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A Descriptive Study to Assess the Factors Influencing Suicidal Behaviour and Its Prevention among the Adolescents in Rohilkhand School of Nursing at Bareilly with a View to Develop an Informative Booklet

Nidhi Vishnoi¹, Velladurai Narayanan²

¹Master of Nursing, Mental Health Nursing, Rohilkhand college of Nursing, Bareilly, Uttar Pradesh, India

²Professor, Mental Health Nursing, Rohilkhand College of Nursing, Bareilly, Uttar Pradesh, India

Abstract

Background- Suicide is the second leading cause of death among 15- 21 years olds globally. Suicide is a serious public health problem, so the prevention among college is a priority. There are several factors that affect the adolescents like- age, education, social class, family, mental health, Area of living, all these factors affect significantly for suicidal behaviour. A study was conducted on adolescent at college of Bareilly for early identification of risk factors which affect for suicide and to prevent these activities through social awareness, teaching and guidance. So, we can save the precious life of young once. **Objectives-** To assess the factors influencing suicidal behaviour among adolescents in college. To find out the association between factors influencing suicidal behaviour with selected demographic variables, To prepare an informational booklet on prevention measures regarding suicidal behaviour among adolescents.

Material and Method- A descriptive approach was adapted. The sample consisted of 60 adolescents of GNM II year. Convenience Sample technique was used to choose the sample. Self administered questionnaire are used for data collection. Informative booklet is prepared for suicidal prevention. Majority of respondents included in the study was 50% were in the age group of 19-20 years, 16.6 % were in 17-18 age group, 26% 21-22 age group and 6.6% 23 -above age group. 13% of respondents were male, while 86% were females. In education 48% respondents were in intermediate, 51% of undergraduate. 66% of respondents were living in urban and 33% were lives in rural. 13% were married while 86% were unmarried. 56% of Respondents belongs to nuclear family while 43% belongs to joint family. Respondents also were belonged to lower class, 83% middle class and 13% upper class. 75% were Hindu, 11% Muslim, 8% Christian and 5% were Sikh. Result reveals that there was significant association between demographic variable like age ($\chi^2= 47.78$ p -123.59), gender ($\chi^2=50.35$ p- 5.99) and marital status ($\chi^2 = 8.04$ p- 5.99) and the factors influencing suicidal behaviour among adolescents and there is no association between demographic variable like- education, area of living, type of family, religion, social class and factors influencing suicidal behaviour among adolescents. **Interpretation and Conclusion-** Finding of the study score shows that a study to assess the factors influencing suicidal behaviour was effective in terms of identification of risk factors which influence suicidal behaviour. There are some factors which influence the adolescents for suicide. Proper prevention may decrease the risk of suicidal behaviour. Therefore we can save the precious life.

Keywords- Suicide, Suicidal behaviour, Adolescent, Risk factor, College.

Corresponding of Author:

Nidhi Vishnoi

Student of master of nursing, Rohilkhand College of Nursing, Bareilly, Nidhi.vishnoi100@gmail.com

Introduction

Suicide is the act of taking one's own life. It is usually the second or third leading cause of death among teenagers and remains one of the top leading

causes of death well into middle age. There is a senseless, purposeless act behind a person who dies by suicide.¹ Suicidal death about one fifth of all deaths among older European adolescents and young adult together (15-29), representing about 24,000 deaths each year.² Suicide is the second leading reason of death in adolescents, and young adults 15-24 years-olds. Among younger children, suicide attempts are frequently passionate. They may be associated with the sadness, confusion, aggression, or problems with attention and concentration and hyperactivity.³ one student commits suicide in India every hourly, with about 28 suicides reported early day, according to statistics compiled by the National Crime Records Bureau (NCRB). Globally, Suicide is a common cause of death among the adolescents. This study aimed to document suicidal ideation and behaviours among adolescent. The adolescent suicidal rate has greatly increasing in recent years. Suicide is 5% of all suicides have seen in less than 15-24 years of age, but now it is increased to 14%. This is the reason suicide is the third leading cause of death among the adolescents. Suicidal rate in males 10-14 year is tripled, 15 -19 have quadrupled and in female is doubled.⁶

Objective

- To assess the factors influencing suicidal behaviour among adolescent in college.
- To find the association between factors influencing suicidal behaviour with selected demographic variables.
- To prepare an informational booklet on preventive measures regarding suicidal behaviour among adolescents.

Material and Method

This prospective descriptive study was carried out on adolescents at Rohilkhand school of Nursing, Uttar Pradesh from 2020 to 2021. A total 60 adolescents

(both male and females) of aged between 14- 23, years were for in this study.

Study Design: Descriptive survey design

Study Location: Rohilkhand School of Nursing Bareilly, Uttar Pradesh.

Sample size: 60 adolescent

Approach- Descriptive survey approach.

Technique- Purposive sample technique

Procedure methodology- Research design was consisted of a descriptive approach with a descriptive survey design. Convenient sampling techniques were adopted. The sample consisted of 60 adolescents. The study was conducted in Rohilkhand school of Nursing, Bareilly. The tool developed and used for data collection was self administered questionnaire on factors influencing suicidal behaviour having **section A** and **section B. Section A** consisted 08 items related to demographic variables and section B of 40 items related to factors influencing suicidal behaviour. The content validity of the tool was established by 05 experts. The reliability of the tools establish by using Split half method. The reliability was 0.82. The tool was established to be reliable and feasible. Pilot study was conducted on 21 June 2021 at Nightingale college of Nursing, Shahjahanpur. The objective of the pilot study to assess the factors influencing suicidal behaviour among adolescents and to check the main study would be effective or not. The main study was conducted in Rohilkhand school of Nursing, Bareilly. Self administered questionnaire on factors influencing suicidal behaviour was used to assess factors influencing suicidal behaviour. The data was gathered, inspected and interpreted according to the objectives. Descriptive statistics were used. Inferential statistics was used to test hypothesis at 0.05 levels significant. Chi square test was applied for finding relationship between factors influencing suicidal behaviour with

demographic variable.

Statistical Analysis

Demographic data and data of factors influencing suicidal behaviour were calculated by the descriptive

statistics by using **frequency, percentage, graphs, mean and bar diagrams**. Inferential statistics is using a sample to make estimates or conclusion about population. **Chi-square test** use to find out the association between demographic variable and factors influencing suicidal behaviour.

Result

Table 1- Distribution of sample according to frequency and percentage.

S/NO.	DEMOGRAPHIC VARIABLE	FREQUENCY	PERCENTAGE
A.	AGE		
	1. 17-18 years	10	16.6%
	2. 19-20 years	30	50%
	3. 21-22 years	16	26.6%
B.	4. 23- above	04	6.6%
	GENDER		
1.	Male	05	8.3%
	2. Female	55	91.6%
C.	EDUCATION		
	1. Intermediate	29	48.3%
	2. Undergraduate	31	51.6%
3.	Postgraduate	00	00%
D.	AREA OF LIVING		
	1. Urban	40	66.6%
2.	Rural	20	33.3%
E.	MARITAL STATUS		
	1. Married	10	16.6%
2.	Unmarried	50	33.3%
F.	TYPES OF FAMILY		
	1. Nuclear family	34	56.6%
2.	Joint family	26	43.3%
G.	SOCIAL CLASS		
	1. Lower	02	33%
	2. Middle	50	83.3%
3.	Upper	08	13.3%
H.	RELIGION		
	1. Hindu	45	75%
	2. Muslim	07	11.6%
	3. Christian	05	8.3%
4.	Sikh	03	5%

Table 2 - Overall response scores of respondents on level of factors influencing suicidal behaviour.

FACTOR LEVEL	TEST KNOWLEDGE SCORE			
	Scale	Score	N	Percentage
Inadequate		27-40	07	14%
Moderate		13-26	57	88%
Adequate		0-12	00	-

Table Shows that frequency and percentage of adolescents according to the factor Reveals that majority (14%) of respondents having inadequate risk factors which influencing suicidal behaviour, (88%) of respondent having moderate risk factors which influencing suicidal behaviour and (0%) of respondents having adequate risk factors which influencing suicidal behaviour.

Conclusion

Regarding association between age and factors influencing suicidal behaviour among adolescents, 13.3% of respondents in the age group of 17-18 years, 48.3% respondents were in the age group 19-20 years, 25% of respondents in the age group of 21-22 years, 6.6% were in the age group of 23 years and above having average knowledge of factors influencing suicidal behaviour. The statistical finding depicts there exists significant association between age and factors influencing suicidal behaviour among adolescents. ($\chi^2= 47.78$)

Regarding association between gender and factors influencing suicidal behaviour among adolescents, 6.6% of respondents in the age group of male and 53.3% of respondents in the group of female having average knowledge of factors influencing suicidal behaviour and 33% of respondents were female in good category while 6.6% were in male. However,

the statistical findings depict there is significant association between gender and factors influencing suicidal behaviour among adolescents ($\chi^2= 50.35$).

Association between education and factors influencing suicidal behaviour among adolescents, 43% of respondents belongs to intermediate with average, 5% were with good knowledge of factors influencing suicidal behaviour. As compare to undergraduate 45% respondents with average and 6.6% with good factors influencing suicidal behaviour. The statistical findings depict there exists a non significant between education and factors influencing suicidal behaviour among adolescents ($\chi^2=0.29$)

Association between area of living and factors influencing suicidal behaviour among adolescents, 58.3% respondents belongs to urban with average, 8.3% respondents belongs to good knowledge of factors influencing suicidal behaviour while 30% with average and 3.3% of respondents of rural with good knowledge of factors influencing suicidal behaviour. The statistical findings depict here is no significant association between area of living and factors influencing suicidal behaviour among adolescents ($\chi^2=0.11$)

Association between marital status and factors influencing suicidal behaviour among adolescents, 10% belongs to married with average, 6.65%

respondents with good knowledge of factors influencing suicidal behaviour. 75% of respondents were belonging to average and 8.3% respondents with good knowledge of factors regarding suicidal influence among adolescents. Statistical findings depict there exists a significant association between marital status and factors influencing suicidal behaviour among adolescents ($\chi^2 = 8.04$)

Association between type of family and factors influencing suicidal behaviour among adolescents, 50% respondents belong to nuclear family with average while 6.6% respondents were good knowledge. 40% respondents were belonging to joint family with average and 3.3% respondents with good knowledge of factors influencing suicidal behaviour among adolescents. Statistical findings depict there is no significant association between type of family and factors influencing suicidal behaviour among adolescents. ($\chi^2 = 0.28$)

Acknowledgment- I praise the almighty God. I express my gratitude to my guide, parents, family teachers who inspired and encouraged me for every challenge during research process.

Ethical Clearance- The study was conducted keeping all the ethical issue in mind.

Conflict of Interest- None

Source of Funding- Self

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A Descriptive Study to Assess the Knowledge and Attitude Regarding Mental Illness and Its Treatment among Adults of Selected Rural Population in District Patiala, Punjab

Simranjit Kaur¹, Manpreet Kaur², Gurvinder Pal Singh³

¹Assistant Professor, Ashoka Institute of Nursing, Patiala, ²Tutor, College of Nursing, Government Medical College and Hospital, Chandigarh, ³Associate Professor, Government Medical College and Hospital, Chandigarh

Abstract

A mental disorder or mental illness is a psychological or behavioral pattern generally associated with subjective distress or disability that occurs in an individual, and which is not a part of normal development or culture. Descriptive research design was adopted in the study. The study was conducted in village in District Patiala, Punjab. It has total 3000 population. 150 adults were selected from the selected village in District Patiala, Punjab. A survey was performed and adults who met the inclusion criteria were selected by using non probability purposive sampling technique. Based on the Research problem and objectives the following steps were undertaken to select and develop data collection tool. Demographic Performa to assess demographic variables and, self structured questionnaire to assess the knowledge of adults and Likert's scale to assess the attitude of adults regarding mental illness and its treatment was selected. The present study shows that mean knowledge score regarding knowledge of mental illness was (7.9) and mean attitude score regarding mental illness and its treatment was (34.4.) Correlation of knowledge and attitude score regarding mental illness and its treatment was found to had no correlation ($r=-0.106$) as calculated by Karl Pearson's coefficient of correlation which is statistically non significant. Association of two socio-demographic variables with the knowledge score was found to statistically significant.

Keywords: *Mental illness, mental disorders, mental illness treatment.*

Introduction

“Good attitudes are magnets for good news. Seen it proven a hundred times.” A mental disorder or mental illness is a psychological or behavioral pattern generally associated with subjective distress or disability that occurs in an individual, and which is not a part of normal development or culture.¹

Mental health is vital for individuals, families and communities, and is more than simply the

absence of a mental disorder. Mental health is defined by the World Health Organization (WHO) as ‘a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, and is able to make a contribution to his or her community’.²

There are many different types of mental disorders ranging from common disorders such as depression and anxiety to more severe ones such as schizophrenia. Effective treatments are available for people with mental disorders, and many types of mental disorder can be managed at the primary health care level with complementary support from community-based workers and community members.³

Corresponding author:

Manpreet Kaur

Tutor College of Nursing Government Medical College and Hospital, Chandigarh

Email id: mk86576@gmail.com

Important discoveries in areas such as genetics, neuroscience, and behavioral science largely account for the substantial gains in knowledge that have helped us to understand the complexities of mental illnesses and behavioral disorders over the past 15 years.⁴

Material and Method

Descriptive research design was adopted in the study. The study was conducted in village in District Patiala, Punjab. It has total 3000 population. 150 adults were selected from the selected village in

District Patiala, Punjab. A survey was performed and adults who met the inclusion criteria were selected by using non probability purposive sampling technique. Based on the Research problem and objectives the following steps were undertaken to select and develop data collection tool. Demographic Performance to assess demographic variables and, self structured questionnaire to assess the knowledge of adults and Likert's scale to assess the attitude of adults regarding mental illness and its treatment was selected.

Findings

Table 1: Frequency and percentage distribution of sample characteristics

Socio-demographic Characteristics	Frequency (f)	Percentage %
1. Age (in years)		
30-40	76	50.7
41-50	74	49.3
2. Religion		
Sikh	79	52.7
Hindu	50	33.3
Muslim	19	12.7
Any other	2	1.3
3. Family type		
Nuclear	88	58.7
Joint	42	28.0
Extended	20	13.3
4. Qualification		
Middle	33	22
Matric	62	41.3
10 +12	41	27.3
Graduate & above	14	9.3
5. Occupation		
Govt. job	19	12.7
Private Job	55	36.7
Own business	52	34.7
Unemployed	24	16
6. Monthly income (Rs.)		
<5000	18	12.0

Cont... Table 1: Frequency and percentage distribution of sample characteristics

5001-10000	59	39.3
10001-15000	61	40.7
> 15000	12	8.0
7. Source of information		
Radio/ TV	46	30.7
Newspaper	44	29.3
Internet	37	24.7
Relatives/Friends	28	18.7
8. Any family member has mental illness		
No	107	71.3
Yes	43	28.7
9. Duration of illness (years)		
1-2	17	39.5
3-4	18	41.8
>5	8	18.6
10. Duration of treatment (years)		
1-2	19	44.2
3-4	21	48.8
>5	3	7.0

Table 1 depicts that Maximum subject (50.7%) were between age group 30 to 40 years followed by 74(49.3%) falls in 41 to 50 years of age. In case of religion - Maximum subjects i.e. 79.(52.7%) belong to Sikh Religion, and minimum 2 subjects (1.3%)) from any other religion. Type of family - Maximum subjects were from nuclear families i.e. 88(58.7%) and minimum subjects 20 (13.3%) from extended families.

Educational status- Analysis related to educational status of adults revealed that maximum no. of subjects i.e. 62 (41.3%) subjects had schooling up to metric level and minimum no. of subjects 14(9.3%) had graduation and above education.

Occupation - Majority of the subjects were having their private job i.e.55 (36.7%) and minimum no. of subject's i.e.24 (16%) were unemployed. Economic status -Maximum subjects 59 (39.3 %/ reported monthly income in the range of rate 10001 to 15000and minimum 12 (8.0) in more than 15000.

Source of information Analysis reveals that majority of subjects had their source of information 46(30.7%) radio The maximum no of families 107(28.7%) have no mental illness is and maximum duration of illness is 3-4 year with (41.85%) and minimum is ≤ 5 with(18.6%).maximum duration of treatment taken was 3-4 with(48.8%).

Table 2: Frequency and Percentage distribution of adult’s according to their level of knowledge regarding mental illness and its treatment.

N =150

Level of Knowledge	scores	F	Knowledge score (%)	Mean ±Sd
Good	17 - 24	1	0.7	
Average	9 - 16	57	38.0	7.9±3.3
Poor	0 - 8	92	61.3	

Maximum knowledge score = 24

Minimum Knoweldge score = 0

Objective 2: To assess the attitude of adults regarding mental illness and its treatment.

Table 3: Attitude of adults towards mental illness and its treatment

Attitude	Scores	(f)	Percentage (%)	Mean ± SD
Positive	41-60	16	10.7	34.4 ± 4.2
Neutral	21-40	122	81.3	
Negative	≤ 20	12	8.0	

Maximum Attitude score =60

Minimum Attitude score =20

Table 4: Relationship of knowledge & attitude regarding mental illness and its treatment.

N=150

Variable	Mean± SD	Pearson’s correlation coefficient	p-value
Knowledge	7.6±3.5	-0.106	0.198 ^{NS}
Attitude	34.4±4.2		

(NS-Non-significant (p>0.05))

(NS-Non-significant ($p>0.05$))

Table 4 depicts that there is no correlation between the knowledge and attitude of adults at 0.198

Table - 5: Association of knowledge regarding mental illness and its treatment among adults with demographic variables.

N=150

Variables	Level of knowledge			Df	χ^2
	Good	Average	Poor		
1. Age (in years)					
30-40	1	31	44	2	1.586NS
41-50	0	26	48		
2. Religion					
Sikh	0	36	43		
Hindu	1	18	31		
Muslim	17	2	0	6	10.206NS
Any other	0	1	1		
3. Family type					
Nuclear	1	47	40		
Joint	0	12	30	4	6.071NS
Extended	0	5	15		

Cont... Table - 5: Association of knowledge regarding mental illness and its treatment among adults with demographic variables.

4. Qualification					
Middle	0	15	18		
Matric	0	19	43		
10 +2	24	16	1	6	5.809NS
Graduate & above	0	7	7		
5. . Occupation					
Govt. job	0	3	16		
Private Job	1	15	39		
Own business	0	27	25	6	13.858S
Unemployed	0	12	12		
6. Monthly income (Rs.)					
<5000	0	7	11		
5001-10000	0	25	34		
10001-15000	1	22	38	6	2.860NS
> 15000	0	3	9		

Cont... Table - 5: Association of knowledge regarding mental illness and its treatment among adults with demographic variables.

7. Source of information					
Radio/ TV	0	20	26	2	1.217NS
Newspaper	0	6	38		
Internet	0	18	19		
Relatives/Friends	1	15	12		
8. Any family member has mental illness					
No	0	10	33	2	6.185 ^S
Yes	1	47	59		
9. Duration of illness (years)					
1-2	11	6	17	2	2.337 ^{NS}
3-4	15	3	18	2	
>5	7	1	8		
10. Duration of treatment (years)					
1-2	13	6	19	2	1.855 ^{NS}
3-4	17	4	21		
>5	3	0	3		

(S-Significant ($p < 0.05$), NS-Non-significant ($p > 0.05$))

Table 5 Illustrates that on applying α^2 , it was found that none of demographic variable was significantly associated with knowledge regarding mental illness and its treatment except occupation and family history

Table 6: Association of attitude regarding mental illness and its treatment among adults with demographic variables

N=150

Variables	Type of attitude			Df	α^2
	Positive	Neutral	Negative		
1. Age (in years)					
30-40	4	58	14		
41-50	4	59	11	2	0.342NS
2. Religion					
Sikh	6	62	11		
Hindu	2	37	11		
Muslim	0	17	2	6	5.644NS
Any other	0	1	1		
3. Family type					
Nuclear	3	73	12		
Joint	2	29	11	4	8.176NS
Extended	3	15	2		
4. Qualification					
Middle	3	26	4	6	2.227NS
Matric	2	49	11		
10 +2	2	32	7		
Graduate & above	1	10	3		
5. . Occupation					
Govt. job	0	15	4	6	4.959NS
Private Job	3	41	11		
Own business	2	43	7		
Unemployed	3	18	3		

Cont... Table 6: Association of attitude regarding mental illness and its treatment among adults with demographic variables**N=150**

6. Monthly income (Rs.)					
<5000	1	12	5	6	9.635 ^{NS}
5001-10000	1	45	13		
10001-15000	6	49	6		
> 15000	0	11	1		
7. Source of information					
Radio/ TV	4	31	11	2	4.454 ^{NS}
Newspaper	1	41	2		
Internet	3	26	8		
Relatives/Friends	1	22	5		
8. Any family member has mental illness					
No	33	10	0	2	4.797 ^{NS}
Yes	84	15	1		
9. Duration of illness (years)					
1-2	17	12	5	2	.890 ^{NS}
3-4	18	14	4		
>5	8	7	1		
10. Duration of treatment (years)					
1-2	19	14	5	2	4.214 ^{NS}
3-4	21	18	3		
>5	3	1	2		

NS-Non-significant (p>0.05)

Table 6 illustrates that on applying α_2 , it was found that none of the demographic variable was significantly associated with attitude regarding mental illness and its treatment

Discussion

Major finding

The present study revealed that maximum (61.3%) of the respondents had poor knowledge regarding mental illness and its treatment more than one third (38%) had average knowledge and (0.7%) had good knowledge regarding mental illness and its treatment and majority (81.3%) of the respondents had neutral attitude regarding mental illness and its treatment and (10.7%) had positive attitude regarding mental illness and its treatment whereas (8%) had negative attitude, knowledge of adults vary with occupation and family history of mental illness in the family.

Discussion with the literature as per knowledge:

Out of 150 subjects, majority of the respondents had poor knowledge (61.3%) regarding mental illness and its treatment, more than one third (38%) had average knowledge and (0.7%) had good knowledge regarding mental illness and its treatment. The mean and standard deviation score for overall knowledge of adults (30 - 50 years) was 7.9+ 3.3

This decrease in overall knowledge indicates that the adults (30-50 years) need more information regarding mental illness and its treatment.

The study findings are supported by a study conducted by **Munson MR, Floersech JE, et.al (2010)** conducted the descriptive study. Two thousand and forty samples were selected using The result revealed that 96.5% of subjects perceived that people with mental illness were dangerous, 82.7% expressed fear to converse with mentally ill persons, and only 16.9% showed agreement regarding the marriage of mentally ill persons. Therefore, the study concluded that there was widespread stigmatization of mental

illness persisting.

Discussion with the literature as per attitude:

As study reveals that majority (81.3%) of the respondents had neutral attitude regarding mental illness and its treatment and (10.7%) had positive attitude regarding mental illness and its treatment whereas (8%) had negative attitude. Hence

The study findings supported by this study conducted to **Ramachandaran P Vijayalaksh et.al (2013)** conducted descriptive study to assess the attitude of rural population towards person with mental illness. Total 102 persons were taken after survey. The study revealed that participants held more stigmatizing attitude towards person with mental illness. It also revealed that community was more authoritarian and socially restrictive views. The findings of the present study revealed that negative attitude towards person with mental illness are widespread and may impair their social reintegration into the community.

From the above cited discussion it can be concluded that there is a little awareness among adults regarding mental illness and its treatment so it's the need of hour, to increase the awareness regarding mental illness and its treatment. It can be done by arranging health education programmes in rural areas or campaigns time to time.

SUMMARY, CONCLUSION AND RECOMMENDATIONS

For the present study descriptive design was adopted to assess the knowledge and attitude of adults regarding mental illness and its treatment. The conceptual framework adopted for this study was based on modified **health belief model by Becker MR, Drachman RH and Kricht JP, 1974** & it provides the comprehensive framework for achieving the objectives of the study. This model focuses on individual perception, perceived susceptibility, perceived seriousness modifying factors, demographic

characteristics perceived threat, cues to action, likelihood of action, perceived benefit, perceived barrier & recommended action.

Self Structured knowledge questionnaire and Likerts scale were used to collect the data for assessing the level of knowledge and attitude of adults regarding mental illness and its treatment. The data obtained was analyzed and interpreted in terms of the objectives and assumption of the study. Descriptive and inferential statistics were used for data analysis.

The findings of the study has been presented in the form of tables, figures and graphs and discussed in detail. The knowledge of adults regarding mental illness and its treatment showed that out of 150 subjects Majority of them (61.3%) had poor level of knowledge, (81.3%) of them had neutral attitude . Knowledge and attitude had no significant relationship with demographic variables the study findings had shown that there was a significant association between level of knowledge of adults with two demographic variables i.e. occupation, & family history and no association with age, religion, qualification family income, type of family and source of information.

Conclusion

The present study shows that mean knowledge score regarding knowledge of mental illness was (7.9) and mean attitude score regarding mental illness and its treatment was (34.4.) Correlation of knowledge and attitude score regarding mental illness and its treatment was found to had no correlation ($r=0.106$) as calculated by Karl Pearson's coefficient of correlation which is statistically non significant.

Association of two socio- demographic variables with the knowledge score was found to statistically significant.

Conflict of Interest: NIL

Source of Funding: Self

Ethical Clearance: It was approved by the institutional committee.

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A Pre-Experimental Study to Evaluate the Effectiveness of Mindfulness Meditation Technique on the Promotion of Subjective Well-Being among Elderly in Bhai Ghanayia Charitable Trust District Patiala, Punjab

Sukhpreet Kaur¹, Manpreet Kaur², Gurvinder Pal Singh³

¹Nursing Tutor, Adarsh College of Nursing, Patiala, Punjab, India, ²Tutor, College of Nursing, Government Medical College and Hospital, Chandigarh, ³Associate Professor, Government Medical College and Hospital, Chandigarh

Abstract

Introduction: Mindfulness Meditation means that a person pays attention to thoughts and feelings without judging them and without believing on them. It can be the key to deal with stress, emotional issues and even health problems. **Objectives:** To evaluate the effectiveness of mindfulness meditation technique on the promotion of subjective well-being among elderly. Pre- test evaluation of subjective well being was done by using subjective well being inventory (SUBI) before demonstrating mindfulness meditation technique. **Methodology:** The study was conducted on 30 elderly. Mindfulness meditation technique was demonstrated for one month for 20 minutes daily. **Results:** It revealed that the pre test mean score was 61.63 with SD 10.82 and post test mean score was 86.76 with SD 6.56. Mean difference between pre test and post test subjective well being score was 25.13. **Conclusion:** The pre-test revealed that there was low well being score among elderly. After demonstration of mindfulness meditation technique there was a highly significant increase in the well being score among elderly. Mindfulness meditation technique was more effective in increasing well being score.

Keywords – “Mindfulness Meditation Technique”, Subjective Well-Being.

Introduction

Well-being is not only a potential parameter of overall health a social goal and objective pursued by advanced countries is to maintain the existing high level of wellbeing developing countries wish to attain a higher level of well-being. Abele (1991) maintains that happiness and well-being for the largest possible number of people is the leading idea of social and

political actions. Well-being may be a precondition of growth motives it may support one's activities and motivation, improve sociability and open-mindedness, increase one's problem-solving capacity, support a positive view of the world, have a positive impact on health and health perception.¹

Ageing is a natural process. According to Seneca, old age is an incurable disease, but more recently, old age should be regarded as a normal, inevitable biological phenomenon. The study of the physical and psychological changes which are incident to old age is called gerontology. The care of the gerontology is social gerontology or geriatrics. There is ample scope for research into the degenerative and other disease

Corresponding Author:

Manpreet Kaur

Tutor College of Nursing

Government Medical college and Hospital, Chandigarh

Email. mk86576@gmail.com

of old age; their treatment in hospital and general practice and finally into preventive geriatrics and the epidemiology of conditions affecting the aged. Our knowledge about the aging process is incomplete. The physical and psychological changes takes place during old age are senile cataract, glaucoma, nerve deafness, osteoporosis affecting mobility, failure of special senses and changes in mental outlook.

Psychological changes are common in old age but frequently remain undetected and untreated. Mental disorders induce functional disability, disturb rehabilitation, burden the health system and impair life-quality of old patients and their relatives. Geriatric patients suffer from multiple diseases, at risk of somatic disorders, for instance to loose functional autonomy. Old patients have a great need for both rehabilitation and for psychosocial services. Moreover, treatment of mental disorders is also decisive for prognosis of other somatic diseases.²

Psychiatric care of elderly people can be more interesting than that of younger patients. Successful treatment of elderly patients requires a demanding psychological, medical, social, political, and managerial skills—an epitome of modern medicine. According To WHO Report 2001, about 450 million people alive today suffer from mental problems. One person in every four will be affected by a mental disorder at some stage of his or her life.³

Mental health is vital for individuals, families and communities. Mental health is defined by the World Health Organization (WHO) as ‘a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community’.⁴

Mindfulness meditation fixes the mind on a single object such as the breath or a mantra and attempts to exclude all other thoughts from awareness.⁵ This

kind of meditation is prescribed in the Yoga Sutras and Buddhism, and has been popularized in the form of “Transcendental Meditation”(TM). Concentration practices suppress ordinary mental functioning, restrict attention to one point, and induce states of absorption characterized by tranquillity and bliss⁶. The term meditation refers to a broad variety of practices that includes techniques designed to promote relaxation, build internal energy or life force (qi,ki, prana, etc.) and develop compassion,⁷ love, patience, generosity and forgiveness.⁸

Meditation often involves an internal effort to self-regulate the mind in some way.⁹ Meditation is often used to clear the mind and ease many health problems, such as high blood pressure,¹⁰ depression, and anxiety. It may be done in a passive or in an active way—for instance, Buddhist monks involve awareness in their day-to-day activities as a form of mind-training. Prayer beads or other ritual objects are commonly used during meditation in order to keep track of or remind the practitioner about some aspect of that training.

Meditation may involve generating an emotional state for the purpose of analyzing that state such as anger, hatred, etc. or cultivating a particular mental response to various phenomena such as compassion. The term “meditation” can refer to the state itself, as well as to practices or techniques employed to cultivate the India.¹¹ Meditation may also involve repeating a mantra and closing the eyes.¹² The mantra is chosen based on its suitability to the individual mediator. Meditation has a calming effect and directs awareness inward until pure awareness is achieved, described as “being awake inside without being aware of anything except awareness itself.”¹³ In brief, there are dozens of specific styles of meditation practice and many different types of activity commonly referred to as meditative practices.¹⁴

To practice mindfulness meditation, relax comfortably and observe surroundings without forming judgments or thinking about anything. For transcendental meditation, people need to close eyes and try to empty the mind. This might need practice if people are not used to doing it as they will find that thoughts rush in, but after a while, people should find that they can clear their mind of thoughts and induce a comfortable and relaxed state. Meditation therapy is widely practiced and can relieve nervous system complaints such as headaches, depression, stroke, epilepsy and multiple sclerosis. If a person suffer from digestive system concerns, meditation therapy could help to treat such ailments as irritable bowel syndrome, ulcers.¹⁵

Well-being is not only a potential parameter of overall health a social goal and objective pursued by advanced countries is to maintain the existing high level of wellbeing developing countries wish to attain a higher level of well-being. A. Abele (1991) maintains that happiness and well-being for the largest possible number of people is the leading idea of social and political actions. Well-being may be a precondition of growth motives it may support one's activities and motivation, improve sociability and open-mindedness, increase one's problem-solving capacity, support a positive view of the world, have a positive impact on health and health perception.¹⁶

Traditional Western health care views are changing embracing new ideas and accepting treatments such as meditation as beneficial and healthy practices. Many health care professionals promote the use of meditation as being helpful in treating a variety of stress-related illnesses. Nowadays, many people do not realize how much pressure they are under with their high stress careers and fast-moving modern way of life. Meditation is a great way to relax, eliminate phobias and irrational fears and encourage body to heal itself. People can meditate with or without

gemstones. Different gemstones work on different body parts or symptoms and some people find it makes the meditation therapy experience a stronger and better one. Incense or music can also be used if a person find that they help but are not essential. Meditation has no negative effects, only good ones. So if people are suffering from an illness, whether mental or physical, it is worth trying meditation therapy as a means of relief or cure. Even if it does not completely cure ailment, meditation does relieve stress, improve health in general and encourage beneficial deep breathing.¹⁷

Need of the study

Ageing merely stands for growing old but no one knows when old age begins. The biological age of a person is not identical with the chronological age. Years wrinkle the skin, but worry, doubt, fear, anxiety and self distrust wrinkle the soul. In this age of modern science and technology we are losing our axis of balance and harmony at all levels i.e. physical, mental, emotional especially for the old age that are institutionalised. With the passage of time certain changes takes place in old age. The important one the old age people facing in their life is the psychological problem in addition to physical problems. The main psychological problems are mental changes, emotional disturbances, irritability, social maladjustment depression and even suicidal thoughts .so we need some measures to overcome this problem.¹⁸

Mindfulness meditation provides a systemic approach to understand the root causes of our psycho-physiological problems such as fickleness of mind, hatred, greed, anger, depression, tremor, breathing disturbances etc are well documented and provides healing and purifying techniques for such conditions in old age. Meditation provides a permanent solution and the deep underlying roots of the inner disturbances of man are managed using meditation techniques.¹⁹

The first report (1991) of the inquiry Promoting Mental Health and Well-Being in Later Life, focused on older people and the ways in which mental health in older age can be sustained or improved. This second report (1995) focuses on those older people who do experience mental health problems and on the adequacy of the support and services that are available to them.²⁰

According to WHO, the prevalence of old age mental health problems among people over 65 is (15%) in the general community (25%) in general practice patients, and (>30%) in residential homes²¹ published in article of a review of mind/body therapies in the treatment of musculoskeletal disorders with implications for the elderly.

A study was conducted to know the clinical of transformative practices for integrating body- mind – spirit and well-being. This includes meditation prayer and the purpose is to know the long term spiritual transformation with the mental and physical aspects of life currently there are number of study that attest to the mental health enhancing and surfing reducing benefits from transformative practices like prayer, meditation etc., trails of transformative practices are needed to help all levels of the health care systems focus their attention on the manifestations and effect of the care delivered.²²

The need for conducting the study arose during the investigator's clinical posting at National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore as the elderly patients performed mindfulness meditation every morning and remain fresh and cheerful whole day. Hence, the investigator has tried a humble attempt at evaluating the effectiveness of mindfulness meditation technique on the promotion of subjective well- being among elderly in selected old age home.

Research Problem: A Pre-Experimental study to

evaluate the effectiveness of mindfulness meditation technique on the promotion of subjective well-being among elderly in Bhai Ghanayia Charitable trust District Patiala, Punjab.

Objectives of the study

- To assess the pre-test subjective well-being score among elderly.
- To provide and evaluate the effectiveness of mindfulness meditation technique on the promotion of subjective well-being among elderly.

Hypothesis

Hypothesis was tested at 0.05 level of significance by using appropriate inferential statistics. H_0 There is no significant difference between mean pre-test and post test subjective wellbeing score. H_1 There is significant difference between mean pre-test and post test subjective wellbeing score.

Methodology

Research Approach: A Quantitative research approach was adopted for the present study.

Research Design: A pre-experimental, one group pre test – post test design ($O_1 \times O_2$) was adopted for the present study

Research setting: The present study was conducted in old age home.

Target population: The target population for present study was the elderly (above 60 years).

Sampling Technique and Sample Size: Consecutive sampling technique was used to select sample .The sample size of present study comprised of 30 elderly.

Inclusion criteria:

- All elderly who were residing in selected old age home of north India

Exclusion criteria:

- The elderly who were having physical disabilities like hearing loss, loss of vision and mental disabilities.

Selection & development of tools:

Part A Socio Demographic Performa

Part B SUBI- Subjective Well being Inventory

Method of Data Collection Method of Data Collection

The study was conducted in selected old age home in the month of January, 2017. Permission was taken from the head of that institution. Consecutive sampling technique was used to select the Sample. Interview schedule method was used to collect data. Pre test evaluation of subjective well being among elderly was done by using subjective well being inventory (SUBI) before demonstrating mindfulness meditation technique. Mindfulness meditation technique was demonstrated for a period of one

month for 20 minutes daily. Then after a period of one month, evaluation was done by using Subjective well being inventory (SUBI) again.

Ethical Consideration

- Approval of institutional ethical committee was taken.
- Permission was taken from old age home.
- Consent was taken from elderly.
- Elderly were ensured that information provided was kept confidential.

Plan of Data Analysis:

The data was analyzed to evaluate by means of descriptive and inferential statistics. Descriptive statistics include Range, Mean, Standard deviation and inferential statistic includes paired ‘t’ test.

ANALYSIS AND INTERPRETATION OF DATA

Table 1: Range, Mean and Standard deviation of subjective well being among elderly

N=30

Variable	Range	Mean	Standard Deviation
Subjective well being	46-84	61.63	10.82

Table 1 reveals the range, mean, and SD of subjective well being among elderly. It was found that mean subjective well being score was 61.63+ 10.82.

Table 2: Frequency and percentage distribution of well being score among elderly

N =30

Levels of subjective well being Score	Frequency(f)	Percentage (%)
Low(40-60)	15	50
Moderate (61-80)	13	43.3
High(81-120)	2	6.6

Maximum Score- 120

Minimum Score- 40

Table 2 depicts that (50%) of elderly had low subjective well being score, (43.3%) had moderate and only (6.6%) had high subjective well being score.

Table 3: Mean, standard deviation and mean difference of pre test and post test of well being score

N=30

Subjective well being	Mean	SD	Mean Difference	Df
Pre-test	61.63	10.82	25.13	29
Post-test	86.76	6.56		

Table 3 shows mean, SD and mean difference of subjective well being score among elderly regarding the mindfulness meditation technique. It revealed that the pre test mean score was 61.63 with SD 10.82 and post test mean score was 86.76 with SD 6.56. Mean difference between pre test and post test subjective well being score was 25.13. Hence it was concluded that post test subjective well being score was higher than pre test subjective well being score.

Table 4: Mean, standard deviation, mean difference and t test value of pre test and post test of subjective well being scores

N=30

Subjective well being	Range	Mean+ SD	t- value
Pre-test	46-84	61.63+ 10.82	13.84
Post-test	73-101	86.76+ 6.56	

*Significant at $p < 0.05$

Table 4 on applying paired t test, it was found that calculated Value ($t=13.84$) was greater than tabulated value (2.045, $df=29$). It was found significant at $p < 0.05$. So Null hypothesis was rejected and H_1 was accepted.

Therefore it was concluded that there was significant increase in the subjective well being among elderly after demonstrating mindfulness meditation technique.

Conclusion

After analyses of the socio demographic Performa, it was seen that maximum elderly were from age group of 60-65 years and others were above 65 years. Most of the elderly belongs to Sikh religion. Males were double in number as females. Maximum elderly were educated up to elementary and very few were graduate or above. Almost half of the elderly belongs to rural. Majority of elderly were married and have spouse living were 33.3%. more than half of the elderly watch T.V in their leisure time.

As an intervention, it showed that post test mean score (86.76%) was significantly more than the pre test mean score (61.63%). Paired t- test showed a significant difference ($p < 0.05$) in the mean pre test and post test scores. Also Mindfulness meditation technique had greatly improved wellbeing among elderly. In the present study effectiveness of mindfulness meditation technique was evaluated and following conclusions were drawn: The pretest revealed that there was low well being score among elderly. After demonstration of mindfulness meditation technique there was a highly significant increase in the well being score among elderly. Mindfulness meditation technique was more effective in increasing well being score.

Conflict of Interest: Nil

Source of Funding: Self

Ethical Clearance: The Ethical Committee of the College and Concerned Authority of The Elderly Home.

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To Assess the Level of Awareness on Problems of Drugs Dependence among Adolescent in Selected Area of Gautam Budh Nagar, Uttar Pradesh

Sweta Rawat¹, Garima Rohilla²

¹Nursing Tutor, Mental Health Nursing, ²Nursing Tutor, Child Health Nursing, Metro College of Nursing, Greater Noida UP, India

Abstract

Background: Globally substance abuse is a major public health and social concern. With changes in lifestyle, globalization in substance marketing, the erosion of powers of censure that have existed in traditional societies, and an increased acceptance of such substances, it is clear that their use is growing in low and middle income countries, particularly in the children, adolescents and the youth¹.

Methods: It was a descriptive study. Total 100 adolescents were selected using convenient sampling technique. Structured questionnaire was used to collect the demographic characteristics & to assess the level of awareness on problems of drug dependence among adolescents in selected area.

Results: the findings of study revealed that only 4% of adolescents had excellent awareness, 38% of adolescents had good awareness, 44% of adolescents had average awareness, 14% of adolescents had poor awareness regarding ill effects of substance abuse.

Conclusion: The study concluded that there is a need to spread awareness about the drugs dependence & its possible consequences using campaigns & awareness class. The findings of study reveals that most of adolescents are having average awareness regarding problems of drug dependence.

Key Words: Adolescents, Drug Dependence, Awareness

Introduction

For years, human society has been challenged with substance abuse and sustained notable financial and spiritual losses. India too is caught in this vicious circle of drug abuse, and the numbers of drug addicts are increasing day by day². The transition from adolescence to young adulthood is a crucial period in which experimentation with illicit drugs begins in

many cases. According to recent data, among those involved in drugs and substance abuse in India, 13.1 percent are below 20 years³.

Materials and Methods

It was a Quantitative Research. The research design used is non- experimental research design. Inclusion criteria for the study were (a) adolescents who belongs to the age group to 12- 19 years, (b) who can read and write English or Hindi, (c) who were willing to participate and available during the time of data collection.

Data Collection Procedure: it was conducted in the month of August' 2021. After seeking formal

Corresponding Author:

Sweta Rawat

(Mental Health Nursing)

Tutor, Metro College of Nursing, Greater Noida,

Uttar Pradesh- 201308

Swetarawat661@gmail.com

written permission from the concerned authority. The informed written consent was also obtained from adolescents.

To assess the level of awareness on problems of drug dependence, total 100 samples were selected by using convenient sampling technique and informed consent was taken from the samples after informing them regarding the objectives and purpose of the study. Confidentiality of the samples was assure. A structured questionnaire consisting of closed ended questions which was given to the samples to assess level of awareness on problems of drug dependence among them, in the month of August' 2021.

Results

The data collected was analysed by using descriptive and inferential statistics. The demographic data from the study samples revealed that majority of the samples 60 (60%) are in the age group >17 years, 70(70%) in degree class, 44(44%) of children's parents were of secondary education, 42 (42%) of children's Father's occupation was agriculture, 76 (76%) of children's Mother's were housewife, 30 (30%) of adolescent family income were 16000 or above, 68 (68%) were vegetarian, 72 (72%) of adolescents belongs to Hindu religion, 60 (60%) belongs to rural area, 34(34%) gain information regarding ill- effects of substance abuse from school teachers, 44 (44%) of adolescents had average awareness.

The above figure no. 1 showing criteria measures of awareness Score 4 % has excellent awareness score, 38% has good awareness score and 44 % has average awareness score and 14% have poor awareness drug dependence.

11. To determine the association between the level of awareness of adolescents with their selected demographic variables

The association between the level of score

and socio demographic variable. Based on the 2nd objective Chi-square test was used to associate the level of awareness and selected demographic variables. There is significance association between the level of scores and other demographic variables. The calculated chi-square values were more than the table value at the 0.05 level of significance in age in years, mother's occupation, diet, religion and place of residence. This means that adolescents of age group 16-17 years has more awareness about drug dependence. The adolescents whose mother are doing govt. job has more awareness than others. Vegetarians, hindu religion, and living in rural area has significant difference of awareness than others.

Discussion

The present study assessed the level of awareness on problems of drugs dependence among adolescents in selected area of Gautam budhnagar, Uttar Pradesh. Major findings of the present study had been discussed with the reference of results obtained by the researcher in the same aspect and it is seen that adolescents of age group 16-17 years had more awareness regarding drug dependence

Limitations

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

Conclusion

It is concluded that 22 (44%) adolescents had average awareness, 7 (14%) adolescents had poor awareness and only 19 (38%) adolescents had good awareness and 2 (4%) had excellent awareness regarding ill-effects of substance abuse. The main source of information among adolescents was school teachers. The calculated chi-square values were more than the table value at the 0.05 level of significance in age in years, mother's occupation, diet, religion and

place of residence. This means that adolescents of age group 16-17 years had more awareness regarding drug dependence. The adolescents whose mother are doing govt. job has more awareness than others. Vegetarians, hindu religion, and living in rural area has significant difference of awareness than others.

Implications

The findings and discussions of the study mentioned previously have recognized many implications in the following fields :-

1. In nursing education, students should be enlightened with adequate awareness regarding drug dependence
2. Since Drug dependence is very major problem which can lead to mental conditions, therefore it is recommended for public health nurses and other health care providers to impart health education to all

age groups as well as the general public in schools and community settings regarding drug dependence.

3. Nurse administrators should organize a health camp at various schools and colleges where parents of the students are also invited.

4. Promote more research on the drug dependence, its prevention and include their association with demographic variables.

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To Develop and Evaluate the Effectiveness of Educational Package on Life-Skilltraining on the Life-Skill Practices among Substanceabusers of a Selected Drug- Rehabilitation Centre, New Delhi

Sweta Rawat¹, Raminder Kalra², Malar A. Selvi³

¹Nursing Tutor, Mental Health Nursing, Metro College of Nursing, Greater Noida UP, India,

²Professor (Principal), ³Associate Professor, Holy Family College of Nursing, New Delhi, India

Abstract

Background: Substance Abuse is a phenomenon in the world and has invaded the human society as the most important social damage. Substance abuse is a nonadaptive model of drug use which results in advance problem and consequences , and includes a set of cognitive , behavioural , and psychological symptoms¹.

Methods: It was a Quasi Experimental study, total 60 substance abusers were selected (30 samples each for experimental and control group) by using convenient sampling technique. Structured questionnaire was used to collect the demographic characteristics & to assess the level of life skill practices of substance abusers residing in rehabilitation centre for both experimental and control group, followed by administration of Life skill training program for experimental group only.

Results: The findings of the study revealed that difference between pre-test and post-test life skill score 't' value was 14.57 for degree of (39) at 0.05 level of significance. This shows that there was significant increase in life skill practices of substance abusers after administration of Life skill training programme. The post-test mean life skill practice score of experimental group and post-test mean life skill practice score of control group shows 't' value of 11.316 for the degree of freedom (78) at 0.05 level of significance.

Conclusion: Human society has been challenged with Substance abuse and sustained notable financial and spiritual losses. The problem of abuse is one of the topfour world crises and the main social crisis in India. The findings of study reveals that there was significant increase in life skill practices of experimental group than the control group after administration of Life skill training programme¹.

Keywords: Life skill, Life skill training programme, Substance abusers

Introduction

For years, human society has been challenged with Substance abuse and sustained notable financial and spiritual losses. The problem of abuse is one of the

topfour world crises and the main social crisis in India . Drugaddiction has to do with economic and cultural aspects. Given the cultural factors, wrong beliefs,and unique geographical position, Iranian youth are at ahigh risk of drug addiction . Unfortunately, about 60%of prisons are filled by drug addicts and those convicted for drug related crimes. This means that notable re-sources of the country in different fields are wasted to dealwith the crisis. Drug addiction is the root of insecuritiesin the society and poses threats

Corresponding author:

Sweta Rawat

Tutor, Metro College of Nursing, Greater Noida,
Uttar Pradesh -201308

swetarawat661@gmail.com

to health and hygiene of the patient and the society as the whole².

Materials and Methods

It was an experimental study. The research design used is Quasi experimental research design. Inclusion criteria for the study were (a) Substance abusers who are within the age group of 18-60 years and above, (b) who can read and write Hindi or English, (c) who were willing to participate and available during the time of data collection.

Data collection procedure: It was conducted from the month of December 2019 to January 2020 after seeking formal permission from the concerned authority, that is, the Ethical committee of Holy Family Hospital and the concerned Rehabilitative Centre. The informed written consent was obtained from substance abusers.

To assess the life skill practices, total 60 samples (30 samples each for experimental and control group) were selected using convenient sampling technique and informed consent was taken from the samples after informing them of the objectives and purpose of the study. Confidentiality of the samples was assured. A structured questionnaire consisting of closed ended

questions was given to all the samples to assess life skill practices among them, in the month of December 2019 to January 2020.

Results and Discussion

The data collected was analysed by using descriptive and inferential statistics. The demographic data from the study samples revealed that in experimental group majority 13 (43.3%) of the substance abusers were in age group of 18-30 years whereas in control group 13 (43.4%) were in age group of 41-50 years. Majority of the samples in the experimental group i.e., 12 (40%) were married and in control group 19 (63.3%) were single. 13 (43.3%) in experimental group were reported illiterate education whereas in control group 11 (36.7%) were completed secondary education. More than half 16 (53.3%) were self-employed in experimental group and in control group 13 (43.3%) were self-employed. Majority of subjects in the experimental group i.e., 13 (43.3%) were having income below-10,000/ month whereas half 15 (50%) were having below-10,000/month in control group.

1. Life- Skill practice level of substance abusers of drug rehabilitation centre before and after administration of Life skills training program.

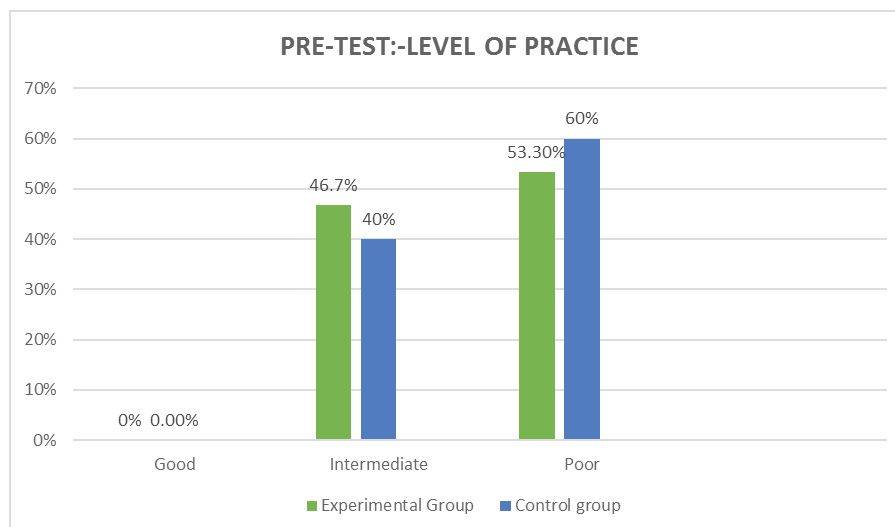


Figure 1. Percentage distribution of level of Pre-test life skill practice score of Substance abusers.

The data presented in figure1 shows that in both experimental and control group the majority 53.3% & 60% respectively were having poor level of practice

while 46.7% in experimental & 40% in control group were having intermediate level of practice . None of the substance abusers in both the group had good level of life skill practices.

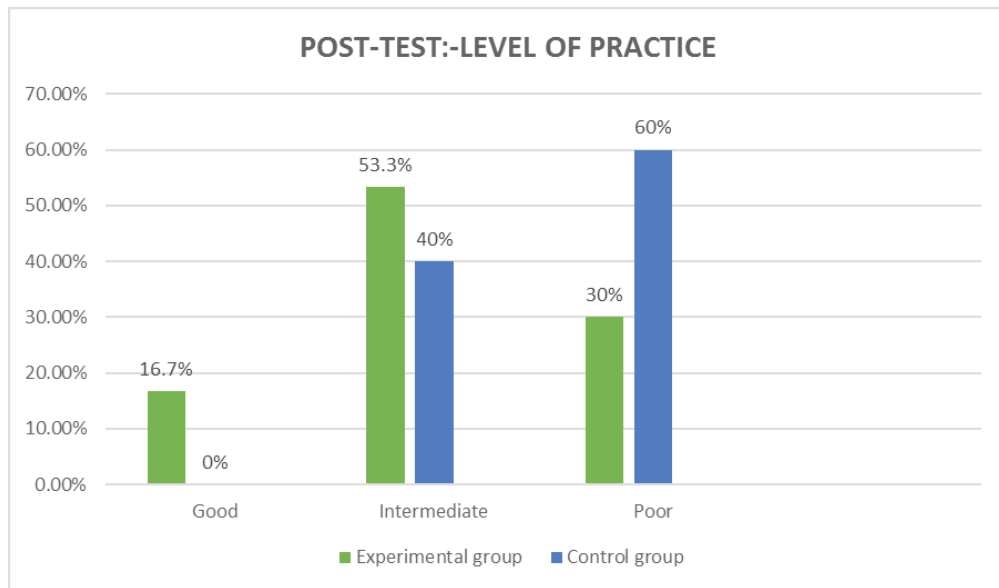


Figure 2. Percentage distribution of level of Post-test life skill practice score of Substance abusers.

The data presented in figure 2 shows that after the administration of life skill training program in the experimental group majority of the substance abusers had intermediate practice (53.3%) whereas in control group majority (60%) continued to have poor practice.

there was improvement in the life-skill practice score of substance users in Experimental group where as there was no improvement in the life-skill practices score of substance users in the Control group.

The findings described in this section indicate that

2. Effectiveness of Life skill training program in term of gain in practice

Table 1- Mean, Mean Difference, Standard Deviation, Standard Error of mean difference and ‘ t value’ of pre and post test score of experimental group and control group during life – skill training program. n1+n2=n=60

Group	Mean		Mean difference	Standard deviation		Standard error of mean difference		‘t’ value
	Pre-test Scores	Post-test Scores		Pre-test Scores	Post – test Scores	Pre-test Scores	Post-test Scores	
Experimental group (n1=30)	35.40	42.20	6.8	5.167	7.436	2.311	3.326	14.57*
Control group (n2=30)	33.80	33.20	0.60	8.468	7.727	3.787	3.455	6.5*

Table 1 shows a significant difference between the mean pre-test and the post-test life skill practice score of experimental group . This indicates that the post-test life skill practice score was higher than the pre-test life skill practice score of experimental group. This shows that there was statistical difference between the mean post-test life skill practice score

of substance abusers in experimental group and control group after administration of life skill training program . Hence Null hypothesis H_{02} was rejected and research hypothesis H_2 was accepted.

H_{02} - There will be no significant difference in the post test life skill practices between experimental and control group at 0.05 level of significance.

Table-2 ‘t-value’ showing the effectiveness of life skill training program between the substance abusers in experimental and control group.

$$n_1+n_2= n=60$$

Group	Test	t-value
Experimental group (n1=30)	Post test practice score	11.316*
Control group (n2=30)	Post test practice score	

*Significant at 0.05 level of significance

Table 2 depicts that after administration of life skill training program to experimental group only. The post test t-value of experimental and control group is 11.316 which was higher than the table value(1.98) at 0.05 level of significance. This indicates that the Life skill training programme provided by the researcher was effective in increasing the life skill practice of substance abusers.

The findings described in above section indicates that life- skill training program provided by the researcher helped in increasing the life skill practices of substance abusers.

3. Association between pre life skills practice of substance abusers with selected demographic variables of substance abusers

Significant association between level of life skill practices of substance abusers with age, education and income. Whereas there was no significant association

between level of life skill practices of substance abusers with their marital status and occupation. Hence Null hypothesis H_{03} is rejected and research hypothesis H_3 is accepted.

H_{03} - There will be no significant association between pre- test practice level life skill in substance abusers with selected demographic variables at 0.05 level of significance.

Discussion

The present study assessed the effectiveness of educational package on life-skill training on the life-skill practices among substance abusers of a selected Drug Rehabilitation Centre, New Delhi. Major findings of the present study have been discussed with the reference of results obtained by the researcher in the same aspect and it is seen that life skill training program is effective in increasing life skill practice of substance abusers.

The findings of the present study were consistent with the findings of the studies conducted by Botvin et al.³ short-term effectiveness of the Life skill training approach for preventing cigarette smoking among 281 students the finding revealed that 75% reduction in the number of new cigarette smokers after administration of Life skill training program. In another study conducted by Seal N.⁴ for 170 students, findings revealed that Life skill training program was effective for preventing tobacco and drug use in high school students and a study done by Bitar, Nasatran. A et al.⁵ aimed at evaluating the effectiveness of training life skills on children's social adjustment in 4th grade elementary school, findings revealed that training life skills to children promote their social adjustment.

Limitations

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

Conclusion

The study was done by the investigator to develop and evaluate the effectiveness of educational package on life skill training on the life-skill practices among substance abusers of a selected drug-rehabilitation centre of New Delhi. The study results revealed that the life skill training program was effective in increasing the knowledge of substance abusers.

Implications

The findings of the present study have several implications for nursing practice, nursing education, nursing administration and nursing research.

In nursing education, students should be enlightened with adequate knowledge and training regarding life skill training.

Nurses should explain to other nursing staff about the importance of nurse-patient relationship while caring for the substance abusers so that their life skills practices and confidence can be improved.

The nurse administrators must take initiative to make awareness programme for nurses in Drug Rehabilitation Centre to take interest to set standard and to enhance implementation of life skill training program.

As a nurse researcher, promote more researches on effectiveness of life skill practices among substance abusers.

Ethical Clearance: Ethical clearance was obtained from the ethical committee of Holy Family Hospital, New Delhi.

Conflict in the study: None

Source of Funding: The study was self-funded.

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Effectiveness of Pre-Procedural Teaching on Levels of Anxiety among Patients Undergoing Gi Endoscopy

Malla Shradha¹, Singh Grace M.², ManoRanjini J³

¹PG Student (Mental Health Nursing), Himalayan College of Nursing, SRHU, Jollygrant, ²Associate Professor,

³Assistant Professor, Himalayan College of Nursing, SRHU, Jollygrant, Dehradun

Abstract

Anxiety (state and trait) is one of the emotional and behavioural characteristics that may vary from person to person, sometimes due to which person's body system, physiological parameters and satisfaction vary. One of the important diagnostic tool for examine the upper gastro intestinal tract is endoscopy which is usually done for therapeutic and diagnostic purposes, which may create procedural anxiety among patients. **Methodology:** Quasi experimental (control group pretest- posttest) design was carried out among 107 (55 in experimental group and 52 in control group) patients undergone GI endoscopy, which were selected through systematic random sampling. Data was collected by using State-Trait Anxiety Inventory (Anxiety). **Results:** Mostlysampl in both the group did not had any previous knowledge regarding endoscopy procedure. (67.2%) (80%) sample had moderate state and trait anxiety in experimental group whereas (71.2%) (80.8%) had moderate state and trait anxiety in control group, before going to GI endoscopy procedure respectively. The post exposure mean score of the experimental group was lower than the post exposure mean score of the control group, state anxiety (37.42 and 53.17) and trait anxiety (43.62 and 50.29) this difference was significant. **Conclusion:** Pre-procedural teaching was effective in alleviating the anxiety (state and trait) level of patients in experimental group as compared to the control group of patients underwent GI endoscopy.

Keywords: Effectiveness, Pre- procedural teaching, Level of anxiety, Patients, GI endoscopy

Introduction

Anxiety (i.e state and trait) is one of the emotional and behavioral characteristics that may vary from person to person. Symptoms of anxiety is normal part of every person's life sometimes due to which person's physiological parameters and satisfaction can also vary. One of the important diagnostic tool for examine the upper gastro intestinal tract is endoscopy. Endoscopy is a procedure usually done for purposes of diagnosis. **Vadhanan prasannaet.al (2017)**, total anxiety prevalence was 31% in which females had

(39.5%) and male had (21.2%) of pre-procedural anxiety.¹To address anxiety, need to evaluate and describe elaborate about the endoscopy procedure to the patient undergoing GI endoscopy. Nurse plays an important role in preparing patients for procedure before, during and after the procedure. This anxiety due to endoscopy procedure can be reduced to some extent by giving simple interventions. **Behrouzian Forouzan et al. (2017)** concluded that psychological preparation was effective in reducing state and trait anxiety of participants.²

Literature Review

Paniyadi Nanda Kumar, et al. (2019) evaluated anxiety level for patients undergoing upper GI endoscopy and their association with selected demographic variables. Total 56 sample were taken in

Corresponding Author:

Mrs Grace Madonna Singh

Associate Professor, Himalayan College of Nursing, SRHU, Jollygrant, Dehradun.

gmadonnasingh@srhu.edu.in, Ph. 9927078039

the study. The study findings concluded that mild to moderate level of anxiety was experienced by all the patients before going to endoscopy.³

Problem statement and objectives

Problem Statement

A study to assess the effectiveness of pre-procedural teaching on levels of anxiety among patients undergoing GI endoscopy in selected hospital, Dehradun, Uttarakhand.

Objectives

1. To assess the anxiety level of patients undergoing GI endoscopy in experimental and control group.
2. To develop and implement teaching plan for patients of experimental group undergoing GI endoscopy.
3. To measure the effectiveness of pre-procedural teaching on level of anxiety of the patients

undergoing GI endoscopy between experimental and control group.

Material and Methodology

In current study Quantitative research approach was used, Quasi experimental research design (pretest–posttest control group design) was carried out among 107 (55 in experimental group and 52 in control group) patients undergone GI endoscopy in Himalayan hospital, jollygrant, dehradun, which were selected through systematic random sampling. To avoid the biasness data for the control group was taken first after that data for experimental group has taken from 17th to 28th December 2019. Data was collected by using respective tools, baseline data tool was used for demographic variables, State-Trait Anxiety Inventory used for assessment of level of Anxiety of the study participants. In experimental group Pre-procedural teaching was given to the participants prior to the endoscopy procedure and on the same day post assessment was done.

Analysis and Interpretation

Table No. 1 Frequency and percentage distribution of the base line data

(n = 107)

S.no	Demographic Variable	Groups	
		Experimental (n ₁ = 55)	Control (n ₂ = 52)
		F (%)	F (%)
1.	Age		
	18-29	16 (29.09)	15 (28.85)
	30-40	39 (70.91)	37 (71.15)
2.	Gender		
	Male	31 (56.4)	26 (50)
	Female	24 (43.6)	26 (50)

Cont... Table No. 1 Frequency and percentage distribution of the base line data

(n = 107)

3.	Educational Status		
	No formal ed.	04 (7.28)	04 (7.69)
Primary	05 (9.09)	09 (17.31)	
High school	09 (16.36)	15 (28.85)	
Intermediate	16 (29.09)	10 (19.23)	
Graduate or above	21 (38.18)	14 (26.92)	
4.	Occupation		
	Govern. Job	08 (14.6)	12 (23.1)
	Private Job	29 (52.72)	18 (34.6)
	Self employed	06 (10.91)	05 (9.6)
	Unemployed	12 (21.81)	17 (32.7)
5.	Knowledge regarding endoscopy procedure		
	Yes	16 (29.09)	16 (30.8)
	No	39 (70.91)	36 (69.2)
6.	Diagnosis		
	Ulcer	12 (21.8)	15 (28.8)
	Indigestion	14 (25.5)	07 (13.5)
	Constipation	13 (23.6)	06 (11.5)
	Dysphasia	03 (5.5)	09 (17.3)
	vomiting	06 (10.9)	08 (15.4)
	Gastritis	05 (9.1)	07 (13.5)
	Diarrhea	02 (3.6)	0 (0)

Table no 1- Illustrates that majority of study participants were between 30-40 years of age (70.91%) (71.15%). More than half sample in experimental group were male (56.4%) and in control group both are in equal number, Majority were graduate and above (38.18%) in experimental group and education

till high school (28.85%) in control group. Majority of participants were having private job (52.72%) (34.6%) and didn't had knowledge regarding endoscopy procedure (70.91%) (69.2%) and Most of the sample having diagnosis indigestion (25.5%) and ulcer (28.8%) in experimental and control group respectively.

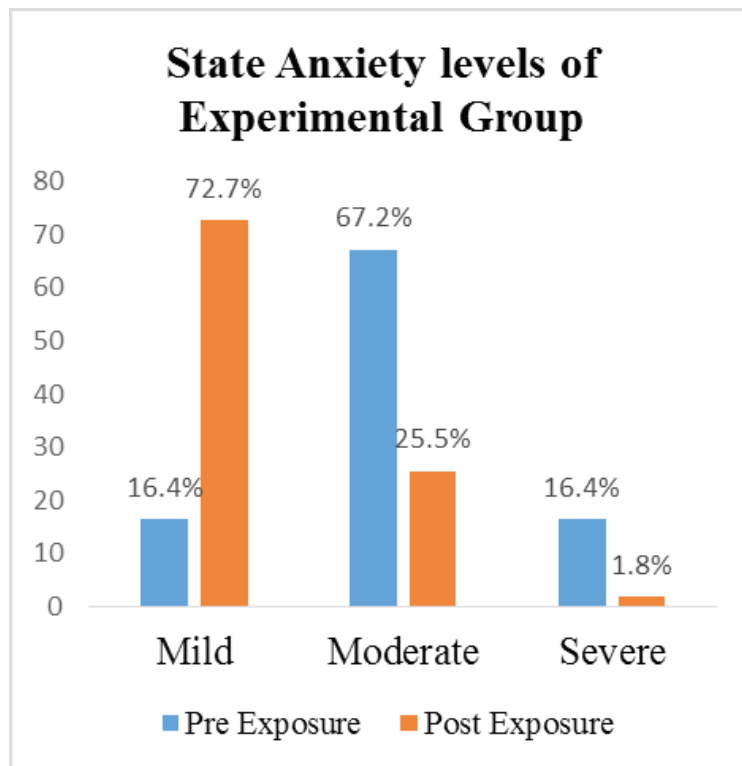


Figure 1. Assessment of pre and post exposure State anxiety levels in experimental group(n = 55)

Figure depict that more than half (67.2%) sample had moderate state anxiety, followed by (16.4%) both mild and severe anxiety during pre- exposure anxiety assessment, in post exposure anxiety assessment it was found that Mostly (72.7%) of sample had mild anxiety, very few (27.3%) had moderate state anxiety and 1.8% sample had severe anxiety.

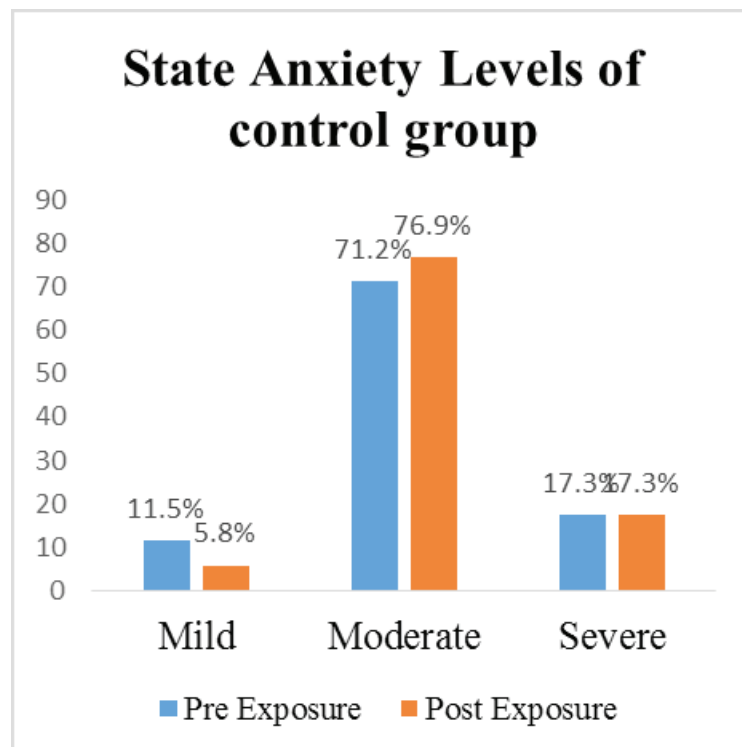


Figure 2. Assessment of pre and post exposure State anxiety levels in Control group (n = 52)

Figure exhibits the pre and post exposure state anxiety levels in the sample of the control group. In this figure it can be clearly seen that majority (71.2%, 86.6%) of sample in both pre and post exposure anxiety assessment had moderate levels of anxiety.

Very few (11.5% & 5.8) sample had mild anxiety in both pre and post exposure anxiety. The figure also depicts that sample had severe anxiety during pre and post exposure anxiety assessment (17.3%) in both respectively.

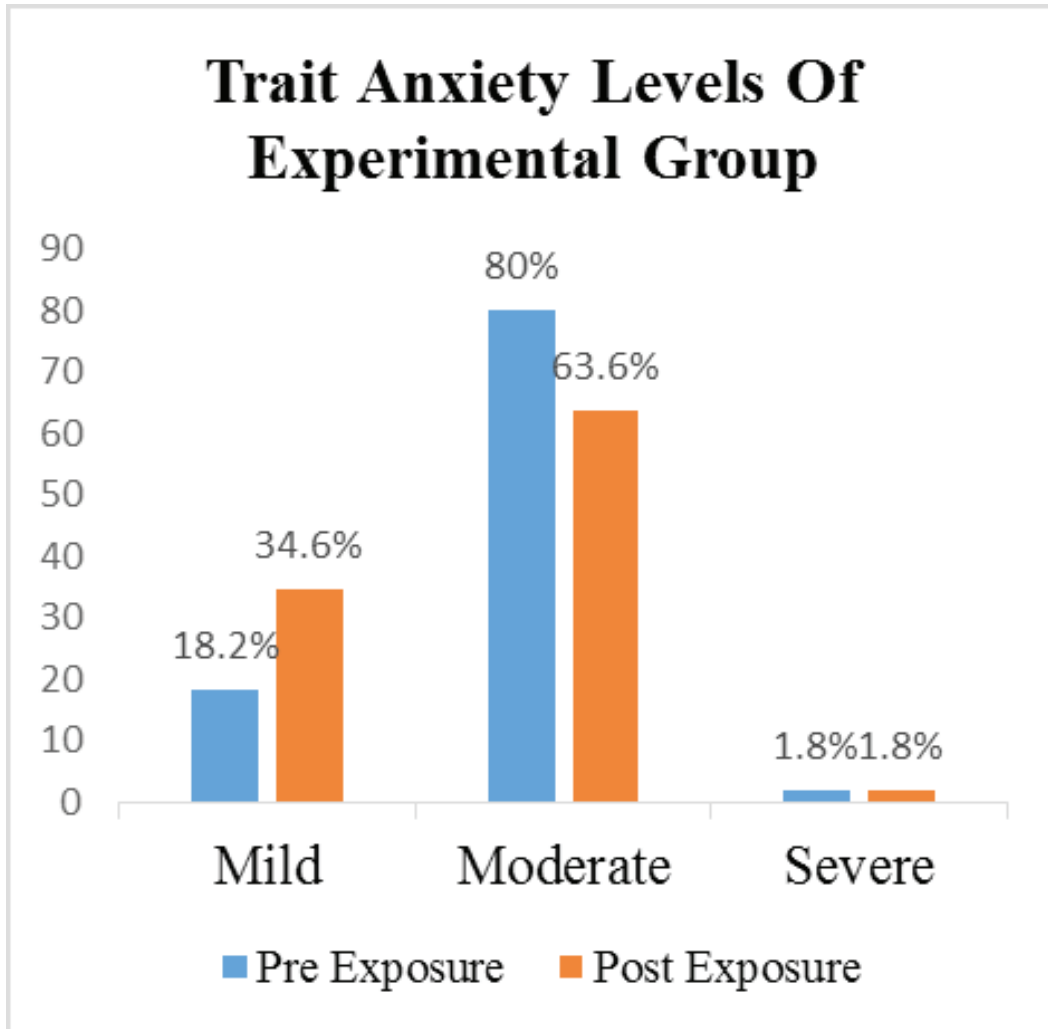


Figure 3. Assessment of pre and post exposure Trait anxiety levels in experimental group(n = 55)

Figure depicts that the majority (80%, 63.6%) of sample had moderate anxiety followed by few (18.2%, 34.6%) had mild anxiety and very few (1.8%) had severe anxiety during the pre and post exposure trait anxiety assessment respectively.

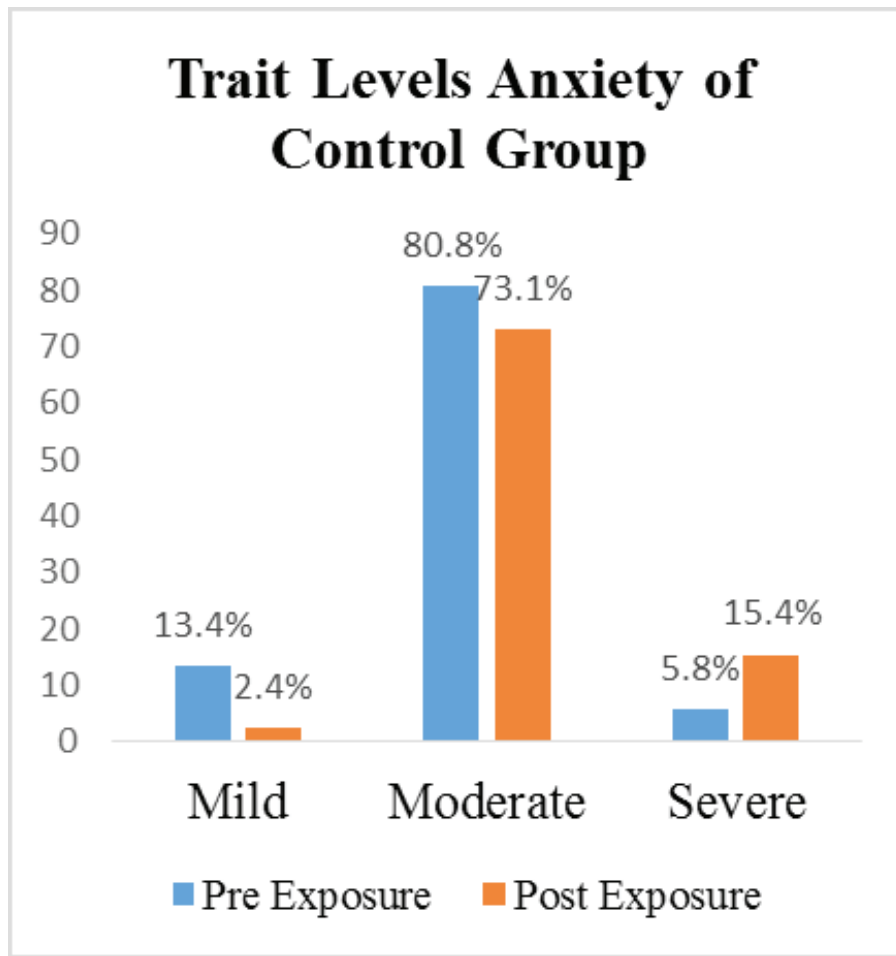


Figure 4. Assessment of pre and post exposure Trait anxiety levels in Control group(n = 52)

Figure shows that the majority (80.8%, 73.1%) of sample had moderate anxiety during the pre and post exposure anxiety assessment. followed by Very few (13.4%, 2.4%) had mild anxiety and few (5.8%, 9.6%) had severe anxiety during the pre and post exposure trait anxiety assessment respectively in control group.

Table 2 Comparison of State and Trait anxiety level scores of experimental and control group (n=107)

Value	State Anxiety		Trait Anxiety	
	Exp.	Control	Exp.	Control
Pre Exp. Mean ±SD	51.51 ± 7.79	52.65 ± 7.31	48.44 ± 6.90	49.69 ± 8.07
Post Exp. Mean ± SD	37.42 ± 6.37	53.17 ± 7.16	43.80 ± 6.24	50.29 ± 7.72
Mean Diff.	14.09	0.52	4.64	0.6
Paired 't' Value	14.14	9.7	8.06	1.31
p value	.000	.333	.000	.194

Table 3: Comparison of Pre and post exposure State and trait anxiety level scores between experimental and control group

(n=107)

Value	State Anxiety		Trait Anxiety	
	Pre Exp.	Post Exp.	Pre Exp.	Post Exp.
Exp. group	51.51 + 7.79	37.42 + 6.37	48.44 + 6.90	43.80 + 6.24
Control group	52.65 + 7.31	53.17 + 7.16	49.69 + 8.07	50.29 + 7.72
Mean Difference	1.14	15.75	1.25	6.49
Independent 't' Value	0.78	9.01	0.86	2.81
p value	.43	<.0001	.38	.005

Discussion

Assessment of pre- procedure anxiety

According to current study findings there were no significant difference between Pre exposure anxiety level (i.e. state and trait anxiety) in both the group, supported by **Behrouzian Forouzan et al. (2017)** the result shows that before the intervention was carried out, there were no significant difference between the two groups in terms of the rate of state and trait anxiety ($p < 0.05$).²

Effectiveness of pre- procedural teaching

Current study findings suggest that pre procedural teaching is effective in reducing the anxiety of the patients in experimental group. Similar study was conducted by **Samah El, Sayed Ghonaem and Samah Ramadan Ibrahim (2019)** with the aim to find the result of intervention behavioural on patient's distress level and anxiety going for upper gastroscopy. Result concluded that reduce in the distress level and anxiety in study group in comparison with control group after getting the behavioural intervention

regarding upper gastrointestinal endoscopy.⁴

Strengths

The current study had following strengths

- ü The researcher used standardized tool for the assessment of anxiety.
- ü The sample size calculation was done to determine the appropriate sample size.

Limitations

The current study had following limitations

- ü The study was conducted in one setting only.
- ü Feedback from the sample did not taken due to lack of time.

Nursing Implications

Nursing Practice

After getting the pre procedural teaching many patients had reduced anxiety. Therefore nurse should be capable and skilful with the methods to reduce

the anxiety due to endoscopy to improve the patient cooperation during the endoscopy and reduce their anxiety levels.

Nursing Education

It should emphasize more on imparting health information regarding interventions to alleviate the anxiety regarding the diagnostic procedures. Nursing personnel can use the preparatory informatics for educating patients in the endoscopy unit.

Nursing Administration

The nurse administrator should arrange continuing nursing education for other and could prepare some written policies about the evidence based practice.

Nursing Research

The present study can be used as literature for further similar studies related to effect of different interventions on level of anxiety among patients undergoing GI endoscopy.

Recommendations

Ø Implementation of behavioural intervention to reduce the anxiety can be done.

Ø Implementation of any other intervention (like video assisted teaching etc) can be done to check the effectiveness.

Ø Comparison between two different interventions can be done to check the effectiveness on level of anxiety.

Conclusion

The present study concludes that Pre-procedural teaching was effective in alleviating the anxiety (i.e. state and trait) level of patients in experimental group as compared to the control group patients underwent GI endoscopy.

Ethical Clearance- Taken from Swami Rama Himalayan University Ethics Committee

Source of Funding- Self

Conflict of Interest- Nil

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