



ISSN-2394-9465 (Print) • ISSN: 2395-180X (Electronic)

Volume 8

Number 2

July-December 2022

International Journal of Psychiatric Nursing

Website: www.ijpn.co

International Journal of Psychiatric Nursing

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Print- ISSN: 2394-9465, Electronic- ISSN: 2395-180X
Frequency: Six Monthly

International Journal of Psychiatric Nursing is a double blind peer reviewed international journal. It deals with all aspects of **Psychiatric Nursing**.

Website: www.ijpn.co

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Published at

Institute of Medico-legal Publications

Logix Office Tower, Unit No. 1704, Logix City Centre Mall,
Sector- 32, Noida - 201 301 (Uttar Pradesh)



International Journal of Psychiatric Nursing

www.ijpn.co

Contents

Volume 8, Number 2

July-December 2022

1. Effectiveness of video Assisted role play to reduce the Myths and Misconceptions of Mental Illness1
Kollur Simranbi Allibaksha, Tejaswini B H., Vani K
2. A study to assess the effectiveness of weight-loss intervention on reproductive parameters among women having polycystic ovarian syndrome.7
Sowmya Mercy, Gincy Mathew, Sheroin Ploriya, Deepa
3. Language Related Difficulties Experienced by Student Nurses12
Nirmala V, Suni M.S.
4. A Review on -Impact of Covid-19 on Mental Health16
Purohit Saraswati
5. Pre-Experimental Study to Assess the Effectiveness of Theme-Based Short film on the Level of Knowledge Regarding Youth Suicide and its Prevention Among the Parents Living in Selected Urban Community Area of Delhi, India.....20
Dhairya Arora, Lavanya Nandan, Glory Tripathy

Effectiveness of video Assisted role play to reduce the Myths and Misconceptions of Mental Illness

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How to cite this article: Kollur Simranbi Allibaksha, Tejaswini B H., Vani K et al Effectiveness of video Assisted role play to reduce the Myths and Misconceptions of Mental Illness. Volume 8 Number 2 July-December 2022.

Abstract

Mental illness refers to mental and emotional impairments; it also comprises mental retardation, organic brain disease, and learning disabilities. It can occur to any person without regard to personal characteristics. This study aimed to assess the effectiveness of video assisted role play to reduce the myths and misconceptions of mental illness among the general population residing in selected rural areas of Hubballi Taluka, Dharwad district. An experimental study was conducted among 50 general populations of selected rural areas of Hubballi- Dharwad. Sample was selected using Non-Probability; convenient sampling technique. Pre-experimental; one group pre-test, post-test design was used for the study. Data was collected by structured questionnaire on myths and misconceptions about mental illness. Data analysis was done using descriptive and inferential statistics. Overall result of the study revealed that out of 50 subjects, majority of the subjects 24 (48%) had average knowledge, 16 (32%) had poor knowledge and 10 (20%) had good knowledge whereas, in post-test 43 (86%) had good knowledge, 07 (14%) had average knowledge and none of them had poor knowledge on myths and misconceptions about mental illness.

Keywords: Myths, Misconceptions, General population, Effectiveness, Video assisted role play

Introduction

Health is important for development of the country. World health Organization (WHO) defines health as "a state of physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity". Health is important for development of the country. World health Organization (WHO) defines health as "a state of physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity". WHO defines mental health as mental well-being in which an individual realizes his or her own abilities, can cope with the normal

stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.¹

Misconception refers to a set of negative attitudes and beliefs that motivate individuals to fear, reject, avoid, and discriminate against people with mental illness². In India, the prevalence of mental disorders ranges from 10 to 370 per 1000 population in different parts of the country³. The rates are higher in females by approximately 20-25%. As far as causation of

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mental morbidity is concerned, there are many factors similar to any other world community, but delayed health-seeking behavior, illiteracy, cultural and geographic distribution of people are special for India⁴.

Need For Study

In India, the prevalence of mental disorders ranges from 10 to 370 per 1000 population in different parts of the country⁴. The median conservative estimate of 65 per 1000 population has been given by Gururaj *et al.* The rates are higher in females by approximately 20-25%. As far as causation of mental morbidity is concerned, there are many factors similar to any other world community, but delayed health-seeking behavior, illiteracy, cultural and geographic distribution of people are special for India⁵.

Access to adequate mental health care always falls short of both implicit and explicit needs. This can be explained in part by the fact that mental illness is still not well understood, often ignored, and considered a taboo. The mentally ill, their families and relatives, as well as professionals providing specialized care, are still the object of marked stigmatization. These attitudes are deeply rooted in society. The concept of mental illness is often associated with fear of potential threat of patients with such illnesses. Fear, adverse attitude, and ignorance of mental illness can result in an insufficient focus on a patient's physical health needs. The belief that mental illness is incurable or self-inflicted can also be damaging, leading to patients not being referred for appropriate mental health care⁵.

It is found that current treatment coverage ranges from 15 to 45% only and there is, therefore, gross underutilization of services. Many factors contribute to such underutilization of services. The attitude of individual patient toward his or her mental disorders is important as far as health seeking is concerned⁵.

Many people with serious mental illness are challenged doubly. On one hand, they struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, people with mental illness are robbed of the opportunities that define a quality life: good jobs, safe housing, and satisfactory health care, and affiliation with a diverse group of people.

Statement of the Problem

"A study to assess the effectiveness of video assisted role play to reduce the myths and misconceptions of mental illness among the general population residing in selected rural areas of Hubballi Taluka, Dharwad district."

Objectives of the Study

1. To assess the level of knowledge on myths and misconceptions of mental illness among general population.
2. To assess the effectiveness of video assisted role play to reduce the myths and misconceptions of mental illness.
3. To find the association between pre test level of knowledge on myths and misconceptions of mental illness with selected socio demographic variables.

Operational Definitions

1. Assess: In this study, it refers to the procedure of judging the level of knowledge on myths and misconceptions of mental illness.
2. Effectiveness: In this study, it refers to the extent to which video assisted role play has achieved the results to reduce the myths and misconceptions of mental illness.
3. Video Assisted Role Play: In this study, it refers to the video recorded role play carried out by actions and information on myths and misconceptions of mental illness.
4. Reduce: In this study, it refers to marked decrease level in the myths and misconceptions of mental illness.
5. Myths: In this study, it refers to the false beliefs or ideas about mental illness
6. Misconceptions: In this study, it refers to the incorrect opinion or view on mental illness based on faulty thinking and understanding.
7. Mental Illness: In this study, it refers to a wide range of mental health conditions or disorders that affect mood, thinking and behavior.
8. General population: In this study, it refers to males and females residing in selected areas of Dharwad district.

Material & Methods

Research approach

Evaluative approach was used to assess the effectiveness of video assisted role play to reduce the myths and misconceptions of mental illness among the general population residing in selected rural areas of Hubballi Taluka, Dharwad district."

Research Design

Pre-experimental; one group pre-test, post-test design was used to assess the effectiveness of video assisted role play to reduce the myths and misconceptions of mental illness among the general population residing in selected rural areas of Hubballi Taluka, Dharwad district."

Setting

Setting is the physical location and condition in which data collection takes place. The study was conducted in the selected rural areas (Byhatti/ Kusagal) of Hubballi taluka, Dharwad district

Variables Under Investigation

In quantitative studies, concepts are usually referred to as variables which may be qualities, properties or the characteristics of a person, things, or situations that can change or vary. The variables for present study were:

Independent variable: Video assisted role play

Dependent variable: Knowledge on myths and misconceptions of mental illness

Attributive factors: Socio-demographic variables such as age, sex, religion, residential area, marital status, type of family, education, occupation, monthly income of family, any mentally ill person in family, seen mentally ill person, Source of information.

Population

The population is referred to the aggregation of all the units in which researcher is interested. In other words, population is a set of people from which results can be generalized.

Sample and Sample Size

In the present study the sample consists of general population residing in selected rural areas of Hubballi taluka, Dharwad district. The sample size selected for the present study includes 50 general population.

Sampling Technique

The convenient non-probability sampling technique was used for the study, which is a type of non-probability sampling technique.

Criteria for Sample Selection

The criteria for selection of samples in the present study involve:

Inclusion Criteria:

General population who are ,

- Able to understand and read Kannada.
- In the age group between 30-60 years.
- Willing to participate in the study.

Exclusion Criteria:

- General population who are, with vision or hearing difficulty.

Results

Organization and Presentation of the Data

The data collected were edited, tabulated, analyzed, interpreted and findings obtained were presented in the form of tables and diagrams represent under following sections.

Section I: Distribution of sample characteristics according to socio- demographic variables.

Section II: Analysis and interpretation of level of knowledge on myths and Misconceptions of mental illness among general population.

Section III : Testing hypotheses

SECTION I: Distribution of Sample Characteristics According To Socio-Demographic Variables.

Table No 1: Frequency and Percentage distribution of subjects according to socio-demographic variables.

n=50

Sr. No	Variable	Frequency (f)	Percentage (%)
1.	Age		
	21 to 30years	20	40
	31 to 40 years	19	38
	41 to 50 years	11	22
2.	Gender		
	Male	24	48
	Female	26	52
3.	Religion		
	Hindu	32	64
	Muslim	5	10
	Christian	5	10
	Others	8	16
4.	Residential area		
	Rural Area	50	100
5.	Personal information		
	Married	38	76
	Unmarried	11	22
	Divorced	1	02
6.	Type of family		
	Nuclear	17	34
	Joint	38	76
7.	Education		
	Primary	17	34
	Secondary	17	34
	Higher secondary	9	18
	Graduation	6	12
	Uneducated	1	02
8.	Occupation		
	Agriculture	18	36
	Business	7	14
	Govt. Service	3	06
	Private Service	8	16
	Unemployed	14	28
9.	Monthly income of family		
	<Rs 10,000	32	64

n=50

Sr. No	Variable	Frequency (f)	Percentage (%)
	Rs 10000 to 20000	14	28
	>Rs20,000	4	08
10.	Any Mentally ill Person in Family		
	Yes	3	06
	No	47	94
11.	Seen mentally ill Person?		
	Yes	28	56
	No	22	44
12.	Source of Information		
	Mass media	12	24
	Television	29	58
	Newspaper	4	08
	Health education programme	1	02
	Books	2	04
	Others	2	04

SECTION-II: Analysis and interpretation of level of knowledge on myths and misconceptions of mental illness among general population.

Table no 2: Mean, Median, Mode, Standard Deviation and Range knowledge on myths and misconceptions of mental illness among general population.

n=50

Area of analysis	Mean	Median	Mode	Standard deviation	Range (H-L)
Pre-test	14.4	15	15	5.71	18
Post-test	36.6	37	36	1.07	3
Difference	22.2	22	21	4.6	15

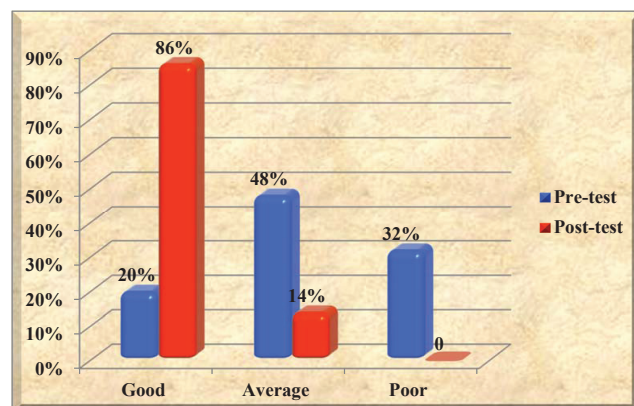
Table No 2 Reveals that, the mean pretest knowledge score was 14.4, median was 15, mode was 15, standard deviation was 5.71 and range was 18, where as in post test the mean knowledge score was 36.6, median was 37, mode was 36, standard deviation was 1.07 and range was 3. The overall difference in mean knowledge score was 22.2, median was 22, mode was 21, standard deviation was 4.6 and range was 15.

Table No 3: Frequency and percentage distribution of knowledge scores of subjects regarding myths and misconceptions of mental illness.

n=50

Level of Knowledge	Pre-test		Post-test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Good (27 - 40)	10	20	43	86%
Average (14 - 26)	24	48	07	14%
Poor (0- 13)	16	32	00	00

Table No 3 shows that distribution of level of knowledge on myths and misconceptions of mental illness during pre-test and post-test. Most of them in pre-test 24 (48%) had average knowledge, 16 (32%) had poor knowledge and 10 (20%) had good knowledge. In post-test maximum subjects 43 (86%) had good knowledge, 07 (14%) had average knowledge and none of them had poor knowledge.



Graph 1: The clustered bar graph represents the distribution of the subjects according to their level of knowledge scores.

SECTION III: Testing of Hypothesis

H₁: There will be significant difference between the mean pre-test and post-test knowledge score among general population after video assisted role-play on myths and misconceptions of mental illness at 0.05 level of significance.

Table No 4: Mean difference (\bar{d}), Standard Error of difference (\bar{SdE}) and paired 't' values of knowledge scores of subjects.

n=50

Mean Difference (\bar{d})	Standard error of difference (\bar{SdE})	Paired 't' values	
		Calculated	Tabulated
05.92	0.44	13.45*	2.02

Table No 4 reveals that the calculated paired ($t_{cal}=13.45^*$) was greater than the tabulated value ($t_{tab}=2.02$). Hence, H_1 was accepted. This indicates that the gain in knowledge score was statistically significant at 0.05 level of significance. Therefore, video assisted role play on myths and a misconception regarding mental illness was effective in improving the knowledge of subjects.

H₂: There will be significant association between pre test level of knowledge on myths and misconceptions about mental illness with selected socio demographic variables at 0.05 level of significance

Association between pre-test knowledge scores of subjects and selected socio demographic variables.

There was association between pretest knowledge scores with their income. And there is no association between pretest knowledge scores with their other socio demographic variables like, age, gender, religion, marital status, type of family, education, occupation, mentally ill person in family, seen any mentally ill person in community. Hence only $H_{2,9}$ was accepted.

Conclusion

Many people with serious mental illness are challenged doubly. On one hand, they struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, people with mental illness are robbed of the opportunities that define a quality life: good jobs, safe housing, and satisfactory health care, and affiliation with a diverse group of people.

Limitations

The study was limited to-

- General population residing in selected areas of Hubli-Dharwad district
- Only 50 general population
- The present study was not having control group, hence the effect of extraneous variables could not be controlled.

Source of Funding : Self

Conflict of Interest : Nil

Ethical Clearance : Ethical Clearance was obtained from institutional ethical committee

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A study to assess the effectiveness of weight-loss intervention on reproductive parameters among women having polycystic ovarian syndrome.

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How to cite this article: Sowmya Mercy, Gincy Mathew, Shervin Ploriya, Deepa et al A study to assess the effectiveness of weight-loss intervention on reproductive parameters among women having polycystic ovarian syndrome. Volume 8 Number 2 July-December 2022.

Abstract

Introduction: In the recent years hormonal disorders among the young women are drawing their attention due to its major consequences on the health of the women namely infertility, ovarian malfunction, tumors and cysts of the female reproductive system. Polycystic Ovarian Syndrome is of major concern. It requires healthy lifestyle including good habits and balanced diet to treat it effectively. Objectives: 1) To assess the women's regularity of menstrual cycle, status of conception, BMI, waist circumference and clinical hyperandrogenism 2) To implement the weight loss intervention including exercises and balanced diet. 3) To assess the effect of a weight loss intervention on reproductive parameters like regularity of menstrual cycle and status of conception. Methodology: Evaluatory Approach with Randomized Control Trial design was used for the study. The Sample Size was 100, including 50 each in experimental and control group each. Sampling technique used was randomized sampling with a block size of 4. Results: The results depicted significant change in the regularity of Menstrual cycle after intervention in post 3 months and 6 months amongst the experimental group but, there was no statistically significant difference in the proportion of subjects whose status of conception changed from 3 months to 6 months. Conclusion: Lifestyle modifications including prescribed hours of exercises and balanced diet will improve the conception status and regularises the menstrual cycle.

Keywords: Polycystic Ovarian Syndrome, Exercise, Diet, Effectiveness, Weight loss Intervention, Reproductive Parameters, Menstrual Cycle, Conception Status.

Introduction

Polycystic ovary syndrome (PCOS) is a hormonal disorder common among women of reproductive age. Women with PCOS may have infrequent or prolonged menstrual periods or excess male hormone (androgen) levels. The ovaries may develop numerous small collections of fluid (follicles) and fail to regularly release eggs. This condition led to unpredictable hormonal behavior and increases the risk of infertility and co morbid conditions¹.

It is estimated that worldwide, 105 million women between 15 and 49 years of age show PCOS. Prevalence

of PCOS is highly variable ranging from 2.2% to 26% globally. In few Asian countries prevalence figures are ranging from 2% to 7.5% in China and 6.3% in Srilanka². There are few studies conducted in South India and Maharashtra, prevalence of PCOS (by Rotterdam's criteria) were reported as 9.13% and 22.5% (10.7% by Androgen Excess Society criteria) respectively.³ The risk for preterm births and preeclampsia appears to be associated with maternal hyperandrogenism⁴. PCOS is the most common cause of anovulatory infertility⁵ and in many countries, it represents the leading cause of female infertility.⁶

PCOS negatively impacts fertility because women with this condition do not ovulate, or release an egg in each month due to an overproduction of oestrogen by the ovaries. Because ovulation does not occur regularly, periods become irregular and increased levels of hormones such as testosterone can affect the egg quality and inhibits ovulation. Ovulation problems are usually the primary cause of infertility in women with PCOS. Due to unbalanced hormones, ovulation and menstruation can be irregular.⁷ Lifestyle change is an important part of any fertility treatment approach for women with PCOS who are overweight or obese.⁸ Many research studies state that lifestyle changes positively affects in reducing the symptoms of polycystic ovarian syndrome^{9,10,11,12}

Objectives

The objectives include:

1. To assess the women's regularity of menstrual cycle, status of conception, BMI, waist circumference and clinical hyperandrogenism
2. To educate weight loss intervention including exercises and balanced diet
3. To assess the effect of a weight loss intervention on reproductive parameters like regularity of menstrual cycle and status of conception.

Methodology

The study used an Evaluatory Approach with Randomized Control Trial design. The Sample Size was 100, including 50 each in experimental and control group. Samples were Married women previously diagnosed to have PCOS with the desire to conceive and receiving treatment at the outpatient department of St. Martha's Hospital, Bengaluru. Sampling technique used was randomized sampling with a block size of 4.

Inclusion Criteria: Women who are

- age group - 21-35 years married women
- have a BMI ≥ 25 kg/m²
- able to read or understand Kannada or Hindi or Malayalam or English
- no other causes of infertility

Exclusion Criteria: Women who are

- Have a medical condition that limit their ability to exercise or intolerant to exercise
- Undergone any abdominal surgery in the past 6 months
- Undergone any miscarriage/abortion/MTP/D&C in the past 6 months
- Suspecting pregnancy
- Plan of care includes any surgical procedure

The tool used for the study included five parts

Tool 1: A) Baseline Variables.

B) Ferriman & Gallwey Tool - which is a standardized method of evaluating and quantifying hirsutism in women.

Tool 2: Anthropometric measurements proforma which includes height, weight, and BMI and waist circumference.

Tool 3: Weight loss information module which is an informational booklet which includes in-detail about the exercises and diet plan for the weight reduction.

Tool 4: Intervention daily log (IDL)

Tool 5: Menstrual cycle tracker

Samples were already diagnosed following the Rotterdam criteria by the treating gynecologist and were receiving routine care. The samples were randomized into experimental and control groups by block randomization. The subjects were assessed for clinical hyperandrogenism using the Ferriman-Gallwey Hirsutism tool along with self-reporting of history of acne and alopecia. The participants in the experimental group received the weight loss intervention programme consisting of diet and exercise. The diet was prescribed in consultation with the nutritionist as per the calorie requirement proposed by ICMR 2010 for the pre-study weight & BMI. The exercises were demonstrated by certified physiotherapist at the physiotherapy department. The participants were prescribed an exercise schedule fulfilling 150 mins/week. All participants were provided with an informational booklet to be used as a guide. The control group received routine care which included drug therapy, only verbal counselling of importance of diet, exercise and weight loss. For analysis and interpretation of data frequency and

percentage distribution were used to describe baseline variables, primary and secondary outcomes of the study both in experimental and control group and also at various time points of the study. McNemar statistics and Wilcoxon signed rank statistics were used to compare the primary and secondary outcomes of the study at various time points. Chi square and Fisher exact test was used to find the association between the primary and secondary outcomes of the study with selected Baseline variables.

Results

Section I: The results show that 44% of the subjects were in the age group of 25 to 29 years in experimental group whereas, 38% of the women were in control

Group, Majority (76%) of the subjects in experimental group and (66%) of the control group were belonging to Hindu religion, majority (60%) and (52%) were Home makers both in experimental and control group respectively.

Majority experimental group (88%), Control Group (86%) were not having children, experimental group (86%), Control group (90%) were having irregular cycles, experimental group (42%), control group (50%) were diagnosed with PCOS for 1 to 5 years, Majority 94% in experimental group and 96% in control group were not performing any exercises and none of them were following any prescribed diet plan.

Section II: Findings related to Reproductive Parameters (Primary outcomes) at various time points.

Table 1: Comparison of regularity of menstrual cycle within the experimental groups at different time points

EXPERIMENTAL GROUP							
Time point	Regularity of menstrual cycle	Pre-test				McNemar statistic	p-value
		Regular		Irregular			
		f	%	f	%		
Post-3 months (n=46)	Regular	7	15.2	9	19.6	15.481	0.004
	Irregular	0	0	30	65.2		
Post- 6 months (n = 20)	Regular	1	5	16	80	0.186	< 0.001
	Irregular	0	0	3	15		
Post-9 months (n = 9)	Regular	1	11.1	8	88.9	0	0
	Irregular	0	0	0	0		

Table 1 depicts there is a significant change in the regularity of Menstrual cycle after intervention in post 3 months and 6 months amongst the experimental group at 0.004 and < 0.001 levels of significance respectively.

Table 2: Comparison of status of conception within the experimental groups at different time points

EXPERIMENTAL GROUP							
Time point	Status of Conception	Pre-test				McNemar statistic	p-value
		Yes		No			
		f	%	f	%		
Post-3 months (n = 46)	No	46	100	46	100		
	Yes	0	0	0	0		
Post-6 months (n = 20)	No	14	70	1	5	0.741	1.000
	Yes	4	20	1	5		
Post-9 months (n = 9)	No	5	55.6	1	11.1	0.563	1.000
	Yes	3	33.3	0	0		

Table 2 shows that there were changes in the status of conception but there is no statistically significant difference in the proportion of subjects whose status of conception changed from 3 months to 6 months in experimental.

Section III Comparison of primary outcome between the experimental and control groups at different time points

Table 3: Comparison of regularity of menstrual cycle between the control and experimental groups at different time points.

Regularity OF Menstrual Cycle		Groups				p-value
		Control		Experimental		
		f	%	f	%	
Pre-test	Regular	5	10	7	14	0.538
	Irregular	45	90	43	86	
Post – 3 Months	Regular	8	21.1	16	34.8	0.166
	Irregular	30	78.9	30	65.2	
Post – 6 months	Regular	6	27.3	17	85.0	<0.001
	Irregular	16	72.7	3	15.0	
Post – 9 Months	Regular	3	33.3	9	100	0.003
	Irregular	6	66.7	0	0	

Table 4: Comparison of status of conception between the control and experimental groups at different time points

Conception Status		Groups				p-value
		Control		Experimental		
		f	%	f	%	
Pre-test	No	5	10	7	14	0
	Yes	0	0	0	0	
Post – 3 Months	No	35	92.1	43	93.5	0.80
	Yes	3	7.9	3	6.5	
Post – 6 months	No	20	90.9	15	75	0.16
	Yes	2	9.1	5	25	
Post – 9 Months	No	7	77.8	6	66.7	0.59
	Yes	2	22.2	3	33.3	

Table 3 and 4 shows there were no significant improvements in the regularity of menstrual cycle and status of conception between the experimental group at various time points except for regularity of menstrual cycle at post 6 months observation at <0.001 level of significance.

Section IV: Finding association of primary outcome with selected Baseline variables

There is no significant association found between the regularity of menstrual cycle with any of the baseline variables during post 3 months, post 6 months and post 9 months observation except for religion and diagnosis of PCOS during the post 3 months observation.

Conclusion

There is enough evidence that poly cystic Ovarian Syndrome is one of the commonest problems faced by young adults and women and it has become a leading cause of menstrual irregularities and many women don't conceive even due to PCOS. The reasons are many for PCOS for example obesity, food habits, lifestyle, stress etc. But, it is having been proven by evidence-based studies that, lifestyle modifications including prescribed hours of exercises and balanced diet will improve the conception status and regularises the menstrual cycle. As a part of the study the researcher developed an informational booklet on exercises to be performed and a balanced diet plan to

be followed by a woman diagnosed with Poly Cystic Ovarian Syndrome.

Conflicts of Interests: There is no conflicts of interest of any kind.

Funded By: Rajiv Gandhi University of Health Sciences, Jayanagar 4th 'T' Block, Bengaluru

Ethical Clearance Obtained By: Institutional Ethics Committee, St. Martha's Hospital

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Citation: Sowmya Mercy, Shervin Ploriya, Gincy Mathew, Sr. Deepa. A study to assess the effectiveness of weight-loss intervention on reproductive parameters among women having polycystic ovarian syndrome.

Language Related Difficulties Experienced by Student Nurses

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How to cite this article: Nirmala V, Suni M.S. et al Language related difficulties experienced by student nurses. Volume 8 Number 2 July-December 2022.

Abstract

In a culturally diverse society, English as a universally accepted language, is needed for student nurses for communication in hospital, community setting and teaching learning. The aim of the study was to assess the language related difficulties experienced by student nurses. A quantitative research approach was adopted for the study. The research design chosen was cross sectional - descriptive research design. Sample of 151 student nurses studying B.Sc. Nursing in a selected college of Nursing were included in the study. Purposive sampling technique was used. Questionnaire to assess the personal characteristics and rating scale to assess the language related difficulties were used for the collection of data. Analysis of language related difficulties revealed that among 151 student nurses, 52% of them had experienced high level of language related difficulties and 48% of them had experienced moderate level of language related difficulty.

Keywords: Language difficulties, student nurses, ESL, communication problems, and problems during oral presentation

Introduction

Nursing curriculum is designed to assist the nursing students to develop competency in nursing education and practice, to demonstrate leadership at various levels and to provide quality nursing services at different levels. The curriculum is implements based on two aspects as theory and practice. Nursing theory enables student nurses to acquire knowledge related to wellness, health promotion, illness prevention and disease management. It also includes learning a whole range of skills related to nursing practice. Nursing practice in the community and clinical area enables the students to implement the theoretical knowledge gained in classrooms, simulation labs and laboratories into practice. The syllabus is framed in such a way to enable the student nurses acquisition of clinical competence, communication, teaching learning, and administrative competence. The course content, medium of instruction and the examinations are in English. At the completion of the course, the graduate nurse needs to gain confidence

to render services in culturally diverse areas of world, communicate and collaborate with the team efficiently, for which proficiency in English language is an essential component. Competency in English language enhances the students' ability to use the language at ease in their professional work.

Need for the study

The main inhibition in learning English was the role of English in the society as a foreign language and attrition mainly due to intervals between phases of learning English and lack of free time to spend on learning English. The results of the study conducted among 69 students in nursing and midwifery groups revealed that reading, translating and writing skills have been rated as the most important skills needed. Furthermore, the students indicated need for listening and speaking skills.^[1] a study to investigate the perceived learning challenges as well as the coping strategies employed by nursing and health sciences using a 26 item self-reported questionnaire

with a 5 – point Likert type scale revealed that the students struggle with the issue of limited language proficiency.^[2]

A study was conducted among 249 nurse students to determine the communication problems experienced in clinics. Data was gathered with a questionnaire consisting of 21 questions. Findings revealed that 76% of nurse students experienced communication problems in the clinics. The communication problems experienced were more in medical nursing course (53%), and training and research hospital of Health Ministry (46%) and with nurses in general units/wards (68%).^[3]

With increasing cultural diversity in healthcare, nurses with English as second language backgrounds are becoming more valuable in providing culturally competent care, and it is essential that they are given appropriate support not only to achieve in their academic programmes but also to communicate effectively in the clinical setting. Enhancing English language and communication skills will maximize the potential for success as Registered Nurses.^[4] A study to explore the perceived needs and challenges of English use revealed that though nursing students face challenges in general and discipline specific English use, their motivation to improve their English proficiency was not strong.^[5] Hence, the investigator had made an attempt with an aim to identify the language related difficulties experienced by student nurses.

Statement of the problem

A study to assess the language related difficulties experienced by student nurses at selected college of nursing, Perinthalmanna, Kerala.

Objective of the study

- To assess the language related difficulties experienced by student nurses.

Assumption: Language related difficulties are more among student nurses.

Materials and Methods

1.1. Research approach: Quantitative approach

1.2. Research design: Cross sectional – descriptive research design

1.3. Setting of the study: The study was conducted at a selected college of Nursing, Perinthalmanna, Kerala.

1.4. Population: Students who are studying B.Sc. Nursing degree course at a selected college of Nursing, Perinthalmanna, Kerala.

1.5. Sample size: 151 student nurses.

1.6. Sampling technique: Non probability – purposive sampling technique.

1.7. Description of the tool: The tool consists of 2 sections.

- **Section A:** it consists of items to assess their personal characteristics, which included age in years, year studying, medium of instruction in school and attendance at English training courses before starting the present nursing course.
- **Section B:** It consists of items to assess the language related difficulties especially in writing and speaking. The tool is a five-point rating scale with strongly agree, agree, neutral, disagree and strongly disagree. The highest total score was 90. It is assumed that the higher the score the more the language related difficulties experienced by student nurses.

1.8. Validity and reliability of the tool:

The tool was validated by experts from Nursing and English. The reliability was assessed by test retest method. The tool was considered to be valid and reliable.

1.9. Data collection procedure:

The data was collected after obtaining permission from IEC and authorities of college of Nursing. Informed content was obtained from the student nurses who were willing to participate in the study. After explaining the purpose of the study and ensuring confidentiality of data, the data was collected from 151 student nurses who were pursuing B.Sc. Nursing course in the selected college of Nursing. The collected data was tabulated, organized and analyzed by using descriptive statistics.

Findings

Table 1: Frequency and percentage distribution of student nurses based on their personal characteristics.

S. No	Characteristics	Categories	Frequency n(151)	Percentage (%)
1	Age in years	17 - 18	20	13
		18 - 19	35	24
		19 - 20	67	44
		Above 20 years	29	19
2	Year studying	First year	26	15
		Second year	53	36
		Third year	37	25
		Fourth year	35	24
3	Medium of instruction in school	English	131	87
		Malayalam	20	13
4	English training course before stating the present Nursing course	Yes	131	83
		No	20	13

Table 1 reveals that majority of the student nurses 44% were in the age group of 19 - 20 years, 24% were between 18 - 19 years of age, 19% above 20 years of age and 13% between 17 - 18 years of age. It also reveals that 36% were studying in the second year, 25% in the third year, 24% in the fourth year and 15% in the first year of B.Sc. Nursing course. The medium of instruction in school was English for majority (87%) of the student and nurses and had undergone English training classes before starting the present nursing course.

Table 2: Frequency and percentage distribution of student nurses based on their language related difficulties scores.

S. No	Aspect	Categories	Frequency n(151)	Percentage (%)
1.	Language related difficulties	Low (18 -36)	-	-
		Moderate (37 - 54)	73	48
		High (55 - 90)	78	52

Table 2 indicates that majority (52%) of the student nurses had experienced language related difficulties and the remaining 48% of the student nurses had experienced moderate level of language related difficulties.

Discussion

In the present study, the investigator found that among the 151 student nurses, 44% of them were in the age group of 19 - 20 years, 36% were studying in the second year, 83% had English as their medium of instruction in school. Analysis of language related difficulties revealed that 52% of the student nurses had experienced high level of language related difficulties and 48% of them had experienced moderate level of language related difficulty. The highest language related difficulties were noticed in areas such as making grammatical errors while speaking and writing in English, and difficulty to speak fluently in English with mean score of 3.4 and 3.2 respectively. The findings of this study is consistent with another study conducted among 23 internship student nurses pursuing diploma in Nursing from a selected school of Nursing, Tamil Nadu. The study revealed that all participants 100% were experiencing language difficulty with highest perceived difficulties related to inability to explain, speak with grammar accuracy and correct grammar mistakes.^[6]

Nursing Implications

As a nurse educator and administrator, one has to aim to enhance the language competency of nursing students. As English holds the prestigious position as a universal language of communication, we need to make the student nurses understand the value and importance of English language in their professional work at hospital or community setting or in teaching learning process. Provision of adequate support and guidance are essential for the student nurses to meet the language needs and overcome the language difficulties that they may face in their career.

Conclusion

From the findings of the study it can be concluded that there is language related difficulties experienced by the student nurses. Review of related studies clearly indicates language problems has an impact on the psychological wellbeing too. Hence steps may be initiated at school and college to enhance their language proficiency.

Conflicts of Interest: None

Source of Funding: None

Ethical Clearance: Obtained from Institutional ethical committee

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A Review on -Impact of Covid-19 on Mental Health

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How to cite this article: Purohit Saraswati et al A Review on -Impact of Covid-19 on Mental Health. Volume 8 Number 2 July-December 2022.

Abstract

World Health Organization proclaimed the 2019 coronavirus disease (COVID-19) a pandemic. It might be on par with the 1918 influenza pandemic, which killed 50 million people and affected one-third of the world's population. The virus that causes COVID-19 disease, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has infected 213 countries and territories around the world, resulting in 14 million cases and half a million deaths (WHO, 2020).¹

Keywords: Mental Health, Covid-19, stress, anxiety, coping

Introduction

As the corona virus (COVID-19) pandemic sweeps across the world, it is causing widespread concern, fear and stress, all of which are natural and normal reactions to the changing and uncertain situation that everyone finds themselves in. This can be difficult times for all of us as we hear about spread of COVID-19 from all over the world, through television, social media, newspapers, family and friends and other sources. The most common emotion faced by all is FEAR.

It makes us anxious, panicky and can even possibly make us think, say or do things that we might not consider appropriate under normal circumstances.

World Health Organization (WHO) takes the impact of the crisis on people's mental health very seriously and is monitoring the situation together with national authorities, while providing information and guidance to governments and the public.²

Impact of the COVID-19 on Mental Health

- Fear and worry about own health and the health of family.
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Worsening of mental health conditions
- Increased use of alcohol³

Common reactions to COVID-19

- Concern about protecting oneself from the virus because they are at higher risk of serious illness.
- Concern that regular medical care or community services may be disrupted due to facility closures or reductions in services and public transport closure.

- Feeling socially isolated, especially if they live alone or are in a community setting that is not allowing visitors because of the outbreak.
- Guilt if loved ones help them with activities of daily living.
- Increased levels of distress
- if they:
- Have mental health concerns before the outbreak, such as depression.
- Live in lower-income households or have language barriers
- Experience stigma because of age, race or ethnicity, disability, or perceived likelihood of spreading COVID-19.

Early research study suggests a long-lasting psychological impact of the pandemic, as people experience increased level of anxiety and stress not only because of the lockdown period but also the fear of uncertainty.⁴

Psychological responses to covid-19

- Health-related anxiety
- Depression and Anxiety
- Low mood, fear, nervousness, irritability, anger, frustration, boredom, emotional exhaustion, feeling stressed, numbness, and insomnia
- Substance Withdrawal
- End-of-life crisis
- Acute stress reaction and post-traumatic stress disorder (PTSD)
- Resilience

Psychological issues faced by patient

- Social Distancing
- Loss of Routine
- Sharing Patients' Fears
- Putting on a Tough Face
- Home Life being Disrupted
- Fear of Contamination/Contaminating Others

- Feeling the Impact of a Fluctuating System
- Lack of Information
- Impact of Misinformation / Overload of Information
- Loss of Self-Care Activities/Routines
- Having Special Events Cancelled
- Duration of quarantine

Mental Health Challenges after COVID-19 Recovery

Those recovering from a severe case of COVID-19 might experience

- Nightmares
- Startle response
- PTSD
- Trouble sleeping
- Emotional instability
- Depression
- Appetite changes and loss of interest.

ICU patients who were incubated may experience

- Flashbacks of trauma, real or imagined.

For example, a patient in the ICU may overhear a conversation between healthcare providers about another patient in the bed next to them, and incorporate that information into their own thoughts

- ❑ According to Jonathan Rogers, MRC Psych, of University College London, and colleagues. Reported in the lancet psychiatry.
- ❑ One study found 33% of patients with COVID-19 (15 of 45) had a dysexecutive syndrome upon discharge.

Mental health experts say pandemic is creating conditions for anxiety and panic

Importance of mental health counseling for COVID-19 patients to reassure them that the disease does not mean that they are being stigmatized

According to Mental health experts the pandemic is creating conditions for anxiety and panic, and people with pre-existing mental health conditions such as anxiety disorders, depression, OCD, and paranoia in particular can be severely impacted. Counseling for home quarantined using telephone help lines and tele psychiatry is useful.

Tips for Managing Stress during covid-19

- Acknowledge and Understand Your Reactions
- Be Aware and Monitor Your Wellbeing
- Activate Your Parasympathetic Nervous System to Combat Stress
- Take Time for Your Mental Health

Managing patient with Covid-19

Mental health needs associated with the pandemic; there will be enormous long-term consequences for families, communities and societies.". "In general, stress behavior for many family brings a lot of problems."if a person in family is positive for COVID is like having a stigma and something that is threatening family and that affects persons behavior. Panic leads to bad behavior and to psychosomatic problems as well, and that brings on somatic problems very, very easily

Family coping skills during COVID-19

- Physical distancing can be both challenging and positive for families.
- Family wellbeing by making the most of family time, using routines, staying connected and managing conflict.
- Preparing by holding family discussions, identifying resources, making plans for staying in contact with friends and family
- Practicing and modeling preventive hygiene behaviors
- Engaging in coping strategies like staying informed, seeking social support, expressing and validating feelings

Family Activities during COVID-19

- Engage in the relaxing activities.
- Play games indoors
- Try a new recipe or make dinner as a family.
- Read a chapter book together
- Practicing preventive hygiene as a family
- Staying calm by using coping strategies
- Involving children in family health care by discussing information in an age-appropriate way, modeling health behaviors and discussing family health habits, and managing misconceptions⁵

Conclusion

Mental health issues differ among various populations during the COVID-19 pandemic. Vulnerable populations like COVID-19 cases, close contacts, elderly, children and health professionals are expected to have more difficulties with coping. Appropriate precautionary measures may reduce the psychological distress. Myths associated with COVID-19 may also lead to distress and inappropriate lifestyle measures. People experiencing distress should adopt various healthy relaxation measures and if required help from mental health professionals.

Ethical clearance : from the institute

Funding : Notapplied

Conflict of interest : Nil

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Pre-Experimental Study to Assess the Effectiveness of Theme-Based Short film on the Level of Knowledge Regarding Youth Suicide and its Prevention Among the Parents Living in Selected Urban Community Area of Delhi, India

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How to cite this article: Dhairya Arora, Lavanya Nandan, Glory Tripathy et al Pre-Experimental Study to Assess the Effectiveness of Theme-Based Short film on the Level of Knowledge Regarding Youth Suicide and its Prevention Among the Parents Living in Selected Urban Community Area of Delhi, India. Volume 8 Number 2 July-December 2022

Abstract

Background: Every year, more than 800,000 individuals die by suicide throughout the world. India's suicide rate is greatest in the 15-29 age bracket, according to a 2012 Lancet analysis.⁴ In India, from a public mental health perspective, adolescent or youth suicide is a major challenge that must be addressed through effective preventive measures. This research article provides a brief overview of the level of knowledge regarding youth suicide and its prevention among the parent population.⁵

Methods: A quantitative research approach with pre-experimental one group pre-test post-test design and non-probability purposive sampling technique was adopted with 40 parents. A structured knowledge questionnaire having 20 items followed by theme-based short film was administered on the 1st day, and post-test was taken on the 8th day.

Results: Data obtained was analysed and result showed level of knowledge of parents as good, average, poor and excellent; scores in pre-test were 67.5%, 20%, 7.5% and 5% respectively; as compared to the results in the post test where 80% parents had excellent and 20% had good level of knowledge regarding youth suicide and its prevention. Therefore, the short-film was found to be effective. Mean pre-test knowledge score of the parents was 11.4 and post-test mean knowledge score of was 16.1 with the standard deviation 9.37 and 4.84 respectively. The difference was found to be statistically significant as evidence from "Z" test value is 2.83, which is greater than table value (alpha=1.96) at 0.05 level of significance. Findings showed no significant association between the post-test knowledge score with the demographic variables; hence, the null hypothesis was accepted and research hypothesis was rejected.

Conclusion: The study concluded that the theme- based short film was effective in improving the level of knowledge of parents regarding youth suicide and its prevention. There is a need to develop more information materials on youth suicide and its prevention to fill information gap and improve the knowledge.

Keywords: theme-based short film, knowledge, youth suicide and its prevention, parents

Introduction

“Live a little every day, ek hi zindagi mili hai (You have got only one life).”

-These were the last words found in an eight-page long suicide-note from a PhD student at the Indian Institute of Technology in Hyderabad. The student was found dead in his dormitory room on July 2, 2019.

Every year, about 800,000 individuals worldwide commit suicide. Suicide was expected to kill 1.5 million people by 2020. In 2015, the suicide rate was 10.7 per 100,000 people, which equates to approximately one death every 20 years.⁴ Suicide is the 15th greatest cause of death worldwide, accounting for 1.4 percent of all fatalities.^{2,3}

‘Suicide’ is defined as a fatal self-injurious act with some evidence of intent to die. Suicide is more common in older people than in younger people,

but it is still one of the leading causes of death in late childhood and adolescence worldwide leading to direct loss, and devastating psychosocial and negative socio-economic consequences. From a mental health perspective, youth suicide is a major issue that needs to be addressed. Therefore, sufficient insight into the risk factors that contribute to adolescent suicidal behaviour is needed.^{1,5}

Materials and Methods

Pre-experimental one group pre-test post-test design and non-probability purposive sampling technique was adopted. Inclusion criteria were:

- a) willing to participate.
- b) present at the time of data collection.
- c) knows English and Hindi both.
- d) having school going or university college going or job aspirant children/descendants below 29 years of age.
- e) living with at-least one of their children/descendants.

Data collection procedure: A formal administrative approval was sought from selected community setting, to conduct study from 10th of March 2021 to 10th of April 2021.

Total 40 parents were selected by non-probability purposive sampling technique. A structured knowledge questionnaire having 20 items followed by theme-based short film was administered on the 1st day after taking individual consent from the parents (this no budget theme-based short film was validated and shot in December 2020 after taking informed consent from all the actors and supporters in the film and is now publicly available on YouTube from 19/01/2022, with the title ‘KHATRE KI GHANTI | Short film | youth suicide and its prevention’, and the post-test was taken on the 8th day.

Results

Data obtained was analysed and result showed level of knowledge of parents as good, average, poor and excellent; scores in pre-test were 67.5%, 20%, 7.5% and 5% respectively; as compared to the results in the post test where 80% parents had excellent and 20% had good level of knowledge regarding youth suicide and its prevention. Therefore, the short-film was found to be effective.

Mean pre-test knowledge score of the parents was 11.4 and post-test mean knowledge score of was 16.1 with the standard deviation 9.37 and 4.84 respectively. The difference was found to be statistically significant as evidence from “Z” test value is 2.83, which is greater than table value ($\alpha=1.96$) at 0.05 level of significance. Findings showed no significant association between the post-test knowledge score with the demographic variables. The study concluded that the theme- based short film was effective in improving the level of knowledge of parents regarding youth suicide and its prevention.

1. Level of knowledge regarding youth suicide and its prevention showing frequency and percentage of pre-test and post-test score:

Figure 1 shows that in pre-test: majority, i.e. 67.5% of the population had good knowledge, 20% of the population had average knowledge, and 7.5% had poor knowledge and 5% had excellent knowledge regarding youth suicide and its prevention. In post-test: majority, i.e. 80% of the population had excellent knowledge, 20% of the population had good knowledge.

(N=40)

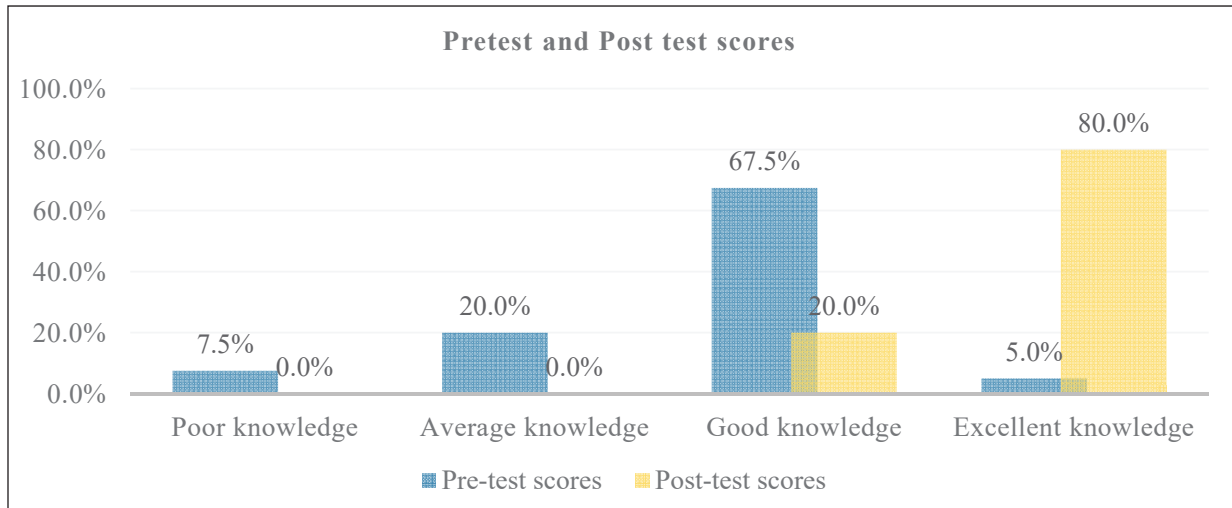


Figure 1: Bar Diagram Showing Pre-Test and Post-Test Knowledge Scores on Youth Suicide and its Prevention

Table 1: Mean, Standard Deviation and Z Test Value of Pre-Test and Post-Test Knowledge Scores of Parents Regarding Youth Suicide and its Prevention.

(N=40)

Knowledge Score	Mean	Mean Difference	S.D.	Z Test Value
Pre - Test	11.4	4.7	9.37	2.83*
Post - Test	16.1		4.84	

*df at 0.05 level of Significance z=1.96

2. Effectiveness of theme-based short film in terms of level of knowledge regarding youth suicide and its prevention:

Table 1 shows that the pre-test mean knowledge score of the sample was 11.4 and post-test mean knowledge score of parents was 16.1 with the standard deviation 9.37 and 4.84 respectively. Mean post-test knowledge score 16.1 is higher than the pre-test knowledge score 11.4. The difference was found to be statistically significant as evidence from “Z” test score value is 2.83 which is greater than table value alpha (1.96) at 0.05 level of significance. Hence, the null hypothesis got rejected and the research hypothesis was accepted. Thus, it was evident that theme-based short film was effective in improving the level of knowledge regarding youth suicide and its prevention among the parents.

H1: There will be a significant difference between pre-test and post-test knowledge scores regarding

youth suicide and its prevention among parents at 0.05 level of significance.

3. Association of post-test knowledge scores regarding Youth suicide and its prevention with selected demographic variables.

The chi-square with yates correction test was used to determine the association between the post-test knowledge score with the demographic variables. Findings showed no significant association between the post-test knowledge score with the demographic variables: Age in years, gender, educational status, occupation, etc; as the table value obtained was greater than the calculated chi-square value, hence, the null hypothesis was accepted and research hypothesis was rejected.

H0.2: There will be no significant association between post-test knowledge score and selected demographic data as calculated p value is greater than the calculated chi square value.

Discussion

Present study has been conducted to assess the effectiveness of theme-based short film regarding youth suicide and its prevention in terms of knowledge among parents in selected urban community area of Delhi. Major findings have been discussed following data analysis. The study concluded that the theme-based short film was effective in improving the level of knowledge of parents regarding youth suicide and its prevention.

The study findings were consistent with:

Cheng et al (2020) conducted a case study of a YouTube short film 'Co-creation and impacts of a suicide prevention video' on youth suicide prevention aimed to investigate the impacts of promoting prevention of suicide through social media, and evaluate the co-creation process of the project with a popular YouTuber in Hong Kong. The short film was co-produced by YouTuber and a research team. The short film brought positive perceived changes in the audience's suicide prevention knowledge, attitude, and behaviours. 3 facilitating factors and 1 challenge of the co-creation process were identified. The short film statistics and demographics of the audience were also extracted and analysed.⁶

There is a need to develop more information materials on youth suicide and its prevention to fill information gap and improve the knowledge.

Limitations

- a) Initially the male participants were not very interested to participate in the study as they were having a busy schedule but after thorough discussion about the need and importance of the study, the samples were convinced and co-operated with the researcher. The parents participated actively during the data collection.
- b) Having a common free time was an issue because samples are parents living in an urban community area, most of them were working , they were mostly available in evening time or on weekends.
- c) Some of the parents initially had fear and reluctant attitude to talk about a sensitive topic i.e., youth suicide and its prevention;

however, after proper explanation about the need of the study, the researcher was able to convince them.

Recommendations

- a) A similar study can be done on school and college teachers with audio and video assisted teaching.
- b) An experimental study can be conducted to assess the effectiveness of Structured Teaching Programme on the practice of youth suicide prevention strategies.

Conclusion

The present study assesses the effectiveness of Theme-based short film regarding Youth suicide and its prevention in terms of knowledge among parents. Majority of parents had moderate knowledge to adequate level of knowledge regarding youth suicide and its prevention after administration of Theme-based short film.

Implications

The finding of the study can be used in the following areas:

a) Clinical Nursing Practice

Community and mental health nurses can create awareness among community people regarding youth suicide and its prevention and organise health education campaign, program on the topic to be conducted for community level workers. They can encourage parents to adapt measures for youth suicide Prevention and help them to join support groups, if needed.

b) Nursing Education

Nursing educator can plan and give inputs for the in-service education programmes for nurses regarding youth suicide and its prevention .

c) Nursing Administration

The nursing administrator can take part in development and designing of refresher courses on youth suicide and its prevention and mobilize the available resources.

d) Nursing Research

The research study will help to motivate researchers on youth suicide and its prevention and will serve as a reference for budding researchers and would emphasize many research work that need to be conducted related to the problem of youth suicide which could provide current information on the same.

Ethical Clearance: Ethical clearance was obtained from Nightingale Institute of Nursing, Noida, UP, India.

Conflict in the study: None

Source of Funding: self-funded research study.

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