these children and teach on techniques in coping with these situation at and outside. Children of alcoholics should be helped by enhancing self esteem providing information about alcohol, and improving emotional and problem focused coping abilities, eventually enhancing their mental health.

Keywords: Adolescents, children of alcoholic parent's, problems

Introduction

The abuse of drugs and alcohol by parents seem to create considerable problems for most young people. This derives from the fact that adolescents are unable to provide consistent practical or emotional care for themselves, while the effects of the abuse of alcohol by parents brings more anxiety, social stigma, violence and the absence of parents from home. ¹ Children of alcoholism are at higher risk population due to member of physical emotional and behavior problems.²

Need of Study

Parental problem drinking increases risk for alcohol use in children. Children of alcoholics are not only at higher risk for early alcohol initiation, they also show a greater increase in alcohol consumption over time than adolescents without alcoholic parents. In addition, children with a family history of alcoholism show more escalation of alcohol use, and more often develop alcohol disorders and dependence than children without a family history of alcoholic parents. In addition, found that parental alcoholism decreased the amount of parental monitoring. This

is all the more problematic, since discipline and rule setting, in turn, reduce the likelihood of youngsters' drunkenness, and more parental monitoring is related to less heavy drinking in adolescents.³

Review of Literature

Thomas D.S. (2012) Conducted a descriptive study results showing that Majority (61.7%) of the children had moderate degree of problems, 21.7% had mild and 16.6% of them experienced severe degree of problems due to their father's alcoholism. 53% of the children felt like running away from home and to never come back home. 94% of the children expressed that their dislike of following their fathers' alcoholic behavior, and treatment received for alcoholism⁴

Statement of Problem

A Study to Assess the Problems of the Adolescent Children with Alcohol Dependent Parents in Selected Deaddiction Centers of Moradabad, U.P.

Objectives

- 1. To Assess problems of the adolescents with alcohol dependent parents using structured questionnaire.
- 2. To find the association problems of the adolescent with the socio- demographic variables of adolescents.

Material and Methods

Research Approach: Quantitative research approach

Research Design: Exploratory survey design

Setting of the study: Selected De addiction centers of Moradabad

Population: Adolescents of parents with alcohol dependence

Target Population: Adolescents of parents with alcohol dependence, Moradabad, U.P

Accessible Population: Adolescents of parents with alcohol dependence in selected deaddiction center, Moradabad, U.P

Sample: Adolescent children with alcohol dependent parents

Sample size: 110 sample

Sampling Technique: Convenient Sampling

Technique

Sampling criteria :

Inclusion criteria:

- Adolescents children of alcohol dependent parents who consume alcohol and treatment in selected deaddiction centers
- Who were available at the time of data collection
- Adolescent who were willing to participate in the study.

Exclusion criteria:

- Adolescents with perceptual disturbance.
- Those who are not able to communicate in English or Hindi.
- Adolescents with previous history of mental illness and substance abuse.

Assumption

- Family forms the basis unit of society; parents are the corner stone for happy functional family.
- Drug Addiction is common throughout the world.
- Parents with alcohol dependence cannot perform the roles and responsibilities expected to perform.
- These problems can vary from physical, social and so on.
- Adolescents living in such families can face problems (physical, sociological, psychological) due to addiction of the parents.

Intervention

According to the analysis the result of the study revealed that majority (99.1%) of the adolescents children with alcohol dependent parents were not having good relationship with family members, (95)% of participants were not having good relationship with teacher, (96)% of participants felt emotional problems like anxiety and depression, (76)% of participants had no quarrels between parents, (79)% of participants said that there is a history of parental alcoholism in their family, (72)% of participants were not having

attention from parents and (70)% of participants were not having good atmosphere at home.

Description of data collection instrument

The tools selected and prepared by the investigator were as follows, the tool consists of 2 sections.

Section A

A demographic performa (5 items) was developed to collect data on sample characteristics. It include mainly: Age in years, Education, Type of family, Religion, Monthly income of family.

Section B

Checklist for problems of adolescent's children with alcohol dependent parents.

There were 25 questions for assessing the problems of adolescent's children with alcohol dependent parents. It is a two point checklist "Yes", "No". The items in the tool were organized under four domains such as Family (1-7), Social (8-12) Psychological (13-17), Academic adjustment (18-25).

Content validity of tools

"Validity refers to the degree to which an instrument measures what it suppose to measuring".

Polit&Hunger

In order to measure content validity, the tool was submitted to seven experts specifically from department of Psychiatric Nursing, two doctors from department of Psychiatry, Clinical Psychologist. They were requested to give their valuable suggestions. They were even asked to judge the relevance of the item and ensure their clarity. As per their suggestion, some modifications were made in checklist for problems of adolescent's children with alcohol dependent parents.

Pretesting and reliability of tools

Pre-test was conducted among 10 adolescents of parents with alcohol dependence in Savera deaddiction center Pakwara, Moradabad from 3/10/2017 to 7/10/2017 after getting the permission from respected Director and written consent from adolescents. Non probability convenient sampling

technique was used to select the sample and the data was collected by using Checklist for problems of adolescent's children with alcohol dependent parents as expressed by adolescents of parents with alcohol dependence.

Reliability of tools

Reliability is the consistency or dependability with an instrument measures an attribute (**Polity and beck, 2010**).

The reliability of checklist for problems of adolescent children with alcohol dependent parents determined by test-re-test method. By using Karl Pearson coefficient method, r-value is obtained for tool is 0.92. It shows that the items in the tool are reliable. The Internal consistency of checklist for problems of adolescent children with alcohol dependent parents 0.7 by using Cronbach's alpha method.

Plan for pilot study

Pilot study is a trial run conducted at Savera de addiction centre of Pakwara, Moradabad. After obtaining the formal permission from the respected Director of Savera de addiction centre of Pakwara, Moradabad, the investigator conducted the pilot study from 3/10/2017 to 7/10/2017. 10 adolescents were selected by using convenient sampling techniques, where the subjects possessed the same characteristics as that of the main study. Written consent was obtained by explaining them the purpose of the study and assuring about confidentiality of the information provided. The data was collected by Checklist for problems of adolescent's children with alcohol dependent parents.

Procedure for data collection

After taking formal permission from the Directors of de addiction centers in Moradabad. The investigator conducted the main study from 22/11/2017 to 06/12/2017. 110 adolescents of parents with alcohol dependence were selected by using convenient sampling technique. The sample was made aware about the nature and purpose of the study. The sample was assured for confidentiality of their responses and written consent was obtained. The data was collected from the students by Checklist for problems of adolescent's children with alcohol dependent parents.

Plan for data analysis

As per Polit and Beck (2010) it is the systematic way of organizing and arranging of information collected by the researcher. According to objectives and hypothesis and opinion by experts it was planned to organize, tabulate, analyze and interpret the data by using both descriptive and inferential statistics.

Descriptive statistics

Frequency, percentage score were used to explain demographic.

Inferential statistics

Chi-square to compute the association between demographic variables and problems faced by adolescents of parents with alcohol dependence.

Summary

The chapter deals with methodology adopted for study. It include research approach, research design, study setting, population, sample, sample size and sampling techniques, criteria for sample selection variable in the study tool, scoring, data collection procedure and plan for data analysis.

Conflict of Interest - Nil

Source of Funding - Self Funding

Ethical Clearance The pilot study and main study was conducted after obtaining formal permission from concerned authorities and Informed consent will be taken from each participant under the study. Confidentiality and privacy of the individual will be maintained throughout the study. Throughout the study ethical principles will be followed at all times with the best of my knowledge and practices.

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A study to find out the significant stressors in relation to their anxiety during lockdown in view of Covid-19 pandemic outbreak among the people residing at selected urban slum areas, Salia sahi, Bhubaneswar

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Abstract

A descriptive study with quantitative approach was under taken among 50 people selected by purposive sampling technique at Salia Sahi, Bhubaneswar. Data was collected from 24.6.2020 to 24.07.2020 through a check list related to find out the significant stressors in relation to their anxiety during lockdown in view of COVID-19 pandemic outbreak. Collected data were analyzed by using descriptive and inferential statistics. Findings revealed that Highest Percentage (40%) of the people were in the age group of 30–39 years and ≥ 40 years. Majority (52%) of them were female and (68%) of them were Hindus and (32%) of them were Christian. Highest percentage (74%) of them were married (52%) of them were house keeper. Majority (40%) of them had primary education and (50%) of them had monthly income (before lockdown) Rs.5000 - Rs.10, 000. Highest percentage (60%) of them from nuclear family whereas (40%) were from joint family. Most of the people under study faced with problems in the factors of "Problems Related to Social distancing and mask factors" mean score (9.56 ± 0.88) which is 95.6 % , mean score (9.2 ± 1.08) which is 92% in the factor of "Problems Related to Health Factors " and mean score (7.74 ± 1.83) which is 77.7% in the factor of "Problems Related to Financial Factors". There was only association between the monthly income (Before Lockdown) and the significant stressors and in other variables such as age, gender, religion, marital status, occupation, education and family type were not associated with the significant stressors.

Keywords: Significant Stressors, Anxiety, Lockdown, COVID-19, Pandemic

Introduction

Infectious disease disasters, including epidemics, pandemics and outbreaks, may cause high morbidity and mortality and may account for a quarter to a third of global death rate¹.

The World Health Organization has announced COVID-19 as the sixth public health emergency of international concern. Dealing with the unforeseen challenges caused by the COVID-19 pandemic has taken a significant toll on people all across the world. Government of India is taking all necessary steps to ensure that we are prepared well to face the

challenge and threat posed by the growing pandemic of COVID-19 the Corona Virus. The most important factor in preventing the spread of the Virus locally is to empower the citizens with the right information and taking precautions as per the advisories being issued by Ministry of Health & Family Welfare.

India is also going through a challenging situation as the number of infected/positive cases is increasing day by day. With strict preventive measures and restrictions by the Indian Government in the form of nationwide lockdown, the citizens are going through a range of psychological and emotion reactions, fear and uncertainty being one of them.

Coronaviruses are a large family of viruses that are rather common throughout the community. Historically, evidence has shown that the virus is transmitted through birds and mammals, with humans being particularly vulnerable to infection and transmission of the virus.² The previous outbreaks of coronaviruses such as Severe Acute Respiratory Syndrome-Coronavirus (SARS-CoV) and Middle East Respiratory Syndrome-Coronavirus (MERS-CoV) in 2003 and 2015 show similarities to the novel coronavirus, which was first reported in December 2019, and is currently the disease in questions resulting in the worldwide Coronavirus disease-2019 outbreak, COVID-19. It was first reported by Chinese authorities in Wuhan city, the capital of Hubei province in China at the end of December 2019⁴.

A cluster of about 40 cases of pneumonia of unknown aetiology was reported in Wuhan city, some of the patients being vendors and dealers in the Huanan Seafood market there. World Health Organization (WHO) along with Chinese authorities started working together and the etiological agent was soon established to be a new virus and was named Novel Corona Virus (2019-nCoV). Meanwhile, on 11th January China announced its first COVID-19 related death of a 61-year-old man, exposed to the seafood market⁵. Over a period of few weeks, the infection spread across the globe in rapid pace [6]. Looking at the stretch of countries this outbreak spread to, WHO declared it a Public Health Emergency of International Concern on 30th January 2020^{6,7}. Amidst the increasing deaths in China, the first death outside China was (of a Chinese man from Wuhan) reported in the Philippines on 2nd February. On 11th February, WHO announced a name for the new coronavirus disease: COVID-19. On the 11th of March, WHO declared COVID-19 - a pandemic as by then about 114 countries were affected⁷.

The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks. These droplets are relatively heavy, do not travel far and quickly sink to the ground. People can catch COVID-19 if they breathe in these droplets from a person infected with the virus. This is why it is important to stay at least 1 meter away from others. These droplets can land on objects and surfaces around the person such as tables, doorknobs and handrails. People can become infected-by touching these objects or surfaces, then touching their eyes, nose or mouth. This is why it is important to wash your hands regularly with soap and water or clean with alcohol-based hand rub.

Many people with COVID-19 experience only mild symptoms. This is particularly true in the early stages of the disease. It is possible to catch COVID-19 from someone who has just a mild cough and does not feel ill. Some reports have indicated that people with no symptoms can transmit the virus⁸.

India is home to about one-third of the global slum population. The spread of the coronavirus disease (Covid-19) in India's slums will be even faster than in the non-slum areas. Overcrowding, lack of clean water, poor sanitation, social dependency, larger number of human contacts, low disease immunity of dwellers, besides poor medical facilities make for tremendous speed and size of virus transmission in slums. The poor quality of air in urban slums is a common cause for respiratory diseases that further reduces the respiratory tract's ability to shut the coronavirus down. Research at the Centre for Sustainability has explored the implications of the unique social infrastructure of slums in India on the significant role it plays in the spread of Covid-19⁹.

The number of COVID-19 cases in India is witnessing a sharp increase. In the absence of community testing, it is unclear whether the outbreak has made its way into the urban slums, especially across metropolitan areas. But it is abundantly clear that combating the COVID-19 in urban slums will take more concerted efforts and expose a large section of the urban poor families to deep impoverishment. The social distancing measures may not be as effective in this context, since the dynamics of poverty and disease plays out differently for urban slum dwellers, compared to the wealthier sections of the society¹⁰.

The implications of a Covid-19 outbreak in the urban slums can be disastrous for the urban poor and the public health setup. In the absence of affordable and quality public healthcare, families living in slums run the risk of deep impoverishment, disease, and death. On the other hand, the public health system runs a high risk of getting overrun by patients, only at a scale much worse than the previous swine-flu outbreaks. The situation calls for a roll-out of urgent administrative measures, starting with affordable or free testing, identification, and quarantine of bearers of the virus in slum areas¹⁰.

The anxiety and concerns in society are globally affecting every individual to variable extents. Recent evidence suggests that individuals who are kept in isolation and quarantine experience significant distress in the form of anxiety, anger, confusion and post-traumatic stress symptoms¹¹.

As a whole, India is facing lockdown for the first time in its history. There are a few reports from Kashmir which are facing complete lockdown since August 2019, describing an increase in patients experiencing anxiety, stress sufferings, loneliness, frustration and abnormalities in behaviour¹².

16 slums of the capital, where social distancing is not possible, have so reported positive cases. Bhubaneswar is steadily plunging into a grim situation following an alarming spike in community transmission cases. The Bhubaneswar Municipal Corporation (BMC) on Monday (June 29th) said 23 of the 25 cases (92%) detected in the city was local cases. The rest two cases had travel history to New Delhi and Kolkata. Of the 314 cases reported from Bhubaneswar so far, 249 (80%) have been detected in June. Similarly, 120 have been detected from the community. On Sunday (28th June), only six positive cases were reported. Six cases have been reported in Salia Sahi, the biggest slum of the State, in the city. At least 16 slums of Bhubaneswar have so reported positive cases¹³.

The biggest share of global coronavirus cases were from the United States, Brazil and India, the World Health Organization said on Saturday (4th July). India witnessed 613 deaths during the last 24-hour period, the number of recoveries stands at 4, 09,083, the government said today (5th July). This is the ninth consecutive day that cases increased by over 18,000. India's new cases of the coronavirus infection reached a record high on Sunday (5th July), with the Union Health Ministry saying 24,850 new cases were identified in the 24 hours since 8 am on Saturday (4th July). The total is now 6, 73,165, leaving India just few hundred cases behind. India also witnessed 613 deaths during the last 24-hour period, taking the total number of death count to 19,268. This is the ninth consecutive day that India's coronavirus infections increased by more than 18,000¹⁴.

In Maharashtra crossed the two lakh-marks with 7,074 new positive cases on 4th July. Delhi recorded 2,505 fresh coronavirus cases, taking the tally in the city to over 97,000, while the death count from the disease mounted to 3,004, authorities said. The southern state on 4th July reported its biggest single day spike of 1,839 new cases and 42 related fatalities, taking the total number of infections in the state to 21,549 and the death count to 335, the Health department said. A whopping 1,172 cases of these cases were from Bengaluru Urban alone; while 24 of

the 42 deaths were from the capital city. West Bengal registered twin records of the highest single-day surge in COVID-19 fatalities and cases on Saturday (4th July), as 19 people died due to the disease and 743 more tested positive for the virus, the state health department said¹⁴.

With 1,202 new cases, Assam's COVID-19 tally has crossed 11,000-mark. 777 of the new cases reported on 3rd July from Guwahati alone. Guwahati has seen close to 3,000 cases in the last 10 days¹⁴.

The World Health Organization reported a record increase in global coronavirus cases on Saturday (4th July), with the total rising by 212,326 in 24 hours. The biggest increases were from the United States, Brazil and India, according to a daily report. Global coronavirus cases exceeded 11 million on Friday (3rd July), according to a Reuters tally, marking another milestone in the spread of the disease that has killed more than half a million people in seven months¹⁴.

Odisha on 5th July reported 456 new positive cases (In Quarantine 309 & Local Contacts: 147). Districts wise cases: Angul:1, Balasore:14, Bargarh:33, Bhadrak:12, Bolangir:6, Cuttack:13, Dhenkanal :13, Gajapati:1, Ganjam : 166, Jagatsinghpur : 23, Jajpur :57, Kalahandi :1, Kandhamal :3, Kendrapara:5, Keonjhar:2, Khordha:21, Koraput:10, Mayurbhanj: 8, Nawarangapur: 24, Nayagarh : 4, Purl : 3, Rayagada :13, Sambalpur : 15, Sundergh : 20. New Recoveries: 290, Cumulative Tested: 297234, Positive: 9526, Recovered: 6224, Active Cases: 3254¹⁵.

Salia Sahi is the biggest slum in Bhubaneswar with a population of over one lakh. Known as 'Mini Odisha' in Bhubaneswar for having people from all the districts of the state, Salia Sahi is a huge unauthorised slum that supplies most of the menial workers to apartments and commercial establishments such as hotel, restaurants and educational institutions. It has about 9,000 households staying and spreading over 250 acres of land. One of the cases was reported from Salia Sahi on June 5th.

In Salia Sahi there is overcrowding, lack of clean water, poor sanitation, social dependency, larger number of human contacts, low disease immunity of dwellers, sharing common bathrooms and latrines besides poor medical facilities make for tremendous speed and size of virus transmission in slums. Due to less investigation peoples are not diagnosed. The researchers are very well aware about the situation in Salia Sahi because maids are coming to work in our society households and we are living nearer to Salia

Sahi slum, but we have fired them after COVID-19 Pandemic because of chances of spreading infections. They have the lots of fear, anxiety and stigma about COVID-19 because they came to know from Social Media that the other urban slums having high number of COVID-19 cases and it spreads like wild fire and also facing lots of financial problems, unable to maintain social distancing, repeated hand washing, everyday supplies, sanitation and also other problems because of lockdown and shutdown. Their everyday livelihood depends on donation from generous and kind people during these difficult times.

Due to all these stuff going on with these people and considering the relevance of all the factors and so far, no research has been published on the this purpose, it was aimed to find out the significant stressors in relation to their anxiety during lockdown in view of Covid-19 pandemic outbreak among the people residing at selected urban slum areas, Salia Sahi, Bhubaneswar.

Objectives

1. To identify the significant stressors related to covid-19 among the people residing at selected urban slum areas.
2. To recognize the association between the significant stressors related to covid-19 with their selected demographic variables.

Hypothesis

- H_0 There will be no significant association between the significant stressors with their selected demographic variables except the variable monthly income (before lockdown).

Materials And Methods:

Research design and approach:

A descriptive research design and quantitative approach was used to conduct the study.

Setting of the Study:

The study was conducted at Salia Sahi, Bhubaneswar.

Sample and sampling technique:

50 people residing at Salia Sahi selected by purposive sampling technique.

Description of the Tool

The tool has two sections i.e. Section "A" and section "B"

Section "A" consists of demographic variables of people.

Section "B" consists of the statements to find out the significant stressors in relation to their anxiety during lockdown in view of Covid-19 pandemic outbreak among the people. The questionnaire in this section was formulated in the form of checklist. There are three subheadings and under the each subheading there are ten statements i.e. problems related to health factors, problems related to social distancing and mask factors, problems related to financial factors. If their opinion for the statement is yes, the score value is 1(one), if no score value is zero (0).

Validity and Reliability:

Validity refers to the degree to which an instrument measures what it suppose to measure. Content validity concern the degree to which an instrument has appropriate sample of items for the construct being measured and adequately covers the construct domain. The content validity of the tool was established from various experts in the field of psychiatric, clinical psychology, psychiatric nurse specialist, and statistician.

Reliability of the tool was tested by test-retest method where co-efficient correlation was to find out ($r = 0.88$), the tool was found to be more reliable.

Data Collection Procedure:

Prior to the data collection, the permission was obtained from the Corporator, Ward No.27, Bhubaneswar Municipal Corporation and verbal informed consent was obtained from the people residing at Salia Sahi.

Planned Data Analysis:

The collected data were organized, tabulated and analyzed by using descriptive and inferential statistics.

Findings

Distribution of people according to their demographic variables reveals that highest percentage that Highest Percentage (40%) of the people were in the age group of 30-39 years and ≥ 40 years. Majority (52%) of them were female and (68%) Of them were Hindus and (32%) of them were Christian. Highest percentage (74%) of them were married (52%) of them were house keeper. Majority (40%) of them had primary education and (50%) of them had monthly income (before lockdown) Rs.5000 – Rs.10, 000.Highest percentage (60%) of them from nuclear family whereas (40%) were from joint family.

Table No.1 Factor wise analysis of significant stressors related to COVID-19 pandemic among the people residing at urban slum areas.

Sl. No.	Factors	Scores			
		Max. Scores	Mean	SD	Mean %
1	Problems Related to Health Factors	10	9.2	1.08	92
2	Problems Related to Social distancing and mask factors	10	9.56	0.88	95.6
3	Problems Related to Financial Factors	10	7.74	1.83	77.4

Table:1- Depicts that factor wise comparison of mean, SD, mean percentage of significant stressors score among the people residing at urban slum areas shows that highest mean score (9.56 ± 0.88) which is 95.6 % was obtained in the factor of “Problems Related to Social distancing and mask factors”. The lowest mean score (7.74 ± 1.83) which is 77.7% was obtained in the factor of “Problems Related to Financial Factors”.

Table No.2: Association between the Demographic Variables and Significant Stressors.

Demographic Variables	Degree of freedom	χ^2 Calculated	Significance level (α) = 0.05	Null hypothesis	Alternate Hypothesis	Significance
			χ^2 tabular			
Age	4	2.67	9.488	Accepted	Rejected	Not significant
Gender	2	0.204	5.991	Accepted	Rejected	Not significant
Religion	2	0.32	5.991	Accepted	Rejected	Not significant
Marital status	2	1.19	5.991	Accepted	Rejected	Not significant
Occupation	8	2.41	15.507	Accepted	Rejected	Not significant
Education	4	2.89	9.488	Accepted	Rejected	Not significant
Monthly income (Before Lockdown)	4	18.38	9.488	Rejected	Accepted	Significant
Family type	2	0.45	5.991	Accepted	Rejected	Not significant

The above table shows that the age, gender, religion, marital status, occupation, education and family type were not found to be associated with significant stressors. However the monthly income (Before Lockdown) was found to be associated with significant stressors.

Conclusion

From the findings of the present study, it can be concluded that the highest mean score (9.56 ± 0.88)

which is 95.6 % was obtained in the factor of “Problems Related to Social distancing and mask factors” and the lowest mean score (7.74 ± 1.83) which is 77.7% was obtained in the factor of “Problems Related

to Financial Factors". It revealed that the highest percentage of significant stressors score found in the factor of "Problems Related to Social Distancing and Mask Factors". There was only association between the monthly income (Before Lockdown) and the significant stressors and the other variables were not associated with the significant stressors.

Implications

Nursing Practice

The findings of the study will help the nursing personnel to find out the significant stressors related to COVID-19 pandemic outbreak among the other people and in other settings.

It indicates that the people under lockdown affected by the many significant stressors due to impact of Covid-19.

Nursing education

The nurse educators can use the findings to teach the students about the impact of Covid-19 lockdown on the population.

A planned teaching programme should be organize for staff nurses about the impact of COVID-19 lockdown among the people.

Nursing research

The findings suggest a need for more research to better understand the anxiety and find out the significant stressors related to COVID-19 pandemic outbreak among the other people.

A large-scale study can be done for replication to find out the significant stressors related to COVID-19 pandemic outbreak among the other people

Recommendations

An experimental study can be undertaken with control group.

A comparative study can be conducted between the urban slum and rural poor people.

Source of Funding: Nil

Conflict of Interest: There are no conflicts of interest.

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A study to assess the Attitude of nursing students of Bishop Benziger group of Institution, Kollam towards Online classes during Covid 19 Pandemic.

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Abstract

The research project undertaken was "A study to assess the attitude of nursing students of Bishop Benziger Group of Institution, Kollam towards online classes during covid 19 pandemic". "The objective of the study was to assess the attitude of nursing students of Bishop Benziger Group of Institution towards online classes during covid 19 pandemic and to find the association between attitude of nursing students of Bishop Benziger Group of Institution towards online classes during covid 19 pandemic with selected demographic variables such as age, gender, religion, course of study, year of study and gadgets used for online classes.. The study was conducted among students of Bishop Benziger Group of Institution, Kollam. In order to assess the attitude of nursing students, the study sample was selected by convenient sampling technique. The tool used for the data collection consisted of demographic proforma and TeLRA scale. Basic introduction of the study was given to the subjects. The analysis of the data was based on the objectives of the study using descriptive and inferential statistics. The findings of the present study revealed that there is association between attitude and demographic variables such as age, religion, year of study, and gadgets and there is no association found between attitude and demographic variables such as gender and course of study. Based on the findings of the study, it is recommended that a similar kind of study can be conducted for a large group.

Keywords: Assess, attitude, TeLRA scale, pandemic.

Introduction

The COVID-19 pandemic significantly disrupted every aspect of human life including the educational system. It caused chaos compelling educational institutions to suspend their regular activities. 1 The closure of schools and universities affected more than 1.5 billion students and youths across the globe. The pandemic resulted in the closure of all educational institutions for almost nine months. Many schools and universities started switching from traditional classroom teaching to virtual education methods to cope with the educational loss due to lockdown. 2 Officially authorized to start online classes along with a guideline and the Ministry of Education also appealed to stakeholders to start

classes using alternative methods. The significance and efficacy of the implementation of e-learning have been investigated by previous studies. The reports show several reasons for its overall acceptability including its ease of use, flexibility, and better control over the environment. However, regardless of its rewards, there are quite a few limitations in e-learning such as social isolation, lack of student-teacher interaction, technical and connectivity problems. Lack of technical support was identified as one of the barriers to e-learning.³

As the schools and colleges were closed for an indefinite period, both educational institutions and students experimented with several ways to complete their prescribed syllabus within the specified time

frame in their academic calendar. 2 Although, these measures created a degree of inconvenience among the faculty members it also allowed them to search for alternative methods using virtual mediums. This helped the transformation of traditional classroom teaching within a short period. Most universities shifted to online mode using Google meet, Microsoft Teams, Zoom, or other online platforms.⁴

In medical field, e-learning is a new approach to teach students. In nursing education where most of the teaching-learning is physical, the pandemic compelled the use of virtual classes to complete the syllabus on time. Nevertheless, this teaching method can be more difficult compared to classroom teaching for both the teachers and students, as it takes time to get accustomed to the new approaches⁵

Research Methodology

Research approach	Quantitative research
Research design	: Non-Experimental Descriptive Design
Variables	Dependent variable: attitude of nursing students regarding online classes during covid 19 pandemic. Demographic variables: Age, gender , religion, course, year of study, gadgets used.
Setting of the study	: Bishop Benziger Group of Institutions , Kollam.
Population	: 280 nursing students from Bishop Benziger Group of Institutions, Kollam
Sample	: Students of Bishop Benziger Group of Institutions, Kollam.
Sample Size	280 nursing students of Bishop Benziger Group of Institutions, Kollam
Sampling Technique	: Non probability convenient sampling technique

Results And Discussion

Section A: Description of demographic variables of nursing students of Bishop Benziger group of institution

Table 1: Frequency and percentage distribution of score on attitude of nursing students towards online classes during covid 19 pandemic.

Score	Range	Frequency	Percentage
120-150	Strongly agree	129	46%
90-119	Agree	88	31%
60-89	Neutral	33	11%
30-59	Disagree	15	5%
<30	Strongly disagree	15	5%

Table 1 shows that 77.8% students have positive attitude towards online classes, 11.6% students have neutral attitude and 10.6% students have negative attitude towards online classes during covid 19 pandemic.

Association between attitude and selected demographic variables.

Association was computed by using chi square test. Regarding age the calculated value 35.01 was higher than the table value 15.5 at 0.05 level of

significance. Regarding gender the calculated value 5.97 was less than the table value 9.49 at 0.05 level of significance. Regarding religion the calculated value 89.78 was higher than the table value 15.51 at 0.05 level of significance. Regarding year of study the calculated value 72.02 was higher than the table value 21.03 at 0.05 level of significance. Regarding course the calculated value 0.77 was less than the table value 9.47 at 0.05 level of significance. Regarding gadget the calculated value 21 was higher than the value of 9.49 at 0.05 level of significance. There was significant association between attitude and demographic variables i.e., age, religion, year of study and gadgets and no pattern significant association between attitude and demographic variables such as gender and courses offered.

Discussion

The present study was conducted to assess the attitude of nursing students of Bishop Benziger group of Institution towards online classes during covid 19 pandemic. In order to achieve the objectives of the study non experimental survey design was adopted. The Sample was selected by the non-probability sampling. The sample consisted of 280 nursing

students of Bishop Benziger Group of Institution. The findings of the study have been discussed in relation to objectives and other similar studies.

Objectives of the study

To assess the attitude of nursing students of Bishop Benziger Group of Institution towards online classes during covid 19 pandemic.

To find the association between attitude of nursing students of Bishop Benziger Group of Institution towards online classes during covid 19 pandemic with selected demographic variables

Discussion of findings with other studies based on objectives

To assess the attitude of nursing students of Bishop Benziger Group of Institution towards online classes during covid 19 pandemic.

The present study revealed that 77.8% of students have positive attitude towards e-learning, 11.6% students have neutral attitude, 10.6% students have negative attitude towards e-learning.

The above findings are supported by a cross-sectional study conducted to assess the attitude regarding online lecture among nursing students after the impact of covid 19 pandemic. The data were collected using google forms. 280 samples were included in the study who fulfilled inclusive criteria. Analysis work was done by using descriptive and inferential statistics. Regarding the online lecture 63.25 % nursing students have positive attitude towards e-learning, 31.61% have neutral attitude, 5.14% students have negative attitude

To find the association between attitude of nursing students of Bishop Benziger Group of Institution towards online classes during covid 19 pandemic with selected demographic variables.

Association was computed by using chi square test. Regarding age the calculated value 35.01 is greater than the table value 15.5 at 0.05 level of significance. So there is significant association between age and attitude. Regarding gender the calculated value 5.97 is less than the table value 9.49 at 0.05 level of significance. In case of gender there is no association between attitude and gender. Regarding religion the calculated value 89.78 is greater than the table value 15.51 at 0.05 level of significance. So there is a significant association between religion and attitude. Regarding year of study the calculated value 72.02

is greater than the table value 21.03 at 0.05 level of significance. So there is a significant association between year of study and attitude. Regarding course the calculated value 0.77 is less than the table value 9.47 at 0.05 level of significance. In case of course there is no significant association between attitude and course. Regarding gadgets the calculated value 21 is greater than the value of 9.49 at 0.05 level of significance. So there is significant association between gadgets and attitude. There was significant association between attitude and demographic 33 variables ie, age, religion, year of study and gadgets and no significant association between attitude and demographic variables like gender and course of study. A descriptive web based cross-sectional study was conducted among nursing students of Dinsha Patel College of nursing, Nadiad, Gujarat with a sample size of 470. A self-administered validated questionnaire along with a standard tool to measure the attitude was used for data collection. The mean \pm SD age of the respondents was 20.91 ± 1.55 years. The majority (76.4%) of the respondents used mobile for their study and 90.4% used Wi-Fi for the internet source. The main advantage of e-learning was stated as the ability to stay at home (72.1%) followed by the reduced cost of accommodation and transport (51.3%) whereas the internet problem (81.7%) was the major disadvantage followed by technical issues (65.5%). Only about 34% of the students found e-learning as effective as traditional face-to-face learning. The mean scores for the domains: perceived usefulness, intention to adapt, distant use of e-learning, ease of learning, technical support, and learning stressors were 3.1, 3.1, 3.8, 2.9, 2.9, and 2.5 respectively. Overall, 58.9% had a favorable attitude regarding e-learning. There was no significant association of overall attitude regarding e-learning with selected sociodemographic variables whereas it was positively associated with all of its six domains. All the domains were positively correlated with each other except for ease of learning with technical support and distant use, and technical support with learning stressor and distant use. Learning stressor versus distant use was negatively correlated with each other.

Conclusion

The present study was aimed to assess the attitude of nursing students of Bishop Benziger Group of Institution towards online classes during covid19 pandemic.

Conflict of interest - Nil

Source of funding - Self

Ethical clearance - The proposal of the study was submitted to Institutional Ethics Committee for ethical clearance. After getting the approval from the hospital authorities were contacted; explained about the purpose of the study and permission was obtained. Informed consent was taken from hospital authority. Confidentiality of the data and anonymity of the subject were ensured.

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A Study to Assess the Effectiveness of Self Enhancement Program for Nursing Students (SEPNS) on Raising Self- Esteem among Nursing Students in selected, Nursing College Padhar Betul M.P.

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Abstract

Introduction: Self esteem is an emotional component that is essential for psychological survival. Without self esteem many basic and emotional need going unmet. Awareness regarding self esteem is an important factor to differentiate between human and animals. Self Esteem Program is a motivation program specifically designed to make people feel good about themselves and to give a boost of enhancement to their self esteem.

Method: The present study adopted **Evaluating research approach**. One group pre test post test design was used to assess the effectiveness of self enhancement program for nursing student. In the study the sample comprised of 26 undergraduate nursing students of college of nursing students padhar was fulfilling the inclusive criteria. Convenient sampling technique was used to select the sample.

Result: The data presented in the study show that out of 26 subjects majority 18 (69.23%) participants belonged to age group of 17-22 years, and similar majority were females, Most of them 11(42.30%) had a family monthly income Rs. 2000-10000 per month. The mean pre test score was 26.42, whereas mean post test score 35.76. The data depicts that the obtained t value was 10.76 and p value 0.001.

Conclusion: After exclusive data interpretation it has been found that self esteem has significantly improved compared to pre test. Thus it can be concluded that Self Esteem Enhancement Program for Nursing Students (SEPNS) found effective to enhance the self esteem among undergraduate nursing students.

Keyword: Self Esteem, self enhancement program, nursing students.

Introduction

Self esteem is an emotional component that is essential for psychological survival. Without self esteem many basic and emotional need going unmet. Awareness regarding self esteem is an important factor to differentiate between human and animals.⁴

Self esteem is very closely related to the other components of the self concept. Similar to personality and self body image, the development of self esteem is broadly influenced by the perception of individual towards them, how they perceive themselves without the significance of others perception towards them. Self esteem is simply the respect of individual

towards self and it is a measure of their own worth that they judge their abilities. It is one's attitude towards oneself along a positive negative dimensions resulting in either high or low self esteem.³

Self-esteem is the level of approval, acceptance and self-worth in relation to self. Self-esteem, as defined by Coppersmith, includes four dimensions: personal self-esteem, social self-esteem, academic self-esteem and parental self-esteem. Personal self-esteem is a detailed understanding of the value of oneself. Social self-esteem is the perception of the quality of their relationships with others. Self-esteem is an important element of a person in which people with healthy

self-esteem perceive themselves as a worthy person. The feeling of worthiness will influence a person to be confident, manage their work and show respect to others.⁸

Nursing profession is a profession which require a sound mental health. During training period of nursing personal is a time where they obtain a sense of "self" as a nurse. A sound self esteem helps the nursing personals to work confidently and efficiently. Lack of self worth leads to low self esteem, and it affect the individuals overall growth especially as a professional.⁷Nursing is one of the stressful profession and need a high level of sound mental health, confidence, and self esteem to handle the crucial and high level stressful situation. As a nurse they need to be able to cope in a very stressful environment with right decisions in effective way to save the life of client. Person with low self esteem will be poor in making judgement of situation and hesitate to took decision and this lead to life threatening situation for client many time.⁵

Nurses have a history to provide not only health care but also health education to promote the well being of clients. To maintain a good environment it is necessary for nurse to have a healthy self esteem, mental well being and a positive self concept. This only is possible when the nurse have self confidence, assertiveness and feeling of self worthy. It is seen usually that the nursing students having low self esteem which affect their academic as well as clinical performance.⁶

Self Esteem Program is a motivation program specifically designed to make people feel good about themselves and to give a boost of enhancement to their self esteem.⁹ Self enhancement program is important for preventing poor health behaviour, poor academic performance and subsequent problems of nursing students. It help nursing personals to be more assertive, confident and self aware. Thus providing self esteem enhancement intervention at early stage of profession such as during training period is very important.²

After review of literature the investigator designed the Self Enhancement Program for Nursing students. The Self Enhancement Program is divided in Six session. Session I Introduction which include the meaning of your name and related things, Session II All People are unique and respectable, Session III Nobody is Perfect , Session V I am Proud to be a Nurse and Session VI I Love Myself. Each session is

followed by some activity related to previous session. Each session include activity lasting for 1 hour. That helps to improve the level of self esteem among nursing students.

In the present study researcher is investigating the effectiveness of Self Enhancement Program for nursing students, which believe to have a positive effect on self esteem of nursing students. The aim of the study is to investigate nursing student's self-esteem and to find the effectiveness of SEPNS in enhancing the self-esteem of the nursing students thereby improving their psychological wellbeing. Objectives of the study were to find the effectiveness of SEPNS in terms of gain in mean post test self-esteem scores.

Statement of Problem

"A study to assess the effectiveness of Self Enhancement Program For Nursing Students (SEPNS) on raising self- esteem among nursing students in selected, nursing college Padhar Betul M.P.."

Objectives

1. To assess the existing level of self esteem among nursing students.
2. To evaluate the effectiveness of self Enhancement Program for Nursing students (SEPNS).

Hypotheses

H1: There will be significant difference between pre-test and post -test in the level of self esteem among nursing students after Self Enhancement Program for Nursing Students intervention.

Material and Method

Research Approach: An **Evaluating research approach** was adopted for assessing the effectiveness of self enhancement program for nursing student.

Research Design: In this present study One group pre test post test design was used to assess the effectiveness of self enhancement program for nursing student among undergraduate nursing student.

$$O_1 \rightarrow X \rightarrow O_2$$

O OBSERVATION

X INTERVENTION (SELF ENHANCEMENT PROGRAM FOR NURSING STUDENT)

O₁ pre intervention score – Level of self esteem score before self enhancement program for nursing student.

O₂ post interventional score – Level of self esteem score after self enhancement program for nursing student.

Independent Variable: - self enhancement program for nursing student was the independent variables in the study.

Dependent Variables: - Level of self esteem was the dependent variable in the study.

Population

In the present study target population was all undergraduate nursing students.

Target Population:-The target population of the research study was undergraduate nursing students of college of nursing students Padhar.

Accessible Population:-In this study accessible population was the undergraduate nursing students of College Of Nursing Students Padhar, who fulfil the inclusive criteria has been included in the study.

Sample: In the study the sample comprised of 26 undergraduate nursing students of College Of Nursing Students Padhar was fulfilling the inclusive criteria.

Sampling Technique: Convenient sampling technique was used to select the sample.

Development and Description of the Tool

Section A: Socio Demographic Variables (7 items)

Section A consist of socio demographic variables of undergraduate nursing students such as age, gender, religion, Parents education, Parents monthly income, family member with chronic illness and percentage of class 12th.

Section B: Rosenberg Self Esteem Evaluation Scale

Section B consists of Standardized **Rosenberg Self esteem Evaluation Scale**. The scale consist of 10 items is scored on four point rating scale with options; strongly agree, agree, disagree, and strongly disagree. Five positive and five negative statements with total score 40. Scores were classified as 10-22 low self esteem, 23-33 considered as medium self esteem

and 34 and above as high self esteem.

Section C: Self Enhancement Program For Nursing Students (SEPNS),

Self Enhancement Program for Nursing students (SEPNS), was developed on the review of the literature and the objectives state for self esteem. The investigator prepare The Self Enhancement Program is divided in Six session. Session I Introduction which include the meaning of your name and related things, Session II All People are unique and respectable, Session III Nobody is Perfect, Session V I am Proud to be a Nurse and Session VI I Love Myself. Each session is followed by some activity related to previous session. Each session include activity lasting for 1 hour. That helps to improve the level of self esteem among nursing students.

Data Collection

A total 26 samples were selected for the present study from undergraduate Nursing student College of Nursing Padhar.

The actual data collection period was 11/10/2021 to 18/10/2021. A written permission was obtained from the Principal College of Nursing. An informed consent was obtained from the Nursing Students. Prior to the data collection a brief introduction of self and study was given and informed consent was obtained from the respondent and confidentiality was assured to the subjects. The subject took 20min to answer the present portion in Rosenberg Self Esteem Evaluation Scale. Soon after the pre test structured teaching module through power point presentation were imparted to the sample. After 7 days post test was taken.

Plan for Data Analysis

The data were tabulated and analysed using descriptive statistics like mean, standard deviation, frequency distribution and percentage. Inferential statistics like paired t-test, and Chi-square test.

Findings

Analysis and interpretation of data collected from 26 samples to find the effectiveness of Self Enhancement Program for Nursing Students(SEPNS).

Figure 1.1: Cylindrical diagram shows pre test level of self esteem of undergraduate nursing students.

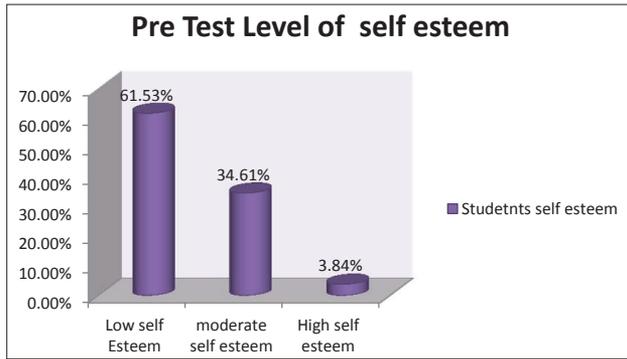


Fig. 1.1 shows that out of 26 participants 16 (61.53%) of the participants have low self-esteem, whereas 9(34.61%) had moderate self esteem and the only 1(3.84 %) have high self-esteem.

Figure 1.2: Cylindrical diagram shows post test level of self esteem of undergraduate nursing students.

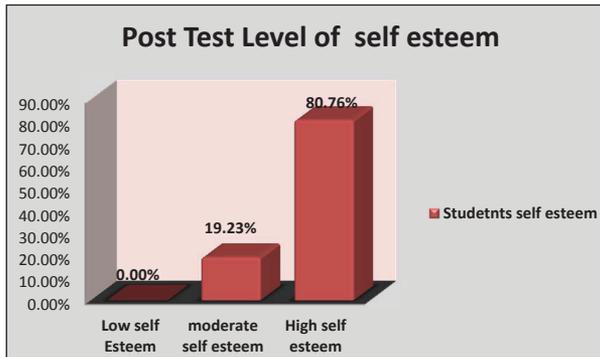


Fig. 1.2 shows that out of 26 participants majority 21(80.76%) of the participants have high self-esteem, whereas only 5(19.23%) had moderate self esteem and no students had low self-esteem

Effectiveness Of Self Esteem Enhancement Program For Nursing Students (Sepns)

In order to find the effectiveness of SEPNS on self esteem the following hypothesis was stated H1: There will be significant difference between pre- test and post -test in the level of self esteem among nursing students after Self Enhancement Program for Nursing Students intervention. Parametric paired t test was preferred

Table 2 : Comparison between pre and post score (n=26)

Group	Mean	Mean Difference	SD	DF	't' value
pre test	26.42	9.34	4.84	25	10.76
post test	35.76				

*P≤0.05 **P≤0.01 ***P≤0.001

The data depicts in Table 2 shows that the obtained t value was 10.76 and p value 0.001. hence H1 was accepted and it is interpreted that self esteem has significantly improved compared to pre test. Thus it can be concluded that Self Esteem Enhancement Program for Nursing Students (SEPNS) found effective to enhance the self esteem among undergraduate nursing students.

Discussion

The findings of the present study had been discussed with reference to its objectives, hypothesis, and results finding of other studies. In the present study total 26 participants participated out of which 16(61.53%) of the participants have low self-esteem. This finding support the report of another similar study conducted by Arun Kumar Jindal, Loyd Melwyn Mendonca, Mavitha V. G Maharaja Agrasen Medical College, Agroha, Haryana, India in 2018 among undergraduate nursing students to assess the effectiveness of Self Enhancement Program undergraduate nursing students had out of 87 nursing students 30 (34.50%) students have found to have low self-esteem.¹

Limitations

- A limited time for data collection.
- Sample was selected from College of Nursing Padhar only.
- The study was confined to 26 samples.
- The study was limited to Undergraduate Nursing Students only who fulfil the inclusive criteria of study.

Recommendation for Further Research

- Similar study can be conducted in other settings.

- Comparative study can be done among GNM & B.Sc Nursing students .
- Comparative study can be done among different nursing colleges.
- A similar study can be conducted on large number of samples.

Implication

Psychiatric Nursing Practice

Psychiatry nursing is a field of variation which not only limited to theatrical and clinical field for nursing students but can contribute in overall personality development of nursing students. Present study is an initiation helps those nursing student who may suffer from low self esteem. Helping them to improve their self esteem will increase their confidence in their academic and personnel growth.

Psychiatric Nursing Policy

Present study emphasis on the self esteem enhancement of undergraduate nursing students. The researcher felt a great need of self enhancement program for develop a sense of self worth and confidence among nursing student. Their must be some regular enhancement program to be organised periodically in every nursing college so all the students can get benefited.

Psychiatry Nursing Research

The nurse researcher should work on the need and existing problem of health care domains. Evidence based nursing is give emphasis and shows need of further researches of various problems. In the present study researcher gave much more emphases on problem which is not yet diagnosed as problem area or neglected area. The module is design in such easy way so the nursing students can gain a sense of self love respect and value.

Conclusion

The study concludes that, there was significant increase in the level of self esteem of subjects shows high self esteem after introduction of Self Enhancement Program for Nursing Students (SEPNS) . To assess

the effectiveness of Self Enhancement Program for Nursing Students (SEPNS) "t" test was applied and the calculated t value was found significantly higher than mean value of post test value. Thus it was concluded that Self Enhancement Program for Nursing Students (SEPNS) was found effective

Conflicts of Interest: Dr.Pallavi Biswas no conflicts of interest with the research or writing of this paper.

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Ethical Clearance : Ethical clearance was obtained from Prior to the data collection written administrative permission was obtained from College authority. Written informed consent taken from the Nursing students before data collection. Confidentiality of the data was ensured through allotment of unique code.

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Screening of Postpartum Depression among postnatal mother at a selected Tertiary Care Hospital, Chengalpattu district, Tamil Nadu, India

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Abstract

Background of the study: Postpartum depression a form of severe depression after delivery that may be interferes with day-to-day activities and it also requires treatment. The occurrence of postpartum depression may be a few days, weeks or even months after childbirth. A woman with postpartum depression may have feeling of low level of mood, anxiety, irritability to severe degree. It could also be associated with the antenatal depression, young maternal age, hyperemesis, marital status, and previous affective disorders. Postpartum depression having the most common complications of childbearing and is usually associated with impairments in mother-infant interactions that can lead to severe consequences for the infant such as illness, poor growth and development. These mothers' infants had more commonly symptoms and illnesses, especially infantile colic, and they were less likely to be breastfed. Similarly, among depressed mothers low level of support from spouse and significant others and physical family violence were more common, likewise poor basic and professional education, poor economic and housing situation can also cause postpartum depression. As it is alarming the researchers conducted a study on screening of postpartum depression among postnatal mothers.

Methods and Materials: Quantitative research approach, descriptive research design was carried out. The sample of 56 postnatal mothers were selected by using purposive sampling technique. The study was conducted at tertiary care hospital, Kelambakkam, Chengalpattu district. Phone number of postnatal mother who delivered from 2-6 weeks after

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delivery was obtained earlier from MRD. Telephonic interview was carried out to collect the data by using modified Edinburgh postnatal depression scale. Data was analysed by using descriptive and inferential statistics.

Results: This study showed that 21.4% of postnatal mothers having postpartum depression whereas, 78.6% were not depressive. The findings implies that P value is more than 0.05 so there is no significant association between prevalence of postpartum depression with demographic and obstetrical variables.

Keywords: Screening, Postnatal mother, Postpartum depression

Background of the study

Postpartum depression occurs after giving birth and is accompanied by an ongoing depression that is different from the “baby blues” experienced by many new parents. Postpartum depression does not mean that a person does not love their baby. It is a mental illness that can be cured with treatment. (Carolyn Kay. M.D 2020).¹

A major depressive episode (MDE), as defined by the Diagnostic and Statistical Manual (DSM-IV), occurs during the postpartum period and, as at any other time, consists of persistent depression for at least 2 weeks and its including 4 of them. : Increased or decreased appetite, sleep disturbance, psychomotor agitation or slowdown, lack of energy, feelings of worthlessness, difficulty concentrating, suicidal ideation. (Osama M. wassif 2019)²

The risk factors for PPD are multifactorial. Several psycho-social and biological factors including a history of depression and anxiety, marital difficulties, hormones fluctuations, life stress and inadequate social support and so on are known to be associated with an increased risk of developing Postpartum depression. (Haheyon cho, Mina suh et.all 2022)³

There are several clinical aspects related to pregnancy and childbirth that are associated with postpartum depression. Complex labour and delivery, characterized by prolonged labor and increased pain, or medical interventions during labour, can have adverse consequences ranging from maternal distress to postpartum depression. (Martina smorti 2019)⁴

It is an chronic or recurrent depression that might impact the mother-infant bond as well as the growth and development of the kid can be predisposed by postpartum depression. When compared to children of moms without postpartum depression, children of depressed mothers have more cognitive, behavioural, and interpersonal issues. (Ravi prakash upadhyay et. al 2017)⁵

Women were twice as likely as men to experience depression throughout their lives because they are more nature of reproductive, rearing and care for

children. Postpartum depression is a serious public health problem in developing countries. and is projected to become the leading cause of increased mortality from suicide and other disease-causing disabilities by 2020. (Solomon Shitu 2019)⁶

The most frequent side effect of childbirth, which affects 10%–15% of women, is postpartum nonpsychotic depression. Postpartum depression rates vary according to studies done at various times. Women in underprivileged urban areas had a 26% antepartum depression prevalence rate. Within one to twelve months following delivery, postpartum depression typically manifests. Women who suffer from postpartum depression exhibit comparable symptom patterns to women who experience depression unrelated to childbirth. The majority of epidemiological studies found that postpartum onset typically occurs 3 to 12 months after delivery. (Trupti amipara et al 2020)⁷

Need of the study

The prevalence of postpartum depression varies from 1.9% to 82.1% in developing countries Global studies show differing prevalence rate. (Mariya Chalise 2020)

In Asia countries the prevalence of postpartum depression reported in 3.5% to 63.3% (C. Dubey 2012)

The overall pooled estimate of the prevalence of postpartum depression in India is 22% (Dr. Shashirekha 2020)

In Malaysia the prevalence of postpartum depression range of it is between 3.9% and 22.8% (MI Hairol 2021, NCBI)

Nanhom kiros gebregziaber conducted study on prevalence and associated factors of postpartum depression among postpartum mother in central region and the result is prevalence of PPD was found to be 96.6%.

Perran (2020) screening of postpartum mother in Istanbul a psychometric evaluation of the Turkish Edinburgh post-natal depression scale. was found to be 25%.

Shiyam sunder conducted A study on prevalence and determinants of postpartum depression in a tertiary care hospital Karachi in 2016. The result showed that 134 women had an Edinburg postnatal depression scale (EPDS) score of >12 giving the prevalence of Postpartum depression of 22.3%

Statement of the problem

Screening of postpartum depression among postnatal mothers at a selected tertiary care hospital, Chengalpet district, Tamil Nadu, India.

Objectives

- To determine the prevalence of postpartum depression among postnatal mothers and association with selected socio-demographic and obstetric variables

Hypothesis

- H_{01} : There will be no significant association of postpartum depression with the selected demographic and obstetrical variables.

Methods and materials

Quantitative research approach was used to screen the level of postpartum depression among postnatal mothers. Descriptive research design. The study was carried out at a selected tertiary care hospital, kelambakkam, chengalpet district, Tamil nadu, India. by using purposive sampling technique 100 postnatal mothers were selected, among 100 postnatal mothers 44 mothers were dropped so, 56 sample were taken for the study

Sampling criteria

Inclusion criteria

Postnatal mothers who

- delivered 2-6 weeks before the data collection
- are willing to participate

Exclusion criteria

Mothers who has,

- Known chronic psychiatric illness
- Known intellectual development disorders
- Postnatal mothers who refused to give written informed consent.

Research Tool

Section A: Demographic variables like age, education, occupation status, income, family type, sleeping time, area of residing and Obstetrical variables like parity, mode of delivery, pregnancy period, birthing partner

Section B: Edinburg postnatal depression scale

Scoring

Edinburg postnatal depression scale

- The ten question of Edinburgh postnatal depression scale (EPDS) (11,12) is a valuable and efficient way to identify mothers at risk of postnatal depression. This scale indicated how the mother has felt during the previous week.
- The total score is 30. Mothers who score ten or greater are considered as possible depression. If the score is above 13 then likely consideration, if 9 is depressive illness of varying severity. (COX JL HOLDEN JM 1987)

For our community the previous studies on validity of EPDS found that greater than 6 are considered as presences of depression.

SCORE	INTERFERENCE
Greater than 6	Depression
0-5	Not depression

Data collection

Sample size estimated was 100 and selected by purposive sampling technique but around 44 were dropout so 56 samples were included in the study. Prior the data collection the postnatal mother's phone number was collected from Medical record department. Telephonic interview was conducted to collect data by using Modified Edinburgh postnatal depression and interview happened for 15 mins per sample.

Data analysis

The study data was analysed by using descriptive and inferential statistics.

Ethical consideration

- Permission was obtained from the Head of department

- UG committee clearance was obtained
- IHEC clearance was obtained
- The oral informed consent from the patient was obtained Confidentiality was maintained

Result

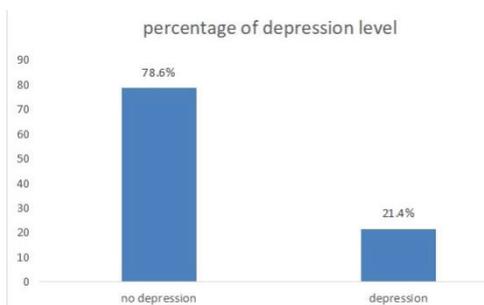
Shows the frequency and percentage distribution of sample based on demographic variables based on the postnatal mother depression. Depression score majority of the postnatal mothers 78.6% had no postpartum depression. Whereas 21.4% postnatal mothers had postpartum depression

Frequency and percentage distribution of level of depression among post-natal mothers.

DEPRESSION LEVEL	FREQUENCY	PERCENTAGE
No depression	44	78.6%
Depression	12	21.4%

It shows that majority of the postnatal mothers 78.6% had no postpartum depression. Whereas 21.4% postnatal mothers had postpartum depression.

Discussion



In 2021, HYEJI YOO conducted a study on factors influencing prenatal and postpartum depression in Korea, it was a prospective cohort study. This study explored the prevalence of postpartum depression and its influencing factors, the postnatal mothers are selected from 2-12 weeks after delivery, the data was collected from 183 postnatal mothers. The influencing factors were lower self esteem, experienced prenatal anxiety, lower social support, lower marital satisfaction etc. The study stated that prevalence of postpartum depression was 22.4% and 77.6% were not depressive

This present study results also replicate the same

Conclusion

Depression score majority of the postnatal mothers 78.6% had no postpartum depression. Whereas 21.4% postnatal mothers had postpartum depression. Therefore, use of home-based interventions, presence of social and familial support can help the postnatal mothers reducing the experiencing from postpartum depression

Conflict of Interest: Nil

Source of Funding: Self

Ethical Approval: This study was approved by the Institutional Human Ethics Committee.

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A Study to Assess the Stress and Coping Behavior among B.Sc Nursing first year Students at Selected Nursing College in Chengalpet District.

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Abstract

Stress is a natural phenomenon that every individual goes through in his or her life and is caused by causative stress factors or stressors. Constant stress leads to changes in the balance of hormones in the body which can lead to a situation or thought that makes us feel frustrated, angry, nervous or anxious. The objectives of the study are to identify the level of stress and coping behaviour among First Year B.Sc. Nursing Students, to Associate the level of stress and coping with selected Demographic variables among First year B.Sc. Nursing Students. The sample size was 250. The research design used in this study is Cross- Sectional study design. The results study shows that among 250 Based on stress 89% (n=222) had severe stress and 11% (n=28) had Moderate stress. Based on coping 85% (n=213) had good coping skill 10% (n=24) had Moderate coping and 5% (n=13) had excellent coping skill. Regarding Association of Demographic variables with the stress level and coping level, the result shows that there is a significant association between stress level with Sex, Percentage of Higher secondary marks, Leisure Time Activities and state belongs to the student and there is no significance association between stress level with Age, place of residence, education and occupation of father, medium of language in schooling and course chosen by. In coping result shows that there is a significant association between coping level with state and there is no significant association between level of coping with Age, sex, place of residence, leisure time activities, education and occupation of father, medium of language in schooling, course chosen by and percentage of higher secondary marks

Keywords: Stress, Coping, First year Nursing students.

Introduction

Stress is a natural phenomenon that everyone experiences in his or her life and is caused by stress

causing factors or stressors. Stress first coined in the 1930's has in more recent decades has become a common place of popular parlance¹. It occurs when a person has difficulty in dealing with life situations,

problems, and goals. Although everyone has the ability to adapt to stress, not everyone responds to exactly the same stress.²

Stress affects the mind, body, and behavior in many ways, and everyone experiences stress differently. Long-term stress among the student nurse or prolonged stress can cause memory problems and an inability to focus in studies. Sometimes they feel chest pain, fast heartbeat, depression or general unhappiness and sleeping too much, too little or whenever something goes wrong. It may even lead to fatigue. Clinical practice has been identified as one of the most worrisome components of nursing programs. Inexperience, fear of making mistakes, difficulty with patients, discomfort in assessment by faculty, concern about giving the patient the wrong information or medication, and concern about possible harm to the patient are just a few of the stressors a student nurse has.³

The top five stressors among nursing college students were identified as being a change in sleeping patterns, vacations, breaks, a change in eating habits, an increased workload, and new responsibilities. Additionally, stress may be brought on by the transition from a personal to an impersonal academic environment, the structure of the college experience, and the first-time separation from home.⁴

At 2000, Shapiro.S. conducted a meta-analysis study on stress management courses offered to medical students in medical institutions. In stress management programmes, the immune system is strengthened, depression and anxiety are reduced, spirituality and empathy are elevated, knowledge of alternative therapies is increased, positive coping mechanisms are used more often, and role conflict can be resolved.⁵

Newman.S (1983) defined Stress is defined as the interaction between an individual and their surroundings that they see as taxing or outstripping their capabilities. Stressors are obstructive forces that are activated by, or exposed to, a stimuli or stressor. Stress is also how you evaluate or perceive a stressor.⁶

Seward.SM (1992) recognises that stress comes in three forms: eustress, neutress, and distress. Eustress is the first kind of stress that individuals perceive as inspiring or motivating, such as the stress associated with getting married. Stress is regarded as neutral – neither helpful nor bad. The most prevalent and recognisable kind of poor behaviour is distress. People either feel stress as acute, which is often brief,

or chronic, which lasts for an extended length of time.⁷

According to Frassrand.S (2005), Academic performance can suffer from severe stress, and students who feel they are under a lot of stress may frequently experience depression. Depression has the potential to cause mental health issues, such as severely harmed interpersonal connections.⁸

Coping mechanisms are the person's continually evolving cognitive and behavioural attempts to control particular internal or external pressures that are considered to be taxing or surpassing the person's resources. According to earlier studies, students who use an active coping method experience less psychological suffering.⁹

Need for the Study

According to a study, when students encounter an academic setback like a poor grade, the level of cortisol, often known as the stress hormone, usually increases in their body. A day later, for the majority of pupils, it returns to normal levels, but for some, it stays high. These students struggle to advance because they are stuck on the setback.¹⁰

However, prolonged, chronic stress can cause or worsen many serious health problems, including: Mental health problems such as depression, anxiety and personality disorders, cardiovascular diseases, including heart disease, high blood pressure, cardiac arrhythmias, heart attacks, and stroke, obesity and other eating disorders, menstrual problems, sexual Dysfunctions such as impotence and premature ejaculation in men and loss of sexual desire in both men and women Skin and hair problems such as acne, psoriasis and eczema and permanent hair loss Gastrointestinal problems such as GERD, gastritis, ulcerative colitis and irritable bowel syndrome.¹¹

Research on stress and coping mechanisms was done by Aparjitha Dasgupta et al. (2018). prospective caregivers and concluded that the results showed that perceived stress levels were high among these students and problem solving was the most important coping behavior. Because it is the future care of patients, higher levels of stress can adversely affect patient care in the long term. Therefore, action must be taken to reduce their stress and improve their coping skills by identifying potential stressors early and designing effective interventions in the form of stress management counselling, peer grouping, altered course schedule, etc., thereby improving their performance.¹²

Johny Kutty Joseph and Babhitha k Devu (2020) conducted a study examined stress and coping mechanisms among nursing students in India and came to the conclusion that low to moderate levels of stress were recorded in all studies, whereas high/severe levels were relatively low. All research identified academic pressures, time management stressors, interpersonal stressors, intrapersonal stressors, familial stressors, and environmental stressors as the main stressors. The majority of studies revealed the utilisation of problem-solving techniques, optimistic thinking/problem/stressor reappraisal, and discovering relaxing techniques. Other typical coping mechanisms included a combination of crying, avoiding stress, daydreaming, seeking other rewards, seeking social support, speaking to friends, spiritual leaders, or parents, living with someone who cares.¹³

Objectives

1. To assess the level of stress among first year nursing students.
2. To assess the coping behavior of first year nursing students.
3. To associate the stress score with selected demographic variable of First year nursing students.
4. To associate the coping behavior score with selected demographic variable of First year nursing students.

Assumption

The present study is based on the assumption that all First Year students will be having stress due to new course and new environment.

Subject and Methods

It covers the research methodology, research design, study setting, population, sample size, sampling technique, sampling criteria, data collection process, tool description, data collection plan, and ethical clearance.

The study used Quantitative Research approach and Cross-sectional study design in this study. The participant Were selected by Simple random technique by lottery method. The sample 150 was selected at selected college in chengalpet district. In the present study, the population was First year B.sc Nursing Students. The present study was

conducted among the students of B.sc Nursing First year to Assess the Stress and coping Behavior. The samples were selected based on who were willing to participate in the study. Students who are practicing coping technique regularly are excluded in this study. Stress and coping behaviour will be assessed by administration of perceived stress scale and coping behaviour scale inventory. The consent was obtained from the Participant.

In this present study the researcher assessed the stress level and coping level among First year Nursing Students. It had 3 Section, A- Demographic Variables includes age, sex, place of residence, occupation of father, medium of language. B- Stress assessed by perceived stress scale (5- point Likert stress scale) invented by Cohen, Kamarack and mermelestein (1983). C- coping behaviour assessed by COPE Inventory invented by Carver (1989). Each question has 5 options. Scoring of Stress level consisting 1-25% - Mild stress, 26-50% - Moderate stress, 51-75% - Severe stress, 76-100% - Very severe stress. Scoring of coping level consist of 1-25% Mild coping, 26-50% - Moderate coping, 51-75% - Good Coping, 76-100% - Excellent coping.

Descriptive statistics like frequency, mean, percentage & Chi square was used to analyse the data. Assurance was given that the information collected from the participation on this research was used for study purpose only. Written consent was obtained from the study participation before collecting the information. All the data obtained was confidential. At the end of the data collection, Health education will be given on stress coping strategies to the participants.

Review of literature

Abeer Abd El-Aziz Mohamed Madian et.al (2019) was conducted a descriptive study on stress and coping strategies. The study was aimed to Assess the stress and coping strategies among Nursing Students at Damanhur University, Egypt. Descriptive cross-sectional study was used in this study. The sample size was 1311 nursing students. Student's profile structured self-administered questionnaire was used for this study. Students perceived moderate level of stress, most commonly attributed to transportations and academic. The most frequently used coping mechanism was religious & acceptance. The study found that gender and living with family are good predictors of coping strategies.

A descriptive study on stress levels and coping mechanisms was carried out by Emad Shdaif et al. in 2017. The purpose of the study was to evaluate the stress levels and coping mechanisms among nursing students. This study employed a descriptive cross-sectional design. 286 pupils made up the study's sample. The Coping Behaviors Inventory was used to measure the Perceived Stress Scale (PSS) and the types of coping mechanisms (CBI) During this study, was used. Students reported feeling moderate levels of stress, which they attributed to workload and tasks, teachers and nursing staff, classmates and daily life, and patient care. Problem solving was the most popular coping technique. Age, GPA, educational attainment, and place of residence were revealed to be reliable indicators of the use of transference.

The amount of stress and coping were the subjects of a quasi-experimental study by jancy jRachel Daisy R (2012). The study's objectives were to measure the degree of stress and coping mechanisms among student nurses at particular Tamil Nadu institutions and to assess the efficacy of chosen coping mechanisms. Purposive sampling was used to choose the study's 245 participants. By using an unpaired "t" test, the scores of coping and stress management were compared between the two groups. The results showed a significant difference between control 2nd - post and interventional 1st, 2nd post-test stress scores, with the obtained overall 't' value 13.66 being greater than statistical table value and 'p' value being 0.000 at P 0.001 level. They also showed a significant difference between control 2nd - post and interventional 1st, 2nd post-test coping behaviours. the computed total 't' value was 7.99, higher than the value in the statistical table, and the 'P' value was 0.000 at the P 0.001 level. As a result, it can be concluded that the interventional group scored higher than the control group. These results demonstrated that, compared to the control group, students in the interventional group experienced a statistically significant reduction in stress and an increase in coping practises. A negative correlation between the two variables was seen when looking at the post-test correlation score.

Result:

1. Distribution of Sample based on their demographic variables.

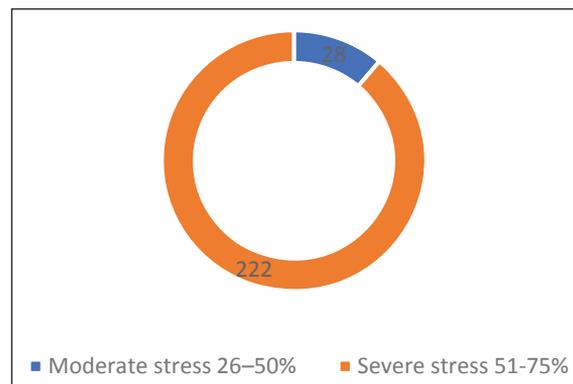
Shows the frequency and percentage distribution of sample based on demographic variables. On the basis of Student's age 54% (n=135) were belonging

to 18 years, 38% (n=95) were belonging to 19 years and 8% (n=20) were belonging to 20 years or more than. Considering the sex mostly 71% (n=177) were belonging to Female and 29% (n=73) were belonging to Male. Regarding place of Residence 54% (n=135) were belonging to Day-scholar and 46% (n=115) were belonging to Hostel. Considering Education of Father, 18% (n=45) had primary Education, 33% (n=82) had Secondary education, 25% (n=63) had Higher secondary and 24% (n=60) had Graduate. Regarding Occupation of Father, 46% (n=116) were working as coolie, 20% (n=46) were working in Government, 25% (n=62) were working in private, and 9% (n=23) were in Business. Considering Percentage of Higher secondary marks of students, 9% (n=22) had 51%-60%, 27% (n=68) had 61%-70%, 34% n=84 had 71-80% and 30% (n=76) had 81-90%. Considering Medium of language 31% (n=77) had Tamil language and 69% (n=173) had English language. Considering Leisure Time Activities, 12% (n=29) are Reading books, 20% (n=51) are watching tv, 49% (n=122) are listening to music, 17% (n=42) are Drawing and 2% (n=6) are doing any other activities in leisure time. Regarding State, 71% (n=177) belonging to Tamil Nadu, 23% (n=58) belonging to other state (Kerala) and 6% (n=15) belonging to NRI. Regarding Course Chosen by, 48% (n=121) chosen by the participants, 37% (n=89) chosen by Parents, 12% (n=31) chosen by Friends and 4% (n=9) chosen by Relatives.

2. Frequency and percentage distribution of Sample based on the level of stress

Shows the Frequency and percentage of First year B.sc Nursing students based on the level of stress. 89% (n=222) had severe stress and 11% (n= 28) had moderate stress level. The mean of the subject is 2.8880 and Standard Deviation is .31600

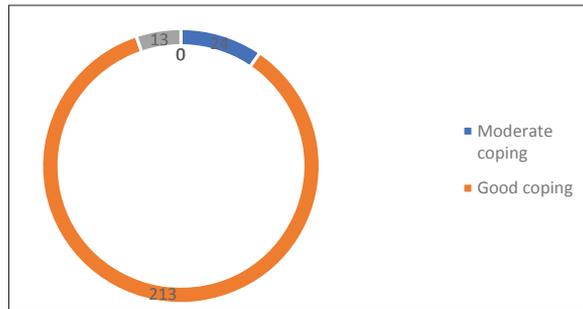
3. Frequency and percentage distribution of Sample based on the level of coping.



shows the frequency and percentage distribution

of First year B.sc Nursing students based on level of coping. 85% (n=213) had good coping skill 10% (n=24) had Moderate coping and 5% (n=13) had excellent coping skill. The mean of the subject is 2.9560 and Standard deviation is 0.38295

4. Association of stress level with selected demographic variables of Sample



Association of Demographic variables with the stress level and coping level, the result shows that there is a significant association between stress level with Sex, Percentage of Higher secondary marks, Leisure Time Activities and state belongs to the student and there is no significance association between stress level with Age, place of residence, education and occupation of father, medium of language in schooling and course chosen by

5. Association of Coping level with selected demographic variables of Sample.

In coping result shows that there is a significant association between coping

level with state and there is no significant association between level of coping with Age, sex, place of residence, leisure time activities, education and occupation of father, medium of language in schooling, course chosen by and percentage of higher secondary marks.

Discussions

Majority of the student's Age 54% (n=135) were belongs to 18 years. Majority of the student's Sex 71% (n=177) were belongs to Female. Most of the student's belongs to Day-scholar 54% (n=135). Majority of the student's father education 33% (n=82) were secondary education. Most of the father occupation 46% (n=116) were working as coolie. Most of the 34% (n=84) had 71-80% higher secondary mark. Most of the students 69% n=173 had a English as medium of language in schooling. Most of students 49% (n=122) had listening to music as leisure time activities. Most of students 71% (n=177) belongs to state Tamil Nadu.

Most of students 48% (n=121) are selected by his own choice. Most of the students 89% (n=222) had severe stress and 11% (n= 28) had moderate stress level. The mean of the subject is 2.8880 and Standard Deviation is .31600. Most of the students 85% (n=213) had good coping skill ,10% (n=24) had Moderate coping and 5% (n=13) had excellent coping skill. The mean of the subject is 2.9560 and Standard deviation is .38295. In association with stress level there is a significant association between stress level with Sex, Percentage of Higher secondary marks, Leisure Time Activities and state belongs to the student and there is no significance association between stress level with Age, place of residence, education and occupation of father, medium of language in schooling and course chosen by. In coping result shows that there is a significant association between coping level with state and there is no significant association between level of coping with Age, sex, place of residence, leisure time activities, education and occupation of father, medium of language in schooling, course chosen by and percentage of higher secondary marks.

Ethical clearance

1. Institutional ethical committee clearance obtained from principal of Chettinad college of nursing
2. Institutional Human Ethical Committee (IHEC) clearance will be obtained from CARE.
3. Written consent will be obtained from the study participants before collecting the information.
4. The information will be collected about the participant is used for the research purpose only. All the data obtained were maintained with confidentiality.
5. At the end of the data collection, Health education will be given on stress coping strategies to the participants.

Source of funding: Self

Conflict of Interest: Nil

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