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Relationship between Self Esteem and Alcohol Usage

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Abstract

Self-esteem is about confidence of one's own worth. It is a belief in oneself of self-respect and self-integrity. It may be either a positive or negative evaluation of one's own thinking, as in how they feel about it. Some reports reveal that there is a causal relationship between detrimental use of alcohol and tobacco and a range of various psychiatric, behavioral disorders and noncommunicable conditions. Alcohol use can temporarily raise or lower self-esteem, but it typically creates lower self-esteem in the long-term. Low or high self-esteem can be contributing factor to alcohol abuse and dependence, but an appropriate level of self-esteem is a powerful tool in the battle against alcoholism. Few studies investigate whether there is an association between self-esteem with demographic characteristics and outcome shows that lower self-esteem was significantly associated with current depression and other psychiatric disorders. In the study, We have analyzed the research articles related to self-esteem and alcohol syndrome published in pubmed between 1969 to 2022. A total of 8 studies related to the theme self-esteem and alcohol dependence syndrome were included in this research article. The studies suggest that high self-esteem is significantly associated with increased use of alcohol use and also cigarette smoking.

Keywords: Alcohol use, Alcohol dependence, Psychiatric disorders, self-esteem or self-esteem.

Introduction

Alcohol use is defined as a non-medical consumption of psychoactive substances like beer, wine, whiskey and other alcoholic beverages that have dependence-producing properties which have been widely used in many cultures for centuries.

World Health Organization

A person involving frequently or over intake of alcohol which leads to alcohol use disorder. People cannot stop drinking, even when it causes problems, emotional distress or physical harm to themselves or others.

Recent Studies revealed that alcohol consumption among both men and women which is higher in rural than in urban India. National Family Health Survey-5(NFHS-5), 2019-2021 shows that overall, 1% of women aged 15 and over drink alcohol, compared to 19% of men in the same age group. Around 1.6% rural and 0.6% urban among women and 19.9% and 16.5% respectively among men. Of all states, Arunachal Pradesh has the highest proportion of both men (53%) and women (24%) who drink alcohol. The lowest consumption of alcohol in Lakshadweep 0.4% and Gujarat 5.8% respectively.

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According to the National Crime Records Bureau (NCRB) 6,172 People died between 2016 and 2020 due to the consumption of illicit liquor in India.

There are several factors associated with current alcohol consumption such as family problems, direct observation of drinking friends and relatives, societal factors include level of economic development, culture, social norms and availability of alcohol. Individual factors play a major role which include people aged especially (20 to 39 years) gender especially higher in male population and poorer individuals experience greater health and social harms from alcohol consumption than more affluent individuals.

Reviews Related to Self Esteem:

Trucco Em Connery HS et al. (2007) conducted a study to investigate whether self-esteem is associated with clinical and demographic characteristics, self efficacy expectancies and post treatment drinking outcome. The size of the sample are 41 women and 60 men. The study concluded that lower self-esteem was significantly associated with current depression and other psychiatric disorders. self-esteem was not related to gender, relapse, other one year drinking outcomes or self-efficacy. Age and psychiatric disorder were strong predictors of self-esteem at follow-up (PMID: 17453609)¹.

Guillon A, Chaveau, et al. (France) 2012 conducted study to compare the self esteem of women who are alcohol dependent and self esteem of women who have become abstinent in various domains (social, familial, professional). The sample contained 71 women divided into three groups. A tool used is the coppermith self esteem inventory. Results shows that a significant difference was found for general self esteem ($p=0.001$) familial ($p=0.01$) and professional ($p=0.03$) between the three groups of women. The study concluded that this study has shown evidence that general, familial and professional self esteem drops in alcohol dependent women and in women who has become abstinent compared to a general population. (PMID:22464891)².

Pedersen Er, HSU SH, et al. (2013) conducted a study to examine the relationship between collective self esteem, acculturation and alcohol related consequences among Asian American young

adults. The sample size 442 Asian American young adults. The results shows that participants with lower acculturation and greater private collective self esteem experienced more alcohol consequences. The study concluded that differential aspects of collective self esteem may serve as protective or risk factors for Asian American young adults depending on degree of acculturation (PMID_ 23480211)³.

Savasan A, can o, Turkey 2017 conducted the randomized study to determine effect of the psychiatric nursing approach based on tidal modal on coping and self esteem in people with alcohol dependency. The method used for study was semi - experimental in design with a control group. The sample size 36 individuals (18 experimental, 18 control). The conclusions of the study may provide practice or Theoretical basis for improving coping behavior and self esteem and facilitating the recovery process of alcohol dependents with implication for mental health nursing.(PMID-28499567)⁴.

Szinay D, Tombor I, et al. (kingdom) 2019 conducted a cross _ sectional correlation study to investigate whether self esteem is associated with smoking status and alcohol consumption. The sample size 187,398. The study concluded the lower self esteem appears to be positively associated current smoking and excessive alcohol consumption and negatively associated with current alcohol consumption (PMID- 31720364)⁵.

Nadaleti NP, Ribeiro JF et al. (Brazil) 2019 conducted a study to evaluate self esteem and the consumption of alcohol, tobacco and other substances in outsourced workers. The sample of the study was 316 outsourced workers. A tool used for Rosenberg self esteem scale. The results shows that the majority of workers had high self esteem. This study concluded that it contributes to the increase of knowledge due to the small number of studies involving this subject and to contribute to the nurses to having subsidies to work with this population using strategies to combat the triggers of psychic disorders(PMID _ 31618392)⁶.

Schick MR, Nalven et al. (Island) 2020 conducted study to examine the structure of the self esteem items of the American drug and alcohol survey and to better understand the relationship among self esteem, alcohol use, and alcohol related problem in

all adolescents. The sample of the study (N= 3,498) was all adolescents which includes (male 14.8%-female 47.7%). Results show that interpersonal self esteem positively associated with alcohol consumption and alcohol related problems. (PMID: 32584078)⁷.

Gierski, de waver Benzerouk, et al. (France) 2020 conducted a quantitative study with the aim of investigating the relationship between self esteem and alcohol use among college students. The sample size was 343 college students. The tool used is the coppersmith self esteem inventory, as well as mood, impulsiveness alcohol and other substance relative measure including drinking motives. Results show that one group with a high level of self esteem and low level of anxiety and depression and other group with low level of self esteem and high level impulsiveness, mood syndrome drinking to cope motives. The study conducted high self esteem among college students. (PMID: 31845969)⁸.

SOURCE: PubMed

YEAR: 1969-2022

Conculsion

Alcohol use can temporarily raise or lower self-esteem, but it typically creates lower self esteem in the long-term. Low or high self-esteem can be a contributing factor to alcohol abuse and dependence, but an appropriate level of self-esteem is a powerful tool in the battle against alcoholism. Prevention measures which increases self-esteem by focusing on their personal beliefs about themselves is another way of intervention in reducing alcohol related complications and consequences.

Conflict of Interest: The authors have no conflict of interest regarding this investigation.

Source of Funding: Self funding.

Ethical Clearance: Since it is a concept based study and not involved any human as samples,ethical clearance is not obtained.

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An Assessment of Level of Attention and Concentration of High School Students in a Selected School, Chengalpattu District, Tamilnadu, India

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Abstract

Background: Attention is the concentration of consciousness upon one object rather than upon on other. Concentration is the mental effort placed on sensory or mental events deliberate mental effort on what is most important in a given situation. Here the study conducted to assess the knowledge or assess the concentration and attention level in the high school students or effectiveness teaching on how to get concentration and attention focused on the high school subjects and the a tention is a important to used to learning new things. It focus on the natural of learning in education system in human beings without the concentration and attention leading to the failures of learning some sorts of information at a particular things. The attention is very important so the study reveals that effective of attention and assesses the level of concentration of high school students.

Objectives: To assess the level of attention of high school students, to assess the level of concentration of high school students and to associate the level of attention and concentration of high school students with their selected demographic variables

Materials and Methods: Quantitative descriptive research approach was used in this study. 140 high school students (8th& 9th standard) was selected by using randomized sampling technique in selected school in Chengalpattu district. A valid study questionnaire was used to collect data on socio-demographic characteristics of high school students, attention was assessed by using attention control scale and concentration was assessed by using concentration assessment scale of the high school students. Data were analyzed by Inferential and descriptive statistics.

Results: The study shows that the mean score was 1.90, standard deviation was 0.615 on the aspect of level of attention and the mean score was 1.79, standard deviation was 0.560 on the aspect of level of concentration of high school students. 61.4% of the high school students had average attention, 64.3% of the high school students had average concentration.

Conclusion: Assessment on level of attention and concentration of high school students shows that most of the high school students had average attention and the most of the high school students had average concentration.

Key Words: Assessment, attention, concentration, high school students.

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Introduction

Attention and concentration is known as focusing on a particular or a specific object or a thing. Distractibility occurs when attention is uncontrollably diverted to another activity or sensation. Attention training is said to be part of education, particularly in the way students are trained to remain focused on a topic of observation or discussion for extended periods, developing listening and analytical skills in the process.^[1] Poor concentration power actually gets disturbed more than anything in a child's interest in studies and hence poor academic performance. And this is what worries each and every parent as they want their child to be a genius. The worst affected are those parents whose children are good in studies and have been scoring really well. But suddenly their children start losing interest in studies due to low concentration power. This sudden change in a child is shocking for parents who expect more from their children. But the most confusing part in this, is about how to improve the concentration power in children and to get them back on track. It is our responsibility to strengthen the pillars.^[2] In the modern world school children are facing lots of difficulties in their studies because of their poor concentration. Similarly, the 6 teachers also having lots of difficulties to deal with the children to improve their concentration.^[3]

The amount of time that a child spends together with parents or other important caregivers while listening to them, read is a good predictor of the level of reading that the child will attain later in life. However, reading to children and ensuring exposure for many books is not enough to prepare them for reading. Another critical skill is the ability to name letters or characters.^[4]

The study will contribute to develop importance regarding the level of attention and concentration in reading, writing and listening skills among school children in different settings and recommend appropriate interventions that can be undertaken by the teachers as early as possible. The investigator felt that, solutions should be framed in order to meet these problems and improve the level of concentration in reading, writing and listening skills among school children. Children are the future pillars of the nation. So, if the school children are being improved in the level of attention and attention concentration in

reading, writing and listening skills which gradually improves the academic performance of the school children. Keeping this in view, the researcher justified the need to assess the level of concentration in reading, writing and listening skills among school children and the ways to improve the level of attention and concentration in reading, writing and listening skills among school children.^[5]

Materials and Methods

A quantitative descriptive study approach was used for the study. The aim of the study was to assess the level of attention and concentration of high school students. Quantitative descriptive survey research design was adopted for this study, which is a non-experimental research design used to obtain data with regard to its prevalence, distribution and interrelations. The study was conducted in st mary's matriculation higher secondary school situated in Mahabalipuram, Chengalpattu district, Tamil Nadu. The target population for this study was high school students studying 8th and 9th standard, who were in the age group of 13 to 15 years. Both male and female within the age of 36 to 55 years, who were available during the time of data collection period were included in the study. Whereas, students who were sick and known to have any mental illness were excluded from the study. 140 high school students, who met the inclusion criteria were considered to be the part of the study population. Random sampling technique in which the participants were selected as per choice of the researcher was utilized in the study. The study tool contains three parts. Part 1 consist of the personal information of the participants such as age, gender, class, academic performance, types of family, distractor, time spend to study in a day at home(hours), attentive with good concentration. Part 2 is an attention control scale that contains 20 questions to assess the level of attention of high school students. The total score for this session will be 80, in which scores will be given based upon the response of the participants (almost never, sometimes, often, always). Based on the scores obtained by the sample, their level of attention was classified into high, average and low. Part 3 is a concentration assessment scale which includes 10 statements to assess the level of concentration of high school students with four responses. Each has 4 responses such as not at all, just

a little, quite a bit, very much. The concentration of the participant was assessed through their responses and classified them into high, medium and low based on the total scores obtain by each of them.

Data Collection:

Prior formal permission was obtained from the head of the department of Mental Health Nursing, Institutional Human Ethics Committee Clearance was obtained from Chettinad Academic of Research and Education for conducting the study. Random sampling was used to select the samples. Rapport was established with the self-introduction to the participant and written consent was obtained from the participant's parents to participate in the study. Instructions were given to the participants to answer the questionnaire frankly. Then the questionnaire was administered and responses of the participants were note, according to the response of the participant. The data collection was done in st mary's school, Chengalpattu district. The data was collected for a period of 1 week from 140 samples. Prior permission and consent was obtained from the participant's parents before conducting the study. In this present study the researcher conducted interview for samples who met the inclusion criteria, for 20 minutes to collect data on personal information and attention control scale and concentration assessment scale to assess the level of attention and concentration of high school students. The collected data was analysed and interpreted. The data was analyzed using statistical instruments.

Analysis:

It deals with the analysis and interpretation of data collected to assess the level of attention and concentration of high school students. Statistical analysis was done by using descriptive and inferential statistics. Data were entered into Microsoft Excel and all entries were cross-checked against the questionnaire. The categorical data was expressed as percentage, whereas the continuous data were expressed as mean \pm standard deviation. Chi-square test was used to test the association of different variables with socio demographic data of the participants. A probability value of < 0.05 was considered as statistically significant. The data was presented under the following headings, Table 1:

Frequency and percentage of attention level scores of high school student, Table 2: Frequency and percentage distribution of concentration level scores of high school student, Table 3: Association of attention level with their selected demographic variables, Table 4: Association of concentration level with the selected demographic variables of high school students.

Findings:

In a total of 140 respondents, The Significant percentage of the high school students aged were 13 yrs (68.6%) followed by (30%) of students were 14 years and least percentage of students were (1.4%), Most of the high school students gender were female (51.4%) and (48.6%) of students were male, Majority of the high school students belongs to 9th standard (71%) and (49.3%) of students were 8th standard, Majority of the high school students' academic performance was good (61.4%), (33.6%) of students was average and remaining (5.0%) of students was below average, Most of the high school students lived in nuclear family (66.4%) and (33.6%) of students was joint family, Majority of the high school students' distractors were noisy environment (65%), (22.1%) of students was distracted by colleague and remaining (12.9%) of students were got distracted by prolonged lecture class. The significant of the high school students' time to study was 2 hours (42.9%), (34.3%) of students will spend time study for 3 hrs and remaining (22.9%) of students were study for 4 hrs, Most of the high school students' attentions with good concentration were 30 minutes (63.6%) and remaining (36.4%) of students were attentive with good concentration. Most of the high school students had average at tention (61.4%), 34 (24.3%) of the high school students' high attention and 20 (14.3%) of the high school students' low attention, demographic variables such as class ($p=0.009$) is significantly associated with the level of attention. Most of the high school students had average concentration (64.3%), 40 (28.6%) of the high school students had high concentration and 10 (7.1%) of the high school students' low concentration, demographic variables such as class ($p=0.007$) and attentive with good concentration ($p=0.04$) is significantly associated with the level of concentration. Them an score and standard deviation of attention level and concentration level were 1.90,0.615 and 1.79,0.560.

Table 1: Frequency and percentage distribution of attention level of high school students

Level of Attention	Frequency	Percentage
High attention	34	24.3
Average attention	86	61.4
Low attention	20	14.3

Table 2: Frequency and percentage distribution of concentration level of high school students

Level of Concentration	Frequency	Percentage
High concentration	40	28.6
Medium concentration	90	64.3
Low concentration	10	7.1

Table 3: Association of selected demographic variable with level of attention scores.

TS. No	Demographic Variables	Category	No of samples	Level of attention			χ^2	P Value
				High	Average	Low		
1	Age in Years	13	96	26	57	13	2.365	df=4 0.669 (NS)
		14	42	8	27	7		
		15	2	0	2	0		
2	Gender	Male	68	11	44	13	5.972	df=20.50 (NS)
		Female	72	23	42	7		
3	Class	8 th standard	69	23	41	5	9.395	df=2 0.009(S)
		9 th standard	71	11	45	15		
4	Academic performance	Good	86	24	48	14	3.999	df=4 0.406(NS)
		Average	47	8	33	6		
		Below average	7	2	5	0		
5	Types of family	Joint family	47	11	28	8	0.433	df=20.805 (NS)
		Nuclear family	93	23	58	12		
6	Distractors	Noisy environment	91	25	53	13	5.940	df=40.204 (NS)
		Distracting colleague	31	7	22	2		
		Prolonged lecture	18	2	11	5		
7	Hours to spend for study in home	2 hours	60	11	38	11	5.076	df=4 0.280 (NS)
		3 hours	48	12	32	4		
		4 hours	32	11	16	5		
8	Attentive with good concentration	30 mins	89	18	55	16	3.995	df=2 0.136(NS)
		60 mins	51	16	31	4		

Table 4: Association of Selected Demographic variables with level of concentration

N=140

S. No	Demographic variables	Category	No of samples	Level of concentration			X ²	P Value
				High	Average	Low		
1	Age in Years	13	96	33	57	6	5.719	df=4
		14	42	7	31	4		0.221
		15	2	0	2	0		(NS)
2	Gender	Male	68	18	45	5	0.286	df=2
		Female	72	22	45	5		0.867
3	Class	8 th standard	69	28	36	5	9.973	df=2
		9 th standard	71	12	54	5		0.007
4	Academic performance	Good	86	24	55	7	1.262	df=4
		Average	47	13	31	3		0.868(NS)
		Below average	7	3	4	0		
5	Types of family	Joint family	47	13	32	2	1.005	df=20.605
		Nuclear family	93	27	58	8		(NS)
6	Distractors	Noisy Environment	91	25	61	5	5.732	df=4
		Distracting colleague	31	12	15	4		0.220
		Prolonged lecture	18	3	14	1		(NS)
7	Hours to spend for study in home	2 hours	60	15	40	5	2.309	df=4
		3 hours	48	17	29	2		0.679
		4 hours	32	8	21	3		(NS)
8	Attentive with good concentration	30 mins	89	19	63	7	6.246	df=2
		60 mins	51	21	27	3		0.044(S)

Conclusion

In this study, standardized tool was provided to the high school students fulfilling the inclusion criteria to determine their level of attention and level of concentration. The majority of high school students had average attention and the majority of high school students had medium concentration. Health education should be encouraged to improve attention and concentration level. Continuous and persistent awareness using available resources should be enforced for the general population as a whole so that they will promptly respond towards attention and concentration, to prevent the attention and

concentration lacks, the teaching package prepared by the researcher would give teaching education.

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Conflict of Interest: Nil

Ethical Clearance: Chettinad Academy of Research and Education, Institutional Human Ethics Committee on 11.02.2022.

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Effect of Self-Esteem Enhancement Program on level of self-esteem among School Children: A Pre Experimental Study

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Abstract

An experimental study was conducted to assess the effect of self-esteem enhancement programme on the self-esteem of school going adolescents in selected schools of Kottayam district. The research design used was one group pretest, post test design. The study was conducted among 8th standard Malayalam medium students of a selected school in Kottayam district of Kerala State. The sample consisted of 62 students, recruited using purposive sampling. The data were collected, using self report questionnaire- Socio demographic data and Self-esteem inventory (Thomas 1984). Structured intervention programme comprised of 10 sessions and each session was for 45 minutes. Post assessment was done one week after the structured intervention programme, using the same tool. Data were analyzed using descriptive and inferential statistics. The study findings revealed that majority of the study group were having average self - esteem, there was significant improvement in the mean self- esteem of sample in the post assessment. There was no significant relationship between adolescent's self-esteem and demographic variables. Based on the findings of study it is important to focus on primary prevention, and programmes to enhance self-esteem of adolescents should be formulated and implemented.

Keywords: Self-esteem, self-esteem enhancement programme, School students.

Introduction

Self esteem is a person's personal judgment of self worth. The most basic task for one's mental, emotional and social health is the construction of positive self esteem. According to Rosenberg self esteem is one's positive or negative attitude towards oneself and one's evaluation of one's own thoughts and feelings¹. The beliefs and evaluations people hold about themselves determine who they are, what they can do and what they can become².

Self-esteem is the evaluative and affective dimension of the self-concept and is considered as

equivalent to self-estimation and self-worth³. It refers to a person's global appraisal of his/her positive or negative value, based on the scores a person gives him/herself in different roles and domains in life⁴.

Empirical studies over the last 15 years indicate that the self-esteem is an important psychological factor contributing to health and quality of life³. Recently several studies have shown that subjective wellbeing significantly correlate with high self-esteem and that self-esteem shares significant variance in both mental wellbeing and happiness⁴. Self-esteem has been found to be the most dominant and powerful predictor of happiness. Indeed, while low self-esteem

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leads to maladjustment, positive self-esteem, internal standards and aspirations actively seem to contribute to wellbeing. Self-concept, identity and self-esteem are among key elements of mental health⁵.

Adolescence is a critical period of life which is associated with extensive changes in cognition and structure. Adolescence is the last step of growing up during which parents and educators can actively help them to find their life path. Self-esteem plays a very important role for the development during this period. When adolescents have a strong self-concept they are able to better position themselves for learning and this in turn can facilitate a strong academic self-concept⁶.

Low self-esteem has been linked to numerous adolescent risk behaviors such as smoking, drug use and sexual activity. A large number of studies conducted in various cultures and populations supported the significance of self-esteem in adolescents. Adolescents, who have high self-esteem, always handle their stress and frustration in more appropriate ways⁵.

Adolescents with low self-esteem tend to be more depressed by the times they reach their mid-thirties. Having low self-esteem can affect our ability to perform and achieve in different aspects of our lives. There is a strong relationship between academic stress, depression, anxiety, low self-esteem and suicidal ideation among students in secondary or high school and young adults. Adolescents may have varied level of self-esteem. There is great need for interventions to promote adolescents self-esteem in order to maintain healthy mental health of adolescents⁷.

Materials and Methods

Quantitative research approach using pre experimental research design was adopted to find out the effect of self-esteem enhancement program and association between self-esteem and selected demographic variables. The study was conducted among 8th standard students. The study was conducted in a government high school in Kottayam. The study population comprised of students in the 8th standard Malayalam medium divisions. A total of 62 samples who met the inclusion criterion were selected by purposive sampling.

Data collection instruments and techniques: The research tools used in the study were:

1. Tool I – self-report questionnaire. Socio-demographic data.

This consisted of age, gender, parent's educational status, occupation, monthly income and type of family, birth order and number of children in the family.

2. Tool II – self-esteem inventory by Thomas (1984) is used in measurements of self-esteem level.

Scoring: Self-esteem inventory has 25 items and each item has five options like "strongly agree, agree, don't know, disagree, and strongly disagree. There are positive and negative items. Scores for positive items are 5, 4,3,2,1 and negative items 1, 2,3,4,5 respectively. Maximum score 12 minimum score 25. Based on scoring, self-esteem is divided into three levels. High, average and low

Score	Self-esteem level
96-125	High
73-95	Average
25-72	Low

Structured intervention program: The intervention program is a modified version of the intervention program developed by Jose in 2006 an unpublished Ph.D. thesis. The program consists of 10 sessions. Each session consist of 45 minutes. Facilitator will impart information with the help of information sheet and conduct group discussions. Each Session begins with a review of preview session. Students are guided in the active participation of program.

After obtaining permission from concerned authority, a pilot study was conducted. The investigator obtained permission from human ethical committee, Medical College Hospital, Kottayam prior to the study. The teachers of the school, students and parents were also informed about the commencement of study. The investigator went to the class established a good rapport with students. The purpose of study was explained and students' willingness to participate in the study was ensured before starting the study. On the next day of the pre

assessment structured intervention program was started for the students. It comprised of ten sessions. Each session consist of 45 minutes. This took three weeks to complete the program. One session per day, for each group of students separately. One week after completing the program post assessment was done using the same self-esteem inventory.

Results

• Socio-demographic data of study subjects

In the present study 85.5% of the study participants were males and Hindus (59.7%)

Among the study participants, majority 82.3% of father's were laborers' and 80.6% of mothers were house wives. Majority of parents (71%) were having educational status S.S.L.C and above. Majority 74.2% of study participants were from nuclear family. Among the sample, 67.7% were from family with two children. Majority (53%) of study sample were eldest in the family.

• Effect of self-esteem enhancement programme

Table 1: Frequency distribution and percentage of self-esteem score in pre and post assessment

(n = 62)

Self Esteem score	Frequency	Percentage
Pre Assessment		
96-125 (High)	8	12.9
73-95 (Average)	35	56.5
25-72 (Low)	19	30.6
Post Assessment		
96-125 (High)	17	27.4
73-95 (Average)	39	62.9
25-72 (Low)	6	9.7

Table 2: Mean, standard deviation and 't' value of adolescent's self-esteem with respect to self-esteem enhancement programme.

(n = 62)

Self-esteem score	Mean	SD	t value	p value
Pre Assessment	80.73	15.09	8.94	0.001***
Post Assessment	90.48	14.41		

*** Significant at $p < 0.001$

Table 2 reveals that the obtained 't' value is significant at 0.001 level. This shows that there is significant difference in adolescent's self-esteem with respect to self-esteem enhancement programme.

Discussion

In the present study, 85.5% of study participants were males. Investigator assumes that male students are more because the study was conducted in a Government school and female students had opportunity to study in a near by Govt. Aided Girls High School. Ritchie, (2001) found that perceived level of self-esteem and hopefulness did not significantly differ between boys and girls. Study findings revealed that out of the 62 participants, majority (82.3%) of fathers were labourers and 80.6% of mothers were housewives. Another finding is that majority of student's fathers 71% were having educational status S.S.L.C and above. In the present study majority (62.9%) of students were having average self-esteem. The study was conducted in a govt. school; Majority of students were from low socio economic status. A few, public schools and aided schools are functioning in the locality. So children from middle and high socio economic status were sent to these schools. Present study indicates that 74.2% of adolescents were from nuclear families Jose found that adolescents from joint families have higher self-esteem. In Joint families grant parents and other elders were present to give moral and spiritual guidance to support the children. In the present study no significant relationship was found between self-esteem and type of family⁸.

Findings of studies revealed that high birth order associated with poor self-concept. In the present study majority (53.2%) of sample were eldest in the family. No significant relationship was found between birth order and self esteem⁹.

In the present study there was significant increase in the self-esteem scores of sample in the post test as compared to pre test self-esteem scores. This indicates that the structured intervention programme was effective in enhancing self-esteem. Jose in 2006 also found that a significant increase in the self-esteem of experimental group after the intervention of Adolescent Wellness Enhancement Programme⁸. Self-esteem was found to have significant positive relationship with all other variables namely

subjective well-being, lifestyle practices, knowledge on pubertal changes, adjustment and spiritual well-being of adolescents. Positive feelings about the self during development have been argued to promote psychological well-being and stability³.

No significant association was found between self-esteem and demographic variables such as sex, religion, educational status and occupational status of parents, type of family, number of children and birth order. The investigator assumes that this may be due to the fact that majority of sample share the same socio economic status and cultural background.

Ethical clearance- Taken from Institutional Ethics committee of Govt Medical College, Kottayam.

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Conflict of Interest - Nil.

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Effectiveness of Mental Health Training Program on Knowledge, Attitude and Practices of ASHA workers of selected rural areas of Jabalpur: A Pilot Study

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Abstract

Introduction and background: One of the major challenges of successful integration of mental health into Primary health care is the lack of adequate knowledge, positive attitude, and skills for mental health service of community health professionals like ASHA participating in the care and treatment of people at primary health care levels. Accredited Social Health Activist (ASHA) may play a significant role in the early identification of mental health issues and in enhancing community health status.

Objective- The objective of the study was to assess effectiveness of mental health training program on knowledge, attitude and practices of ASHA workers of selected rural areas of Jabalpur.

Methodology- A quasi experimental pre-test post-test control group design was used to collect data from 22 ASHA workers who were selected using non probability purposive sampling technique. The Mental health training program was administered to experimental group for two days. Pre and Post Test knowledge, attitude and Practice was assessed using a structured knowledge questionnaire, attitude assessment scale and self-reported practice assessment scale respectively. The gathered pilot study data was analysed using descriptive and inferential statistics.

Results: There was a statistically significant improvement in knowledge, attitude and Practice of ASHA workers after intervention.

Conclusion: The findings of the pilot study revealed no ambiguity and the tools were feasible to conduct the main study.

Key words: Mental Health training Program, ASHA worker, Effectiveness, Knowledge, Attitude, Practice

Introduction

The maxim, "there is no health without mental health" underlines the fact that mental health is a quintessential and vital element of health. However, attaining this state of mental health is an enduring challenge, with over one billion people worldwide

living with a mental or addictive disorder. Mental disorders are both leading causes of disability and significant risk factors for premature mortality. At all levels of sociodemographic development, this burden of morbidity and mortality is rising.^{1,2} In India, approximately 6% of the population have a mental

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disorder such as schizophrenia. Suicide is a major public health problem, with over 100,000 suicides annually. Mental disorders in India are not necessarily experienced and understood in the same way as in Western countries and the vast majority of care is provided by the family. Many remain untreated, and those families who do seek treatment will often turn to non-allopathic providers including practitioners of Indian traditional medicine, religious healers, faith healers and astrologers. The scarcity of mental health professionals, particularly in rural areas, places specialist psychiatric care out of the reach of most people.³The World Health Organization (WHO) believes that the best approach to reducing the global burden of disease is to include mental health within PHC. The National Mental Health Program in India also supports the integration of mental health into primary healthcare, however only 24 of 600 districts are currently covered by this programme, indicating that there has been relatively limited success in putting this concept into reality.⁴

On 12 April 2005, the Government of India took a major welfare initiative by launching National Rural Health Mission (NRHM) in 18 states with weak public health indicators and infrastructure and extended it across the entire country. One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist ASHA (Accredited Social Health Activist). Selected from the village itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system. **Q. N. Shah et al.**, (2019) study shows how CHWs in India may benefit from formal mental health training and programming. In this cross-sectional study, self-administered questionnaires were used on CHWs in Vadodara, Gujarat, India. Two-tailed t-tests were run in Excel 2011. Anxiety (61%) and brain disease (61%), followed by stress (45%) and alcoholism (38%). CHWs doubt faith healers' capacity to treat mental illness (72.9%), but advocate psychiatric care for the mentally sick (84.4%). Over 50% of participants said mentally sick had a lower IQ and are unpredictable, but 80% said they can live in the community and recover with treatment and assistance (91%). The study suggests training CHWs to reduce stigmatizing ideas and increase mental disease awareness to scale up mental health treatment in low-resource regions⁵.

The impact of a mental health education program on ASHAs' knowledge, attitudes, and practices (KAP) was assessed in a study by **Misra et al.** in 2021. In a district in western India, intervention research was carried out in 2016 and 2017 to enable ASHAs to offer mental health treatments. Before and after the intervention, a semi-structured questionnaire was given to intervention and control groups to gauge KAP's mental health. In two batches, an instructional program was delivered. For delivering instruction and training, hybrid techniques were used. In the intervention group, the "paired t test" was used to compare pre and post results, while the "unpaired t test" was used to compare baseline data. Results: After intervention, KAP of ASHAs showed a statistically significant improvement. The majority of ASHAs referred patients with mental health issues to public tertiary care facilities. According to the study, providing ASHAs with a brief training on mental health can help them become more successful in terms of knowledge, attitudes, and practices.⁶ It is an evident from the studies cited above that the Short-term mental health training, may considerably enhance ASHA workers areas of knowledge, attitude, and practices. As a result, the investigator realized the need to carry out the particular study to assess the effectiveness of mental health training program on Knowledge, attitude and practices of ASHA workers.

Materials and Method

The research design adopted for the study was quasi- experimental pre-test post-test control group design in which two groups (control group and experimental group) were selected experimental group was given intervention and no intervention was given to control group. The pilot study was conducted at Seth Govind Das Victoria Hospital, Jabalpur from 1st July to 31st July 2022, among 22 ASHA workers of Jabalpur block who met the predetermined criteria. The prior written permission was obtained to conduct the study from the Chief Medical Officer, Jabalpur. An informed consent was obtained from respondents prior to the study, the purpose of the study was explained to the subjects and confidentiality was assured to all the subjects. Pre Test was administered to assess knowledge, attitude and practice of ASHAs regarding mental health in both the groups at the baseline by using structured

knowledge questionnaire, attitude assessment scale and self-reported practice scale respectively. After the administration of questionnaire, all participants of the intervention group underwent a well-designed mental health training program. Training was imparted for 2 days; divided into four sessions of 45 mins each. Post intervention data were collected after one month from both the groups. Analysis of data was done using descriptive and inferential statistics.

Reliability of the Tools

The tools' reliability was measured on 22 ASHA workers. The test-retest method was used to determine the reliability, which was computed using Karl Pearson's correlation coefficient, which was $r = 0.76$ for the structured knowledge questionnaire, $r = 0.96$ for the attitude assessment scale, and $r = 0.93$ for the self-reported practice assessment scale. As a result, all the tools were found to be reliable for measuring ASHA workers' knowledge, attitude, and practice.

Results

A total of 22 ASHA worker 11 in experimental and 11 in control participated in the study. According

to the Table 1 majority of ASHA workers4 (36.36%) in control group were from the age group 20-30 years, 3 (27.27%) were from the age group 31-35 years. In education majority 6 (54.55%) of ASHA workers were having education up to matriculation. All 11 (100%) were married, family income per month of ASHA workers were 9 (81.82%) below Rs. 5000, most of them 5 (45.45%) were living in joint family. Most 10 (90.91%) of them had working experience of more than 5 years and 6 (54.55%) serve population size of more than 1500 and 6 (54.55%) visits home 2-4 days per week and all 11(100%) had no previous experience/training related to mental health. In experimental group Majority 7 (63.64%) of ASHA workers were in the age group of 31-35 years, 7 (63.64%) were having formal education upto 8th class, all were 11 (100%) married and having family income below Rs 5000, most of them 6 (54.55%) were living in joint family, 9 (81.82%) were having experience of more than 5 years, 6 (54.55%) were serving a population size of 1000 to 1500, 9 (81.82%) were carrying out home visits 2-4 days per week and all were 11 (100%) having no previous experience/ training.

Table 1: Frequency and percentage distribution of ASHA workers based on their socio-demographic variables in control group and experimental group.

Demographic Variables	Control Group		Experimental Group	
	f	P (%)	f	P (%)
1. Age (in years)				
a) 25-30	4	36.36	2	18.18
b) 31-35	3	27.27	7	63.64
c) 36-40	2	18.18	1	9.09
d) Above 40	2	18.18	1	9.09
2. Education				
a) Formal education up to 8th class	4	36.36	1	9.09
b) Up to matriculation	6	54.55	2	18.18
c) Senior secondary	1	9.09	1	9.09
d) Higher secondary	0	0.00	7	63.64
3. Marital Status				
a) Single	0	0.00	0	0.00
b) Married	11	100.0	11	100.0
c) Divorced	0	0.00	0	0.00

Continue

4. Family Income per month				
a) Below 5000/-	9	81.82	11	100.0
b) Rs. 5001/- to 10,000/-	2	18.18	0	0.00
c) Above Rs 10000/-	0	0.00	0	0.00
5. Type of family				
a) Nuclear	4	36.36	3	27.27
b) Joint	5	45.45	6	54.55
c) Extended	2	18.18	2	18.18
6. How long have you been working as ASHA?				
a) Less than one year	0	0.00		0.00
b) One year to 5 years	1	9.09	2	18.18
c) More than 5 years	10	90.91	0	0.00
7. What population size do you serve?				
a) Less than 1000	5	45.45	3	27.27
b) 1000 to 1500	0	0.00	6	54.55
c) More than 1500	6	54.55	2	18.18
8. How many days do you go for home visit per week?				
a) <2 days	5	45.45	2	18.18
b) 2-4 days	6	54.55	9	81.82
c) >4 days	0	0.00	0	0.00
9. Any experience/training related to mental health				
a) Previous experience of working with mentally ill individual/ /rehabilitation centre	0	0.00	0	0.00
b) Short term training course	0	0.00	0	0.00
c) No previous experience/ training	11	100.0	11	100.0

The table no 2 depicts the frequency, percentage, mean and standard deviation of pretest and post test scores of knowledge, attitude and practice of ASHA workers in control and experimental group. In comparison of overall pre-test and post-test mean knowledge scores within experimental and control group; it was seen that; experimental group mean 16.63 was higher than control group 9.81. In comparison

of overall pre-test and post-test mean attitude scores within experimental and control group it was seen that; experimental group mean 95.27 was higher than control group 58.36. In Comparison of overall pre-test and post-test mean practice scores within experimental and control group; experimental group mean 37.27 was higher than control group 23.27.

Table 2: Frequency, percentage, mean and standard deviation of pretest and post test scores of knowledge, attitude and practice in control and experimental group.

Variable	Control Group								Experimental Group							
	Pre-Test				Post Test				Pre-Test				Post Test			
Level of knowledge	f	P(%)	Mean	SD	f	P(%)	Mean	SD	f	P(%)	Mean	SD	f	P(%)	Mean	SD
Poor	8	72.73	8.81	2.04	7	63.63	9.81	2.08	9	81.82	8.54	1.8	3	27.27	16.63	5.4
Average	3	27.27			4	36.36			2	18.18			4	36.36		
Good	0	0.00			0	0			0	0			4	36.36		
Level of attitude	f	P	Mean	SD	f	P	Mean	SD	f	P	Mean	SD	f	P	Mean	SD

Continue

Unfavourable attitude	8	72.73	57.36	3.89	6	54.54	58.3	4.96	9	81.8	56.9	3.17	0	0	95.27	3.13
Moderately favourable	3	27.27			5	45.45			2	18.1			0	0		
Favourable attitude	0	0			0	0			0	0			11	100		
Level of practice	f	P	Mean	SD	f	P	Mean	SD	f	P	Mean	SD	f	P	Mean	SD
Poor	8	72.73	22.81	3.09	7	63.64	23.27	3.49	7	63.63	23.45	3.64	0	0	37.27	1.55
Average	3	27.27			4	36.36			4	36.36			3	27.27		
Good	0	0			0	0			0	0			8	72.72		

The effectiveness of mental health training program was assessed by comparing post test score of knowledge, attitude and practice in control and experimental groups. As depicted in table no 3 in the post test comparison of knowledge score the t test value was 4.45 which was higher than P value 0.00123, in the post test comparison of attitude score the t test value was 19.44 which was higher than P

value 0.00001, similarly in the post test comparison of practice score t test value was 13.63 which was higher than P value 0.00001. All the comparisons show a statically significant difference which suggests that mental health training program was effective in improving the knowledge, attitude and practice of ASHA workers.

Table 3: Comparison of Post test score of knowledge, attitude and practice in control and experimental group

Knowledge	Mean	SD	t test	P value	Result
Post-test control	9.81	2.08	4.45	0.00123	Significant
post-test experiment	16.63	5.4			
Attitude	Mean	SD	t test	P value	Result
Post-test control	57.27	5.79	19.44	<.00001	Significant
Post-test experimental	95.27	3.13			
Practice	Mean	SD	t test	P value	Result
Post-test control	23.27	3.49	13.63	<0.00001	Significant
post-test experimental	37.27	1.55			

Discussion

The findings of the study have proved that there was a significant improvement in the Knowledge, Attitude, Practice among ASHA workers in the experimental group after the administration of Mental health Training Program. The effectiveness of the training program among ASHAs in the current study support the study findings carried out by Patel & Misra, (2022) which evaluated the effectiveness of a mental health education program on knowledge, attitude, and practices (KAP) of ASHAs. A total of 112 ASHAs, 55 in the intervention group and 57 in the control group, participated in the study. After intervention, mean score of KAP was 69.67 and 50.36 in intervention and control group, respectively,

which was statistically significant; $P < 0.0001$. Mean of correct responses to knowledge items is seen to be increased in all components of knowledge after intervention in intervention group, whereas this is almost similar in the control group. The increase is statistically significant; $P < 0.0001$. A statistically significant improvement, $P < 0.0001$, was seen after intervention in the intervention group in almost all components of attitude and practice explored.

A statistically significant mean score of correct responses to knowledge items, attitude, and practice after intervention seen in the current study is in line with other intervention studies that reported positive change in KAP of the participants.^{7,8,9}

Conclusion

The findings of pilot study revealed that, it was feasible to conduct the main study in selected settings. There was no ambiguity in the tool and the tool was found feasible and practicable to proceed with main study. The pilot study also demonstrates that ASHAs may be effectively trained in mental health through a brief training program and can improve their knowledge, attitude and practice in relation to mental health. This is crucial for underdeveloped nations where mental health professionals are in short supply. Similar study on broader scale could be taken up in scaling up the mental health services in rural communities.

Conflict of Interest - Nil

Source of Funding - Self

Ethical Clearance - Ethical permission was obtained from the institutional ethical committee for conducting this research and informed consent was taken from the participant before initiation of the data collection.

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Effectiveness of Planned Teaching Programme (PTP) on Knowledge Regarding Regulatory Bodies of Nursing in India at Selected Institution, Salem

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Abstract

A quantitative evaluative research approach with pre-experimental (one group pre test post test) design was adopted. By purposive sampling technique 190 B.Sc Nursing students were selected from Sri Gokulam College of Nursing, Salem. Pre-test was conducted using a structured knowledge questionnaire, followed by planned teaching programme. After two weeks of interval post-test was conducted using the same tool. In pretest, the mean score was 9.92 ± 2.83 and the mean percentage was 35.42% where as in post test, the mean score was 14.28 ± 3.48 and the mean percentage was 51% with the difference in mean percentage being 15.58%. Highly significant difference was found between pre and post test scores at $P < 0.001$ level ($t = 15.58$). The study implies that Planned teaching programme on regulatory bodies of nursing in India is effective in improving the level of knowledge among B. Sc Nursing students.

Key words: PTP- Planned Teaching Programme, Regulatory bodies, Nursing in India

Introduction

A regulatory agency (also regulatory authority, regulatory body or regulator) is a public authority or government agency responsible for exercising autonomous authority over some area of human activity in a regulatory or supervisory capacity. Vital role of regulatory bodies are to ensure the public's right to quality health care service to support and assist professional members, monitor and enforce standards of nursing education, and nursing practice and set the requirements for registration of nursing professionals.³

The regulatory system consists of a set of legal instruments and rules (laws, contract agreements,

statutory rules framed by the government, etc.); procedures and processes (for obtaining required approvals, licenses and permits, etc.); and regulatory authorities (ministry, regulatory agency, judiciary, competition commission, etc.) with the delegated power.²

Nursing regulatory bodies (NRBs), governmental agencies responsible for the regulation of nursing practice, were established to protect the public by overseeing and ensuring the safe and competent practice of nursing. They achieve this by outlining standards of safe nursing care and issuing licenses to practice nursing. Once a license is issued, the NRB monitors licensees'

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compliance to laws and regulations and acts against the licenses of those nurses who have exhibited unsafe nursing practices. The actual functions of individual regulatory authorities in a country would depend on the overall structure of the regulatory regime, empowerment of authorities as provided in the relevant legal instruments and rules, administrative arrangements and autonomy, and technical capacity.¹

Nursing profession and its regulatory bodies are both ongoing and global, bringing significant changes not only in nursing workforce but also in patients care and healthcare systems. For this reason, it is important to have an in-depth understanding of its processes and the factors that could affect it. By imparting knowledge on various regulatory bodies to the student nurses will enhance their understanding and utilization of benefits involved in them and using it for their personal and professional development in future.⁴

Statement of the Problem:

A Study to Assess the Effectiveness of Planned Teaching Programme (PTP) on Knowledge regarding Regulatory Bodies of Nursing in India among B.Sc Nursing Students at selected Institution, Salem

Objectives:

1. To assess the level of knowledge regarding Regulatory bodies of Nursing in India among B.Sc Nursing students.
2. To assess the effectiveness of Structured Teaching Programme on Regulatory bodies of Nursing in India among B.Sc Nursing Students
3. To associate Pretest knowledge score with selected baseline variables of B.Sc Nursing students.

Hypotheses:

- **H₁:** There is a significant difference in the level of knowledge of B.Sc Nursing student before and after administration structured teaching programme at $p \leq 0.05$ level.

- **H₂:** There is a significant association between the Pretest knowledge score with selected baseline variables of B.Sc Nursing students at $p \leq 0.05$ level.

Research Methodology

Quantitative evaluative research approach with Pre experimental design, in which one group pre test-post test design was used .The study was conducted in Sri Gokulam College of Nursing, Salem. The population of the study was students who are pursuing B.Sc Nursing programme. Total number of students studying in B.Sc Nursing programme in the setting were 265. The setting was selected by convenient sampling technique. 197samples were selected for the study using purposive sampling technique.

Description of the Tool:

Tool consists of baseline variable like age, sex and year of study and 28 structured Questions related to Role of Regulatory Bodies of Nursing in India .The correct response was scored 1 and wrong was scored as 0. Knowledge score was graded as inadequate level of knowledge (0-9), moderate level of knowledge(10-18) and adequate level of knowledge(19-28).

Ethical Consideration:

Ethical clearance was obtained from the Institutional Ethical Committee and written informed consent was obtained from the participants. Confidentiality of the information obtained was ensured.

Data Collection Procedure:

After obtaining permission from the concerned authorities of the Institution, pretest was conducted using structured questionnaire related to Role of Regulatory Bodies of Nursing in India. Planned teaching programme was provided to B.Sc Nursing students using power point presentation. After two weeks the students were reassessed by using the same tool.

Results and Discussion

Table 1: Frequency and Percentage Distribution of B.Sc Nursing Students according to their selected Baseline variables. n=190

Sl. No	Baseline variables		Frequency (f)	Percentage (%)
1.	Age	17-18 years	6	3.15
		18-19 years	31	16.31
		19-20 years	69	36.31
		20-21 years	84	44.21
2.	Sex	Male	48	25.26
		Female	142	74.73
3.	Year of study	I year	55	28.94
		II year	44	23.15
		III year	53	27.89
		IV year	38	20.00

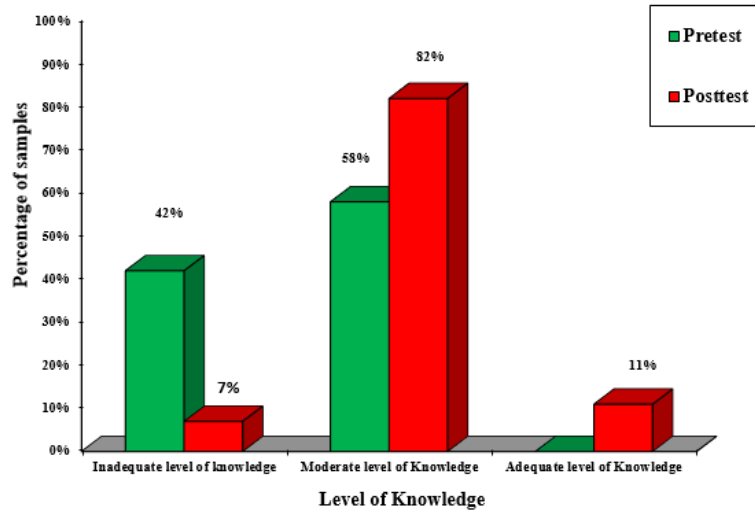


Fig. 1: Comparison of Pre and Post test score of knowledge regarding Regulatory bodies of Nursing in India among B.Sc Nursing Students.

Table 2: Comparison of Mean, Standard deviation, Mean percentage and difference in Mean percentage of knowledge regarding Regulatory bodies of Nursing in India among B.Sc Nursing Students before and after planned teaching programme n=190

Level of knowledge	Max score	Mean	SD	Mean %	Difference in mean %
Pre test	28	9.92	2.83	35.42	15.58
Post test		14.28	3.48	51	

Table 3: Comparison of Mean, SD and Mean percentage of Pre test and Post test scores of knowledge regarding Regulatory bodies of Nursing in India among B.Sc Nursing Students according to their year of study n=190

Year of study	Pre test			Posttest			Difference in mean %
	Mean	SD	Mean %	Mean	SD	Mean %	
I year	9.70	2.91	34.64	14.9	2.98	53.21	18.57
II year	10.31	3.18	36.82	14.8	3.56	52.85	16.03
III year	9.66	2.58	34.50	12.6	4.14	45	10.5
IV year	10.15	2.54	36.25	14.8	2.46	52.85	16.6
Overall	9.92	2.83	35.42	14.28	3.48	51	15.58

Table. 4 Effectiveness of planned Teaching Programme on knowledge regarding Regulatory bodies of Nursing in India among B.Sc Nursing Students. n=190

Sl. No.	Level of Knowledge	Maximum score	Mean	Standard Deviation	Paired 't' value
1	Pre test	28	9.92	2.83	14.5**
2	Post test		14.28	3.48	

** Highly Significant at $p < 0.001$ level; $df = 100$, table value = 1.660

Table 5 Association between the pre test knowledge scores regarding Regulatory bodies of Nursing in India among B.Sc Nursing Students with their demographic variables. n=190

Baseline variables	Df	Chi-square value	Table value
Age	6	4.191	12.592
Sex	2	3.12	5.99
Year of study	6	24.62**	12.592

** Highly Significant at $p < 0.001$ level

Distribution of B.Sc Nursing students according to their baseline variables.

Base line variables B.Sc Nursing students shows that majority 84 (44.21%) belongs to the age group of 20-21 years, 142 (74.73%) were female, almost equal percentage of students are studying first year and final year B.Sc Nursing.

The first objective of the study was to assess the level of knowledge regarding regulatory bodies of nursing in India among B.Sc nursing students.

Inpretest none of the B.Sc nursing students had adequate level of knowledge, 110(76.67%) had moderate level of knowledge and 80(23.33%) had adequate level of knowledge regarding regulatory bodies of nursing in India.

The second objective of the study was to assess the effectiveness of planned teaching programme on knowledge regarding regulatory bodies of nursing in India among B. Sc nursing students.

In the pretest, the mean score of knowledge was 9.92 ± 2.83 , where as in post test, the mean

score of knowledge was 14.28 ± 3.48 . The calculated 't' value (15.92) was greater than the table value (1.660) at $p < 0.001$ level shows that planned teaching programme was effective in improving the knowledge of nursing students. Hence hypothesis H_1 was retained.

The third objective of the study was to associate pre-test knowledge score with selected baseline variables of B.Sc nursing students.

There was no significant association between pre-test score with age and sex of the student, whereas significant association was found between pre-test knowledge and year of study of students in B.Sc nursing programme. Hence hypothesis H_2 is partially accepted.

NURSING IMPLICATION:

Nursing Practice

Nurses working in government/ semi-government/ private organization can utilize the benefits provided by regulatory bodies of nursing in India whenever new policies are implemented which in turn help them to uplift their professional life.

Nursing Service:

CNE services can be provided at institution to all nurses at various Grades in order to train and enhance their knowledge for following best nursing service to mankind.

Nursing Education:

Various Education programmes like seminars and conferences can be organized to nursing students from first year in order to promote their knowledge on regulatory bodies of nursing in India in order to enroll themselves voluntarily.

Recommendation:

The study can be done for large number of samples to generalize the findings.

Limitation:

The study was limited to 190 number of samples who were pursuing B.Sc Nursing degree at the setting.

Conclusion

The role of regulatory bodies is to protect healthcare consumers from health risks, provide a safe working environment for healthcare professionals, and ensure that public health and welfare are served by health programs. Regulation works at all levels, and the regulatory standards are developed by government and private organizations as well. This study was conducted to assess the effectiveness of planned teaching programme on knowledge regarding regulatory bodies of nursing in India among B.Sc nursing students at selected college, Salem. Most of the students had moderate level of knowledge during pre-test. After the implementation of planned teaching programme majority of the children had adequate level of knowledge. This shows that planned teaching programme was effective in improving knowledge regarding regulatory bodies of nursing in India among B.Sc nursing students.

Ethical Clearance: Taken from Institutional Ethical Committee.

Source of Funding: Self

Conflict of Interest: Nil.

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Assessment of Knowledge and Attitude Towards Alzheimer's Dementia Among Middle Aged Adults in Selected Rural Community

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Abstract

Background: Alzheimer's dementia is one of the common global health concerns among older population that can lead them towards disability and dependency^[1]. However, the knowledge and attitudes towards Alzheimer's dementia among middle aged adults remain unknown^[2]. This study assessed the knowledge and attitude towards Alzheimer's dementia among middle aged adults in rural community.

Objective: To assess the level of knowledge and attitude among middle aged adults towards Alzheimer's dementia and to associate the knowledge and attitude with selected demographic variables of middle-aged adults.

Methods: A quantitative descriptive study was conducted in rural community people in Poonjeri, Chengalpattu district, Tamil Nadu. A total of 210 respondents ranging from 36 to 55 years were selected using a non-probability systematic sampling method. Structured questionnaire was used to collect data in the study population to assess knowledge and attitude towards Alzheimer's dementia among them. The data collected were properly screened before they were analysed.

Results: A total of 210 participants, the majority 58.5% of participants were in the age group between 18-39 and most of them were female 71.1%. Study revealed that (62%) of middle-aged adults had moderately adequate knowledge (34%) had adequate knowledge and (2%) of middle-aged adults had inadequate knowledge regarding Alzheimer dementia and 81% had favourable attitude, whereas 15% of them had moderately favourable attitude and 2% had unfavourable attitude regarding Alzheimer's dementia. There was significant association between the demographic characteristics of gender (p value=0.006), marital status (p value=0.0001), educational qualification (p value=0.012), occupation (p value=0.0084) and type of health information (p value=0.0001). Demographic variables including gender (p value=0.0004), marital status (p value= 0.0061) and type of health information resources (p value=0.00001) were significantly associated with the attitude regarding Alzheimer's dementia.

Conclusion: The majority of middle-aged adults in selected rural community have positive attitudes towards patients with Alzheimer's dementia, and a significant number have moderately adequate knowledge of the same.

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Continuous health education is suggested to improve knowledge of dementia in this population. Furthermore, studies are recommended to understand the perception in the general population.

Key words: Alzheimer's dementia, knowledge, attitude, Middle aged adults, rural community

Introduction

Alzheimer's dementia is an organic brain disorder, characterised by the overall impairment in cognitive function, personality, intellect and memory [3]. It may progress from unnoticeable changes in brain, eventually leading to cognitive as well as physical disability [4]. Alzheimer's dementia is one of the common global health concerns among older population that can lead them towards disability and dependency [1]. In a group of people below 60 years of age, the incidence of AD can range from 0.1% whereas its 15 to 20% in age group of 80 years [3]. According to WHO, currently more than 55 million people in the world is affected with Alzheimer's dementia and every year, nearly 10 million new cases are reported. This number is expected to be more, up to 78 million by 2030 and by 2050 up to 139 million as the rate of older people among the population are increasing day-by-day [1]. Alzheimer's dementia is observed to begin even decades earlier before the occurrence of clinical features. Therefore, interventions are required focussing on various risk factors not only in non-demented patients but also among middle aged category of the population that may pave the way to prevent or delay the onset of Alzheimer's dementia. In developing countries, the prevalence of Alzheimer's dementia may continue to rise as the life expectancy is increasing [5]. Early identification of Alzheimer's dementia benefits not only for the patient, but also for the caregivers. Stressors that can affect individuals suffering from Alzheimer's dementia should be understood effectively so that necessary steps and care can be taken to improve their quality of life. Knowledge regarding Alzheimer's dementia has value for both patient and family. Based on a survey conducted in 2011, 84% of participants suggested that they would need to know if their loved ones had AD, 98% wanted any of their family member exhibiting symptoms of AD to see a doctor and 89% would themselves wanted to know whether they had AD. There is a need to encourage education on risk factors of Alzheimer's dementia and life style modifications required to prevent and cope up with Alzheimer's dementia. But perhaps most important

is that we need improve our attitude towards people affected with Alzheimer's dementia with love and compassion [6]. Although the knowledge about Alzheimer's dementia, risk factors, detection, prevention and diagnosis is improving knowledge about risk factors and potential prevention, detection, and diagnosis of dementia is improving, some gaps remains significant. Alzheimer's dementia affected population have many problems and needs in various domains [5]. Individualised interventions must be provided to the person as well as to their family and caregivers. Some of the researches provide the evidences that even short-term psychosocial support and interventions focussing on the patient's needs has helped in managing neuropsychiatric symptoms. Carers of Alzheimer's dementia can show reduction in certain symptoms of anxiety and depression if evidence-based interventions are given [7]. The researcher felt that the middle-aged adults are the future older adults. It is need for an hour to assess the level of knowledge and attitude regard to Alzheimer's dementia among middle aged adults (36-55 years) to have a better understanding about the disease condition, to adapt healthy lifestyle, to develop positive attitude and to protect themselves from Alzheimer's dementia.

Materials and Methods

A quantitative descriptive study approach was used for the study. The aim of the study was to assess the knowledge and attitude towards Alzheimer's dementia among middle aged adults. Quantitative descriptive survey research design was adopted for this study, which is a non-experimental research design used to obtain data with regard to its prevalence, distribution and interrelations. The study was conducted in Poonjeri village, Chengalpattu district, Tamil Nadu. The target population for this study was middle aged adults, who were in the age group of 36 to 55 years residing in Poonjeri village. Both male and female within the age of 36 to 55 years, who can read and write Tamil and English and available during the time of data collection period were included in the study. Whereas, middle aged

adults who were sick and known to have any mental illness were excluded from the study. 210 middle aged adults, who met the inclusion criteria were considered to be the part of the study population. Non-probability systematic sampling technique in which the participants were selected as per choice of the researcher was utilized in the study. The study tool contains three parts. Part 1 consist of the personal information of the participant such as age, sex, marital status, education, occupation, health information resources, family history of Alzheimer's disease. Part 2 is a self-structured knowledge questionnaire that contains 15 questions regarding Alzheimer's dementia. The total score for this session will be 15, in which each correct answer will be given 1 and wrong answers 0. Based on the scores obtained by the sample, their knowledge regarding Alzheimer's dementia was classified into adequate, moderately adequate and inadequate. Part 3 is a self-structured five-point Likert scale which includes 10 statements to assess the attitude regarding Alzheimer's dementia with five responses that has 7 positive and 3 negative statements. Each has 5 responses such as strongly agree, agree, neutral, disagree, strongly disagree. The attitude of the participant towards Alzheimer's dementia was assessed through their responses and classified them into favourable, moderately favourable and unfavourable based on the total scores obtain by each of them. The validity of the tool was established in consultation with guide and one expert in the field of psychiatric nursing, one expert in community health nursing and one expert in psychiatry medicine. The reliability of the structured interview schedule was established by testing for stability and internal consistency. Stability was assessed by test-retest method where Karl Pearson correlation of coefficient formula was used. The value was found to be reliable ($r=0.9$). The reliability of the five-point Likert scale was established by testing for stability and internal consistency. Stability was assessed by test-retest method; Karl Pearson formula was used. The value was found to be reliable ($r=0.9$).

Data Collection:

Prior formal permission was obtained from the head of the department of Mental Health Nursing, Institutional Human Ethics Committee Clearance was obtained from Chettinad Academic of Research

and Education for conducting the study. Pilot study was conducted in Poonjeri village, Chengalpattu district. Twenty-one participants were selected who fulfilled the inclusion criteria were selected for the pilot study. Non probability systemic sampling was used to select the samples. Rapport was established with the self-introduction to the participant and written consent was obtained from the participants to participate in the study. Instructions were given to the participants to answer the questionnaire frankly. Then the questionnaire was administered and responses of the participants were noted, for those who cannot read and write the investigator filled the questionnaire according to the response of the participant. The research study was found to be feasible based upon the pilot study. This helped in refining and validating the developed tools. The questionnaire was tested in 21 participants before actual data collection and modified on basis of received feedback. The investigators modified few aspects of the developed tool. Validity and reliability were re-established. The data collection was done in Poonjeri village, Chengalpattu district. The data was collected for a period of 1 week from 210 samples. Prior permission and consent was obtained from the participants before conducting the study. In this present study the researcher conducted interview for samples who met the inclusion criteria, for 20 minutes to collect data on personal information and self-structured knowledge questionnaire and attitude questionnaire to assess the level of knowledge and attitude regarding Alzheimer's dementia. The collected data was analysed and interpreted. The data was analysed using statistical instruments.

Analysis

It deals with the analysis and interpretation of data collected to assess the knowledge and attitude of middle-aged adults towards Alzheimer's dementia. Statistical analysis was done by using descriptive and inferential statistics. Data were entered into Microsoft Excel and all entries were cross-checked against the questionnaire. The categorical data was expressed as percentage, whereas the continuous data were expressed as mean \pm standard deviation. Correlation of knowledge score with attitude scores was done using correlation coefficient test. Chi-square test was used to test the association of different variables

with socio demographic data of the participants. A probability value of < 0.05 was considered as statistically significant. The data was presented under the following headings, Table 1: 1 Frequency and percentage distribution of middle aged adults according to their demographic variables, Table 2: Frequency and percentage of knowledge scores of adults regarding Alzheimer's dementia, Table 3: Frequency and percentage distribution of attitude scores of adults regarding Alzheimer's dementia, Table 4: Mean, SD of Adult's knowledge & Attitude score on Alzheimer's dementia among adults, Table 5: Correlation of knowledge and attitude scores among adults regarding Alzheimer dementia, Table 6: Association of knowledge scores regarding Alzheimer dementia with their selected demographic variables, Table 7: Association of attitude scores with the selected demographic variables of middle aged adults.

Findings

Table 1: Frequency and percentage of knowledge scores of adults regarding Alzheimer's dementia

n=210

Level of knowledge	F	%
Adequate Knowledge	73	35
Moderately Adequate Knowledge	132	63
Inadequate Knowledge	5	2
Total	210	100

Table 2: Frequency and percentage distribution of attitude scores of adults regarding Alzheimer's dementia

n=210

Level of attitude	F	%
Favorable attitude	172	82
Moderately favorable attitude	32	15
Unfavorable attitude	6	3
Total	210	100

Table 3: Mean, SD of Adult's knowledge & Attitude score on Alzheimer's dementia among adults

n=210

S. No	Variable	Mean	Standard deviation	Mean Percentage (%)
1.	Knowledge	9.85	1.9	70.3
2.	Attitude	38.11	4.2	81.09

Table 4: Correlation of knowledge and attitude scores among adults regarding Alzheimer's dementia

n=210

S. No	Variable	Mean scores	Co Efficient of co - relation
1	Knowledge	9.852381	0.2
2	Attitude	38.11429	

Discussion

In a total of 210 respondents, majority (32%) of adults were in the age group of 46-50 years followed by (31%) in 36-40 years, of age. About 54% of them were females (n=114) and less than half of them 45% were males (n=95) and only one (0.5%) belongs to transgender. Most of the most of middle-aged adults 74 (83%) were married and only 3(1.4%) of them were widow/widowed. More than half of the middle-aged adults 63 (30%) have high school education and 13 (6.2%) who were graduated and above. Majority 58(27.6%) of middle-aged adults had daily wages and

least percentage 19 (9%) of them were unemployed. Most of the them 86(41%) receiving health related information through television, newspaper and radio and 3(1.4%) of the middle-aged obtained information from health personnel. Majority 175 (83.3%) had no family history of dementia and 35(16.7%) of them had family history of dementia. The frequency and percentage of knowledge scores of middle-aged adults regarding Alzheimer's dementia shows that 63% of them had moderately adequate knowledge, 35% had adequate knowledge and 2% had inadequate knowledge. Demographic variables including gender (p value=0.006), marital

status (p value=0.0001), educational qualification (p value=0.012), occupational status (p value=0.0084) and type of health information resources (p value=0.0001) were significantly associated with knowledge of Alzheimer's dementia. Based on the frequency and percentage distribution of attitude scores of adults regarding Alzheimer's dementia, majority 172(82%) had favourable attitude, whereas 32(15%) of them had moderately favourable attitude and 6(3%) had unfavourable attitude regarding Alzheimer's dementia. Demographic characteristics including gender (p value=0.0004), marital status (p value=0.0061) and type of health information resources (p value=0.00001) were significantly associated with the attitude regarding Alzheimer's dementia. The mean score of middle-aged adults' knowledge and attitude regarding Alzheimer's dementia showed 9.85(SD \pm 1.9) and 38.11 (SD \pm 4.2). There is a positive correlation ($r = 0.55$) of knowledge and attitude regarding among adults. Further it could be inferred that knowledge and attitude depends on each other.

Conclusion

In this study, structured interview schedule was provided to the middle-aged adults fulfilling the inclusion criteria to determine their knowledge and attitude towards Alzheimer's dementia. The majority of the middle-aged adults of the rural community had favourable attitude towards Alzheimer's dementia and a significant number has moderately adequate knowledge of Alzheimer's dementia. Health education should be encouraged to improve further knowledge of Alzheimer's dementia. Continuous and persistent awareness using available resources should be enforced for the general population as a whole so that they will promptly respond towards Alzheimer's dementia, to prevent or delay its onset.

Conflict of Interest: Nil

Source of Funding: Self

Ethical Clearance: The UG Committee clearance and Institutional Ethical Committee clearance was obtained from CARE. Permission was from the HOD of Mental Health Nursing Department, Chettinad College of Nursing as well as from the HOD of Community Health CHRI. The purpose of the study was explained to the participants and their written consent was obtained before the beginning of the study. The participants were informed that they were free to withdraw from the study during any stage of the study period and the confidentiality of the data collected for the research purpose will be maintained and will be utilised only for the study purpose.

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A Study to Assess the Factors Affecting on Covid 19 Vaccination among Rural Population in Selected Community, Mysuru: A View to Develop Information Booklet

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Abstract

Corona viruses derive their name from the Latin word “mina” meaning crown. The ne refers to the unique appearance of the virus under an electron microscope as mund particios with a rim of projections resembling the solar corona. Corona viruses are enveloped, live-sense, Single stranded RNA viruses which were first isolated from humans in 1965 Corona virus belongs to the family Corona viridae which is known to produce mild respiratory diseases in humans.¹ In recent times, there have been three major corona viruses leading to disease outbreaks, beginning with the severe acute respiratory syndrome coronavirus (SARS-COVID-19) in 2002, followed by the Middle East respiratory syndrome coroita virus (MERS-COVID-19) in 2012, and the severe acute respiratory syndrome antona virus 2 (SARS COVID-19)²

Key Words: Covid-19 vaccination, Factors Facilitating, Hindering, rural population

Research Approach and Design

The research approach used for study is non-experimental quantitative research approach.

Research design used for the study was Descriptive correlational research design

Study Variable

Demographic variables such as age, gender, education, occupation, marital status, personal habit, type of family, infected with covid-19, family members infected with covid-19, side effects, dosage status, vaccination status, reason for not taking vaccination, source of information, centre of vaccination, registration of vaccination schedule, covid -19 after vaccination, importance of vaccination.

Setting of the Study

The study was conducted in selected rural areas of Mysuru.

Population

People residing in rural area of Mysuru are selected

Sample and Sampling

The sample of the present study consisted of people residing in rural area of Mysuru

Sampling Technique

100 people residing in rural area of Mysuru were selected by using Non probability convenience sampling technique.

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Sampling Criteria

Inclusion Criteria:

Study includes rural community people who are:

- Available during data collection period.
- Willing to participate in the study.
- Able to speak and communicate in Kannada.

Exclusion criteria:

- Rural community people who are:
- People who are not willing to participate in the study.
- People who are absent at the time of data collection.

Data Collection Techniques and Instruments

Section I:

- Personal Proforma used to assess the personal variables.

Section II

- A structured knowledge questionnaire to assess the knowledge of Covid -19 Vaccination among rural population

Pilot Study:

Pilot study is the small-scale trail run, one in preparation of the main study. Setting selected for the pilot study was selected from rural population, Mysuru. The pilot study was conducted from 07-12-22 to 08-12-22 after taking permission from the concerned authorities. The purpose of pilot study was to test the data collection instrument, to find out the feasibility of conducting the study and to decide upon the statistical analysis.

Data Collection Procedure

Before the actual Collection of data, investigator met the Health officer, Varuna PHC Mysuru to obtain permission to conduct study. In order to obtain a free and true response, the selected subject was explained about the purpose and usefulness of the study and assurance about confidentiality of responses was provided. A written consent to participate in the study was obtained. The investigator to found convenience and comfort of the respondent. Necessary precaution was taken to provide privacy and confidentiality

of the responses. All the individuals were met personally, consent was taken and data was collected on 09/12/22 to 10/22/22

Plan for Data Analysis

The data analysis was planned to include descriptive and inferential statistics

Results

Section 1: Personal variables

Table 1: Frequency and percentage distribution of knowledge scores of rural population regarding covid -19 vaccination

n = 100

Knowledge scores	Frequency (f)	Percentage (%)
Poor knowledge	20	20%
Average knowledge	58	58%
Good knowledge	22	22%

Table 2: Mean, Median, Standard deviation and Range of knowledge scores of rural population regarding covid -19 vaccination

n=100

	Mean	Median	Range	SD
Knowledge scores	11.69	12	3-21	±4.6

The data presented in Table 2 shows that, the knowledge score of rural population regarding covid -19 vaccination ranged from 3-21, with the mean knowledge score 11.69 with standard deviation of ±4.6.

Association

There was significant association between knowledge regarding covid-19 vaccination among rural people with their demographic variables such as the knowledge level of rural population regarding knowledge and their selected demographic variables. There is statistical significance of factors (education, marital status, doses of vaccination, centre of vaccination) with the knowledge level of rural population regarding Covid-19 vaccination. Hence the Research Hypothesis H_1 is partially accepted.³

Conclusion

The present study is focused to assess the knowledge of rural population regarding covid-19 vaccination. Analysis of the findings revealed that the result of study reveals that 55(55%) rural population are in the age group of 19-40 years, 64 (64%) is male. The mean knowledge score of samples in rural population is 11.69 with SD ± 4.6 ranged from 3-21

Majority 58(58%) of rural population had average knowledge, 20 (20%) had poor knowledge and 22(22%) had good knowledge regarding covid-19 vaccination and there is significant association found between the knowledge scores of rural populations regarding covid-19 and their selected demographic variables.⁴

Thus, it was concluded that the majority of rural population are having average and good knowledge regarding covid-19 vaccinations.

Limitations

The limitations of the present study were,

1. The sample size is limited to 100 rural population; hence it limits the generalization of the findings beyond the study samples.
2. Convenience sampling technique was adopted hence it limits the generalization of the findings.

Recommendations

1. Similar study can be carried out on a larger sample for broader generalization.
2. A comparative study can be performed about assessing knowledge of Covid-19 vaccination among rural and urban population.
3. An exploratory study can be conducted to find out the factors facilitating Covid-19 vaccination among population.

4. A study to assess the effectiveness of structured teaching program on Covid-19 vaccination among rural population can be conducted.

Conflict of Interest: Nil

Source of funding: Nil

Ethical clearance: Ethical clearance is obtained from JSS medical College, Mysuru

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Examination Anxiety among Male and Female School Students: A Comparative Study

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Abstract

Background: A Comparative study was conducted to assess the level of Examination anxiety (Test anxiety) among male and female senior secondary school students in selected schools, Kollam, Kerala. The objectives of the study were to assess the level of Examination anxiety among male and female senior secondary students and to compare the level of Examination anxiety among male and female senior secondary students. The final objective was to find out the association between level of Examination anxiety and selected demographic variables.

Materials and Methods: The present study adopted a Descriptive-Comparative design. 120 senior secondary students (60 Male and 60 Female) from 11th and 12th Standard were enrolled using Non-probability, Convenience sampling technique. The conceptual framework of the study was based on the Transactional model of Test anxiety (Zeidner, 1998). Tools used for data collection were Demographic Performa and Modified Westside test anxiety scale.

Results: Findings of the study revealed that the mean Examination anxiety score among male students was 2.53 ± 0.69 and among female students was 3.16 ± 0.67 . The 'student t value' computed at 5.11^{**} , $df = 118$ by comparison of the mean examination anxiety scores of male and female senior secondary students was statistically significant at $P < 0.01$ level. No association was observed between the level of Examination anxiety and selected demographic variables ($p > 0.05$). **Conclusion:** The findings of the study confirmed that the level of Examination anxiety among the female senior secondary school students were significantly higher than the male senior secondary students.

Key Words: Comparative Study, Examination Anxiety (Test Anxiety), Male, Female, Senior Secondary, School Students.

Introduction

"Exams and grades are temporary but education is permanent".

Father of our nation, M.K. Gandhi once observed that "Education is the all-around drawing

out of the best in child and man-body mind and spirit". Education plays an important role in the life of an individual. In fact, school is the place where the life of a pupil is moulded. The great philosopher, Leo Tolstoy said about the impact of his school as follows: "It was all my life, it was my

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monastery, my church in which I redeemed myself while being saved from all the anxieties, doubts and temptations of life".^[1] A school is an educational institution designed to provide learning spaces and learning environments for the teaching of students under the direction of teachers. Most countries have systems of formal education, which is sometimes compulsory and generally include primary school for young children and secondary school for teenagers who have completed primary education.^{[2][3]} Senior Secondary education usually beginning with Class XI and XII of during which education is differentiated in varying degrees according to the needs, interests, and aptitudes of the pupils. Secondary education is an important stage where students identify their subjects of interest for future learning and get a better understanding of their career path.^[4] The term anxiety is usually defined as a diffuse & very unpleasant feeling of fear or apprehension. Examination anxiety is defined as fear of failure that that you feel before or while talking an important examination that present you from performing in the examination.^[5] Hill and Wig field (1984) suggested that between two and three children in typical class rooms, or approximately 10% of children, are highly test-anxious and experience impairments in test performance as a result. The prevalence of test anxiety among school-aged children may range from as little as 10% to as much as 30%.^[6] Globally, studies have shown that examination anxiety is wide spread in the general population, especially among women. A recent study conducted in United Kingdom has found that between 25-41% of students are experiencing examination anxiety. Study result shows that approximately 15.1% of Secondary school students report moderate to high level of examination anxiety during their study period.^[7] A recent mental health survey conducted by the NCERT throughout India, revealed that examinations and results are one of the most prominent reasons of anxiety among school going students.^[8]

A descriptive study conducted on prevalence of Exam anxiety among adolescence children in rural Kerala revealed that out of 250 children, majority of girls (53.4%) were disproportionately affected compared to (40.1%) boys. These findings also reveal that anxiety disorder in Govt. schools

were relatively less (38.46%) compared to CBSC school students (46.6%).^[5] Considering the high prevalence of Examination anxiety among secondary school children throughout the Indian scenario; The Investigator(s) through this study aims to assess the level of Examination anxiety among male and female senior secondary school students and to compare them.

Objectives of the Study

1. To assess the level of Examination anxiety among male senior secondary students
2. To assess the level of Examination anxiety among female senior secondary students
3. To Compare the level of Examination anxiety between male and female senior secondary students
4. To find out the association between the level of Examination anxiety and selected demographic variables among male and female senior secondary students.

Hypotheses

- H1-There is significant difference in the mean Examination anxiety scores among male and female senior secondary students.
- H2- There is significant association between the level of Examination anxiety with selected demographic variables.

Methodology

Research Approach: Quantitative research approach.

Research Design: Descriptive-Comparative research design.

Population: Male and female senior secondary school students, Kollam.

Settings: Selected higher secondary school, Kollam district, Kerala.

Sample Size: 120 Senior secondary school students(60 Male&60 Female) from selected school, Kollam, Kerala.

Sampling Technique: Non-probability; Convenience sampling technique.

Tools and Technique

Tool-A: Demographic Performa was used to assess the attributes such Age, Religion, Type of family, Education of Father, Education of Mother, Occupation of Father, Occupation of Mother, Family Income per month, Area of residence and Academic performance in previous year.

Tool-B: Modified Westside test anxiety scale was used to assess the level of Examination anxiety among male and female senior secondary school students.

Method of Data collection: Data was collected for a period of one month [10/02/2018 to 10/03/2018] from Government higher secondary school, Kollam. After acquiring formal permission from the concerned authorities, the investigator(s) then obtained informed consent from the samples. Both Demographic Performa and Modified Westside test anxiety scale was used to assess the demographic variables and the level of Examination anxiety among male and female students.

Inclusion criteria: 11th & 12th standard, Senior

secondary students who were willing to participate in the study and available at the time of data collection.

students who can understand English/Malayalam.

Exclusion criteria: Students who were not willing to participate in the study.

Students who were unavailable during the period of data collection.

Statistical analysis: Both Descriptive and Inferential statistics were used to analyse the data [using SPSS version 20 (SPSS Inc., Chicago, IL)]. Descriptive statistics such as Frequency distribution and Percentage were used to describe Demographic data and Inferential statistics such as 'Student t test' was used to compare the mean Examination anxiety scores among the male and female senior secondary students. Chi Square was performed to find out the association between level of Examination anxiety and selected demographic variables. The level $P < 0.05$ was ascertained as the minimum accepted level of significance.

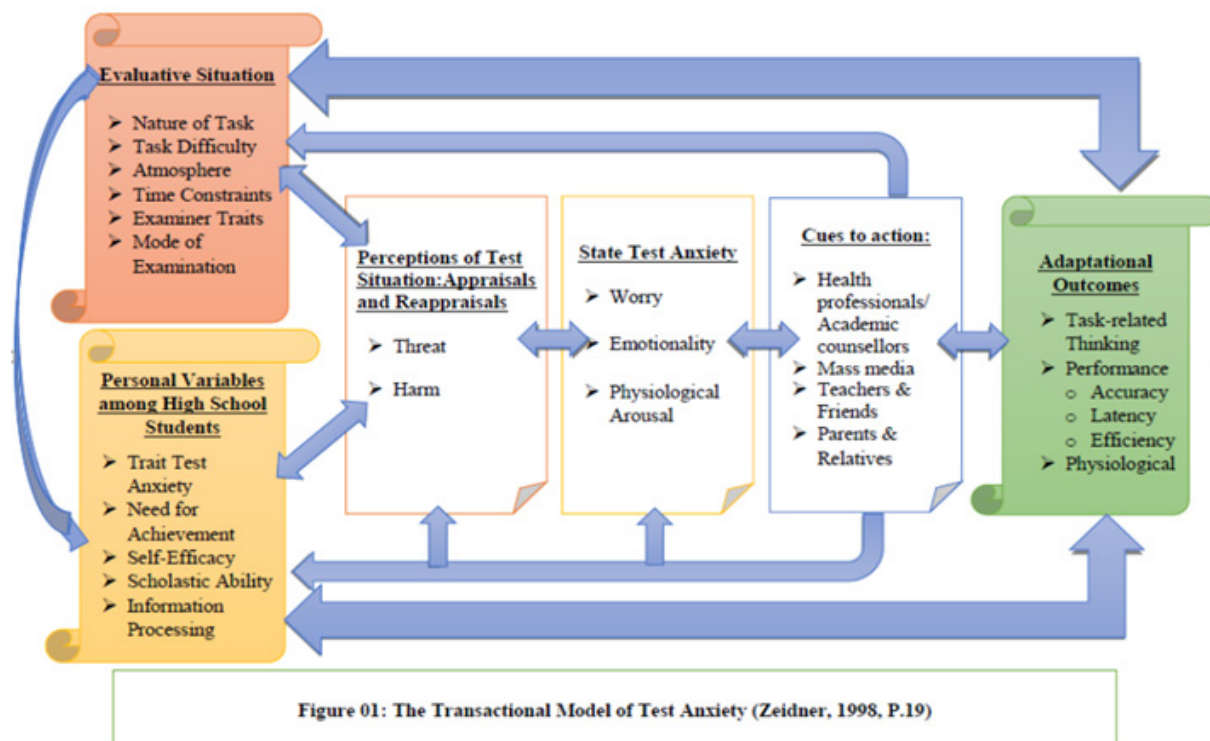


Figure 1: Conceptual Framework based on Transactional Model of Test Anxiety, Zeidner, 1998[Modified].

Results

Section-I: Description of Sample characteristics of Senior Secondary Students.

Table 1: Frequency distribution and Percentage of male and female senior secondary students.

SI No.	Demographic variables	Male (N=60)		Female (N=60)	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
01	Age (In years)				
	Up to 17 yrs.	09	15.00%	14	23.33%
	17-18 yrs.	49	81.67%	45	75.00%
	Above 18 yrs.	02	03.33%	01	01.67%
02	Religion				
	Hindu	32	53.33%	36	60.00%
	Muslim	21	35.00%	18	30.00%
	Christian	07	11.67%	06	10.00%
03	Type of family				
	Nuclear	36	60.00%	28	46.67%
	Joint/Extended	24	40.00%	32	53.33%
04	Education of Father				
	Primary	05	08.33%	11	18.33%
	High School	18	30.00%	12	20.00%
	Higher Secondary	25	41.67%	21	35.00%
	Graduates and above	12	20.00%	16	26.67%
05	Education of Mother				
	Primary	06	10.00%	05	08.33%
	High School	28	46.67%	15	25.00%
	Higher Secondary	22	36.67%	28	46.67%
	Graduates and above	04	06.66%	12	20.00%
06	Occupation of Father				
	Employed/Self Employed	58	96.67%	59	98.33%
	Unemployed	02	03.33%	01	01.67%
07	Occupation of Mother				
	Employed / Self Employed	32	53.33%	24	40.00%
	Unemployed/Homemaker	28	46.67%	36	60.00%

Continue.....

08	Family Income (Per Month)	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
	Up to 10000 Rs.	07	11.66%	05	08.33%
	10001-20000 Rs.	28	46.67%	17	28.33%
	20001-30000 Rs.	12	20.00%	20	31.67%
	More than 30000 Rs.	13	21.67%	18	31.67%
09	Area of Residence	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
	Rural	25	41.67%	28	46.67%
	Urban	35	58.33%	32	53.33%
10	Academic Performance in Previous Year	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
	>80%	09	15.00%	14	23.33%
	60-79	40	66.67%	42	70.00%
	<60%	11	18.33%	04	06.67%

Section-II: Level of Examination Anxiety among Male & Female students

Table 2: Frequency distribution and Percentage of examination anxiety among male senior secondary students. (N=60)

SI No:	Level of Examination Anxiety	Male Students	
		f	%
01	Low Test Anxiety	09	15.00%
02	Normal Test Anxiety control	20	33.33%
03	High Normal Test Anxiety	12	20.00%
04	Moderately High-Test Anxiety	10	16.67%
05	High Test Anxiety	09	15.00%
06	Extremely High-Test Anxiety	00	00.00%

Table-3: Frequency distribution and Percentage of examination anxiety among female senior secondary students. (N=60)

SI No:	Level of Examination Anxiety	Female Students	
		f	%
01	Low Test Anxiety	06	10.00%
02	Normal Test Anxiety control	06	10.00%
03	High Normal Test Anxiety	07	11.66%
04	Moderately High-Test Anxiety	13	21.67%
05	High Test Anxiety	28	46.67%
06	Extremely High-Test Anxiety	00	00.00%

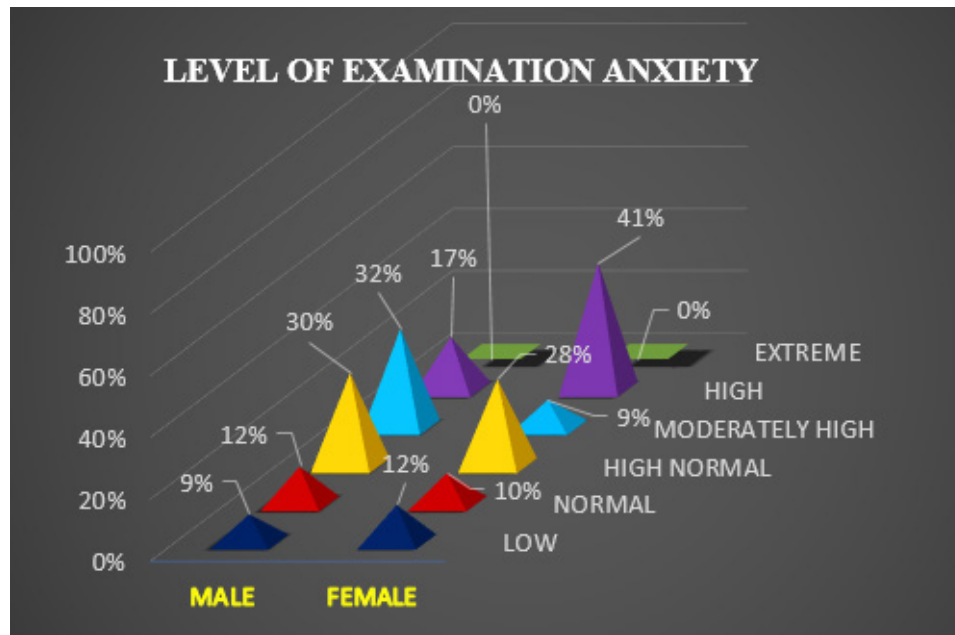


Figure-2: Pyramidal Diagram showing the percentage distribution of examination anxiety among male & female senior secondary students.

Section-III: Comparison of Level of Examination Anxiety among Male and Female Students.

Table 4: Mean, Standard deviation and 't' value of Examination anxiety among male and female senior secondary students. (N=60)

SL. No	Stage/Group	Mean \pm SD	Mean Difference	df	t value	P value
01.	Male Students	2.53 \pm 0.69	0.632	118	5.11**	P<0.01
02.	Female Students	3.16 \pm 0.67				

**Significant at 0.01 level.

Section-IV: Association between Examination Anxiety and selected demographic variables.

The chi square test statistics revealed that there was no significant association observed between level of Examination anxiety and selected demographic variables among both male and female senior secondary students. ($p>0.05$). So, the research hypothesis H_2 was rejected and the null hypothesis was accepted.

Discussion

The study findings revealed that the female students had significant higher Examination anxiety [3.16 \pm 0.67] compared to male students [2.53 \pm 0.69] (t test value 5.11**, df=118, P<0.01) The findings are in partial agreement with a similar Comparative study conducted by Singh. P. Et al. (2015), in Allahabad city, India to assess level of Examination anxiety among children of working and nonworking women studying in secondary school. The study was conducted

among 120 boys and 80 girls and revealed that girls [36.35 \pm 9.93] had slightly more anxiety (not significant) and poor academic performance compared to boys [34.23 \pm 11.12], t value=1.49, P>0.05.^[9] The present study findings are in contradiction with a study conducted by Mary. RA. et. al. (2014) to analyse the level of state anxiety among 50 boys and 50 girls from 10th and 12th grades school students in Tamil Nadu, India, using Westside Test Anxiety Scale.

The board exam going students had increased level of anxiety, particularly higher among boys and 12th standard board exam students.^[10] The findings are in agreement with a study conducted by Siddiqui and Rehman (2016) on Academic anxiety among Reserved & Non-Reserved category of Senior secondary students of Jammu division and revealed that in terms of academic anxiety mean score differences among all comparative groups under study, only reserved females were suffering more from academic anxiety than reserved categories male samples.^[11]

Conclusion

The study was conducted to compare the level of Examination anxiety between male and female senior secondary school students. The results confirm that the mean Examination anxiety score among female students is significantly higher than the mean Examination anxiety score among male students at $p < 0.01$ level. Therefore, it is concluded that the female senior secondary students have more Examination anxiety compared to male students.

Limitations

The present study was limited to 120 samples (60 male and 60 female students).

The study used a non-probability, Convenience sampling. Generalization of the study findings remains limited.

Recommendations

The study can be conducted on a large sample with random sampling to generalize the findings.

An interventional study can be conducted to reduce the examination anxiety among students.

A similar study can be replicated among other school and college students

Ethical Considerations

The Ethical clearance to conduct the study was obtained from the institutional ethical committee following which the researchers also obtained formal permissions from the concerned authorities. Also, a voluntary written informed consent was obtained from the study participants after explaining the objectives of the study. Confidentiality was ensured throughout the course of the study.

Budget

Self-Funding

Conflicts of Interest

There are no conflicts of interest related to the study, authorship and/or publication of the article.

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