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Stress, Obesity and Selected Health Problems among Nursing Professionals

Anilkumar Jarali[1], Sanjay M. Peerapur[2], Tejaswini B.H[3]

[1]Asst. Professor & HOD, Dept. of Mental Health Nursing, [2]Principal & HOD, Dept. of Medical Surgical Nursing, [3]Asst. Professor, Dept. of Mental Health Nursing, KLES' Institute of Nursing Sciences, Hubballi, Karnataka

Abstract

Background: Obesity and stress go hand in hand with one another. However, obesity is never the real problem. The real cause of obesity is usually hidden beneath the surface. It will generally turn out to be stress, boredom, pressure, poor self image, and tense lifestyle. As the person feels and things going on around them affect what they eat. People learn to eat as a way to cope with stress.

Objective: This study aimed to correlate stress, obesity and selected health problems among nursing professionals in Belgaum city, Karnataka.

Methods: Researcher adopted quantitative research approach with non-experimental research design. The present study was conducted among 75 nursing professionals of selected organizations of Belgaum city. Samples were selected by using purposive and snow-ball sampling technique for the study and data are collected through a self-administered questionnaire and analyzed concurrently.

Results: Findings revealed that majority i.e. 56 (74.7%) of nursing professionals suffering with mild level of stress and 10(13.3%) with moderate level of stress. Regarding obesity majority 69(92%) of them had a normal BMI and 4(5.3%) and 2(2.7%) had overweight and obese accordingly. About health problems 59(78.7%) of them were suffering with mild and 16(21.3%) with moderate degree of selected health problems. There was a positive correlation between level of stress and selected health problems (r= 0.5495). There is a very low positive correlation between level of obesity and selected health problems (r= 0.026) and there is a negative correlation between level of stress and obesity (r= -0.026). There was significant association between level of stress and demographic variables such as monthly income, type of family, occupation of family members, monthly family income, pattern of diet, years of experience at work and habits. Regards to obesity age, sex, education and years of experience at work has significant association with obesity. About selected health problems monthly income has significant association with selected health problems.

Key words: *Stress, Obesity, Selected health problems, Nursing professionals.*

Introduction

In medical terms stress is described as, "a physical or psychological stimulus that can produce mental tension or physiological reactions that may lead to illness". But there is not always necessary to say that stress in harmful as Hans Selye says, "stress is not necessarily something bad – it all depends on how person take it. The stress of exhilarating, creative successful work is beneficial, while that of failure, humiliation or infection is detrimental." Stress can be therefore negative, positive or neutral. [1]

Stress may be caused by a number of factors namely, stress at home, work and other. Causes of stress at home are death of spouse, family, near relative or friend, injury or illness of any family member, marriage of self or son or daughter or brother or sister, separation or divorce from partner, pregnancy or birth of a new baby etc.[2]

Obesity and stress go hand in hand with one another. However, obesity is never the real problem. The real cause of obesity is usually hidden beneath the surface. It will generally turn out to be stress, boredom, pressure, poor self image, and tense lifestyle. As the person feels

and things going on around them affect what they eat. People learn to eat as a way to cope with stress. [3]

Stress Syndrome (SS) is a state of emotional strain often brought on by overwork, prolonged study, emotional pressure, or a host of other physiological or psychological factors. The connection between stress and disease is a topic that is researched extensively in the scientific literature.[4]

WHO latest projections indicate that globally in 2005: approximately 1.6 billion adults (age 15+) were overweight; at least 400 million adults were obese. At least 20 million children under the age of 5 years are overweight and also projects that by 2015, approximately 2.3 billion adults will be overweight and more than 700 million will be obese.[5]

The Investigator felt that stress is commonly experienced by each individual which will be extending from mild to severe level. It depends on how a person reacts to the situation. When the stress is over leading it mainly affects behavior, physiological, emotional and cognitive functioning which leads to obesity, hypertension, heart disease, anxiety and depressive disorders, sleep disorders etc.

Stress may be experienced by nursing professionals due to sedentary life style and day to day stressful life events where they have to manage at home as well as at working organization. On focusing this point the researcher assumed that stress may leads to obesity, stress related health problems and vice versa. That's why the investigator took an effort to rule out the relation between stress, obesity and other health problems.

Objectives

1. To assess the level of stress among Nursing professionals as measured by David Fontana's Professional Life Stress Scale.

2. To assess the obesity and selected health problems among Nursing professionals.

3. To correlate the stress, obesity and selected health problems among Nursing professionals.

4. To find out the association between the level of stress, obesity and selected health problems with selected demographic variables of Nursing professionals.

Methods

Non-experimental, correlational study was carried out among 75 nursing professionals to assess the level of stress, obesity and selected health problems among nursing professionals in Belgaum city, Karnataka. Participants were selected by using purposive and snow-ball sampling technique according to the inclusion criteria. Selected sociodemographic variables were included in the study. In addition to the sociodemographic data, level of stress was assessed by using David Fontana's Professional Life Stress Scale, obesity was assessed by using BMI and stress related health problem was assessed by using structured questionnaire on other health problems such as sleep problems, hypertension, and diabetes mellitus and heart related problems which consists of 40 items. Based on the responses by study participants reliability of the instrument was analysed by using split half method. The reliability score was 0.81 and found to be reliable. Ethical clearance was obtained from the concerned authority. And obtained informed consent from the study participants and assured about confidentiality of data.

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: Demographic variables of study samples

Section II : Assessment of level of stress among nursing professionals.

Section III : Assessment of obesity and selected health problems among nursing professionals.

Section IV : Assessment of selected health problems among nursing professionals.

Section V : Correlation between level of stress, obesity and selected health problems among nursing professionals.

Section VI : Association between the level of stress, obesity and selected health problems with selected demographic variables of nursing professionals.

Section I: Demographic variables of study samples

Table 1: Frequency and percentage distribution of demographic Variables of Nursing Professionals

(N=75)

Sl. No.	Demographic Data	No. of Samples	Percentage
1.	Age		
	a. 25 to 30 Years	36	47.7
	b. 31 to 35 Years	15	20.3
	c. 36 to 40 Years	12	15.7
	d. 41 to 45 Years	7	9.7
	e. 46 to 50 Years	5	6.7
2.	Sex		
	a. Male	30	39.7
	b. Female	45	60.3
3.	Area of residence		
	a. Urban	54	71.3
	b. Rural	21	28.7
4.	Religion		
	a. Hindu	47	63.0
	b. Muslim	9	12.3
	c. Christian	9	11.7
	d. Jain	7	9.7
	e. Others	3	3.3
5.	Education		
	a. Graduate	55	73.7
	b. Post graduate	20	26.3
6.	Working organization		
	a. Government	27	35.7
	b. Semi-Government	14	18.7
	c. Private	34	45.6
7.	Monthly income (in rupees)		
	a. 5000 /- and below	12	16.3
	b. 5001 /- to 10,000 /-	30	40.3

Cont... **Table 1: Frequency and percentage distribution of demographic Variables of Nursing Professionals**

(N=75)

	c. 10,001 /- to 15,001 /-	15	19.0
	d. 15,001 /- and above	18	24.4
8.	Type of family		
	a. Nuclear	42	56.3
	b. Joint	29	38.7
	c. Extended	4	5.0
9.	Occupation of family members		
	a. Employed	47	63.0
	b. Unemployed	28	37.0
10.	Monthly income (in rupees)		
	a. 10,000 /- and below	19	25.3
	b. 10,001 /- to 15,000 /-	23	30.3
	c. 15,001 /- to 20,000 /-	13	18.4
	d. 20,001 /- and above	20	26.0
11.	Pattern of diet		
	a. Vegetarian	42	56.0
	b. Non Vegetarian	33	44.0
12.	Years of experience at work		
	a. < 5 Years	39	52.3
	b. 6 to 10 Years	18	23.3
	c. 11 to 15 Years	11	16.0
	d. 16 to 20 Years	3	3.4
	e. > 21 Years	4	5.0
13.	Habits		
	a. No	5	6.0
	b. Yes	70	94.0

Section II: Assessment of level of stress among nursing professionals.

Table 2: Distribution of Level of Stress among nursing professionals

(N=75)

Sl. No.	Category	Score	Frequency	Percentage
1.	No stress	0 – 15	9	12
2.	Mild	16 – 30	56	74.7
3.	Moderate	31 – 45	10	13.3
4.	Severe	46 – 60	0	0

Table 2 describes that 56(74.7%) nursing professionals were having **mild** level of stress, 10(13.3%) of them had **moderate** level of stress and 9(12%) of them had no stress.

Section III: Assessment of Obesity among Nursing Professionals.

Table 3: Distribution of Obesity among Nursing Professionals

(N=75)

Sl. No.	Category	Score	Frequency	Percentage
1.	Normal	18.5 – 25	69	92
2.	Over Weight	25.1 – 30	4	5.3
3.	Obese	> 30.1	2	2.7

Table 3 shows the assessment of obesity and its percentage. Majority 92(70.3%) of nursing professionals were having normal BMI, 4 (5.3%) were overweight and have a risk of becoming obese and 2(2.7%) were obese.

Section IV: Assessment of Selected Health Problems among Nursing Professionals.

Table 4: Distribution of Selected Health Problems among Nursing Professionals

(N=75)

Sl. No.	Category	Score	Frequency	Percentage
1.	Normal	0 – 40	0	0
2.	Mild	41 – 80	59	78.7
3.	Moderate	81 – 120	16	21.3
4.	Severe	121 - 160	0	0

Table 4 describes that 59(78.8%) nursing professionals were having mild degree of selected health problems and 16(21.3 %) had moderate degree of selected health problems.

Section V: Correlation between Level of Stress, Obesity and Selected Health Problems among Nursing Professionals.

Table 5: Correlation co-efficient between level of stress, obesity and selected health problems

(N=75)

Variables	Level of stress (r)	Level of obesity (r)	Selected health problems (r)
Level of stress	1	-0.026	0.5495***
Level of obesity	-0.026	1	0.026
Selected health problems	0.5495***	0.026	1

*** Indicates highly significant at p<0.001

Table 5 denotes that there is a positive correlation between level of stress and selected health problems (r= 0.5495). There is a very low positive correlation between level of obesity and selected health problems (r= 0.026) and there is a negative correlation between level of stress and obesity (r= -0.026).

Section VI: Association between the Level of Stress, Obesity and Selected Health Problems with Selected Demographic Variables of Professionals.

1. Association between the level of stress and Selected Demographic Variables of Professionals

There was no association between level of stress and demographic variables such as age, sex, area of residence, religion, education, working organization and occupation of family members. But monthly income, type of family, occupation of family members, monthly family income, pattern of diet, years of experience at work and habits has significant association with level of stress.

2. Association between the Obesity and Selected Demographic Variables of Professionals.

There was no association between obesity and demographic variables such as area of residence, religion, working organization, monthly income, type of family, occupation of family members, monthly family income, pattern of diet and habits. But age, sex, education and years of experience at work has significant association with obesity.

3. Association between the Selected Health Problems and Selected Demographic Variables of Professionals.

There was no association between selected health problems and demographic variables such as age, sex, area of residence, religion, education, working organization, type of family, occupation of family members, monthly family income, years of experience at work, pattern of diet and habits. But monthly income has significant association with selected health problems.

Discussion

In the present study researcher found that majority i.e. 56 (74.7%) of nursing professionals suffering with mild level of stress and 10(13.3%) with moderate level of stress. The study findings supports with the findings of the study conducted by Han, K, Alison M, Storr L, Geiger-Brown where majority i.e. 55% of the samples were suffering with mild level of stress and 10% of them were suffering with severe level of stress.[6]

Regarding obesity majority of nursing professionals 69(92%) had a normal BMI, 4(5.3%) of the nursing professionals had overweight and 2(2.7%) of them were obese. The study findings contradicts with the findings of study conducted by sally & Miller, Sally & Alpert, Patrica & cross where majority 54% of the nursing professionals were overweight or obese and 46% of

them were had normal BMI.[7]

About selected health problems majority 59(78.7%) of nursing professionals were suffering with mild health problems and 16(21.3%) with moderate degree of selected health problems. The findings of the study supports with the study findings conducted by Serap Parlar Kilic where 48.6 % of the nurses suffered with viral infections and 64.9% of the nurses had complaints of waist and backaches.[8]

The present study findings showed that there was a positive correlation between level of stress and selected health problems (r= 0.5495). There is a very low positive correlation between level of obesity and selected health problems (r= 0.026) and there is a negative correlation between level of stress and obesity (r= -0.026). The study findings supports with the findings of the study conducted by Adolofo, Rujijia and David where the participants with stress exposure had significantly higher odds of obesity.[9]

There was no association between level of stress and demographic variables such as age, sex, area of residence, religion, education, working organization and occupation of family members. But monthly income, type of family, occupation of family members, monthly family income, pattern of diet, years of experience at work and habits has significant association with level of stress.

There was no association between obesity and demographic variables such as area of residence, religion, working organization, monthly income, type of family, occupation of family members, monthly family income, pattern of diet and habits. But age, sex, education and years of experience at work has significant association with obesity.

There was no association between selected health problems and demographic variables such as age, sex, area of residence, religion, education, working organization, type of family, occupation of family members, monthly family income, years of experience at work, pattern of diet and habits. But monthly income has significant association with selected health problems.

Present findings coincides with the findings of study conducted by University Sains Malaysia where they concluded age, duration of work and psychological job demands were significantly associated with stress level.[10]

Conclusion

Stress is not always necessarily harmful."Stress is not necessarily something bad – it all depends on how person take it. The stress of exhilarating, creative successful work is beneficial, while that of failure, humiliation or infection is detrimental." Stress can be therefore negative, positive or neutral. All human beings experience stress at one time or another. Without stress, there would be no life. However, excessive or prolonged stress can be harmful. Stress is unique and personal. Whenever body feels something not favorable, then it tries to defend itself. If this situation continues for a long time, then the body is working overtime. With the findings researcher concluded that stress, obesity and stress related problems are correlated to each other in some aspects. And it is very important for the nursing professionals to take care about stress in day to day working areas.

Limitations:

1. The study was limited to purposive, snow- ball sampling technique.

2. The study was limited to nursing professionals.

3. The study was limited to the selected health problems.

Source of Funding: Self

Conflict of Interest: Nil

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A Study to Assess the Effectiveness of Integrated Teaching Programme on Knowledge Regarding Prevention of Cardiac Disorders among Adult in Pillaiyarkuppam at Puducherry

Aruna Devi M[1], Elavarasi R[1]

[1]Asst. Professor, Dept. of Community Health Nursing, KGNC, Puducherry, India

Abstract

The objective of the study was to evaluate the effectiveness of integrated teaching Programme among adults on prevention of cardiac disorders. Quasi experimental research design was conducted among 30 adults in Pillaiyarkuppam , Puducherry to assess the knowledge regarding prevention of cardiac disorders among them. The results shows that subjects mean knowledge was12.5 with standard deviation of 4.783 whereas after Integrated Teaching Programme the mean score was increased to 21.7 with the standard deviation of 2.423.The improvement was statistically tested by paired 't' test which was found to be statistically significant at P<0.001 level. It indicates that Integrated Teaching Programme was effective in improving the knowledge regarding prevention of cardiac disorders.

Keywords: *effectiveness, integrated teaching programme, knowledge, prevention of cardiac disorders, adult.*

Introduction

Cardiac disorders refer to any disease that affects the cardiovascular system, principally cardiac disease, vascular disease of the brain and kidney, peripheral arterial disease[3].

Cardiac disorder is a no.1 killer disease worldwide 12 million deaths annually. Alarming increases in developing countries especially in India [5]. The recently conducted study high blood pressure is the major risk factors for cardiac disorders. It has been estimated that reduction in dietary intake of sodium by about 1gm sodium a day , about 3gm salt , would lead to 50% reduction in the number of people needing treatment for hypertension. The same decrease would lead to a 22% drop in the number of deaths resulting from strokes and 16% fall in the number of deaths from coronary heart disease[1].

Corresponding author
Aruna Devi M,
Asst. Professor, Dept. of Community Health Nursing, KGNC, Puducherry, India

WHO stated that 26 million were affected, in 2013 and 54% death occur in that year. Over 80% cardiac death take place in low and middle income countries. The number of people, who die from cardiac disorders mainly from heart diseases and stroke, will increase to reach 23.3 million by 2030 and 9.4 million deaths each year or 16.5% of all death can be attributed to high blood pressure[4]. These include 51% of death due to strokes and 45% death due to coronary heart disease.

Objectives

- To assess the knowledge on prevention of cardiac disorders before and after the integrated teaching programme.
- To determine the effectiveness of integrated teaching Programme among adults on prevention of cardiac disorders.
- To find out the association between the knowledge regarding cardiac disorders with selected demographic variables.

Methods and Materials

Quasi experimental research design was used. The

population of the study includes all the subjects between the age group of 20 to 40 years at Pillaiyarkuppam. Samples size of the study was 30 in numbers.

Simple Random sampling techniques by lottery method was adopted for this study.

Procedure For Data Collection

A formal permission was obtained from the panchayat people in Pillaiyarkuppam prior to actual data collection attempts were made to built the support with the staffs of anganwadi's and obtained the list of adult (20-40 years) in the selected areas , and the purposes of the study was explained to the adults with self-introduction. The investigator personally visited 3houses per day for the data collection and at the end of the week 30 houses were collected.

Structured interview questionnaire were provided to all subjects and they were interviewed to fill the questionnaire.

After pre-test the investigator has to perform Integrated Teaching programme which includes PowerPoint presentation, pamphlet distribution, displaying of food items and cooking demonstration regarding the prevention of cardiac disorders. After a week post test was conducted with the same structured interview questionnaire.

Data Analysis

The data collected was analysed by using descriptive statistics and inferential statistics. Frequency and percentage distribution was used for demographic variables. Paired't' test was used to test the effectiveness of integrated teaching programme. Chi-square test was used to associate the knowledge regarding prevention of cardiac disorders among adult.

Results

Regarding level of knowledge, majority 13(43%) of the respondent were had average knowledge, 9(30%) had good knowledge, 7(23%) had poor knowledge and 1(3%) had excellent knowledge on prevention of cardiac disorder in pre-test where as in the post-test 23(71%) had excellent knowledge and 7(23%) had good knowledge. **(Table 1)**

Comparison of mean score of the subjects in pre-test and post-test. The subjects mean knowledge was12.5 with standard deviation of 4.783 whereas after Integrated Teaching Programme the mean score was increased to 21.7 with the standard deviation of 2.423. The improvement was statistically tested by paired 't' test which was found to be statistically significant at $P<0.001$ level. It indicates that Integrated Teaching Programme was effective in improving the knowledge regarding prevention of cardiac disorders. **(Table 2)**

In association, the data reveals that there is significant association between the knowledge regarding prevention of cardiac disorder with the demographic variable , age , occupation , monthly income , family history of cardiovascular disease are found to be significant at <0.05 level. Exercise found to be significant at the level of <0.01.

TABLE: 1 KNOWLEDGE LEVELS OF ADULTS REGARDING PREVENTION OF CARDIAC DISORDERS IN PRE TEST AND POST TEST PROGRAMME

N=30

S.No	Level Of Knowledge	Pre Test		Post Test	
		Frequency	Percentage	Frequency	Percentage
1	Excellent	1	3	23	77
2	Good	9	30	7	23
3	Average	13	43	0	0
4	Poor	7	23	0	0

TABLE-2.COMPARISON OF THE MEAN PRE TEST AND POST TEST KNOWLEDGE SCORE OF THE ADULTS

N = 30

Group	Mean	Std. Deviation	t- value	p-value
PRE TEST	12.5	4.783	-11.1266	*** 0.00000 (s)
POST TEST	21.7	2.423		

*** S-significant (P<0.001 level)

Conclusion

It shows that the integrated teaching programme was effective to improve the knowledge level of the adults

Ethical Clearance- Institutional Human Ethical committee, Sri Balaji Vidyapeeth, Puducherry.

Source of Funding- Self

Conflict of Interest- Nil.

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Topic: A Study to Assess the Knowledge and Attitude Regarding Blood Donation among Undergraduate Nursing Students of Selected Colleges of Anand District

Bhrugu Patel[1], Mital Patel[1], Princy Vankar[1], Rima Rabari[1], Riya Patel[1], Sanjana Patel[1], Prachi Soni[2],

[1]3rd year B.SC Nursing students, [2]Assistant Professor, (HOD of Medical-Surgical Nursing) Knowledge Institute Of Nursing, Bakrol, Anand , Gujarat.

Abstract

The current study aims " A study to assess knowledge and attitude reading blood donation among undergraduates nursing student of selected colleges of Anand district." Blood can save a millions of lives. The requirement of blood and blood product in country depend on the population.(1) The task of recruiting voluntary blood donor remains one of the major challenges for any blood transfusion service. A blood donation is truly is a "gift of life" that healthy individual can give to other in their community who are sick or injured. Blood donation is the mother all donation. It's not only save one individual but also entire family of that individual. There should be enough blood unit in blood bank available for everybody's requirement. But non availability of sufficient blood unit is problem India. The task of recruiting voluntary blood donors remain one of the major challenges for any blood transfusion service. The number of potential donors were often reduced due to the strict selection criteria which were impassed to ensure to the safety of the blood supplies. In addition to this , blood centers find it difficult to recruit new donor and to retain them of arranging a regular blood supply for need people.(2)

Keywords: *Blood donation , undergraduates nursing student ,knowledge and attitude.*

Introduction

"A literature review is body of text that aims to review the critical point of knowledge on particular topic of research.

– ANA 2000

A review of literature is description and analysis of the literature relevant to a particular field or topic. It provides an overview of what already had been carried out, who are key researcher who did that work,which of the question are already answer regarding particular area of research interest , what method and methodologies were used to answer the particular question and what are prevailing theories and hypothesis.

Corresponding Author
Bhrugu Patel, Mital Patel,
Princy Vankar, Rima Rabari, Riya Patel, Sanjana Patel et.all 3rd year B.SC Nursing students Knowledge Institute Of Nursing, Bakrol, Anand , Gujarat, India.

Our body has approximately 5.5 liters of blood of which only 350ml-450ml of blood is taken depending upon weight of donor. The withdrawn blood volume is restored within 24 hours and the hemoglobin and cell components are restored in 2 months. Therefore it's perfectly safe to donate blood every three months.

The blood goes to those suffering from cancer, sever burns, leukemia, anemia and hemophilia. Donors can donate blood again after 56 days, and if might just make your life a little healthier.(3)

Najd Alfouzan (2014) conducted a cross-sectional study at King Abdulaziz Medical City (KAMC). The purpose of this study is to explore the knowledge, attitudes, and motivations towards blood donation among Saudi population. Participants for this study were selected by convenient nonrandom sampling technique in 2013. Sample size is □ = 350 with 95% confidence interval, alphaerrorof0.05,accuracy of ±5%,and power of 80%. A pilot study has been conducted on

20 participants to evaluate data collection tool and methodology of study. Only39.3%reported that media encourage people to donate blood very well, 31.5% agreed with token gifts and 18.9% agreed with paying money as motivating factors for blood donation. The study concluded that most reported motivating factors for blood donation were one day off and mobile blood donation caravans in public areas and Chi-square was used to test for the difference between two categorical variables .Statistically significant differences were considered at $\square < 0.05$.[4]

Habtom Woldeab Gebresilase, Robera Olana Fite and Sileshi Garoma Abeya (2017) The comparative cross section study design was used in Adama Science and Technology University and Arsi University and in this students were selected stratified sampling. In this study some frequencies and proportions were computed and Chi-Square and logistic regressions were carried out and associations were considered significant at $p<0.05$. Sample size was calculated using Epi-Info version 21 by considering a 23.6% prevalence of blood donation practice from Ambo study, 95% confidence level, 80% power of the study , a risk ratio of 2 and one to one ratio (1:1) in comparison groups. After addition off 5% Non-response rate, the final size become 360 (in each group it became 180). The study revealed that there was a significant knowledge difference ($\chi2 = 152.779$, $p<0.001$) and Attitude difference ($\chi2 = 4.142$, $p = 0.042$) between Health Science students of Arsi University and Non-Health Science students of Adama Science and Technology University. From above result they concluded that there were no difference in the practice of blood donation between the two groups.[5]

Hossein Safizadeh, Nasim Pourdamghan, Batool Mohamadi (2007) In this cross sectional study, 500 students in Kerman city were evaluated using a questionnaire. This study was conducted to evaluate students awareness and attitude towards blood donation in Kerman city. Internal consistency was calculated by calculating cronbach's α (α =0.84%). T-test, Chi-square, and Pearson test were used as well. Data analysis revealed that there was no significant difference in students attitude between males and females, while males were more aware than females ($P<0.001$). There was a positive and significant relationship between the students attitude and awareness ($P<0.001$ and $r=0.22$). Only 24.6% of all students reported a history of blood donation whose awareness and attitude were better than other students ($P<0.001$). This study concluded that evaluated students were not aware enough about blood donation and It is necessary to find obstacles and eliminate them to improve the situation.[6]

Shailesh Kumar Mishra, Suchet sachdev, Neelam Marwaha, Ajit avasthi (2016) This cross-sectional study was conducted by the Department of Transfusion Medicine, Postgraduate Institute of Medical Education and Research, Chandigarh, India, in 2013. The study was conducted to assess the knowledge and attitude of college-going students toward voluntary blood donation and to bring out and compare the reasons for donating or not donating blood. For this pilot study, the data were collected from 1,000 students of nine colleges from Chandigarh and adjoining areas of Punjab. Five hundred blood donor students and 500 nondonor students at the camp venue who consented to enroll for the study after being explained the nature and purpose of the study were enrolled after taking written informed consent and were given the pre validated self-administered structured questionnaire. About one in two (45.8%) college-going students fear that either they are not fit enough to donate blood (26.8%) or that they will become weak (19%) after blood donation. Almost one in four (27.4%) have fear of needle pain; therefore, they do not come forward for blood donation .Concluded that Majority of the donors were males (75.8%), and there were only 24.2% female blood donor students, whereas among nondonor students there were 55% males and 45% females.[7]

Purushottam A Giri, Deepak B Phalke (2013) : A cross-sectional study was conducted among 400 final year undergraduate students from medical, dental, nursing, and physiotherapy disciplines in a Pravara institute of Medical Sciences University campus of central India in 2011. The present study was conducted to assess the knowledge and attitude about blood donation among undergraduate medical science university students. The data was analyzed in the form of percentage and proportions and Chi-square test.The study sample consisted of 268 males (67%) and 132 females (33%). The mean age of male students was 23 years (standard deviation, SD = 0.2 years), and the mean age of female students was 22.2 years (SD= 1.0 year) year 2012. The overall knowledge on blood donation was good. The

result stated that majority (52.5%) of students never donated blood. Knowledge level was found highest among medical students (53.1%) and lowest among physiotherapy students (20.7%). Non-consideration, forgetfulness, and lack of time were the major reasons for not donating blood. This study conclude that the importance of adopting effective measures in our campus to motivate about voluntary blood donation among students.[8]

Fauzia Haji Mohammad, Tabinda Ashfaq, Kashmira Nanji, Qudsia Anjum, Mohammad Ishaque Lohar (2010) This was a cross sectional survey done by the medical students of Ziauddin Medical College, Karachi in year 2010. All students of the College from first to final year MBBS in the current year were assessed through questionnaire and to assess the knowledge and attitude of medical students regarding voluntary blood donation and investigate factors affecting voluntary blood donation. Total 350 students enrolled in MBBS, out of these 310 completed the questionnaire. Among those 148 (47.7%) were male and 162 (52.3%) female. The most common reason for blood donation recognized by both the groups was social responsibility, 25% males and 12.9% females followed by mobile blood collecting units by 20.3% males and 7.4% females. They concluded that several factors that play role in motivating volunteers to donate blood and it is important to create and strengthen the donor recruitment strategies especially for younger generation[9]

Zeeshan Ahmed, Mubashir Zafar, Adeel Ahmed Khan, Muhammad Umair Anjum and Muhammad Asad Siddique (2014) This cross sectional study was conducted in two public and one private medical college in Karachi from January to March (2012). The objective of this study was to determine the knowledge, attitude and practices about blood donation among undergraduate medical students in Karachi. Sample size was calculated from WHO software. Multiple regressions were used to examine the effect of two or more independent variables on a single dependent variable to test the statistical significance at 95% confidence level. P-value of < 0.05 was considered as significant. The result stated that majority of participants (92%) had appropriate knowledge regarding the various aspects of blood donation and attitude domain showed that around 42% of students were positive about blood donation. Around 50% of students showed willingness to donate blood. They concluded that good knowledge about blood donation practices is not transforming in donating blood. They greatly enhance the movement for "voluntary non-remunerated blood donation", to ensure good quality of blood and safe modern medical care.[10]

Durgesh Prasad Sahoo, Chaitanya Patil, Armaity Dehmubed(2017) The cross-sectional descriptive study was conducted on 111 interns of Topiwala National Medical College, Mumbai using universal sampling method (2015).Self-administered structured questionnaire was used to collect data. Inspiration among and participation of medical students is essential to make the "voluntary blood donation" movement a success. Chi-square test was applied to examine the association between knowledge level and independent variables like sex and blood donation status. A p-value of <0.05 was taken as statistically significant.In the result mean age of interns was 23.13 years with standard deviation of 0.832 of which girls comprised 48.6%. Forty seven point seven percent interns had donated blood before. The correct knowledge was prevalent in 45.0% only. Practice of blood donation amongst interns had male propensity and positive correlation with gender difference (p value 0.001). Most interns (79.3%) donated for moral satisfaction and social responsibility The commonest reason in the non-donors, for not donating was being medically unfit for donating (69.0%). They concluded that almost half (55.0%) of the medical students under study didn't have adequate knowledge on blood safety and donor eligibility.[11]

DR.E.Premila, DR.K.Suresh kanna(2017) The descriptive study using a semi structured and pre-tested questionnaire in selected college of karaikal. To assess the level of knowledge regarding blood donation among undergraduate students and to find out association between knowledge regarding blood donation with selected demographic variables and sample size consists of 80 first year undergraduate students. Data analysed using SPSS (Statistical Package for Social sciences) and they are expressed as mean, standard deviation and percentages. Chi-square test was applied to find the association of knowledge regarding blood donation. Blood Donation Statistics shows, in the year 2010. Out of 80 students, only 3 (4%) students had adequate knowledge, 44 (55%) students had moderate knowledge,

and remaining 33 (41%) students had inadequate knowledge and also there was significant association between knowledge scores of under graduate students with their with their religion, educational qualification of mother, Family income, Experience of participation in awareness program on blood donation at 5% ($p<0.05$) level. From this study it can be concluded that majority of the undergraduate students had moderate knowledge on blood donation.[12]

Giancarlo Cicolini, Dania Comparcini, Sare Alfieri, Elena Zito, Elena Marta, Marco Tomietto, Valentina Simonetiti (2019) The cross-sectional study is the STROBE checklist was used to grant adequate and complete reporting of research is to investigate factors involved in the blood donation (BD) in a population of Italian nursing students (NSs). The study was carried out in five Italian Universities, and a structured, 22-item questionnaire was distributed to 532 NSs (mean age = 24.64, SD = 7.41, min = 19; max = 55; population, female = 80.8% of total) to explore propensity, obstacles, knowledge of BD and to assess associations between variables. The result stated that overall level of knowledge among NSs donors is high, when compared with non-donors ($p < 0.05$); the propensity for donation is acceptable (34.8% of the total are donors; mean = 3.17 donation).They concluded that specially tailored BD campaigning should be implemented to sensitise University students. NSs could become elective motivators among students of different Universities or faculties.[13]

Ankita Thakur, Hoshiar Singh Chauhan, Bishwas Acharya(2015) The cross section study was carried out in 2015 among this 277 undergraduate students of district Una, Himachal Pradesh. To assess the knowledge and practices of blood donation among undergraduate students. The result stated that out of 277 students, 165 were male and 112 female. More than half of respondents, 142 (51.3%) had a poor level of knowledge. Only 48(17.3%) of the total respondents had donated blood and 32(19.4%) of the boys and 16(14.3%) of the girls had donated blood. A highly significant statistical association was found between gender and knowledge regarding amount of blood in body (p-value=0.001). Stream of education was found to be highly significantly associated with knowledge about own blood group (p-value=0.003), knowledge regarding number of constituents present in blood (p-value=0.001) and knowledge regarding blood donation to HIV/ AIDS affected person (p-value=< 0.001). A highly significant association was found between practices of blood donation and age group (p value=0.002). They concluded that majority of the donors, 41(85.4%) had donated blood only once in their life. Good knowledge and practice of blood donation among undergraduate students were found quite low.[14]

Siddhanth Suresh, Crysle Saldanha(2019) For this the cross-sectional study was conducted over a period of 2 months among 191 medical students who were provided with a pre-designed, self-administered questionnaire. Data was analysed by frequency, percentage, mean, standard deviation and Mann-Whitney test. This study was to assess the knowledge, attitude and practice with regard to voluntary blood donation among medical students, thereby aiding to generate possible and appropriate measures to tackle the paucity of blood donors worldwide. Statistical significance was set at $P \leq 0.05$. Data was analysed by frequency, percentage, mean, standard deviation and Mann-Whitney test. Result stated that total no. of 191 medical students participated in the study. 55 (28.8%) were 1st year MBBS students and 136 (71.2%) were 2nd year MBBS students. Out of them, 155(81.2%) were females and 36 were males (18.8%). The overall knowledge score based on percentage of correct responses was 48.09% with a mean score of 7.21, which falls under moderate level of knowledge. The general attitude among the students was good however, most of the students had never donated blood before (90.6%). From this they concluded that knowledge, attitude and practice towards voluntary blood donation are disappointing for a population of medical students. [15]

Woldemichael Tadesse, Yohannes Ayalew, Engida Yisma, Misgan Legesse Liben and Mesfin Wudu (2018) The cross-sectional quantitative study was used to assess KAP and associated factors towards voluntary blood donation (VBD) among health science students of Samara University, Afar Northeast Ethiopia (2016). For this study proposed sample size was 351. The proportion for this study was taken from previous study using knowledge level 83.7%, attitude 68% and practice 23.4%24, at α=0.05 95% confidence level ($Z\alpha/ 2$=1.96) and absolute precision or margin of error to be 5% (d=0.05)

and a 5% anticipated non-response rate. The data collection tool was adopted from WHO tools . Data was analyzed by SPSS version 20.0. Logistic regression analysis was used to identify associated factors. Predictor variables with p-values up to 0.25 in bivariate regression were entered to multivariate regression and p-value <0.05 used as cut-off point for a variable to became independent predictor. The result stated that out of total participants, 67% were males and mean age range, 21.29 ± 1.66 years. Less than one quarter, 83 (24.5%) (95% [CI]: 20.0%-29.0%) had ever donated blood. Being department of nursing increased odds of practice [AOR (95%CI)=1.881(1.002, 3.532)]. Above result concluded that the level of knowledge on VBD was low while, significant number of students had unfavorable attitude towards VBD and there was poor practice. Then it is better to incorporate short training course for health science students in the existing curriculum.[16]

H. Sanayaima Devi, Jalina Laishram, Shantibala K, Vijaya Elangbam conducted a cross sectional to assess the knowledge, attitude and practice about blood safety and donation among 1st and 2nd MBBS students of RIMS, Imphal and to determine any association between knowledge level and selected variables like gender, those who had ever donated blood and were willing to donate in future. This cross sectional study was conducted in Regional Institute of Medical Sciences, Imphal during September to December 2010. Students were interviewed face to face using a pre-tested, pre-designed semi-structured questionnaire. Students' level of knowledge was assessed by scoring scale.A p-value of <0.05 was taken as statistically significant. Data were presented in percentages, mean and standard deviation. Pearson' chi square test was used for significance testing. The proportion of students having adequate knowledge was 33.1% with the mean score of 12.2±2. 89.8% intended to donate blood in future, but only 13.9% had ever donated blood and out of which, 64.8% of donors were first timers. Knowledge on blood safety and donation was significantly associated with blood donation status. Regular CMEs and seminars should be conducted to increase awareness about blood safety and donation and to increase the number of voluntary blood donation.[17]

Obsa MS, Weji BG , Dedecho AT and Worji TA conducted a study on May 30, 2018. The purpose of the study is to Assessment of Knowledge, Attitude and Practice of Graduating Health Science Students towards Blood Donation at Wolaita Soddo University. All selected graduating health science students were included. Regular supervision and follow up was made. He data was collected from October 2 to 10, 2017 at Otona Campus of Wolaita Soddo University. It is located at Wolaita Soddo town which managerial city of the zone is Wolaita Zone. Here are six main roads connecting Soddo to the other cities, which make it the centre of business. He total population of Wolaita Zone is 1.7 million and out of which 120,000 is the population of Sodo Town. Here are three hospitals and seventy health center in Wolaita zon. A total of 96 graduating health science students were included. Most of the participants were male. The overall knowledge on blood donation among respondents was 75.26%. Highest percentage of study participants agree that blood donation cannot affect health of donors. It was also found there were poor practices of blood donation. Conclusion and Recommendation: In this study, there were high knowledge and attitude towards blood donation. However, there was a poor practice of donating blood. Therefore, it is very important to promote blood donation practices.[18]

Ashish kumar Nathabhai kanani, jitendra H vachhani, shweta B upadhyay, spruha K dholakiya conducted a cross section study among 500 government medical sciences undergraduate students in Jamnagar during the period of 3 months (February 2017 to April 2017). The purpose of the study is to to compare the reasons for blood donation and knowledge about blood donation among medical science undergraduate students.It constitutes of MBBS, Dental, Ayurvedic, Physiotherapy, and Nursing College. A predesigned, pretested, self-administered questionnaire was devised to collect data. Data were collected after obtaining informed consent. Ethical clearance from the institute was obtained before the study. The results were analyzed using Microsoft Excel 2007 database sheet, and percentage and Chi-square test were applied to calculate association between different variables with *P* value set as significant when <0.05. The response was gathered from a total of 500respondents who voluntarily participated in the study. Out of them, 31.52% (n = 165) males and 14.03% (n = 335) females donated blood in their lifetime. Among MBBS students, 90.19% (n = 1100) had shown

a good level of knowledge (given a positive response), whereas dental, ayurvedic, physiotherapy, and nursing student respondents showed the same by 78.27%, 71.64%, 89.55%, and 76.27%, respectively. Among factors that hindered the study cases from donating blood, the most important was that they were never approached by anyone (52.2% - whenever required) for blood donation. The conclusion of the present study indicates a greater awareness among the medical and physiotherapy students in comparison to nursing, dental, and ayurvedic students. Hence, these sectors need more targeted attempts to increase awareness and motivation among these masses, which will eventually enable us to increase the spectrum of motivated donors among the common people population.[19]

Roopadevi V, Ranjini Nanjaiah, Aravind Karinagannanavar [2017] conducted a descriptive study on factors affecting blood donation among young adult students in natl J Community the intervention of study explores the practice of blood donation among the young adult students**.**A cross sectional study of 583 students among three degree colleges during June 2014 to August 2014 by systematic sampling. Data was collected using semi-structured questionnaire after taking informed consent.As age increased practice of blood donation decreased and it was statistically significant with p- value <0.001.Prevalence of blood donation in males (22%) was more than females (1.5%) and was statistically significant with p value <0.001. Overall 70 (12%) had donated blood and 86.6% were willing to donate blood.Conclusion according to study is **y**oung adult males are future potential donors who can be approached in colleges as most of them are students.Conducting awareness programs regularly in the colleges keeps them well informed and motivated. This awareness about blood donation should be coupled with the prevention strategies of the major disease that consume much of the blood.[20]

Dnyanesh Limaye, Pooja Naik, Tejal Varekar, Priyanka Salunkhe, Chaitali Shah, Arlan Sydymanov, Vaidehi Limaye, Ravi Shankar Pitani, Sushama Sathe, Atul Kapadi, Gerhard Fortwengel has done a research on "Knowledge and attitude towards voluntary blood donation among students from Mumbai University" on 15 May, 2018. A cross-sectional study was carried out among students from Mumbai University, India during May–June 2017. Two hundred and fifty students were approached to participate in the study of which 201 agreed to participate (males: 104; females: 97). Pretested questionnaire was distributed and collected data was analyzed using IBM SPSS version 23. High number of participants agreed about encouraging general public about voluntary blood donation (96%; 193/201), lack of awareness about VBD in general public (82%; 164/201). But not a single participant was able to respond to the knowledge part of the questionnaire with 100% accuracy. Almost all the participants had correct knowledge about blood groups (98%; 196/201) and blood matching need (195/201; 97%). The study concludes that participants showed good attitude but demonstrated poor knowledge about voluntary blood donation. Details about blood donation should be incorporated in the undergraduate curriculum and periodic awareness programs should be organized for students.[21]

Shiv Lal Solanki, Abhilasha Mali have carried-out research on "Study on Blood Donation Among medical Students of Udaipur City, Rajasthan", published on 11 August 2018. Blood is a very specialized body fluid of humans which deliver necessary substances such as nutrients and oxygen to the cells and help in transportation of metabolic waste products away from the cells. Blood is manufactured by human beings and donation of blood by humans is the only way of acquiring blood to meet emergency requirements in cases of road traffic accidents, complications of pregnancy like ant partum and post partum hemorrhage, blood loss during childbirth, various anemic disorders and surgical emergencies. Objective of this research is to know the knowledge, attitude and behavior towards blood donation among medical college students. This cross sectional study was conducted on 150 first MBBS students of Geetanjali Medical College and Hospital, Udaipur, during October 2016 to December 2016. Information regarding knowledge, attitude and practice for blood donation was recorded in a pre tested proforma, after obtaining the written consent from study subjects. Data was analyzed and results were expressed as using proportional percentage.To conclude with, It is evident by our study that greater knowledge about blood donation does not lead to high frequency of blood donation by medical college students. Special campaign is to be conducted to convert in to the actual blood

donation by the medical students.[22]

Jasim N. Al-Asadi, Asaad Q. Al-Yassen has conducted research on "Knowledge, attitude and practice of blood donation among university students in Basrah, Iraq: A comparison between medical and non-medical students" on 1st November 2018. .Aims and Objectives: To evaluate the knowledge and attitude of Basrah University students about blood donation.Materials and Methods: This descriptive cross-sectional study involved students of two colleges in Basrah University. It was carried out during the period from January to April 2017. A non-probability purposive sampling method was used in selecting the participants for this study. Information on socio-demographic characteristics, knowledge and attitude towards blood donation were collected through a structured self-administered questionnaire. There was no significant difference in causes of non-donation between the students of the two colleges (P= 0.390). Results: A total of 422 students were targeted, of these 393 (93.1%) completed the questionnaire.Only 51 (13%) of total respondents had a history of blood donation, of those 64.7% donated only once. The most mentioned reasons behind not donating were; not being asked to donate (24.6%), inconsideration of donation (11.1%), and fear of drawing blood (8.8%). Adequate knowledge was detected in 66.7% and positive attitude in 68.7%. Students of College of Medicine were younger, more knowledgeable, and donate more than those of College of Administration and Economics. Conclusion is that a substantial number of the university students had inadequate blood donation knowledge. Education programs and motivational campaigns should be enhanced.[23]

Renu Chauhan, Rajesh Kumar, Supriya Thakur has made research on "A study to assess the knowledge, attitude, and practices about blood donation among medical students of a medical college in North India" published in 2018. Scarcity of blood and blood products is frequently encountered in health care institutions. Medical students can serve as an important pool of potential blood donors for the attached teaching hospitals. To determine the knowledge, attitude and practices (KAP) of medical students about voluntary blood donation. It was a cross- sectional study conducted among medical students of Dr RPGMC Tanda in Himachal Pradesh, in the months of August to December, 2015. 235 students participated in the study, 102 (43.4%) males and 133 (56.5%) females. The mean age was 20.42 ±1.38 years.This study suggests that the study population has relatively good knowledge and a favorable attitude about voluntary blood donation. However, the prevalence of blood donation among the students is still low, especially among the girls. This reflects a need for ongoing, educational, and motivational activities for encouraging voluntary blood donation by the students.[24]

Hesamedin Askari Majdabadi, Mehdi Kahouei, Soghra Taslimi, Mahnanz Langari has done research on "Awareness of and attitude towards blood donation in students at the Semnan University of Medical Sciences**"** published on May 2018.This study aimed to assess the university students' awareness of and attitude towards blood donation.This study aimed to assess the university students' awareness of and attitude towards blood donation. In this cross-sectional study, a descriptive analytical approach was used to examine awareness of and attitude towards blood donation among students in Semnan University of Medical Sciences, Semnan, Iran. The study was performed in 2015-2016. A total of 749 university students participated in this study. A special questionnaire was used to collect demographic information and the participants' awareness of and attitude towards blood donation. Before beginning the main phase of the study, the reliability and validity of the questionnaire were examined and verified. The SPSS software, version 16, was used for statistical analysis. We used descriptive statistics, specifically chi-square and Friedman tests, to analyze the data. A p-value of <0.05 was considered significant. 63.55% of the participants were female. Only 9.74% of the participants had a history of blood donation. Based on the results, 253 participants (35.33%) had low awareness, 352 participants (49.16%) had moderate awareness, and 111 participants (15.5%) had good awareness of blood donation. In addition, 176 participants (23.59%) had negative attitude, 438 participants (58.71%) had moderate attitude, and only 132 participants (17.69%) had good attitude towards blood donation. Results also showed a statistically significant relationship between gender and awareness of the history of blood donation (p=0.047). However, there was no significant relationship between gender and attitude towards blood donation (p=0.27). When asked about their favorite method of receiving information

about blood donation, 376 participants (50.2%) preferred social media.The study concludes that a considerable percentage of students have low awareness of and negative attitude towards blood donation. The low awareness and negative attitude towards blood donation can be considered as important factors contributing to the lack of interest and poor participation in blood donation among this population. Therefore, there is a critical need for training and culture building activities and programs in order to increase university students awareness and improve their attitude towards blood donation.[25]

Conclusion

Majority of the samples are lacked in the adequate knowledge and attitude regarding blood donation among health professionals of selected colleges of Anand District.

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Ethical Clearance: Permission of obtained from College Head of Anand District and consents taken from participants.

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An Observational Study to Find Out The Knowledge and Practices of Food Hygiene among Hotel Workers in Selected Road Side Hotels Located in Puducherry

Elavarasi R[1], Aruna Devi M[1]

[1]Asst. Professor, Dept. of Community Health Nursing, KGNC, Puducherry, India

Abstract

The objective of the study was to assess the knowledge and practices of food handling of hotel workers. An observational study was conducted among the hotel workers in Puducherry. Sample size was 30 hotel workers. The result reveals that 18(60.0%) workers had good knowledge, 11(36.7%) Workers had average knowledge and 1(3.3%) worker had poor knowledge on food hygiene. And 8 (26.7%) workers had good practice, 21(70.0%) workers had average practice and 1(3.3%) persons had poor practice on food Hygiene. This study helped us to know about the level of knowledge and practices of food hygiene, preparation and handlings among the hotel workers.

***Key words**: Knowledge, Practices, Food Hygiene, Hotel Workers, Road Side Hotels.*

Introduction

Food safety is defined by the FAO (Food and Agriculture Organization) as the assurance that when food is consumed in the usual manner does not cause harm to human health and wellbeing[1].

Today in global, food industry is a highly competitive market place. These are enormous pressure to reduce costs and to improve margins in order to survive. As a result, food safety and professionals are struggling to maintain adequate control of their fen's activity[3].

- Hygiene is an essential part of healthy living not just selecting the right food choices but also cooking in hygienic way is important in preventing infectious diseases[6].

- Poor food quality leads to disaster.

Caroline Willis, Nicola Elvis and Jim (2012), has conducted a study to Investigate hygiene practices amongst caterer's at large events, with a particular focus on the microbiological quality of ready-to-eat food, drinking water, food preparation surfaces, cleaning cloths and wristbands worn by food handlers. It is recognized that there is an increased risk of infectious disease outbreak associated with poor food hygiene practices.

Food safety is a scientific discipline describing handling, preparing and storing of food in ways that prevent food borne illness. This includes a number of routines that should be followed to avoid potentially severe health hazards[4].

According to **WHO (1989),** food handling personnel play an important role in ensuring food safety throughout the chain of food production and storage[5].

(Van tonder 2007), states that Mishandling and disregard of hygienic measures on the part of food handlers may enable pathogenic bacteria to come into contact with food, in some cases it survive and multiply in sufficient numbers to cause illness in the consumers.

Corresponding author
Elavarasi R,
Asst. Professor, Dept. of Community Health Nursing, KGNC, Puducherry, India.

Objectives

❖ To assess the knowledge of hotel workers about food hygiene.

❖ To determine the practices of food handling of hotel workers.

Methods and Materials:

Research approach: Quantitative approach.

Research design: An observational study was conducted in Puducherry.

Setting of the Study:

The study had conducted in Puducherry which is about 10 km from our college. We selected hotels mainly road-side hotels in Puducherry.

Population:

The population of present study includes the hotel workers in Puducherry.

Sample Size:

Sample study included for the study was 30 hotel workers.

Sample Technique:

Purposive sampling technique was used to select the sample from the population for the study.

Data Collection Procedure:

The data collection period was 1 week. The sample was selected based on the inclusion criteria.

During the study, the subject was explained about the purpose of the study and received an informed concern by telling the facts. A structured questionnaire and observational checklist was used to collect data regarding demographic characteristic, knowledge and practice of the subjects regarding the food hygiene, food preparations and handling.

Results

Table 1: percentage distribution of the knowledge level of hotel workers about food hygiene. reveals that 18(60.0%) workers had good knowledge, 11(36.7%) Workers had average knowledge and 1(3.3%) worker had poor knowledge on food hygiene.

Table 2 :Frequency and percentage distribution of the practice level of the hotel workers about food hygiene reveals that 8 (26.7%) workers had good practice, 21(70.0%) workers had average practice and 1(3.3%) persons had poor practice on food Hygiene.

Discussion

An observational study was conducted in Puducherry. The study had conducted in Puducherry which is about 10 km from our college. We selected hotels mainly road-side hotels in Puducherry. The findings of the study denotes that 18(60.0%) worker's had good knowledge 11(36.7%) worker's had average knowledge 1(3.3%) worker's had poor knowledge. The findings of the study denotes that 8(26.7%) worker's had good practice 21(70.0%) worker's had average practice 1(3.3%) worker had poor practice. The present study findings were similar to the findings of following study; **Dania Mary Varghese et al, (2013)** conducted a study to find the effectiveness of an information booklet regarding the knowledge and practice on food safety among food handlers in restaurants.

Recommendations

The knowledge and practice of the hotel workers can be improved by providing them health education by some audio visual aids like using power points, flash cards, etc. Through these methods we can improve the hotel workers practice of food hygiene, food preparation and food handling which will helps to reduce food poisoning, diarrheal diseases and food borne diseases.

Conclusion

The study conducted that out of 30 samples. The study finding regarding knowledge and practices of food hygiene. The percentage distribution of knowledge among subjects were found that majority workers had good knowledge. According to the level of practices among the hotel workers we found that majority had average practices of food hygiene, preparation and handlings. This study helped us to know about the level of practices of food hygiene, preparation and handlings among the hotel workers.

TABLE 1 FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE KNOWLEDGE LEVEL OF THE HOTEL WORKERS ABOUT FOOD HYGIENE.

n =30

S.No	Level of knowledge	Frequency	Percentage %
1	Good knowledge	18	60.0%
2	Average knowledge	11	36.7%
3	Poor knowledge	1	3.3%

TABLE 2: FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE PRACTICE LEVEL OF THE HOTEL WORKERS ABOUT FOOD HYGIENE

n =30

S.No	Level of practice	Frequency	Percentage %
1	Good practice	8	26.7%
2	Average practice	21	70.0%
3	Poor practice	1	3.3%

Ethical Clearance- Institutional Human Ethical committee, Sri Balaji Vidyapeeth, Puducherry.

Source of Funding- Self

Conflict of Interest - Nil

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De-Escalation Techniques for Managing Violence of Mentally Ill

Jithisha T P[1], Shine Thomas[1]

[1]Associate Professor, MIMS College of Nursing, Malappuram, Kerala

Abstract

The present study was aimed to assess the effectiveness of de-escalation techniques for mental health care providers in managing violence of mentally ill. The objectives of the study were to assess the knowledge and skill of mental health care providers in managing violence of mentally ill, identify the relationship between knowledge and skill in managing violence of mentally ill, determine the effectiveness of de-escalation techniques for mental health care providers on knowledge and skill in managing violence of mentally ill and to identify the association of knowledge and skill in managing violence with selected demographic variables. The study was done by quantitative approach with pre-experimental one group pretest posttest design on 30 mental health care providers. Sample selected by convenience sampling technique. During pretest, data collected using demographic proforma, knowledge questionnaire and skill assessment checklist. then administered intervention de-escalation techniques and posttest conducted by re administering the same tool after teaching the de-escalation techniques. Collected data tabulated and analyzed. Result revealed that, in pretest knowledge assessment 70% of sample scored average and 30% scored as poor. In posttest knowledge score 90% sample scored good and 310% scored as average. In pretest skill assessment 53% of sample scored average and 47% scored as poor. In posttest skill score 90% of sample scored good and 30% had average score. For knowledge and skill mean difference were 7.6 and 9.47 respectively with 't' value for knowledge and skill 21.06 and 21.32 respectively and 'p' value <0.001 which is less than 0.05. Positive correlation identified between knowledge and skill with 'r' value 0.633, also there was a significant association between age and skill of mental health care providers. Hence study conclude that de-escalation techniques are effective for mental health care providers in managing violence of mentally ill.

Key Words: *Mental health care providers, De-escalation techniques*

Introduction

Any imbalance in the psychological and emotional wellbeing of an individual can make possible alterations in their mental health. Evidences suggests that 450 million people Worldwide affected by mental illness. WHO's Worldwide survey identified 10 to 20 million aggressive cases reporting yearly. Symptoms of patients with mental illness like aggression, violence, physical harm towards self and others are difficult to be managed by health care professionals[1,2].

Coresponding author:
Shine Thomas,
Associate Professor, MIMS College of Nursing,
Malappuram, Kerala.
Email – stshinethomas@gmail.com

Symptoms of patients with mental illness like aggression, violence, physical harm towards self and others are difficult to be managed by health care professionals. The violent behaviors are the main cause of harm for the mental health care providers, which are mostly physical in nature. Reports from clinical neuroscience identified that violence against mental health professionals are increasing every year. During the course of illness patient can be aggressive , violent and can harm self or others[3].

Evidence from literature gives a report on violence towards mental health care providers in psychiatric care setting. It shows that 80% of mental health care providers have experienced violence from the patients, Mostly occurring in inpatient settings[4].

De-escalation techniques could be used as the best method for managing aggressive or violent behavior of mentally ill. The present study is important for the current situations[5].

Materials and Methods

The study was done by quantitative approach with pre-experimental one group pretest posttest design on 30 mental health care providers. Sample selected by convenience sampling technique. During pretest data collected using demographic proforma, knowledge questionnaire and skill assessment checklist to assess the knowledge and skill of mental health care providers, then administered intervention de-escalation techniques for 14 days, then after 7 days posttest done by re administering the same tool. Collected data tabulated and analyzed.

Findings

The data was collected to assess the effectiveness of de-escalation techniques for mental health care providers in managing violence of mentally ill.The data collected were categorized and analyzed based on study objectives and hypothesis by using descriptive and inferential statistics with the application of Statistical Package for Social Sciences.

Section 1: Assessment of knowledge and skill of mental health care providers in managing violence of mentally ill

Table 1 : Distribution of knowledge and skill of mental health care providers in managing violence of mentally ill before and after providing de-escalation techniques.

N=30

Variables	Category	Pre test		Post test	
		Frequency	Percentage	Frequency	Percentage
Knowledge	Good	0	0	27	90
	Average	21	70	3	10
	Poor	9	30	0	0
Skill	Good	0	0	27	90
	Average	16	53.3	3	10
	Poor	14	46.7	0	0

Section 2: Analyze the effectiveness of de-escalation techniques for mental health care providers on knowledge and skill in managing violence of mentally ill.

Table 2 : Effectiveness of de-escalation techniques for mental health care providers on improving knowledge in managing violence of mentally ill.

N=30

Assessment	Mean± SD	Mean difference	t- value	DF	p-value
Pre test knowledge	9.30 ±2.62	7.600	21.069	29	<0.001*
Post test knowledge	16.90±2.264				

(*Significance at 0.05)

Table 3 : Effectiveness of de-escalation techniques for mental health care providers on improving skill in managing violence of mentally ill.

N=30

Assessment	Mean± SD	Mean difference	t- value	DF	p-value
Pre test skill	9.20 ±2.734	9.467	21.324	29	<0.001*
Post test skill	18.67±2.363				

(*Significance at 0.05)

Section 3:Analyze the relationship between knowledge and skill of mental health care providers in managing violence of mentally ill.

Table 4 : Relationship between knowledge and skill of mental health care providers

Variable	Pre test Knowledge	P value
Pre test Skill	Pearson r = .633	<0.001*

(*Significance at 0.001)

Section 4: Association of knowledge and skill in managing violence of mentally ill with selected demographic variables

Table 5 : Association between knowledge and selected demographic variables

Demographic variables	Chi- Square(χ 2)	Table value	DF	p-value
Age in years	4.669	7.82	3	.198
Gender	.408	3.84	1	.523
Education	.509	5.99	2	.775
Income	2.627	7.82	3	.445
Religion	.754	5.99	2	.686
Experience	1.097	7.82	3	.778

(significant at p<0.05)

Table 6 : Association between skill and selected demographic variables

Demographic variables	Chi- Square(χ 2)	Table value	DF	p-value
Age in years	7.902	7.82	3	.048*
Gender	.177	3.84	1	.732
Education	.430	5.99	2	.807
Income	.704	7.82	3	.872
Religion	.368	5.99	2	.832
Experience	2.120	7.82	3	.548

(*significant at $p<0.05$)

Discussion

The findings of the present study have been discussed based on objectives and the hypotheses. Result revealed that, in pretest knowledge assessment 21(70%) sample scored average and 9(30%) scored as poor. In posttest knowledge score 27(90%) sample scored good and 3(10%) scored as average. In pretest skill assessment 16(53%) sample scored average and 14 (47%) scored as poor.

A cross sectional study conducted in western Maharashtra to assess the knowledge and skill of health care professionals in violence management of patients with mental illness revealed that 70% had poor knowledge on violence management and 25 % had average knowledge and 5% had good knowledge. Study findings shows that 75% of samples were poor in skill and remaining had average skill[6].

The present study reveals that there is significant difference between pre and post test score of knowledge and skill of mental health care providers in managing violence of mentally ill

An experimental study conducted at Ernakulam to assess effectiveness of de-escalation techniques for staff nurses on managing violence of mentally ill.Study findings indicates that there is an increase in knowledge and skill of staff nurses of selected psychiatric centres. In post test 78% samples gained good knowledge and 22% had average knowledge gain. After the training programme all the 60 samples became good in violence management skill[7].

Positive correlation identified between knowledge and skill with 'r' value 0.633, also there was a significant association between age and skill of mental health care providers.There was no significant association between knowledge and selected demographic variables of mental health care providers.

A descriptive study was conducted in South Africa to assess the knowledge and skill of mental health professionals in managing aggressive patients in psychiatric care setting. 70 professionals participated in the study, knowledge and skill assessed using questionnaires. 77% had good knowledge and skill and there was a positive correlation between knowledge and skill, also the study identified significant associations between knowledge and skill with various selected demographic variables such as age, gender and years of experience[8].

Conclusion

Conflict of Interest : Nil

Source of Funding- Self

Ethical Clearance – Obtained from Institutional ethics committe

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The Knowledge, Attitude and Practice Regarding Rehabilitation among Mastectomy Clients at Selected Hospitals, Hyderabad

M.Percis Paul[1], B.N.P. Kumari[2]

[1]Asst.Professor, [2]Principal, Eashwari Bai Memorial College of Nursing, West Marredpally, Secunderabad, Telangana

Abstract

Introduction: Breast cancer cancers breast cancer is considered as the most dreadful disease knowledge about post mastectomy rehabilitation places a major role. objectives: to assess the knowledge ,attitude and practices of mastectomy clients, to find out the association between knowledge, attitude ,practice with their back ground variables. Methodology: **Non experimental research design** to assess the knowledge, attitude and practices of the clients, non probability convenient sampling technique was used to select 80 sample, the study was conducted in selected cancer hospitals Hyderabad likert 3 point scale and practice check list is used to assess the attitude and practices. Results: there is no significant association between knowledge with their selected background variables, 76.3% had below average knowledge,78.8% had neutral attitude, practice regarding rehabilitation,62.5%had average practice score.

Keywords: *Breast Cancer, Mastectomy, Rehabilitation, Information Booklet.*

Introduction

Women play a variety of roles both in her family and work place, while performing these roles she may neglect herself and undergo lot of stress. Health of women is very important and it should be maintained to perform her roles and to lead a confident life. During the course of her life there are high chances to get attacked by many diseases like menstrual problems, anemia, metabolic disorders, cancers, sexually transmitted diseases, etc. Recent studies states that among all the dangerous diseases affecting women, cancer is the most prevalent disease that make women lose her hope for life.[1]

Cancer refers to diseases in which abnormal cells divide without control and are able to invade other tissues, cancer cells can spread to other parts of the body through the blood and lymph systems. There are different types of cancers common in women such as breast cancer which has the highest incidence 20%, uterine cancer 8%, ovarian cancer 3%, cervical cancer 4%, endometrial cancer 2%, trophoblastic tumors less than 1%, vaginal and vulval cancers less than 1%. Among all these cancers breast cancer is considered as the most dreadful disease.[2]

Breast cancer is a type of cancer originating from breast tissue, it usually begins either in the cells of the lobules which are the milk producing glands or the ducts or the passage that drains milk from lobules to the nipple. Breast cancer can also begin in the normal tissue, which includes the fatty and fibrous connective tissue of the breast.[3]

Treatment modalities for breast cancer include chemotherapy, radiation or surgery, but most of the cases will require surgery. Broadly, the surgical therapies for the breast cancer can be divided into traditional mastectomy and breast conserving surgery.[4]

Restoration of physical appearance is very important after mastectomy, lack of exercises can lead to "tightening" of a hand by the scar and limit hand motion considerably.[5]

The Breast Cancer Rehabilitation Programme allows clients to participate in treatments most appropriate for their stages of recovery. Rehabilitation includes exercises that promote increasing of muscle strength,

preventing lymphatic edema, learning self-massage. Breast reconstruction is also a part of rehabilitation which allows client to cope up with psychological distress caused by body disfigurement.[6]

Statement of The Problem

"A study to assess the knowledge, attitude and practice regarding rehabilitation among mastectomy clients at selected hospitals, Hyderabad, A.P with a view to develop information booklet".

Objectives the Study

Ø To assess the knowledge, attitude and practices regarding rehabilitation among mastectomy clients.

Ø To determine any significant relationship between knowledge and attitude regarding rehabilitation among mastectomy clients.

Ø To determine the significant relationship between knowledge and practice regarding rehabilitation among mastectomy clients.

Ø To determine the significant relationship between attitude and practice regarding rehabilitation among mastectomy clients.

Ø To test the significant association between knowledge of mastectomy clients regarding rehabilitation with their selected background variables.

Ø To test the significant association between attitude of mastectomy clients regarding rehabilitation with their selected background variables.

Ø To test the significant association between practice of mastectomy clients regarding rehabilitation with their selected background variables.

Assumptions

In this study the investigator assumes that:

Ø Increase in knowledge and practices about rehabilitation lowers the anxiety and prevents complications.

Ø Tool prepared for the study would be sufficient to assess the mastectomy client's knowledge, attitude and practices regarding rehabilitation.

Ø Testing knowledge will bring about awareness among mastectomy clients regarding rehabilitation.

Ø Mastectomy clients will answer frankly and truthfully to the questions

Hypothesis

H_1-There will be significant relationship between the knowledge and attitude regarding rehabilitation among mastectomy clients.

H_2-There will be significant relationship between knowledge and practice regarding rehabilitation among mastectomy clients.

H_3-There will be significant relationship between attitude and practice regarding rehabilitation among mastectomy clients.

H_4-There will be significant association between knowledge of mastectomy clients regarding rehabilitation with their selected background variables.

H_5-There will be significant association between attitude of mastectomy clients regarding rehabilitation with their selected background variables.

H_6-There will be significant association between practices of mastectomy clients regarding rehabilitation with their selected background variables.

Delimitations

The study is delimited to Mastectomy clients who are

Ø **W**illing to participate in the study

Ø In the age group of 30yrs - 60yrs**.**

Ø Duration to a period of 4 to 6 weeks.

Conceptual framework adopted in this study is by **Betty Neuman's System Model Theory.**

Methodology

"Descriptive research **approach**" was used for present study .**Non experimental research design** to assess the knowledge, attitude and practices of the clients

setting: At Selected cancer Hospitals Hyderabad.

sample: 80 Mastectomy clients

Sampling technique:Non probability convenient sampling technique.

Inclusion criteria: Mastectomy clients, who are,

Ø In the age group of 30yrs- 60 yrs

Ø Willing to participate in the study and residing in the selected hospitals.

Ø In 3rd to 30th post operative day.

Ø Able to read, write and understand English and Telugu.

Exclusive criteria: Mastectomy clients, who are

· not willing to participate in the study

· sick at the time of data collection

Method of Data Collection: structured knowledge questionnaire, three point Lekert's scale to assess the attitude and practice check list. An Information book let was given. Content validity of the tool was ascertained in consultation with guide and experts from medical surgical nursing departments .Reliability of the tool was established by checking the stability and internal consistency .The tentative period of date collection is was 5 weeks.

Method of data analysis: the collected data was analysed by using appropriate descriptive and inferential statistical method.

Descriptive statistics :Frequency and percentage to assess the demographic variables of adolescents, mean standard deviation to assess the knowledge and attitude practices of adolescents regarding mastectomy rehabilitation.

Inferential statistics: Karl pearson's correlation formula to determine the relation ship between the knowledge ,attitude and practices regarding mastectomy rehabilitation

Chi-square test: to find out the association between knowledge, attitude and practice scores regarding mastectomy rehabilitation.

Results

SECION I-TABLE SHOWING ASSOCIATION BETWEEN KNOWLEDGE REGARDING REHABILITATION WITH THEIR BACK GROUND VARIABLES AMONG MASTECTOMY CLIENTS.

VARIABLES	CATEGORY	<MEDIAN%		CHI SQUARE	INFERENCE
AGE	Under 30	30.8	69.2	0.732	P>0.05 NS
	31yrs-40yrs	50.0	50.0		
	41yrs-50yrs	35.0	65.0		
	51yrs-60yrs	47.4	52.6		
	Above 60yrs	50.0	50.0		

Cont... **SECION I-TABLE SHOWING ASSOCIATION BETWEEN KNOWLEDGE REGARDING REHABILITATION WITH THEIR BACK GROUND VARIABLES AMONG MASTECTOMY CLIENTS.**

RELIGION	Hindu	28.2	71.8	0.067	P>0.05 NS
	Muslim	54.8	45.2		
	Christian	55.6	44.4		
	Others	100.0	0.0		
	10th class	37.5	62.5		
	Intermediate	28.6	71.4		
	Degree	0	0		
OCCUPATION	House wife	47.8	52.2	0.331	P>0.05 NS
	Pvt employee	23.1	76.9		
	Gov.employee	28.6	71.4		
	Others	50.0	50.0		
INCOME	<5000	41.5	58.5	0.964	P> 0.05 NS
	5001-10000	45.0	55.0		
	10001-15000	42.9	57.1		
	>15000	0	0		
MARITAL STATUS	Married	42.5	57.5	0.459	P>0.05 NS
	Unmarried	33.3	66.7		
	Separated	0	0		
	Widow	100	0.0		

***Cont...* SECION I-TABLE SHOWING ASSOCIATION BETWEEN KNOWLEDGE REGARDING REHABILITATION WITH THEIR BACK GROUND VARIABLES AMONG MASTECTOMY CLIENTS.**

NO OF CHILDREN	1	56.0	44.0	0.331	P>0.05 NS
	2	31.8	68.2		
	3	35.0	65.0		
	More than 3	46.2	53.8		
USE HARMONAL PILL	Yes	47.4	52.6	0.408	P>0.05 NS
	No	41.0	59.0		
KNOWLEDGE ABOUT REHABILITATION	Yes	40.5	59.5	0.460	P>0.05 NS
	No	44.2	55.8		

SECTION II- Table showing frequency distribution of mastectomy clients according to the grading of their attitude scores
(n=80)

Percentage	Grading	Frequency	Percentage%
50%	Negative	19	24%
51%-75%	Neutral	61	76%
75%-100%	Positive	0	0%
Total		80	100%

Above table depicts that the maximum mastectomy clients 61(76%) had neutral attitude where as19 (24%) had negative attitude scores.

Section III –Table shows the distribution of mastectomy clients according to their grading of the practice scores

(n=80)

Grade	Frequency	Percentage
BELOW AVERAGE(< 50)	30	37.5%
AVERAGE (51-75)	50	62.5%
ABOVE AVERAGE (>75)	0	0%
TOTAL	80	100%

SECTION IV- RELATIONSHIP BETWEEN KNOWLEDGE AND ATTITUDE REGARDING REHABILITATION AMONG MASTECTOMY CLIENTS

(n=80)

VARIABLES	MEAN	SD	rVALUE
KNOWLEDGE	9.09	2.32	0.259 at P<0.05
ATTITUDE	2.7	0.291	

The above table shows that there is significant relationship between knowledge and attitude regarding rehabilitation with r value of 0.259, and the obtained table value of 0.021. Hence H_1 hypothesis that is there will be significant association between attitude score of mastectomy clients with their selected background variables is accepted at $p< 0.05$

SECTION V-RELATIONSHIP BETWEEN KNOWLEDGE AND PRACTICE REGARDING REHABILITATION AMONG MASTECTOMY CLIENTS

VARIABLES	MEAN	SD	r VALUE
KNOWLEDGE	9.09	2.32	0.212
PRACTICE	7.91	1.76	

(n =80)

The above table shows that there is significant relationship between knowledge and practice regarding rehabilitation with r value of 0.212 and the obtained table value of 0.059. Hence H_2 hypothesis that is there will be significant association between knowledge and self reported practice of mastectomy clients with their selected background variables is accepted at $p< 0.05$.

SECTION VI -RELATIONSHIP BETWEEN ATTITUDE AND PRACTICES REGARDING REHABILITATION AMONG MASTECTOMY CLIENTS

VARIABLES	MEAN	SD	r VALUE
ATTITUDE	2.7	0.291	0.58 at P< 0.217
PRACTICE	7.91	1.76	

The above table shows that there is significant relationship between attitude and practice regarding rehabilitation with 'r' value of 0.58 at the obtained table value was 0.217. Hence H_3 hypothesis that is there will be significant association between knowledge and self reported practice of mastectomy clients with their selected background variables is accepted at $p< 0.05$.

SECTION VII- ASSOCIATION BETWEEN KNOWLEDGE REGARDING REHABILITATION WITH THEIR BACK GROUND VARIABLES AMONG MASTECTOMY CLIENTS.

The selected background variables such as age, religion, education, occupation ,marital status no of children, use of hormonal pills, knowledge about rehabilitation, had no significant ($p>0.05$) with

knowledge scores .therefore null hypothesis $H0_4$ was accepted.

Hence, it is inferred that the knowledge of mastectomy clients regarding rehabilitation is independent of all their selected back ground variables.

SECTION VIII-ASSOCIATION BETWEEN ATTITUDE REGARDING REHABILITATION WITH THEIR BACK GROUND VARIABLES AMONG MASTECTOMY CLIENTS

The selected background variables age, religion, education, occupation ,marital status no of children, use of hormonal pills, knowledge about rehabilitation and knowledge regarding rehabilitation made no significant association ($p>0.05$) with attitude.

The background variables religion with x^2value 0.03 made significant association at ($p<0.05$) with attitude. But majority of variables made no significant association. So, null hypothesis $H0_5$ is accepted. Hence it is inferred that there is no significant association between attitudes of mastectomy clients regarding rehabilitation with their selected background variables except with their religion.

SECTION IX- ASSOCIATION BETWEEN PRACTICES REGARDING REHABILITATION WITH THEIR BACK GROUND VARIABLES AMONG MASTECTOMY CLIENTS

The selected background variables age, religion, education, occupation ,marital status no of children, use of hormonal pills, knowledge about rehabilitation and knowledge regarding rehabilitation made no significant association ($p>0.05$) with practices.

The background variables income with x^2value 0.002 made significant association at ($p<0.05$) with practices. But majority of variables made no significant association. So, null hypothesis $H0_6$ is accepted. Hence it is inferred that there is no significant association between practices of mastectomy clients regarding rehabilitation with their selected background variables except with their income.

Discussion

The Present Study was taken up, in an effort to assess the knowledge, attitude and practices of mastectomy clients, the clients knowledge regarding mastectomy rehabilitation is found to be less when compared with the basic concepts of mastectomy rehabilitation, 76.3% had below average knowledge , (78.8%) had neutral attitude practice regarding rehabilitation 62.5% had average score. The finding were consistent with the study conducted by **Cinar N, Seckin et al**, to find out The effectiveness of early rehabilitation in patients with modified radical mastectomy.30 patients were instructed to 15 sessions of individual rehabilitation program A conclusion was drawn that early onset rehabilitation program after modified radical mastectomy provides improvement in shoulder mobility and functional capacity without causing adverse effect in postoperative period.

Implications

The result of the study has drawn several implications for Nursing practice, Nursing education, Nursing administration and Nursing research.

Recommendations

A comparative study can be undertaken to see the relationship between knowledge and practice of nurses regarding importance of rehabilitation.

Ethical Clearance- Taken from our college ethical committee and from selected hospital settings

Source of Funding- Self

Conflict of Interest - Nil

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Distress and Disability in Subjects Having Obsessive Compulsive Disorder (OCD) and Co Morbid Obsessive Compulsive Disorder with Psychotic Features: A Cross-Sectional Comparative Analysis

Madhu[1], Mona Srivastava[2]

[1]Senior Resident, Department of Psychiatry, RML Institute of Medical Sciences, Lucknow, (UP), India,
[2]Professor, Department of Psychiatry, Institute of Medical Sciences, Banaras Hindu University, Varanasi

Abstract

Background: Persons with psychiatric disorders have greater deficits, psychosocial consequences such as unemployment and causes disability and distress due to their symptomatology and chronic course. **Objectives:** Assessment and comparison of distress and disability in patients suffering from obsessive-compulsive disorder (OCD) and co-morbid OCD with psychotic features. **Methods**: A cross-sectional study was carried out in the Department of Psychiatry, Institute of Medical Sciences, Banaras Hindu University. The sample was collected both from outdoor and indoor services and consisted of 100 subjects (60 OCD subjects and 40 subjects of OCD with psychotic features).All were assessed through the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), Padua inventory - Washington state university revision (PADUA-WSUR) and Indian Disability Evaluation and Assessment Scale (IDEAS).**Results:** Results revealed that patients of OCD with co-morbid psychotic features had greater disability in all domains than patients of OCD but distress due to obsessive-compulsive symptoms was greater in severity in patients of OCD**. Conclusion**: Psychiatric illnesses, OCD and when OCD is complicated by psychotic features affects all areas of daily functioning leading to greater disability and distress, thus increasing the burden on the family, imposing greater challenges for rehabilitation.

Key words :*Obsession, compulsion, distress, disability.*

Introduction

Psychiatric disorders are widely prevalent and are a major cause of disability; OCD and schizophrenia are among the top 10 leading causes of disability[1]. According to the World Health report published in 2001, neuropsychiatric disorders, account for 30.8% of total disability and 12.3% of the total burden of disease. This latter figure is expected to rise to 15% by the year 2020.[1]

OCD symptoms, anxiety, depression, and the tendency to misinterpret the significance of intrusive thoughts are related to functional disability and distress[2]. A survey revealed that OCD causes significant morbidity, leading to clear distress and Interference with academic, occupational, social and family function[3]. Hollander et al., revealed, 73% of OCD patients had impaired family relationships, 62% had impaired peer interaction, 58% experienced academic underachievement, 47% experience interference with work, and 40% were chronically underemployed[4].

A study assessed disability in schizophrenic patients using IDEAS scale and revealed 83% patients with mild to moderate disability[5]. Gururaj et al., revealed severe OCD may have comparable level of global functioning, family burden, Quality of Life and disability with patients suffering from schizophrenia[6].Rajkumar studied the clinical profile of schizophrenic patients with and

Corresponding author:
Professor Mona Srivastava, (MD), 36/2 HIG, Kabir Nagar, Durgakund, Varanasi (UP), India 221005

without co morbid OCD, results revealed co morbid group had lower anergia, higher depression scores, more comorbid personality disorders, and lesser disability[7].

This study has been carried out as an attempt to assess distress and disability caused by OCD and when OCD is having co-morbid psychotic features. The present study is done in a tertiary care general hospital set up located in Varanasi. The study aims to assess the disability in various domains of the patient's life and also to assess the distress associated with it. The results will help us formulate ,understand and plan an appropriate management and rehablitation for patients suffering with OCD and OCD with co-morbid psychotic features.

Materials and Methods

Procedure

One hundred samples(60 patients from the group OCD and 40 patients from OCD with co-morbid psychotic features) were selected on purposive basis and were evaluated cross-sectionally. The present study was conducted in Department of Psychiatry, Institute of Medical Sciences, Banaras Hindu University. The sample was collected both from outdoor and indoor services of Department of Psychiatry. Patients having OCD meeting the criteria according to ICD-10 (DCR) and having coexisting psychotic feature and those giving written informed consent were included in the study. Exclusion criteria were those having any comorbid physical disorder, those having onset of symptoms following substance use except nicotine, those having signs of organicity and acutely agitated patient. The written informed consent was taken from the patients and caregivers.

Tools used

i. ICD-10(DCR) criteria for making the diagnosis.

ii. Yale brown obsessive compulsive scale[8]

This scale is developed by Goodman et . al. It consists of 10-item (clinician-rated) for assessing the severity of obsessive-compulsive symptoms in patients with OCD. Items are rated on a 0–4 point scale (0 = none, 4 = extreme) and based on information obtained as reported and observed during the interview.

iii. Padua inventory – Washington state university revision[9]

The Padua Inventory (PI), a self-report measure of obsessive and compulsive symptoms. Freeston, Ladouceur, Rheaume, Letarte, Gagnon and Thibodeau (1994). The revision was constructed to measure five content dimensions relevant to OCD i.e. (1) obsessional thoughts about harm to oneself or others; (2) obsessional impulses to harm oneself or others; (3) contamination obsessions and washing compulsions; (4) checking compulsions; and (5) dressing/grooming compulsions. It is a 39-item self-report measure of obsessions and compulsions. Each item is rated on a 5-point scale according to the degree of disturbance caused by the thought or behavior (0= "not at all" to 4= "very much").

iv. Indian disability evaluation and assessment scale[10]

IDEAS is best suited for the purpose of measuring and certifying disability. The IDEAS measures disability across 4 domains: self-care, interpersonal activities, communication understanding, and work. Each item is rated from 0 to 4, and a fifth item measures the duration of the illness, ranging from 0 (<2 years of illness) to 4 (>10 years of illness).Scores range from 0 -(no disability) to 20- (profound disability). The IDEAS has a high inter rater reliability and has been used previously in patients with OCD and schizophrenia.

Method of data analysis

Data analysis was done by SPSS, version 16.0 for windows .Chi-square was used to test the significance of difference between two groups on various categorical variables. In case of total score of scale like YBOCS, IDEAS, PADUA-WSUR where continuous values was obtained, mean, standard deviation were calculated and unpaired t-test was applied. And wherever the data did not satisfy the assumptions of the parametric test the corresponding Mann-Whitney test was applied. The significance was set at $p<0.05$ (two-tailed).To measure the strength of association between two continuous variables the Spearman Rank correlation coefficient was calculated and its statistical significance was also tested.

Result

Table 1shows a total of 100 patients of (40 with OCD with co-morbid psychotic features and 60 with obsessive-compulsive disorder) were included in this study. Mean age of patients suffering from OCD with co-morbid psychotic features was 28.1±9.66 year and that of patients with OCD was 30.4±9.42 year. Majority patients were of 21–30 years of age. Most of the patients were male (55%)in OCD with co-morbid psychotic features group, whereas in OCD group, female participants were predominant (53.3%).The majority of patients were Hindus in case of both groups. The majority of OCD with co-morbid psychotic features patients(37.5%)had a minimum qualification of matriculation and (30%)were graduate. Most of OCD patients(43.3%) were graduate. The majority of OCD with co-morbid psychotic features patients were unmarried(50%) whereas in OCD group the majority were married (53.3%).Majority of patients in both the group were belonging to urban background. Majority of patients were unemployed/homemakers in both the groups. There was no statistically significant difference between these two groups with respect to socio-demographic variables.

Table2 shows that OCD patients were having higher mean scores than OCD with co-morbid psychotic features in domains of the scale PADUA-WSUR to measure the distress; ie Contamination Obsessions and Washing Compulsions (z value:2.802 ;p<0.05), Dressing/Grooming Compulsions (z value:0.513; p>0.05), Checking Compulsions (z value:1.791;p>0.05);Obsessional Thoughts of Harm to Self/Others(z value:0.367;p>0.05), Obsessional Impulses to Harm Self/Others(z value: 2.795;p<0.05).

Although the mean scores in the domains of Dressing/Grooming Compulsions and Obsessional Impulse of Harm to Self/Others came higher in the group OCD with co-morbid psychotic features owing to variation in number of participants among groups. But the total mean score of the scale was higher in the OCD group(p=0.003). Also when different domains of scale were graded in severity (not at all to very much), distress was more in OCD group as maximum participants lie in very much severity except in the domain Obsessional thought of Harm to Self/Others where equal severity was seen among both groups, and in the domain Obsessional Impulse of Harm to Self/Others where distress was more in the co-morbid group.

Table 3 shows that OCD with co-morbid psychotic features patients have higher mean scores than OCD patients in all domains of IDEAS scale to measure disability, i.e., self-care (z value: 6.232 ; p< 0.05), Interpersonal Activities (z value:5.584; p< 0.05), communication and understanding (z value:6.867; p< 0.05), and work (z value:6.274; p< 0.05), suggesting that OCD with co-morbid psychotic features patients were more disabled than OCD patients.

Table 4 shows the correlation between scales YBOCS, IDEAS and PADUA-WSUR by applying spearman rank correlation coefficient. Positive correlation could be established between YBOCS and PADUA-WSUR, IDEAS and PADUA-WSUR in both the study groups.

Table 1:Comparison of socio-demographic profiles of patients obsessive-compulsive disorder(OCD) with co-morbid psychotic features and OCD

Sub scale	OCD with psychotic features, No. (%)	OCD, No. (%)	c2	P
Age group(years) 10-20 21-30 31-40 >41	10 (25.0%) 21(52.5%) 3(7.5%) 6 (15.0%)	6 (10.0%) 34 (56.7%) 13(21.7%) 7(11.7%)	6.67	0.083
Sex Male Female	22 (55.0%) 18 (45.0%)	28 (46.7%) 32 (53.3%)	0.667	0.414

Cont... **Table 1:Comparison of socio-demographic profiles of patients obsessive-compulsive disorder(OCD) with co-morbid psychotic features and OCD**

Religion Hindu Muslim	37 (92.5%) 3 (7.5%)	55 (91.7%) 5 (8.3%)	0.226	0.880
Education Professional Graduate Matriculation Illiterate	12 (30.0%) 12 (30.0%) 15(37.5%) 1 (2.5%)	11 (18.3%) 26 (43.3%) 22(36.7%) 1 (1.75%)	2.630	0.452
Marital status Married Unmarried Divorced	17 (42.5%) 20 (50.0%) 3(7.5%)	32 (53.3%) 26 (43.3%) 2 (3.3%)	1.640	0.440
Occupation skilled Semi-skilled/unskilled Homemaker/unemployed	4 (10.0%) 4 (10.0%) 32 (80.0%)	17 (28.3%) 3 (5.0%) 40 (66.7%)	5.291	0.071
Domicile Rural Urban	18 (45.0%) 22 (55.0%)	28 (46.7%) 32 (53.3%)	0.027	0.870

*P<0.05 (statistical significance at 0.05 level). Values are shown as N(%) of patients. OCD – Obsessive compulsive disorder

Table 2:Comparison of global distress score

Domains(PADUA-WSUR)	OCD with psychotic features (Mean±S D)	OCD(Mean±S D)	z	P
Total score	13.45±17.413	26.23±21.672	2.936	0.003*
Contamination Obsessions and Washing Compulsions	7.70±11.636	16.87±15.039	2.802	0.005*
Dressing/Grooming Compulsions	0.62±2.459	0.50±2.221	0.513	0.608
Checking Compulsions	2.62±6.088	6.52±9.864	1.791	0.073
Obsessive Thought of harm self / others	1.35±8.73	1.85±4.783	0.367	0.713
Obsessive Impulse to harm self / others	1.30±3.502	0.00±0.00	2.795	0.005*

*P<0.05 (statistical significance at 0.05 level). Values are shown as Mean±SD. PADUA-WSUR-Padua inventory-Washington state university revision; SD-Standard deviation; OCD – Obsessive−compulsive disorder

Table 3: Comparison of global disability scores

Domains(IDEAS)	OCD with psychotic features (Mean±S D)	OCD (Mean±S D)	z	P
Self care	1.08±1.228	0.05±0.287	6.232	0.000*
Inter-personal activities	2.00±1.240	0.77±0.963	5.584	0.000*
Communication and understanding	2.15±1.231	0.62±0.993	6.867	0.000*
Work	3.18±1.130	1.77±1.079	6.274	0.000*
Total score	8.45±3.922	3.15±2.661	8.058	0.000*
Global score	10.78±4.323	5.57±3.175	5.583	0.000*

*P<0.05 (statistical significance at 0.05 level). Values are shown as Mean±SD. IDEAS – Indian Disability Evaluation and Assessment Scale; SD-Standard deviation; OCD – Obsessive−compulsive disorder

Table 4:Correlation between clinical variables

OCD with psychotic features	OCD with psychotic features	
	PADUA-WSUR	p
IDEAS	0.191	0.23
YBOCS	0.549	0.00*

OCD	OCD	
	PADUA-WSUR	p
IDEAS	0.180	0.169
YBOCS	0.658	0.00*

*P<0.05 (statistical significance at 0.05 level). IDEAS – Indian Disability Evaluation and Assessment Scale; PADUA-WSUR- Padua inventory – Washington state university revision; YBOCS- Yale-Brown Obsessive Compulsive Scale

Discussion

In the present study, distress has been assessed in OCD and OCD with psychotic features groups of patients by applying the PADUA-WSUR scale and its all five domains.. The current study revealed that there is difference in distress due to obsessive –compulsive symptoms among the two groups of patient. Distress was more in the OCD group, as compared to the OCD with psychotic features group, except in the domains of obsessional Thoughts of Harm to Self/Others, Obsessional Impulses to Harm Self/Others. We got statistically significant results in the two domains of the scale. this finding could be interpreted by considering the presence and absence of insight. We had not formally assessed insight; however presence of psychotic features is usually associated with impaired insight.

Stein et al[3].,assessed distress due to obsessive compulsive symptoms in OCD patients. Storchet al[2]., assessed the relationship between OCD-related distress and functional disability . The findings of the above studies are in concordance with our findings, although

both the studies used different tools for assessment (self reporting questionnaire in Stein et.al and Sheehan disability scale by Storchet et.al.). PADUA-WSUR scale is a comprehensive scale to assess distress in a holistic manner, similar findings using different scales shows that the extent of the problem is significant and similar across various tools.

The present study revealed that there is a statistically significant difference in all the four domains of scale among these two groups of patients. Impaired self-care, interpersonal activities, communication and understanding as well as occupational disability is more in patients of OCD with psychotic features than OCD patients. Among the four domains of IDEAS maximum disability was seen in the work domain and least disability was seen in the self-care domain this can be interpreted in the light of occupational functioning which gets affected by the obsessions and compulsions; however self care is guided by the family members hence is found to be adequate .. Thus work domain was a major contributory factor in causing disability in the OCD patients. This finding is in agreement with the study conducted by Mohan et al[11]., Solankiet al[12].,and Saradaet al[13]., these studies were done in various centers across India and their results revealed that patients with schizophrenia have significantly greater disability in all domains in comparison to OCD patients, as assessed by IDEAS scale. The studies mentioned above looked at OCD subjects with lower scores on the YBOCS scale, hence they showed a lower disability, whereas the subjects suffering with OCD in the present study had higher scores therefore the disability was higher

Our findings were also in accordance Güleç G et al[14].,Braga et al[15].,that disability was more in OC-schizophrenia group, assessment of disability was from Brief Disability Questionnaire and Sheehan disability scale respectively in the above studies. Our study findings are not consistent with a study done by Gururaj et al[6].,where the disability was comparable in schizophrenia and OCD patients, but they have chosen moderately ill patients and used WHO-Disability Assessment Schedule (DAS)-II for the assessment of disability. In addition, they recommended that further studies on a large sample need to be carried out to confirm the findings. Our findings are contrary to the study conducted by Bobes et al[16]., who found higher level of disability in OCD patients than schizophrenics in the area of social and occupational functioning. The patients in our study were severely ill on the YBOCS scale hence the disability scores are higher in the OCD group and since the insight is not affected so they are also distressed. The OC- schizophrenia group has an impairment of insight therefore their distress is lower and the expectation of functioning is also lower.

In co-morbid subgroup distress due to obsessive-compulsive symptoms was less in comparison to OCD patients still this subgroup has more disability, this may be due to poor reality testing, low insight for the disease and also due to the psychosocial factors such as single status, unemployment, disrupted interpersonal activities and lack of understanding of the disease. Our study revealed the majority of participants were male, unmarried and unemployed. Studies showing similar results to us were Faragain et al[17].,Jaydeokar et al [18] The disability at work front is high in our groups which is mirrored in the sociodemographic characteristics of the subjects. There have been studies which have looked at disability among OCD and schizophrenia however none have looked at the distress associated with the disability, our study documents both and also documents the correlation between the two parameters. The distress associated with the OCD and OC-schizophrenia leads to impairment in functioning and other morbidity of anxiety. An assessment of the management plan should consider the distress and disability so as to offer a combination of pharmacological and non-pharmacological interventions for treatment and rehabilitation.

The present study should be assessed in the light of certain limitations. The study is from a tertiary care centre where severely ill subjects are often referred; hence the subjects in our study were more affected ,which is reflected in the results. A heterogeneous mix of subjects could have increased the generalizability of results. Being a hospital based study the reflection in the community is lacking. We need a bigger and heterogeneous sample to increase the applicability of the study. Normal matched controls were not taken in the study which could affect the results. Also we did not control for treatment, so the bias due to treatment heterogeneity cannot be ruled out.

Conclusion

Self-care, interpersonal relationships, communication and understanding, work and global disability score are much more affected in OCD with psychotic features patients than OCD patient. OCD patients were more distressed than the co-morbid subgroups .Cross -sectional nature of the study precludes conclusions regarding the temporal stability of OCD and psychosis.. The identification of OC-schizophrenia subtype is needed to have a better understanding .Studies with good sample size and longitudinal course are required for generalizing the result.

Ethical Clearance- Taken from the institute ethical committee of IMS**Source of funding**- Self

Conflict of Interest - None

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A Study to Assess the Effectiveness of Psycho-Educative Module on Knowledge of Cannabis Use Disorder among Adolescents

Maj Tanushree Mitra[1], Brig Punita A Sharma[2], Maj Radhika Das[3], Maj Sumitha G Nair[4]

[1]Tutor, College of Nursing, AFMC, Pune, [2]Professor and Principal, College of Nursing, AFMC, Pune, [3]Lecturer, College of Nursing, AFMC, Pune, [4]Lecturer, College of Nursing, AFMC, Pune

Abstract

Background: Cannabis Use Disorder is an emerging problem among adolescents. Cannabis use remains the most prevalent form of illicit drug use in English speaking countries and the European unions.Awareness of adolescents about the harms of cannabis needs to be addressed. Emphasizing on preventive aspect of mental health, it was felt that improved knowledge of adolescents regarding harms of cannabis would be an effective way to reduce the cannabis users in future. Keeping this in view, the present study was planned among school going urban adolescents.

Objective: The objective of the study was to assess **t**he effectiveness of psycho-educative module on knowledge of cannabis use disorder and association of selected sociodemographic variables with pre- test knowledge score among adolescents of 15-18 years of age group in selected schools of Maharashtra.

Methodology: A True experimental study with pre-test-post-test-control only design was adopted to assess the effectiveness of psycho-educative module by comparing the pre-test and post-test results after the intervention. Stratified random sampling was adopted in the study.The knowledge was assessed by a self-administered questionnaire prepared by the researcher along with the relevant socio-demographic variables. The psycho-educative module on Cannabis Use Disorder was in the form of PPT and discussion.

Result: The study revealed that psycho-educative module was highly effective as there was a statistically significant increase in the mean knowledge score in the post-test (12.34±2.905) as compared to the pre-test (7.14±2.306) score in the experimental group at p valve <0.0001 level. There was a statistically significant change in post-test knowledge score (12.34±2.905) among experimental group as compared to post-test score(7.72±2.584) of control group at p value of < 0.0001.There was also a significant association with the family type and education level of control group samples and pre-test knowledge score.

Keywords: *Adolescents, Cannabis use disorder, Effectiveness, Urban Maharashtra*

Introduction

Adolescence is the stage of human life denoted with the journey on bumpy roads with many obstacles. Adolescence and the early years of adulthood are a time of life when physical, physiological & psychological changes occur. There can be times of stress and apprehension. These significant stress on them and those around them influencing and affecting their relationships with their peers and adults, if not recognized and managed, these stresses can lead to mental illness. Young people are particularly vulnerable to mental distress and illness.[1] Suicide and substance abuse numbers have been steadily rising among adolescets.[2] As per Substance Abuse and Mental Health Service Administration (SAMHSA) 2013 report on drug use among adolescents of 12 to 17 years of age group in India 42.9% uses alcohol,65.5% uses marijuana,38.7% uses prescribed drugs,8.6% uses

Corresponding author:
Maj Tanushree Mitra
tanushree.guhamitra2014@gmail.com)

cocaine, 3.0% uses heroine,11.1% uses hallucinogens and 6.7% uses inhalants as substances.[3] Substance abuse among adolescents is a cause of concern as it is associated with risk of accidents, violence and high-risk sexual behaviour.[4] The problem of

substance use among adolescents can be associated with a number of mental health issues such as conduct (50-80%) and mood disorders. The prevalence of depressive disorders ranges from 24% to 50%. Anxiety disorders are another commonly associated mental health disorder with prevalence of 7-40%, paranoia, hallucinations, delusions and developmental delays are the disorders related to illicit drug use.[5]

Background of Study

Marijuana, Hashish, Bhang, Joint, Grass, Doobie, Charas and Ganja are the various synonyms of an exotic weed with an aura of mythical power and mysterious danger. The earliest record of Cannabis use as a drug in Chinese medicine can be traced back to 2737 BC.[6] Cannabis preparation is obtained from the plant Cannabis Sativa.[7]The United Nation's Office on Drugs and Crime (UNODC) World Drug Report 2015 shows the highest prevalence rates among Western Central Africa, North America, and Oceania.[8] The US Centers for Disease Control and Prevention 2011 Youth Risk Behavior Surveillance System (YRBSS) highlights that approximately four in ten high school students have used marijuana in their lifetime, with prevalence highest among males and among black and Hispanic youth.[9] Most Commonly Abused Drugs by High School Seniors (Other than Tobacco and Alcohol) is marijuana.[10] The active constituent of cannabis are various isomers of Tetra-hydro cannabinol (THC). There are more than 60 cannabinoids in Marijuana and a number of them are biologically active.[7] Cannabis cause intense agitation, incoherence, delirium and hallucination in the users. Various studies are conducted worldwide to explore the cannabis use disorder among Adolescents. Cannabis use is often related to psychoses, anxiety, mood disturbance, problems of memory, motivation and coordination. Adolescent marijuana use is associated with increased risks for difficulty at work or school, violent experiences, peer marijuana use, and sibling marijuana problems. There is preliminary evidence of persisting neurocognitive abnormalities among adolescent marijuana users. Deficits in learning and memory, working memory and attention have been observed in heavy users of cannabis. In addition, it appears that adolescents are more vulnerable to the neural impact of heavy marijuana use than adults.[11] Thus the knowledge about the prevention, identification, diagnosis and treatment of harmful use of cannabis and cannabis use disorder is essential with special consideration to adolescents of the society. This will help the adolescents in understanding the cannabis related problems and it can prevent future intake of cannabis by them. All these findings provide a strong background for further studies in Indian scenario where not much have been done to solve the problem of cannabis use. There is a need to conduct a study among Indian urban adolescents to explore the current scenario.

There are the few delimitations identified by the researcher at the beginning of the study. The present study did not include the dropout from school. The rural adolescents were also beyond the limit of this study due to distant geographical location from the researcher. The proposal has been approved by Institutional ethical committee of the Medical college and has been registered in Clinical Trail registry of India (CTRI). Maiman and Becker's Health Belief Model was adopted for the study.[12]

Methods and Materials

This was a true experimental study in which pre-test-post-test only design was adopted. The schools were selected by simple random sampling by lottery method and students were selected by stratified random sampling with proportion method. The samples were selected from both the school and randomly allocated to control and experimental group. The psycho-educative module was prepared by the researcher and validated by expert opinion. Calculated sample size was 95 in each arm, due to high rate of attrition in pilot study, 130 samples were included in each arm. However at the end of the study 96 samples in experimental group and 98 samples in experimental group remained.

Since the standardized tool was not available, tool was prepared by the researcher. The reliability and validity of the tool were tested by test-retest method and expert validation. The tool had two sections, section I included demographic variables of age, gender,

education, type of family, family income, education of parents, substance use in family and significant others, the type of substance used, previous knowledge of cannabis use problem and source of information regarding the substances and section II had questionnaire of 20 items for assessing the knowledge regarding cannabis use disorders among adolescents. Every item consists of four alternatives and only one answer was correct. The score for correct option was '1'. The score for wrong response was zero. There was no negative marking. Thus, the score ranged from 0-20 marks. The time given for pre and post-test was 15 mins and the module were administered by the researcher herself in a time period of 45 minutes. The total duration of data collection was 6 weeks. After obtaining the consent and assent for the study, pre-test was administered for both the control and experimental group. The post-test of control group was conducted after 3 days and on the same day psycho-educative module was administered for both the group to avoid contamination. The post-test for experimental group was conducted after 3 days of intervention.

Results

The analysis of collected data was done with the help of descriptive statistics such as frequency, percentage, mean, standard deviation whereas Wilcoxon sign test, Mann Whitney test, Chi- square test and ANOVA was used for inferential statistics. The majority of the samples belong to 15 to 16 years of age,59(61.6%) in experimental group and 61(62.2%) were in control group. There were 5(5.0%) candidates of 18 to 19 years of age in experimental and 3(3.1%) in control group. As per the gender 49(51.0%) were male and 47(49.0%) were female in experimental group whereas 60(61.2%) were male and 38(38.8%) were female in control group. Majority of the sample were in 9th standard being 37(38.5%) of experimental and 34(34.7%) of control group. The least number of samples were 15(15.7%) in 12th standard in experimental whereas least number of samples were from 11th standard 18(18.4%) in control group. Most of the mothers were educated up to graduation 28(29.1%) in experimental and 30(30.6%) in control group and the least number of mothers were educated till primary3(3.1%) in experimental group and 1(1.0%) mother was illiterate in control group.

Almost equal number of fathers were graduate 26(27.1%) and postgraduatesb28(29.2%) in experimental group and 2(2.1%) fathers were primary educated in experimental group whereas 1(0.8) father was illiterate in control group. 74(77.1%) sample belong to nuclear family, 16(16.7%) belong to joint family and 6(6.2%) were from extended family in experimental group whereas 81(82.7%) sample were from nuclear family, 14(14.2%) were from joint family and 3(3.1%) were from extended family in control group. The majority of sample 46(48.0%) had monthly income between 20,000-49,999 per month in experimental group and 47(48.0%) in control group. 13(13.5%) sample were from low income group of<19,999 per month in experimental group and 13(13.3%) sample of control group. The main findings of the study are in table 1 and figure 1 given below.

Table 1: Comparison of pre and post-test knowledge score in experiment group

n=96

	Pre-test		Post-test			
	Mean	SD	Mean	SD	Z value	p value
Knowledge score	7.21	2.30	12.34	2.905	8.14	<0.0001

Z table value-1.96

Knowledge score 7.21 2.30 12.34 2.905 8.14 <0.0001

Z table value-1.96

The relevant socio-demographic variables which were considered for the association with the pre-test knowledge score were age, gender, education level, type of family, income of family per month and previous knowledge of the cannabis related problems shows the significant association between the level of education of sample and the pre-test knowledge score.

The knowledge was more in 12th standard students may be associated with the level of maturity of the sample. There was also significant association between the type of family and the pre-test knowledge score of the control group. The knowledge is more in extended families may be related to the disturbed family pattern and lack of attention and more inclination towards the substance use.

Discussion

The present study focused on the effectiveness of psycho-educative module on knowledge of cannabis use disorders among adolescents of 15 to 18 years of age group. The effectiveness of the module was assessed by increase in the post-test scores after the intervention. The association of relevant socio- demographic data were also seen with the pre-test knowledge score. The sample belonging to 15 to 16 years of age were 59(61.6%) in experimental group and 61(62.2%) in control group. 49(51.0%) were male and 47(49.0%) were female in experimental group whereas 60(61.2%) were male and 38(38.8%) were female in control group. The number of males were more in comparison with the number of females in experimental and control group.

The present findings were consistent with Reddy B K, Biswal A and Rao H (2011) studied substance abuse in Bengaluru where 54.2% were male and 48.8% were female sample[13] and also consistent with the study of Din Prakash Ranjan et al. (2010) where more males (71%) fall in 15 to 34 years of age while only 50% females fall under 15 to 34 years of age.[14] Among the sample, 11 (11.4%) admits that their family members, or relatives were involved in substance use in experimental and 28 (28.6%) of control group, out of them the most commonly 05(45.4%) parents were involved with the substance use in experimental group and 16(57.2%) in control group. among the substance users the most common substance was alcohol 7(63.6%) in experimental group and in control group equal numbers were using tobacco and alcohol being 12 (42.9%). Among the sample 31(32.3%) of experimental group and 35(35.7%) of control group had some previous knowledge about cannabis, The most common source of information was the internet sites being 7 (22.7%) in experimental group whereas the television 10(28.6%) was the main source of information in of control group sample.

The findings were similar to Goswami Y P et al (2015) study where 34% got their information from electronic media, whereas television (28.6%) were the main source of information in the control group of present study. The effectiveness of psycho-educative module was assessed by comparing the mean value of pre-test (7.14±2.306) and post-test (12.34±2.905) mean knowledge score in the experimental group was found to be significant at <0.0001 level of significance. Snehalatha R et al (2017) also revealed that the psycho-educative module was effective as there was an increase in mean knowledge score in the post-test (24.08±2.499) as compared to pre-test score of 15.40±2.499.

Similar findings were there in Dinesh Kumar et al (2016) study regarding substance abuse among high school students show that there was an increase in post-test knowledge score from pre-test knowledge score (10.53±1.32 to 24.23±1.8). The percentage increase in knowledge level was from 35.1% to 80.8%.

Conclusion

The study concludes that there was a significant increase in post-test knowledge score among the sample of experimental group after the psycho-educative module at <0.0001 level of significance as compared to the control group.There was significance association of pre-test knowledge score and education level and type of family in control group however there was no significant association with age, gender, family income, substance use by family members and others and the previous knowledge of cannabis use disorder.

The problem of cannabis use is one of the emerging substance use problem needs to pay attention. The profession of nursing has a wide role in preventive and educative aspect of health. The present study has various implication in the nursing. The present study will add on

to the body of knowledge of cannabis related research. It will ignite the young mind of nursing students to take up further research in the field. The data will enrich the evidence in favor of addressing cannabis related issues while planning for further studies.

On the basis of the present study, the researcher suggests and recommends that the present study had one session of intervention and its effectiveness was seen, for better assessment a time series assessment of knowledge is recommended. The study would have been more generalizable if it is conducted covering all the schools as per district with including rural adolescents also. In spite of following all the principle of research, there were few limitations of the study. The study could cover only the limited portion of adolescent population due to various constrains. The knowledge was assessed by a non-standardized structured tool of 20 questionnaire in absence of a standardized tool for knowledge assessment, though the validity and reliability of the tool was done, a standard questionnaire could had been a better tool.

Conflicts of Interest-Nil

Source of Funding-Self

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Original Research Article

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A Study to Assess the Effect of Planned Teaching on Knowledge and Attitude Regarding Domestic Violence Against Women among Railway Employees Working in Central Railway, Mumbai, Maharashtra-India

Mudita R. Sharma

Assistant Nursing Superintendent, All India Institute of Medical Sciences, Bhopal, Madhya Pradesh-India

Abstract

Background: Domestic violence is a global issue reaching across national boundaries as well as socio-economic, cultural, racial and class distinctions. It is wide spread, deeply ingrained and has serious impacts on women's health and well-being. However, some national violence studies show that up to 70 per cent of women have experienced physical and/or sexual violence in their lifetime from an intimate partner. As is a public health priority, public health personnel can play a vital role in addressing this issue. Thus, investigator designed this study to assess the effect of planned teaching on knowledge and attitude regarding domestic violence against women.

Methods: A Descriptive approached- Pre-Experimental one group pretest- posttest design study was conducted among 100 employees working in central railway using non-probability purposive sampling technique. A structured knowledge questionnaire and a 5-point Likert scale for attitude and a Teaching plan was used to assess the knowledge and attitude among women.

Results: Study revealed that the majority (59 %) of the women had good knowledge regarding domestic violence before planned teaching, 98 percent had very good knowledge during posttest. Majority (81%) of the sample had positive attitude regarding domestic violence before planned teaching, where as 98 percent of the participants showed highly positive attitude after planned teaching. There was poor co-relation between knowledge and attitude of the central railway employees regarding domestic violence against women.

Conclusions: Domestic violence is growing issue worldwide and it is significantly associated with knowledge and attitude towards domestic violence against women. Timely effective measures like planned teaching on the knowledge and attitude regarding domestic violence against women are needed to prevent the spread of this problem as it has revealed in study that both the knowledge and attitude scores were higher after planned teaching indicating the effectiveness of planned teaching.

Keywords: *Planned Teaching Programme, Knowledge, Attitude, Domestic Violence and Railway Employee.*

Introduction

Domestic violence is a global issue reaching across national boundaries as well as socio-economic, cultural, racial and class distinctions. This problem is not only widely dispersed geographically, but its incidence is also extensive, making it a typical and accepted behaviour. Domestic violence is wide spread, deeply ingrained and has serious impacts on women's health and well-being. [1] Domestic violence is a deadly crime, a social menace, and a costly public health problem. Most of the victims are women. Domestic violence can take the form of threats, verbal abuse, battering, rape and murder. It is an escalating pattern of coercive behavior that includes physical, sexual, and psychological assaults against current or former intimate partner [2].''The term 'domestic violence' can be any violence between current or former partners in an intimate relationship, wherever and whenever the violence happens. The violence may

include physical, sexual, emotional or financial abuse". A domestic violence incident against women occurs every 6-20 seconds.[3] Domestic violence is perpetrated by, and on, both men and women. However, most commonly, the victims are women, especially in India. Even in the United States, it has been reported that 85% of all violent crime experienced by women are cases of intimate partner violence, compared to 3% of violent crimes experienced by men.[4] Thus; domestic violence in Indian context mostly refers to domestic violence against women.

Domestic violence against women is an age-old phenomenon. Women were always considered weak, vulnerable and in a position to be exploited. The World Health Organization reports that the proportion of women who had ever experienced physical or sexual violence or both by an intimate partner ranged from 15% to 71%, with the majority between 29% and 62%.

India's National Family Health Survey-III, carried out in 29 states during 2005-06, has found that a substantial proportion of married women have been physically or sexually abused by their husbands at some time in their lives. The survey indicated that, nationwide, 37.2% of women "experienced violence" after marriage. Bihar was found to be the most violent, with the abuse rate against married women being as high as 59%. Strangely, 63% of these incidents were reported from urban families rather than the state's most backward villages. It was followed by Madhya Pradesh (45.8%), Rajasthan (46.3%), Manipur (43.9%), Uttar Pradesh (42.4%), Tamil Nadu (41.9%) and West Bengal (40.3%).[5]

According to a 2013 global review of available data, 35 per cent of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence. However, some national violence studies show that up to 70 per cent of women have experienced physical and/or sexual violence in their lifetime from an intimate partner.[6]

Physicians and nurses are often the first to see the results of domestic violence. But their response has been to treat the bloody wounds without recognizing and responding to the underlying causes. That is beginning to change as more hospitals develop protocols and professional schools develop curriculum to train students to recognize and respond to domestic violence such recommendations are given from research done by Shah Sandeep H , Kajal Rajani, Kataria Lakhan, Trivedi Ashish who studied on Perception and prevalence of domestic violence in the study population in year 2012 they suggested that efforts should be made to raise public consciousness and reporting of domestic violence and its attendant consequences.[7]

According to the American Medical Association, the problem is not confined to the emergency departments. "Physicians in all practice settings routinely see the consequences of violence and abuse, but often fail to acknowledge their violent etiologies," reported a 1994 AMA publication on domestic violence. "By recognizing and treating the effects of domestic violence, and by providing referrals for shelter, counselling and advocacy, physicians can help battered women regain control of their lives."[8]

Since childhood investigator experienced that the women are facing domestic violence in the community. Even while working as a nursing staff many times female class -4 workers reveals history of domestic violence at home either by husband or other family members. These phenomena also motivated investigator to create awareness about domestic violence and women's rights by providing them knowledge regarding the same.

Methods and Materials

A Descriptive approached- Pre-Experimental one group pretest -posttest design study was carried out among employees working in central railway in Mumbai, Maharashtra-India. Sample size of the study was 100 and non-probability purposive sampling technique was used to collect data from participants. Inclusion criteria for study were (i) Central railway employees from the age group of 18 – 60 years of age, (ii) Those employees who are willing to participate in the study and (iii) Permanent Railway employees who belong to class 3 and class 4 category. Employees those who have long absenteeism record and joined recently, not completed their probation period in Central Railways and employees those who are deaf and dumb as planned teaching cannot be delivered to them were excluded from the study.

Data Collection and Measures: For collection of the data from the subjects tool consisting of (i) Socio

demographic variables, (ii) A structured knowledge questionnaire containing 29 item and (iii) 5 point Likert scale for attitude containing 20 items were administered after verifying the reliability of the structured questionnaire and attitude scale by using internal consistency index with a value of 0.7 for the questionnaire and 0.715 for the attitude scale and data were collected from self-reported technique. Further, tool was translated in to Hindi by Hindi expert. The tool in Hindi was translated back to English, Thus the content validity of the Hindi tool was achieved.

Teaching plan was administered to participants was validated by 15 experts, teaching package was translated in both language Hindi and English by experts. The teaching plan in Hindi was translated back to English, Thus the content validity of the Hindi teaching plan was done.

Total time given to respondents for pretest was about 30-40 minutes. After the pretest immediately planned teaching was administered by PowerPoint presentation. The post test was taken on 5 Aug 2015 after 7 days of pretest. Before collection of data, permission from the committee of academic research and ethics from college and permission from railway department was obtained.

Results

It was evident that 10 percent of the samples were in the age group of 18-28years, 18 percent samples were in the age group of 29-38 years and majority (72%) of the sample belonged to the age group of 39 years and above. With regard to the gender 50 percent of samples were male & 50 percent of the samples were female. Regarding education-35 percent samples completed their graduation & only three percent of the samples had completed their post-graduation.

(i) Knowledge Distribution of the Samples Regarding Domestic Violence against Women

Among 100 participants, knowledge was assessed on Concept/ meaning, causes, Types, Impact and Laws & prevention regarding Domestic Violence against Women.

Table No. I depict that majority (59 %) of the samples had good knowledge regarding domestic violence before planned teaching.

TABLE: I - Overall knowledge scores as per the arbitrary Grading

Particular	Pre-test		Post test	
	Freq.	%	Freq.	%
0-25 (Poor)	1	1	0	0
26-50 (Average)	37	37	0	0
51-75 (Good)	59	59	2	2
76 & Above (Very Good)	3	3	98	98

It is evident from the above table that majority (59%) of the sample had good knowledge regarding domestic violence before planned teaching. The knowledge gain during post-test was 98 percent i.e. very good. The gain in knowledge can be attributed to the effect of planned teaching.

(ii) Attitude Distribution of the Samples Regarding Domestic Violence against Women

Majority (81%) of the sample had positive attitude regarding domestic violence before planned teaching. Whereas 98 percent of the sample showed highly positive attitude after planned teaching.

TABLE: II- Overall attitude score in term of mean & mean percentage

ATTITUDE	Pre-test		Post test	
	Mean	Mean %	Mean	Mean %
	70.46	70.46	95.08	95.08

The Mean score of attitudes before planned teaching was 70.46 which was increased to 95.8 during posttest. The improvement in the attitude score during posttest can be attributed to the effect of planned teaching.

The relationship between post-test knowledge and attitude scores of samples

There was poor co-relation between knowledge and attitude of the samples.

The relation between post-test knowledge scores and demographic variable of the samples

There was no difference in posttest knowledge scores of the samples with regard selected demographic variables such as type of family, gender, designation, age and education.

The Relation between Post Test Attitude Scores and Demographic variable of the Samples

There was no difference in posttest knowledge scores of the samples with regard selected demographic variables such as type of family, gender, designation, age and education. The type of family, gender, designation, age and education doesn't influence the post test scores of the sample.

Discussion

The researcher has revealed that the knowledge of the respondents increased statistically. The central railway employees showed interest and satisfied were after planned teaching which was reflected in the form of highly positive attitude scores after posttest. The significant differences in women's empowerment and DV experience by region and population within India underscore the need to culturally and regionally tailor the screening and support services provided at such Centre's.[9] As compared to present study with the study conducted by Najwa I. Abu Taleba, Tareq A. Dashtib et (2011) [10] the knowledge and perception of primary care physicians and nurses about domestic violence without any intervention among participants .The response rate was 62.8 percent for physicians and 61.1 percent for nurses and study revealed that the overall knowledge score was higher in physicians than nurses. The finding of this study supports present study as in present study the mean per cent of knowledge was 52.6 percent during pretest, however the mean per cent increased to 92 percent during posttest. Regarding Attitude of the respondents the mean per cent of attitude was 70.46 percent during pretest, and the mean percent increased to 95.08 during posttest. In present study knowledge and attitude did not show any co-relation. There was significant gain in knowledge and attitude after planned teaching, both gains stood independently and does not influenced each other. The knowledge and attitude did not show any relationship with the demographic variables of the study Thus investigator achieved all the objectives of the study. As the studies are lacking in this field, more researches with the large sample can be undertaken so that different version of knowledge and attitude can be developed.

Limitation-

The information obtained by using the self-reporting technique is personal in nature and therefore subjectivity and alteration of data by respondents cannot be ruled out. Due to time limitation for only twice investigator got opportunity to contact with subjects.

Conclusion

The study done by the investigator was to provide the teaching on domestic violence against women and to see the effect of planned teaching on the knowledge and attitude on domestic violence against women. Most

of the employees were unaware about the various aspect of domestic violence which was seen during pretest and improved in the same during posttest. Thus, investigator had achieved her aim of proposed study.

Implication-

Nurses play a key role in providing care to the victims of domestic violence. This study updates nurses with the current knowledge of domestic violence and also helps in the changing of attitude towards domestic violence against women of the community and since nursing studies in this area are few, the tool and techniques of this study can be used as future reference materials. The present research study can add up to the new body of knowledge. Further research can be conducted based on the finding of the study. And the result of the study clarifies that the community people had lack of knowledge in this field and unaware about the facts so this study provided updated knowledge. As a mental health nurse such teaching helps in improving attitude and resolving conflicts within individual and definitely keeps the person in mental harmony.

Ethical Clearance- Taken from the committee of academic research and ethics from college and permission from railway department obtained.

Source of Funding - Self Funded.

Conflict of Interest – Nil.

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Investigating of the Relationship among Identity Styles and Attachment Styles in Online Addictions

Neda Ghasemi[1], Mitra Goodarzi[2]

[1]Department of Psychology, Master of Psychology and PhD Student of Psychology, University of Lorestan, Khorramabad, Iran, [2]Department of Nursing, Master of Science of nursing and PhD Student of Psychology, University of Lorestan, Khorramabad, and Faculty Member of Islamic Azad University Borujerd Branch, Borujerd, Iran

Abstract

Objective: The purpose of this study was to study the predictive role of attachment styles and identity styles in technological addictions between students of Islamic Azad University, Borujerd Branch, Iran.

Methods: The present study is a cross-sectional and descriptive-correlational study conducted by survey method. 200 students were selected by random sampling were studied.

Results: among the three Internet addicts surveyed, mobile virtual internet networks had the highest average and standard deviation (23.25 ± 62.31). Findings also show that among the identity styles and attachment styles, the informational style (7.42 ± 7.38) and the avoidance style (0.66 ± 1.22) have a mean and standard deviation higher than the other style They were.

Conclusions: The results confirmed the predictive role of attachment and identity styles in Internet addiction.

Key Word: *Technological addiction, identity styles, attachment styles*

Introduction

From the beginning of the 21st century and the third millennium, connections, Technology and the Internet have been an integral part of human life[1] and the development of digital technologies and the compression of time and space are features of this era[2].

Over the past two decades, Internet addiction is considered to be a term that covers a wide range of online problematic activities for individuals (including online gambling, online gambling, online sexual activity, social networking, etc.)[3]. Although modern online technologies have a positive impacts on different aspects of life Like its roundabout availability, Easy and quick search of subjects, Speedy and anonymity, But, as numerous studies have shown, overuse of these technologies can be problematic, and today there are growing concerns about the effects of this technology on various aspects of human life, including the Change in lifestyle, the existence of suicidal thoughts, hyperactivity, social phobia, aggression, violence and anti-social behaviors, lack of attention to their health, social isolation and educational problems[4], and therefore researchers are interested in examining factors Individual and / or social enhancement of Internet addiction.[5]

The American Psychiatric Association regards internet addiction as a pattern of Internet usage that causes functional disorders and is associated with unpleasant internal states over a two-month period and offers seven criteria (at least three in two months) for its diagnosis: Tolerance; withdrawal symptoms; the use of the Internet is longer than the one initially intended; Continuous tendency to control behavior; significant time spent on the Internet; reduction of social, occupational and recreational activities due to the use of the Internet and continued use of it, given the awareness of its negative effects[6].

Corresponding Author:
Mitra Goudarzi.
E-mail address: goudarzimt@yahoo.com.
Phone numbers: 00989166628230.

Due to the increasing use of the Internet, the addiction statistics are on an upward trend and among young people it is more than any other age group. The results of studies in Iran indicate that the prevalence of Internet addiction among Iranian students ranged from 5.7 to 67.1%[1].

Computer games have gained so much development over the past several decades, which has become a major commercial, artistic, and cultural Fields. Despite the benefits of computer games, like all other phenomena in human civilization, this technology can be dangerous and even deadly due to improper, inaccurate, and excessive use, and it has a great deal of psychological, educational, physical, and social damages in a way that Many researchers consider the effects of physical, psychological, and social injuries on these games to be far greater than their benefits. Internet gaming disorder (IGD) has recently been included in the Section III ("Emerging measures and models") of the latest (fifth) edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association [APA] 2013)[7].

Empirical studies indicate the interactions of individual components with personality and demographic characteristics; Among these factors, identity features can play a role as a protective or risk factor[8]. People vary in how to evaluate, use, and modify their identity. In Berzonsky's style identity models, there are three distinct identity styles, which are: informational; normative and avoidant confusion styles[9]. Findings of the research show that normative and avoidant confusion styles accordingly, they have protective and adaptive effects in relation to Internet addiction and social networks While the informational style has ambiguous effects, it can have both roles[10,11,7].

Another important factor in predicting Internet addiction is attachment styles, studies show that anxious and avoidant insecure attachment styles can be prone to online addiction. Learned attachment style can affect the behavior of individuals in adulthood[12]. This pattern can be safe, insecure, ambivalent and avoidant. In this context, some researchers have widely considered the relationship between online addiction and attachment style[9,10].

With regard to the abundance and complications of it in different fields in Iran, also, the importance of having enough knowledge about its predisposing factors to prevent and reduce this dependence, research in this regard is a necessity in our present society; Therefore, the present study was conducted to study the relationship between identity styles and attachment styles with online addiction, internet games and use of virtual social networks among students of Islamic Azad University, Boroujerd Branch. The research hypotheses are:

- Attachment styles predict the online Internet addictions.

- Identity styles predict the online Internet addictions.

Research Methodology

The present study is a cross-sectional and descriptive-correlational study conducted by survey method. The statistical population of the study was all students of Borujerd Islamic Azad University in the academic year of 2017- 2018. The sampling method was multi-stage cluster sampling and 200 people were willing to participate in the study. After the sampling, incomplete questionnaires were excluded from the study. Finally, 191 questionnaires were collected. The data were analyzed using SPSS software version 22 and descriptive and inferential statistics indexes including:

Mean, standard deviation, independent t-test, to examine the effects of age and sex variables on dependent variables (Internet addiction, social networks and Internet games), Pearson correlation coefficient to examine the communication pattern between variables, bivariate correlation coefficient to investigate the relationship between gender and dependent variables and multivariate hierarchical regression for prediction Beams depends on the independent variables were used. In the first stage, age and gender variables were considered as independent variables. In the second stage, three identity styles were added and in the third stage, three attachment styles were enveloped.

The criteria for entering the study were:

A) complete satisfaction of the student to enter the study and complete the questionnaire

B) Student being educated at Borujerd Islamic Azad University in different educational levels

C) lack of clear mental illness

The study method was conducted in accordance with the Helsinki Declaration and the licenses for the study were obtained by the university respective assistants. In order to do sampling, firstly, the students were given explanations regarding the research goals, their rights and responsibilities, with emphasis on the confidentiality of information and how to complete the questionnaires. After obtaining oral satisfaction, tools used in the research were presented to them:

1. Yang Internet addiction inventory

2. The Berzonsky Identity Style Questionnaire

3. Hazan and Shaver style attachment style questionnaire

4. Mobile Social Networking Questionnaire, designed by Polladi et al. (1395)[13].

5. Questionnaire for short form of Internet Game Disorder Question 9 (IGDS-SF9)[14]

Findings

Table (1). Mean and standard deviations of study variables (technological addiction scores, identity styles, and attachment styles)

Total sample (*N* =191)	**Mean (SD)**
Technological addictions	
IAT	49.49 ± 18.83
IGD9-SF	14.64 ± 7.32
SNA	62.40 ± 23.25
Identity styles	
Informational	38.35 ± 7.42
Normative	30.62 ± 7.15
Diffuse / avoidant	29.83 ± 7.30
Attachment styles	
secure	1.67 ± 0.75
Avoidance	2.12 ± 0.66
Ambivalent	1.62 ± 0.88
Age	24.60 ± 6.34

Table 1 shows the mean and standard deviation of the research variables. According to the findings of Table (1), the mean age of subjects was 24/60 with a standard deviation of 6/34.

Table (2). Comparison of three types of technological addiction in male and female students

Variables	mean	value of t	F	average difference	meaningful
IAT	m: 49.25 f: 49.73	- 0.177	1.17	-0.48	0.86
IGD9-SF	m: 16.73 f: 12.49	4.198	61.77	4.23	0.00
SNA	m: 60.02 f: 64.84	-1.436	0.002	-4.82	0.15

Table (3). Pearson correlation coefficient between various variables and technological addictions

	IAT	IGD9-SF	SNA
Sociodemographic			
Age	0.09	0.085	0.008
Technological addictions			
IAT	-	0.328**	0.747**
IGD9-SF	0.328**	-	0.224**
SNA	0.747**	0.224**	-
Identity styles			
Informational	-0.315**	-0.54	-0.140
Normative	-0.517**	-0.149*	-0.313**
Diffuse / avoidant	0.179*	0.315**	0.260**
Attachment styles			
secure	-0.290**	-0.323**	-0. 250**
Avoidance	0.528**	0.258**	0.437**
Ambivalent	0.300**	0.169*	0.195**

Table (4). Regression coefficients between addiction scores (internet use, internet gaming and social networking), identity styles and attachment styles

	IAT	IGD9-SF	SNA
	R R2 B SE β Sig	R R2 B SE β Sig	R R2 B SE β Sig
Identity styles			
Informational	0.73 0.53 0.48 0.19 0.19 0.012		
Normative	0.62 0.39 -1.41 0.19 -0.53 0.000	0.58 0.34 0.77 0.28 0.24 0.006	0.56 0.31 -1.24 0.28 -0.38 0.000
Diffuse/ avoidant	0.72 0.52 0.43 1.46 0.16 0.003	0.46 0.21 0.24 0.007 0.21 0.001	0.52 0.27 0.67 0.21 0.20 0.002
Attachment styles			
secure	0.67 0.46 -4.75 0.1.31 -0.18 0.00	0.32 0.10 -3.07 0.65 -0.25 0.000	0.49 0.24 -5.30 1.91 -0.17 0.006
Avoidance	0.7 0.49 5.34 1.46 0.18 0.000		
Ambivalent	0.52 0.27 7.39 1.23 0.34 0.000	0.4 0.16 2.06 0.54 0.22 0.001	0.43 0.19 9.74 1.78 0.36 0.000

Independent t-test was used to compare the mean of technological addiction in both male and female students. As the results of Table 2 show, there is no significant difference between the girls and boys in terms of the score of using the Internet and social networks. In the game component, there was a significant difference between the two groups ($p < 0.05$)

Table (3) represents the relationship between different variables with types of online addictions. The findings indicated a positive relationship between the three types of addiction. Among the identity styles, informational style with Internet addiction and normative style had a negative relationship with all three types of addiction and the confused / avoidant style had a positive relationship with all three types of addiction. Also, among attachment styles, safe style with all three types of addiction has a negative relationship with anxious / social and ambivalent styles of the positive relationship with the types of addictions studied.

Conclusion

The purpose of this study was to examine the relationship between demographic characteristics, identity styles and attachment styles, with technological addictions (online addiction, online games, and the use of virtual social networks). In general, in our study, sex of students affected on internet addictions. but age did not have an effect, which could be due to the presence of all subjects in their young age and their dispersion. The findings show that there is a positive correlation between addiction to the Internet, addiction to internet games and social media addiction, and this correlation between the Internet addiction and the stronger social networks, which is consistent with the results of Monacis et al. (2017) and empirically confirms that Internet addiction includes a wide range of online activities, such as communicating through social networking sites and Internet games[7].

Concerning the correlation between identity styles and Internet addiction, the results indicate that these styles play an important role in predicting these addictions, which are consistent with the findings of previous research[3,7,11,15]. In the present study, among the identified identity styles, the informational style is only with addiction There is a negative correlation between the Internet and the normative style with all three types of addiction, while the diffuse style has positive and low correlations with the Internet addicts. normative style has a more significant reverse relationship with Internet addiction compared to other identity styles, while the information identity style was expected to have the most negative correlation with Internet addiction. According to the results of numerous researches, the informational identity style should have the most protective effect on the use of online addictions, but in some studies, we see an unexpected positive relationship between this style and online addictions, such as Monacis et al.'s research[7].

One of the influential factors in Internet addiction is attachment styles. Research indicates that there is an insecure attachment style in people with the internet addiction[9,16]. In this study, among attachment styles, secure style with three types of online addiction, negative and low relationship, and anxious and ambivalent / avoidant insecure styles have a positive and low correlation with Internet addictions, that of course this relationship between anxious insecure style and the Internet and social networks addictions are more than other attachment styles, which can be due to the feeling of insecurity, anxiety and distrust that these people have towards themselves and others. and because of them failure in communicating with others, they are isolated more and more and they are more interested in Internet activities. In general, the results of this research section are in line with the findings of previous research and support the existence of a causal relationship between these structures. In particular, the role of predictor and negative correlation of secure attachment with three types of Internet addiction[16,22]. The current study has some limitations that are: Low sample size in order to increase the generalizability of the features, it is suggested that the number of higher samples should be investigated in future studies. Using self-reporting questionnaires and considering their number of questions, they can be applied to their response and their accuracy, and therefore, it has negative effects on the ability to generalize the findings. for this reason, it is recommended that more effective methods of collecting information, such as face-to-face interviews, are recommended. Longitudinal plans can also be used to evaluate the causal relationships between the variables in question.

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Source of Funding- Self

Ethical Clearance

i) The study subjects provided a verbal consent. ii)The right was kept for respondents to refuse study participation in all of the research time, iii) Subject's identification was not revealed, iv) The data were kept strictly confidential, v) Acknowledgment of each participants and all of dears who helped us in this study.

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Factors Contributing to Emotional Distress among Postpartum Mothers with Newborns at Newborn Unit Kenyatta National Hospital, Kenya

Omulo O. Wycliffe; BScN[1], Cheptum Jebet Joyce[2]; Mageto G. Irene Mageto[3]

[1]BSc Nursing Student at The Stime of The Study, [2]Lecturer, Midwifery and Obsteric Nursing, [3]Lecturer, Mental Health and Psychiatric Nursing, School of Nursing Sciences, University of Nairobi, P.O Box 19676-00202, Kenyatta National Hospital Nairobi, Kenya

Abstract

Background: The expectation of a woman during pregnancy is to have a healthy live bay with no complications. Admission of a newborn baby to the newborn unit is distressing to the parents, more so in cases where there is little or no support from the health care team and other players.

Objective: To establish factors contributing to emotional distress among postpartum mothers with newborns at newborn unit Kenyatta National Hospital, Kenya.

Methods: This was a descriptive cross-sectional study employing a quantitative method by use of an interviewer-administered questionnaire. The study was conducted among 59 postpartum mothers with newborns at the Newborn Unit Kenyatta National Hospital. Simple random sampling technique was employed and data collected using a pretested semi-structured questionnaire. Data was analyzed using Statistical Package for The Social SPSS version 25 software. Qualitative data was coded, categorized into themes and thematic analysis done.

Results: The factors contributing to maternal emotional distress were low levels of education primary 14(23.7%) and secondary 23(39.0%) and unemployment 27(45.8%). In addition, lengthy NBU stays 34(57.6%), ineffective communication patterns 18(30.5%) and null communication 9(15.3%) between mothers and the healthcare givers contributed to emotional distress.

Conclusion: There are sociodemographic, socioeconomic, and hospital factors contributing to maternal emotional distress.

Key words: *Emotional distress, postpartum mothers, newborn unit, factors, baby.*

Introduction

Postpartum period is the duration immediately after birth of a child and the expulsion of placenta extending to about 6 weeks [1]. During this period, the maternal body undergoes a lot of physiological changes to return into the non-pregnant state. Mothers face a lot of challenges during the postpartum period [2]. These include need for social support, issues with breast feeding (especially first-time mothers) and need for help with postpartum emotional distress among others. Globally, emotional distress during the postpartum period will impact negatively on both the maternal and the newborn health and well-being [3]. Emotional distress is the second most common cause of maternal deaths in United States of America (USA) with about 20% of the affected population committing suicide each year [4]. Maternal emotional distress negatively impacted on the mother-

Corresponding Author:
Joyce Jebet
Email: jjcheptum@gmail.com
School of Nursing Sciences, University of Nairobi,
P.O Box 19676-00202, Kenyatta National Hospital
Nairobi, Kenya, Tel: +254721475165

child bonding leading to impaired neurodevelopment among the children in China [5]. It was reported that emotionally distressed postpartum mothers have higher chances of early breastfeeding termination. 40% of children in such cases were ending up underweight and stunted in growth. Apart from increasing mortality rate with emotional distress, mothers also showed less affectionate manners towards their newborns in USA [6]. In Kenya, the prevalence of infanticides among emotionally distressed mothers as at 19% and 1 out of 10 emotionally distressed mothers is likely to commit suicide [7,8]

Newborn unit (NBU) admissions have been associated with elevated emotional distress among the postpartum mothers [6]. It is believed that the NBU environment, the prolonged duration of hospital stays due to newborn admission among other factors contribute to heightened emotional distress among the mothers.

Sociodemographic and socioeconomic factors have been found to contribute to emotional distress among postpartum mothers [9]. These include being household heads, low level of education and financial constraints [10]. Hispanic women living in the rural areas of Southern California were more likely to develop emotional distress during the postpartum period due to low level of education, unemployment, caesarean mode of delivery and being a primipara [11]. Mothers who experienced suicidal thoughts during pregnancy, those who were exposed to domestic violence, those who had unplanned pregnancies and a history of a previous psychiatric illness were at a higher risk of developing emotional distress [12].

A few studies have been conducted to establish the factors which may lead to the heightened emotional distress among the NBU mothers. These are different from the causes of newborn admissions themselves. World Health Organization reports poverty, low social support, exposure to violence and extreme stress among other factors as the causes of emotional distress among such mothers [13]. Several hospital factors have been found to contribute to emotional distress among postpartum mothers with babies at the NBU with regards to the complexity of such environments [14]. Concerns that the health care team may misunderstand the newborn's needs and mothers feeling of lack of information on the diagnosis or treatment of their newborns contributed to maternal distress [15]. In a systemic review of parental needs for mothers with NICU newborns in US, there was lack of communication of information, maternal involvement in the newborn's care and lack of positive perception by and interaction with the NICU staff [16]. In a descriptive study in Turkey (state hospital Canakkale city), information communication, empathic emotional support and mothers' involvement in the treatment and diagnosis of their newborns lacked among the health care team [17].

Lack of communication from health care staff was yet still a stressor in the NBU among the mothers of Midwestern [6]. Mothers felt alienated from care of their newborns. Poor bedside manner of the medical staff was also of major concern. Half of the mothers were being informed of the newborn's disease in inappropriate situations and most of them complained of negative attitude among health care professionals [18]. The unfavorable hospital conditions, not being able to see their newborns whenever they wished and not being able to get enough information regarding their newborns were also of major concerns.

With regard to Kenya's Sustainable Development Goal (SDG) 3 of ensuring healthy lives and promoting well-being for all at all ages, maternal and hence neonatal health and well-being is vital and relying on the country's efforts in the delivery of health care services to her citizens. Kenyatta National Hospital (KNH) therefore being the largest referral health facility receiving both direct admissions and referred cases from all across the country, it was very important to identify those postpartum mothers at potential risk for emotional distress and appropriate interventions implemented. In ensuring the same, the findings from this study may help establish those factors contributing to emotional distress and help put up the strategies to reduce such incidences.

Materials and Methods

This was a descriptive cross-sectional study employing a quantitative method to establish factors contributing to emotional distress among postpartum mothers with babies at the newborn unit at Kenyatta National Hospital. A sample size of 59 mothers who met the inclusion criteria were randomly selected to participate in the study. Data was collected using an

interviewer administered questionnaire. Data was cleaned, coded and entered in SPSS version 25 and analyzed. Descriptive statistics was reported and data was presented by use of figures and tables. Ethical approval was sought from Kenyatta National Hospital – University of Nairobi (KHN-UON) Ethics and Research Committee and permission at the Kenyatta hospital granted by the head of department obstetrics and gynecology

Results

On sociodemographic factors, majority of the respondents 17(28.8%) were aged between 18-23 years old. The mothers who were married were 32(54.2%). According to the findings, secondary 23(39.0%) and primary 14(23.7%) respectively were the levels of education attained by most mothers. The mothers residing far and very far from the hospital were 34(57.6%) and 17(28.8%) respectively. Those who had fairly good experience (uneventful) during pregnancy were 34(57.6%) while those with challenging and extremely stressful experiences were 17(28.8%) and 8(13.6%) respectively. The primiparous mothers were 23(39%) while 36(61%) were multiparous. Those who delivered through caesarian section and spontaneous vertex delivery were 25(42.4%) and 34(57.6%) respectively.

On socioeconomic factors, majority 27(45.8%) of the mothers were unemployed. Most mothers 34(57.6%) had income levels below 10,000 shillings. A larger percentage 39(66.1%) of the mothers reported to be the sole breadwinners in their families. On the other hand, mothers reported their past medical history and majority 37(45.1%) of the mothers had not previously suffered from any psychiatric illnesses.

On hospital factors, 34(57.6%) of the mothers had babies admitted to NBU for durations between 4-6 days while those above 6 days were at 25(42.4 %). According to the findings, majority of the mothers 33(55.9%) and 20(33.9%) found the explanations regarding the baby diagnoses as helpful and confusing respectively. Most mothers 31(52.5%) and 17(28.8%) were worried and confused respectively upon first incubator sight of the baby. For 15(25.4%) of the mothers, the NBU policies were hindering while 20(33.9%) found them as stressful with only 24(40.7%) reporting the policies as protective. Majority of the mothers 28(47.5%) and 15(25.4%) received updates on baby's progress upon inquiry and weekly respectively. The findings showed 18(30.5%) and 9(15.3%) of the mothers reporting the mothers-caregivers' communications as ineffective and null respectively. Mothers who found the hospitals counseling services as insufficient were 29(49.2%), 22(37.3%) as beneficial while 8(13.6%) did not receive any form of counselling. All the findings are as shown in the table 1 below.

Tables : Table 1 Sociodemographic factors contributing to emotional distress among the respondents

Characteristics	Frequency (n=59)	Percentage (%)
SOCIODEMOGRAPHIC FACTORS		
Age		
18-23	17	28.8
24-29	15	25.4
30-35	16	27.2
36-41	11	18.6
Education		
Primary	14	23.7
Secondary	23	39.0
College	13	22.0
University	5	8.5
Others	4	6.8

Cont... **Tables : Table 1 Sociodemographic factors contributing to emotional distress among the respondents**

Marital status		
Married	35	54.2
Separated	6	10.2
Single	21	35.6
Residence		
Far	34	57.6
Very far	17	28.8
Near	8	13.6
Pregnancy experience (uneventful)		
Good	34	57.6
Challenging	17	28.8
Extremely stressful	8	13.6
Parity		
Primiparous	23	39.0
Multiparous	36	61.0
Mode of delivery		
Caesarian section	25	42.4
Spontaneous vertex delivery	34	57.6
SOCIOECONOMIC		
Employment status		
Employed	11	18.6
Self-employed	21	35.6
Unemployed	27	45.8
Average monthly earnings		
<10,000	34	57.6
10,000-50,000	24	40.7
>50,000	1	1.7

Table 2 Hospital factors contributing to emotional distress among the respondents

Characteristics	Frequency (n=59)	Percentage (%)
HOSPITAL FACTORS		
Admission duration		
4-6 days	34	57.6
>6 days	25	42.4
Diagnoses explanations		
Helpful	33	55.9

Cont... **Table 2 Hospital factors contributing to emotional distress among the respondents**

Confusing	20	33.9
null	5	8.5
Reaction to first incubator sight		
Worried	31	52.5
Confused	17	28.8
Hopeful	11	18.6
NBU policies		
Hindering	15	25.4
Stressful	20	33.9
Protective	24	40.7
Progress updates		
Daily	9	15.3
Weekly	15	25.4
Upon inquiry	6	10.2
No updates	28	47.5
others	1	1.7
Mother-caregiver communication patterns		
Effective	28	47.5
Ineffective	18	30.5
Null	9	15.3
Others	4	6.8
Hospital counselling services		
Insufficient	29	49.2
Beneficial	22	37.3
Null	8	13.6

Discussion

Sociodemographic factors

The finding of this study showed that majority of the mothers had attained primary and secondary levels of educations. Even though majority of the mothers found explanations on baby diagnosis by the health care givers as helpful, a good percentage perceived them as confusing with resultant anxiety. This can be attributed to the low level of education among the mothers with the characteristics of the health care givers a side. Lack of basic education can inhibit the understanding of even simplified information because even then, language barrier is a problem. This finding is in agreement with the study done by Kim and Dee where low levels of education contributed to maternal emotional distress [19].

Socioeconomic factors

The findings of this study showed that majority of the mothers were the sole breadwinners in their families (most of them were of small sizes). Most mothers were unemployed with a monthly income below 10,000 shillings. Due to the resultant financial strain in terms hospital costs and other incurred logistics, the additional stress is a contributory factor to maternal emotional distress. This can be attributed to non-engagement of the families in income generating activities and the unfavorable prevailing economic trends. This is in agreement with the previous study that being the head of the family was an additional stressor and a contributory factor to maternal emotional distress [9]. Other studies also found unemployment as a contributory factor to maternal emotional distress due to financial strains [19].

Hospital factors

In this study, majority of the mothers had babies staying in the NBU for durations between 4-6 days and a few exceeding 6 days. Such long stays were attributed to negative perceptions among the mothers with increased worries putting them at risk for maternal emotional distress. This is in agreement with the study that lengthy NBU stays increased strain on the mothers and their relationship with their babies increasing their chances of emotional distress [20]. This can be attributed to care givers lack of care optimization perhaps due to inadequate medical and human resources leading to lengthy NBU stays.

The finding s of this study showed a good number of the mothers finding the care givers' explanations regarding baby diagnosis confusing even though majority found them helpful. This can be attributed to the care givers characteristics such as use of technical medical language exacerbating their stress. This is in agreement with the finding s of the study that mothers' lack of information on diagnosis of their babies contributed to maternal emotional distress [15]. In another study, one out of five mothers had no idea on the diagnosis of their babies hence becoming emotionally distressed [18].

The new born unit (NBU) is unfamiliar setting where mothers feel lost and frustrated with the negative perceptions contributing to emotional distress [20]. The findings of this this study showed majority of the mothers feeling worried and confused on the first sight of their babies in the incubators. Most mothers also found the NBU policies stressful and hindering as far as taking part in care of their babies is concerned. This is in agreement with the findings of the study that NBU policies had set up impediments to the mothers for developing interactional skills with their babies hence exacerbating their emotional distress [15]. In some other study, NBU was found to be a complex environment raising anxiety and stress of the mothers . This can be due to lack of the health care givers' commitment in bringing to mothers an envisage of what NBU is in prior. Attributions can also be made to alienating NBU policies and regulations.

Majority of mothers were receiving updates on treatment progress of their babies weekly and only upon inquiry. This could be attributed to the care givers' lack of involvement of the mothers in the care of their babies and with the accompanying negative perceptions contributing to maternal emotional distress. This finding is in agreement with the study that there was lack of information to the mothers on treatment progress of the newborns in NBU leading to increased maternal emotional distress [6,20].

In this study, majority of the mothers reported day to day communication between them and the healthcare givers as ineffective. This can be attributed to lack of involvement of the mothers by the healthcare givers in decision making and care of their babies and hence exacerbating their emotional distress. A tangible section of the mothers also reported the bed side manner of the healthcare providers as poor leading to stress among the mothers. These findings are in agreement with the study which found that poor bed side manner of the care givers, and lack of proper information communication gave the mothers a sense of alienation making them emotionally distressed [6]. In another study, lack of information communication, lack of maternal involvement and lack of positive interaction between the mother and the care giver was contributory to emotional distress [4,20]

The findings of this study showed that the counselling services provided by the hospital were insufficient according to majority of the mothers. A few reported the nonexistence of such services. This can be attributed to such counselling services not meeting the individualized needs of the mothers hence not meeting

the threshold to aid towards emotional distress. This in agreement with the findings of the study that lack of emotional support by the healthcare team to help the mothers in expressing their feelings in coping with the babies' critical conditions was contributory to emotional distress [3,17]

Conclusion

In conclusion, sociodemographic factors such as low levels of education and being the head of the family as a mother were contributing to maternal emotional distress. Socioeconomic factors such as unemployment and low levels of income were also contributing to maternal emotional distress with baby receiving care at the NBU. Hospital factors contributing to maternal emotional distress included: - lengthy NBU stays, inconsistent updates on baby's treatment progress and poor explanations by the health care givers, stressful and hindering NBU policies and regulations, ineffective communication patterns between the mother and the care givers and frail counselling services offered by the hospital.

Conflict of Interests

We declare no conflict of interest.

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Ethical Clearance: Ethical approval was obtained from the Kenyatta National Hospital – University of Nairobi Ethics and research Committee.

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Quality of Life and Its Associated Factors among People with Epilepsy

Priyanka Punni[1], Navneet Kaur[2], Bindu K[3], Gagandeep Singh[4]

[1]Post graduate M.Sc Nursing, [2]Assistant Professor, Dept. of Psychiatry, DMCH College of Nursing, DMC and Hospital Malakpur, Ludhiana, Punjab, [3]Associate Professor, Dept of Med-Surg Nursing, DMCH College of Nursing, DMC and Hospital Malakpur, Ludhiana, Punjab, [4](HOD) & Professor, Dept of Neurology, DMC and Hospital, Ludhiana, Punjab

Abstract

Epilepsy is defined as a brain disorder characterized by an enduring predisposition to generate epileptic seizures by its neurobiological, cognitive, psychological, and social consequences. Many factors affect the quality of life of people with epilepsy, including Seizures Severity, Memory, Medications effects. World Health Organization (WHO), estimated that there are 50 million people with epilepsy worldwide. Stable People with epilepsy are those who were suffered from disease for more than three year as diagnosed by clinical neurologist. The study was conducted in neurology OPD DMC Ludhiana. Findings reveals that 68% of people with epilepsy had average quality of life. The mean percentage score was found highest for the social function domain i.e.43.77±10.6301 and was found lowest for seizure worry domain i.e.11.82±7.40. Age of onset seizures (p=0.367), frequency of seizures (p=0.552) were associated with epilepsy among people with epilepsy.

Keywords: *Quality of life, Epilepsy, Seizures, Neurology OPD.*

Introduction

Epilepsy is a brain disorder characterized by an enduring predisposition to generate epileptic seizures. Seizures are caused by uncontrolled neuronal electrical activity of groups of cerebral neurons.1 According to the World Health Organization (WHO), there are 50 million people with epilepsy worldwide; with a prevalence rate of 3.0-11.9/ 1,000 people in India.2 Epilepsy can be associated with profound physical, psychological and social, emotional consequences and its impact on a person's quality of life (QOL) can be greater than that of many other chronic diseases.3 They experience these effects in their work, driving, social and general activities in their daily life.4 Also, there are many misconceptions that surrounds epilepsy, such as being incurable, hereditary or a consequence of divine punishment for bad deeds, it greatly affects the psychosocial health.5 So, several studies have reported that depression and anxiety, marriage, increased age, low income and duration of disease and seizure frequency are associated with poor quality of life.6 Moreover, there are very less studies in India, which shows the associated factors of quality of life among people with epilepsy.7 So, the researcher felt that there is a strong need to assess the quality of life and its associated factors of people with epilepsy.

Corresponding Author:
Bindu K
Assistant Professor,
Dept. of Psychiatry, DMCH College of Nursing, DMC and Hospital Malakpur, Ludhiana, Punjab.

Material and Methods

The objectives of the study were to assess the quality of life and its associated factors among people with epilepsy in a tertiary care hospital. The descriptive (exploratory) research design was used and 100 people with epilepsy attending neurology OPD of Dayanand medical college & Hospital were selected by purposive sampling technique. The tool used for study consists into three sections. Section I: Part A: Socio-demographic profile: Part B: Clinical profile were prepared by author:

Section II: QOLIE-31 (1993) to assess the quality of life among people with epilepsy[8] and Section III: Structured checklist to explore the associated factors of quality of life among people with epilepsy. The checklist has 27 different types of associated factors of quality of life among people with epilepsy. Socio-demographic profile, clinical profile and structured checklist were found to be valid by different experts and QOLIE-31 was a standardized tool. The written permission was taken from joycee cramer for used the tool. The reliability of QOLI-31 tool is pre-determined by test-retest method by using karl pearson coefficient of correlation and was found to be 0.97 and the reliability of structured checklist to explore the associated factors of quality of life was determined by test-retest method by using karl pearson coefficient of correlation and was found to be 0.98. Data was collected in the month of January (21-.01-2018) and February (11-02-2018). The written informed consent was obtained from the subjects. The study was approved by research and ethical committee of DMC and Hospital, Ludhiana. The subjects were explained the objectives and activities of research projects were given to them and they were assured that their responses would be kept confidential by providing information sheet

Results

Table No: 1 Distribution people with epilepsy as per socio-demographic profile

N=100

Socio-Demographic Profile	f (%)
Age in years*	
≤30	37
31-40	30
41-50	21
>50	12
Gender	
Male	61
Female	39
Marital status	
Unmarried	37
Married	59
Divorce/widowed	04
Religion	
Hindu	37
Sikh	47
Christian	10
Muslim	06
Educational status	
Illiterate	08
Elementary	37
Secondary/Senior secondary	33
Graduate & above	22
Employment status	
Working**	46
Non-Working	54
Monthly family income in rupees	
≤5000	10
5001-10,000	51

** Mean age ± SD = [34.37 ± 10.86]*

*** [Shopkeeper: 08 (17.39), Service: 17 (36.95), Businessmen: 05 (10.86), Farmer: 10 (21.73), Labourer: 06 (13.04)]*

Table No: 1 depicts that the socio-demographic profile of people with epilepsy. More than 1/3rd people with epilepsy (37%) were in age group of ≤ 30 years. In case of gender, out of 100 people 61% people with epilepsy were males. Marital status of the people with epilepsy indicates that more than half (59%) subjects were married and less than half (47%) people belonged to Sikh religion. More than 1/4th people with epilepsy i.e. (37%) were educated up to elementary level, (46%) were working. More than half of people (51%) were having monthly family income Rs. 5,000-10,000.

Table no: 2 Distribution of people with epilepsy as per personal habits N=100

Socio-Demographic Profile	f (%)
History of Smoking	
Yes	28
No	72
Type of smoking (n=28)	13 (44.8)
Biddi	12 (41.4)
Cigarette	03 (10.3)
Hukka	
Duration of smoking (n=28)	
1-5	10 (35.5)
5-10	14 (48.3)
10-15	04 (13.8)
History of alcohol	
Yes	41
No	59
Type of alcohol (n=41)	
Whisky	12 (29.3)
Rum	10 (24.4)
Vodka	02 (4.9)
Beer	11 (26.8)
Desi	06 (14.6)
Duration of alcoholion (n=41)	
1-5	12 (29.3)

Table no: 2 it was depicted that majority of (72%) of people with epilepsy were non smokers among them, 13(44.8%) subjects were using biddi. It was also revealed that 14(48.3%) subjects were smoking 5-10 years. Less than half 41% of people with epilepsy were consuming alcohol among them, 59% of the subjects 12(29.3%) were consuming whisky. Less than 1/3rd of 23(56.1%) people with epilepsy were consuming alcohol from 5-10 years.

Table No: 3 Distribution of people with epilepsy as per their clinical profile

N=100

Clinical Profile	f (%)
Age of onset of seizures in years	
≤10	19
11-20	45
21-30	26
31-40	10
Family history of epilepsy*	
Yes	19
No	81
Duration of the illness in years	
≤10	16
11-15	52
16-20	22
>20	10
Duration of treatment	
≤10	16
11-15	52
16-20	22
>20	10
History of Hospitalization	
Yes	18
No	19

* Cousin Sister 5(26.31%), Cousin Brother 7 (36.84%), Father 3 (15.78%), Uncle 4(22.05%)

Table No: 3 it reveals that the distribution of people with epilepsy as per their clinical profile. Less than half i.e. 45% people with epilepsy were had onset of seizures between 11-20 years. Majority of people, (81%) had no family history. More than half (52%) had duration of illness from 11-15 years and more than half 52% were taking treatment since 11-15 years. Majority of (81%) people with epilepsy had past history of hospitalization and remaining 19% had no past history of hospitalization due to seizure.

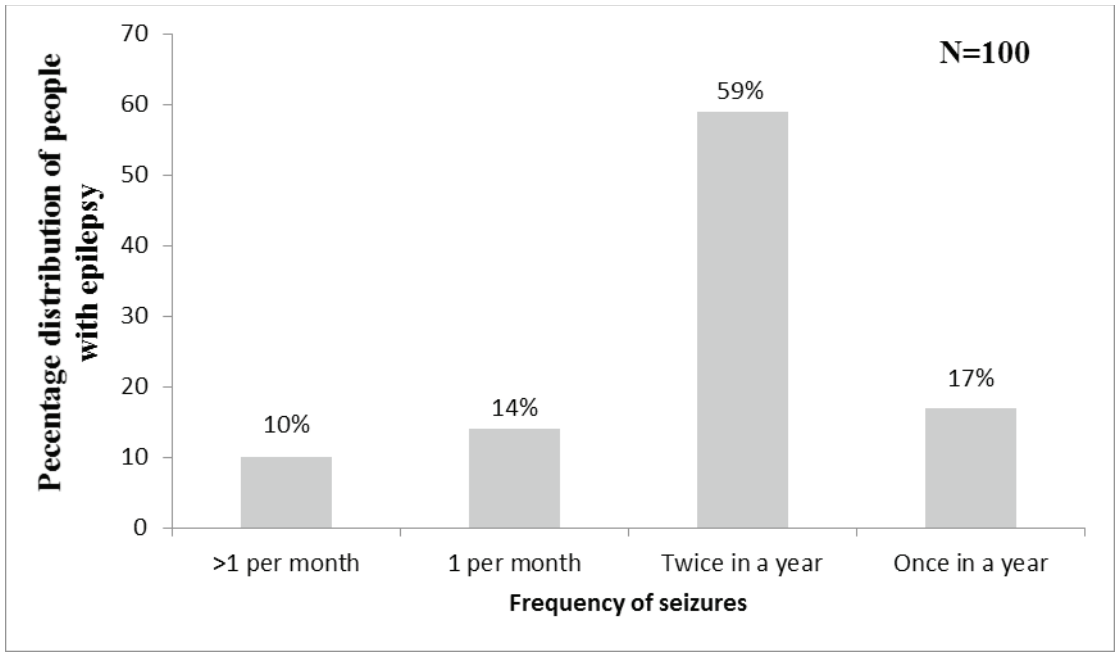
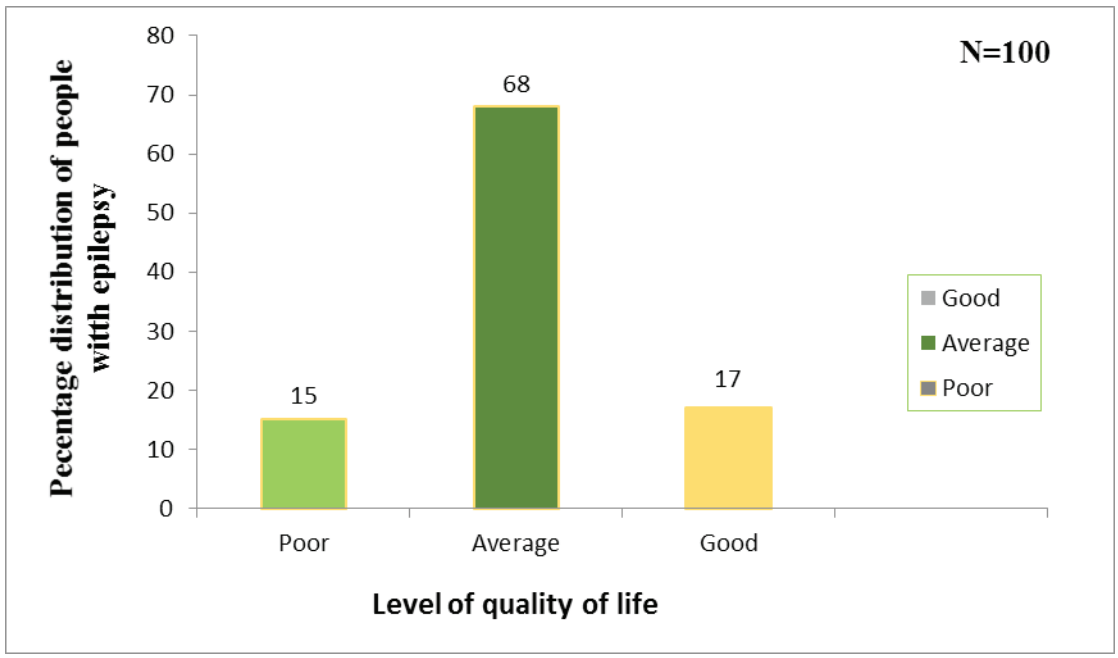


Figure no 1: Distribution of people with epilepsy as per their frequency of seizures.

Figure no 1: depicts that more than half 59% people with epilepsy were having frequency of seizures from Twice in a year followed by 17% people with epilepsy were having frequency of seizures from once in a year, 10 % people with epilepsy were having frequency of seizures from >1 per month and 14% people with epilepsy who were having frequency of seizures 1 per month.



Maximum Score = 290 ***Mean ± SD*** = 253.15±36.52 ***Minimum Score*** = 00

Figure no: 2 Distribution of people with epilepsy as per quality of life

Figure no.5 depicts that 68% of people with epilepsy had average quality of life where as 17% had good quality of life and 15% of people with epilepsy had poor quality of life.

Table no: 4 Mean score of quality of life domain among people with epilepsy

N=100

QOL Domains	Max. Score	Mean ± SD	Mean %	Rank
Seizure worry	100	11.82±7.40	11.78	7
Overall quality of life	100	35.43±13.01	35.34	6
Emotional well being	100	42.96±6.93	43.0	3
Energy fatigue	100	43.15±7.83	43.2	2
Cognitive	100	37.23±8.31	37.2	5
Medication effects	100	38.80±14.54	38.78	4
Social function	100	43.77±10.63	43.78	1

*Mean±SD= 48.2±6.0 *Higher the score better quality of life*

Table no: 4 showed that the mean percentage score was found highest for the social function domain i.e. 43.78 with mean score 43.77±10.63 and was found lowest for seizure worry domain i.e. 11.78 and mean score 11.82±7.40.

Table no: 5 Association of quality of life among people with epilepsy with socio-demographic profile

N=100

Socio-demographic profile	n	Mean ± SD	F/t Value	P value
Age in years				
≤30	37	167.01 ± 20.96	0.577	0.680^{NS}
31-40	30	160.08 ± 24.06		
41-50	21	159.37 ± 26.81		
>50	12	170.30 ± 24.22		
Gender				
Male	61	158.40 ± 25.21	1.323	0.189^{NS}
Female	39	165.03 ± 23.29		
Marital status				
Unmarried	37	158.23 ± 22.47	0.519	0.670^{NS}
Married	59	162.71 ± 22.38		
Divorce/widowed	04	152.98 ± 47.94		

Cont... **Table no: 5 Association of quality of life among people with epilepsy with socio-demographic profile**

N=100

Socio-demographic profile	n	Mean ± SD	F/t Value	P value
History of smoking				
Yes	28	166.68±23.04	1.455	0.149NS
No	72	158.77±24.95		
History of Alcoholism				
Yes	41	164.52 ± 23.92	1.203	0.232NS
No	59	158.52 ± 24.92		

Maximum score =290 NS=Non-significant (p>0.05)

Minimum score= 00

Table No: 5 it was depicted that the mean quality of life score was found highest 170.30±24.22 among people with epilepsy were in age group of >50 years, followed by 167.01±20.96, 160.08±24.06 and 159.37 ± 26.81 among subjects of age group ≤30, 31-40 and 41-50 years had no impact the quality of life with epilepsy. In case of gender the mean quality of life score was found highest in female 165.03±23.29 than males. The mean quality of life score was found highest 162.71±22.38 subjects who were married followed by 158.23 ± 22.47, 152.98 ± 47.94 were unmarried and divorce/widow. The mean quality of life of domains of people with history of alcohol was found highest in 166.68±23.04 subjects who were smoking and 164.52 ± 23.92 subjects who were consuming alcohol and it was found to be statistically non-significant.

Table No 6: Association of with quality of life among people with epilepsy clinical profile N=100

Clinical profile	N	Mean ± SD	F/t Value	P value
Age of onset of seizures in years				
≤10	06	155.94 ± 24.33	1.067	0.367^{NS}
11-20	45	156.95 ± 22.53		
21-30	26	163.75 ± 26.95		
31-40	23	167.05 ± 25.57		
Family history of epilepsy				
Yes	19	166.20 ± 24.69	1.029	0.306^{NS}
No	81	159.76 ± 24.54		
Duration of the illness in years				
≤10	16	161.90 ± 20.91	0.601	0.663^{NS}
11-15	52	165.18 ± 27.16		
16-20	22	155.23 ± 21.63		
>20	10	159.67 ± 22.42		
Frequency of seizures				
>1 per month	10	167.48 ± 20.91	0.704	0.552^{NS}
1 per month	14	161.57 ± 29.38		
Twice in a year	59	158.29 ± 24.69		
Once in a year	17	165.10 ± 23.55		

Clinical profile	N	Mean ± SD	F/t Value	P value
Duration of treatment				
≤10	16	161.90 ± 20.91	0.601	0.663NS
11-15	52	165.18 ± 27.16		
16-20	22	155.23 ± 21.63		
>20	10	159.67 ± 22.42		

Maximum score =289 NS=Non-Significant (p>0.05)

Minimum score= 00

Table No: 6 depicts that the mean score of quality of life was found highest 167.05 ± 25.57 among people with epilepsy were age for onset of seizures between i.e. 31-40 years followed by 31-40 years followed by 163.75, 156.95,155.94 among people were onset of seizure 21-40, 11-20 and ≤10 years. The mean quality of life score was (166.20± 24.69) among people with epilepsy who had family history of epilepsy, followed by 159.76± 24.54 among those people who had no family history and it was found to be statistically non-significant.

Association of the mean quality of life score was found highest 165.18±27.16 subjects who were duration of illness and duration of treatment 11-15 years followed by followed by 161.90, 159.67, 155.23 among people with epilepsy who duration of illness from ≤10, >20 and 16-20 years. As per frequency of seizures the mean quality of life score was found highest 167.48±20.91 among people with epilepsy were frequency of seizures from >1 per month, followed by 165.10, 161.57 and 158.29 among people were frequency of seizures from once in a year, 1 per month and twice in a year and it was found to be statistically non-significant.

Discussion

The analysis of socio-demographic profile of people with epilepsy revealed that more than 1/3rd people with epilepsy 37 were in age group of ≤ 30 years and 61% people were males. In case of marital status 59% subjects were married and less than half 47% people with epilepsy belonged to Sikh. More than 1/3rd people with epilepsy i.e. 37% were educated up to elementary level. 54% were non working and more than half of people with epilepsy 51% were having monthly family income Rs. 5,000-10,000. Almost Similar findings were reported by Aggrawal Rishika, Nijhawan Madhu (2010) et al. who conducted the study among 70 people with epilepsy in a northern Indian teaching hospital and reported 38% were aged group 18-28 years, 42% people with epilepsy males and most of the subjects 51% were married. 54% subjects belonged to Hindu religion and 17% subjects were studied in a middle school. Most of 22% subjects were working in agriculture.[9]

Analysis revealed that maximum 65% of people with epilepsy were having average quality of life followed by 17% were having good quality of life and 15% who were having poor quality of life. In terms of various domains i.e. seizure worry, overall quality of life, emotional well being, energy/fatigue, cognitive, medication effects and social function. In the present study represents that people with epilepsy the mean score was highest 43.77±10.63 for the social function domain and was lowest 11.82±7.041 for seizure worry domain. So, the people with epilepsy had good quality of life for social domain and poor quality of life for seizure worry domain. Similar study conducted by Sahar Us Nazam, Chaudary Rashid Haroon (2010). Who depicted that the mean score was highest 64.61±8.97 emotional well being domain and lowest was 51.55±16.06 for seizure worry domain.[10] Analysis of associated factors revealed that majority of 96% people with epilepsy feels lack of sleep/sleeplessness and 98% of people with epilepsy had altered consciousness during seizures. It depicts that 100% people with epilepsy had fear having seizures and in terms of medication effects 98% people with epilepsy had feel taking medication. Maximum number of 92% had adequate support group i.e. (family/friends) and 82% subjects feels that we were financial burden for family members. The results of present study reveals that there is no relationship found between the quality of life among people with epilepsy with their age, gender, marital status, , history of smoking, history of alcohol, age of onset of seizures, family history, duration of illness, frequency of seizures, duration of treatment and it was found to be non-significant at (p>0.05).

Conclusion

The study showed that people with epilepsy had average quality of life. On the other aspect, Majority of people with epilepsy had good quality of life for social domain and poor quality of life for seizure worry domain. Associated factors i.e. sleeplessness, speaking, understanding, medication burden, memory, self esteem and financial burden was impact the quality of life of people with epilepsy. Association with age, gender, marital status, religion, educational status and employment status, history of smoking and history of alcohol, age at onset of seizures, family history, duration of illness, frequency of seizures, name of drug, duration of treatment and history of hospitalized was found to be non-significant. So, it had no impact the quality of life. Psychological support also plays an important role is improving quality of life of people with epilepsy. Therefore, it was recommended that informational and educational material in the form of booklet is very important to improve quality of life.

Source of Funding: Self

Conflict of Interest: Nil

Ethical Clearance: A written permission of conducting the study will be taken from Institutional ethical committee, Research Development cell of Dayanand Medical College and Hospital, Ludhiana.

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An Experimental Study to Assess the Effects of Structured Teaching Programme on Stress Management For The Children Living in Selected Foster Homes, at Hassan, Karnataka

Sanjay Joshi

Principal, R.R. College of Nursing, Sector-95, Gurugram

Abstract

Coping resources is one of the most important parts of promoting adaptive psycho physiological responses involves adapting positive health practice because good health measures can prevent many illnesses. Social support from family, friends and caregivers also is an important resource for adaptive psycho physiological responses.

A true experimental research study where experimental and Control group pre-test, post-test only design was used to assess the effects of structured teaching programme on stress management. The data was collected from 80 foster home children by a lottery method through randomization for experimental group and control group by using structured interview schedule, the findings revealed that in experimental group the pre-test mean score was 37.72 and standard deviation=3.96 and in control group mean score= 37.43 and standard deviation=3.96. In post-test findings the score and standard deviation in the experimental group was mean score=78.10 and standard deviation= 4.01 and in the control group mean score= 37.90 and standard deviation =5.00 of the foster home children are having knowledge on stress management, therefore, the pre-test and post-test score of the experimental group are having mean score=40.38 difference during the assessment whereas in the control group, the foster home children are only having mean score= .87 difference between pre-test and post-test assessment. The paired students 't' test value was = 48.5 which is significant at P=0.001 level and the chi-square test shows that there was significant association between post- test knowledge score in the experimental group.

Key words: *Foster Homes, structured teaching program(STP), Stress management.*

Introduction

Coping may be described as dealing with problems and situations and contending with them successfully coping strategy is an innate or acquired way of responding to a changing environment or specific problem or situation[1]

Social support from family, friends and caregivers also is an important resource for adaptive psycho physiological responses. It may lower the likelihood of development maladaptive responses speed the recovery from illness and reduce the distress and suffering that accompanies illness. Social support group are another coping resources that can satisfy needs that are unmet by family members and caregivers. [3]

During period of stress everyone goes through anxiety. An individual is able to cope up with the associated symptoms, he/she requires help. Sometime this basic factor of anxiety may turn in to other neurotic disorders.[8]

Foster home care is available for bettered and abused children. A foster home can be a source of education for the natural parents and a place of care and healing for the children. The goals of foster care for abused children include helping them eliminate the provocative behavior that has led to abuse, enabling them to reach out to adults for assistance when needed, strengthening their self-esteem, and preparing them for their return home. [9]

statement of the problem

"an experimental study to assess the effects of structured teaching programme on stress management for the children living in selected foster homes, at hassan, karnataka"

Objectives

1. To identify the existing practice on stress management for the children living in selected foster home.

2. To assess the acquired knowledge and practice of the children after Introducing the structured teaching programme on stress management.

3. To compare the results before and after introducing the structured teaching programme.

4. To associate the stress and coping strategies of the children living in foster home with selected demographic variables.

Research Hypothesis

There will be a significance difference in the level of knowledge and practice on the stress management for the children who have received the structured teaching programme than who did not receive.

Material and Method

The research design selected for this study is an experimental design which includes Manipulation, Control, Randomization. The design chosen is pre-test, post-test control group. The design was used for assessing the effects of structured teaching programme on stress management. study was conducted in the selected government foster home, Hassan. the data were collected from 80 foster home children by simple random sampling technique for experimental group and control group by using structured interview schedule.

The tool consists of two sections:

Section I –It includes Demographic Variables of the foster home children.

Section II –It consists of Stress Assessment tool

Permission was obtained from the foster home authority and pre-test was conducted by a structured interview schedule and structured teaching programme was administered soon after the pre-test to all the foster home children of the experimental group. After 7 days post-test was done. Descriptive and inferential statistics was used for data analysis.

Findings

On the basis of above mentioned objectives the data presented in the four sections: -

Section-i: - Distribution of the subjects is according to demographic variables.

Table 1: Distribution of demographic variables between the foster home children of the experimental and control group.

Demographic Variables		Group				significance
		Experiment		Control		
		n	%	n	%	
Age	6-10 yrs	16	40.0%	10	25.0%	X2 ==2.05 P=0.15
	11-15 yrs	24	60.0%	30	75.0%	
Religion	Hindu	36	90.0%	37	92.5%	X2 ==0.16 P=0.69
	Muslim	4	10.0%	3	7.5%	

Cont... **Table 1: Distribution of demographic variables between the foster home children of the experimental and control group.**

Education	Primary	8	20.0%	4	10.0%	X2 ==1.67 P=0.43
	Middle	30	75.0%	33	82.5%	
	Secondary	2	5.0%	3	7.5%	
Years of stay	0-3 yrs.	24	60.0%	16	40,0%	X2 ==3.46 P=0.18
	4-6 yrs.	10	25.0%	13	32.5%	
	7-9 yrs.	6	15.0%	11	27.5%	
Status of parents	Alive	13	32.5%	7	17.5%	X2 ==2.62 P=0.27
	Not alive	8	20.0%	8	20.0%	
	Single parent	19	47.5%	25	62.5%	

Section-ii: -Assessment of pre-test level of stress and coping strategies of the children living in foster home in experimental and control group.

Table 2: pre-test stress and coping strategies between experimental and control group.

Stress and Coping	Experimental		Control		Student independent t-test
	Mean	SD	Mean	SD	
Positive self- esteem	18.30	2.78	17.78	2.75	t=0.85 p=0.39 Not significant
Negative self-esteem	19.42	1.91	19.65	1.93	t=0.53 p=0.60 Not significant
Total	37.72	3.96	37.43	3.96	t=0.59 p=0.55 Not significant

Table No. 2 shows that stress and coping strategies related to Positive self-esteem and Negative self-esteem in experimental group total mean= 37.72 and SD=3.96 of the foster home children and in control group total mean= 37.43and SD=3.96of the foster home children are having stress and coping related to Positive self-esteem and Negative self-esteem. It shows that foster home children are having equal stress and coping strategies related to Positive self-esteem and Negative self-esteem, so there was no statistical significant difference between the foster home children of the experimental and control group.

Section-iii: - Assessment of post-test level of stress and coping strategies of the children living in foster home in experimental and control group.

Table 3: post-test stress and coping strategies between experimental and control group.

Stress and Coping	Experimental		Control		Student independent t-test
	Mean	SD	Mean	SD	
Positive self- esteem	37.33	2.55	18.35	3.24	t=29.1 p=0.001 significant
Negative self- esteem	40.77	2.89	19.55	3.21	t=31.1 p=0.001 significant
Total	78.10	4.01	37.90	5.00	t=39.7 p=0.001 significant

Table No. 3 shows that stress and coping strategies related to Positive self-esteem and Negative self-esteem in experimental group total mean= 78.10and SD=4.01of the foster home children and in control group total mean= 37.90and SD=5 of the foster home children are having stress and coping related to Positive self-esteem and Negative self-esteem. It shows that foster home children of the experimental group are having more coping strategies after administration of structured teaching programme than the control group who did not attend the structured teaching programme, so there was a statistical significant difference between the foster home children of the experimental and control group.

Section-iv: - Comparison of pre-test and post-test level of stress coping strategies among experimental and control group.

Table No. 4: - Comparison of experimental and control group score in pre-test and post-test.

Content related to	Experimental		Control		Student independent t-test
	Mean	SD	Mean	SD	
Pre-test Positive self- esteem Negative self- esteem total	 18.30 19.42 37.72	 2.78 1.91 3.96	 17.78 19.65 37.43	 2.75 1.93 3.96	t=0.85 p=0.39 Not significant t=0.53 p=0.60 Not significant t=0.59 p=0.55 Not significant
Post-test Positive self- esteem Negative self- esteem total	 37.33 40.77 78.10	 2.55 2.89 4.01	 18.35 19.55 37.90	 3.24 3.21 5.00	t=29.1 p=0.001 significant t=31.1 p=0.001 significant t=39.7 p=0.001 significant

Table No. 4shows comparison of experimental and control group score on stress and coping strategies between the foster home children in the pre-test and post-test. In the pre-test the foster home children of the experimental group had a total mean= 37.72 and SD=3.96 and in the control group the foster home children had total mean= 37.43and SD=3.96. so there was no statistical significant difference between the foster home children of the experimental and control group, almost both group scored equally. The difference is very meagre. Difference is not statistical significant. It was calculated by using student independent t-test.

In the post-test the foster home children of the experimental group had a total mean= 78.10 and SD=4.01 and in the control group the foster home children had total mean= 37.90and SD=5.00 so there was statistical significant difference between the foster home children of the experimental and control group, Experiment group scored more than control group. The difference is very large. Difference is statistical significant.

This difference between Experiment and control group is the net benefit of the experimental group foster home children due to the structured teaching programme.

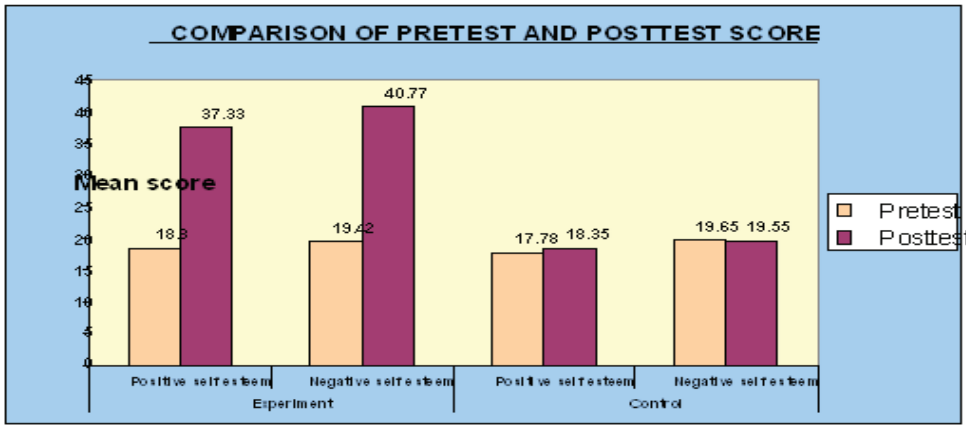

Figure: 11 Multiple Bar Diagram showing the comparison of percentage of difference between pre-test and post-test in experimental and control group.

Figure 1 Multiple Bar Diagram showing the comparison of percentage of difference between pre-test and post-test in experimental and control group.

Section-v: Association between overall post-test score of the stress and coping strategies and demographic variables of the experimental and control group.

There was statistically significant association between overall post-test score of the stress and coping strategies and demographic variables like age group, level of education, and status of parents.

Discussion

In the experimental group mean score = 37.72 and standard deviation=3.96 of the foster home children having the knowledge on stress management and in control group mean score= 37.43 and standard deviation=3.96 of the foster home children having the knowledge on stress management. In post-test findings the score and standard deviation in the experimental group was mean score=78.10 and standard deviation= 4.01 of the foster home children are having knowledge on stress management and in the control group mean score= 37.90 and standard deviation =5.00 of the foster home children are having knowledge on stress management, therefore the comparison in the pre-test and post-test score of stress management in the knowledge score of the foster home children of the experimental group are having mean score=40.38 difference during the assessment whereas in the control group, the foster home children are only having mean score= .87 difference between pre-test and post-test assessment. There was statistically significant association between overall post-test score of the stress and coping strategies and demographic variables like age group, level of education, and status of parents. The paired students 't' test value was = 48.5 which is significant at P=0.001 level and the chi-square test shows that there was significant association between post- test knowledge score in the experimental group.

Conclusion

Study concluded that foster home children are having less knowledge and practice of stress management before implementation of structured teaching programme. Educating and providing the correct information help them to know about stress management. structured teaching programme enhance the knowledge and

improve the coping skills.

Conflict of Interest: Nil

Sources of Funding: Self

Ethical Clearance: The ethical clearance obtained from the research committee of Rajiv college of nursing, Hassan. Prior permission was obtained from deputy superintendent of foster home hassan.

Informed consent was also obtained from the study participants for being included in the study.

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Coping among Spouse of Alcoholics: A Cross-Sectional Study

Sujan H.L[1], L. Ponnuchamy[2], A.U. Shreedevi[3]

[1]Project Coordinator, Department of Epidemiology, [2]Assistant Professor, Department of Psychiatric Social Work, [3]Assistant Professor, Department of Psychiatric Social Work, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru, Karnataka State

Abstract

Alcoholism is one of the major health and social problems all over the world. Often the family members of alcoholics suffer intense psychological, physical and social trauma due to the core drinking problem of the family member. The aim of the study was to assess the coping pattern among spouse of alcoholics. This study design was a cross sectional survey. The sample size was 100 persons with alcohol problems. The present study adopted purposive sampling technique and appropriate tools were used to collect the data. The result showed that majority (29.0%) of the respondents were between the age of 36 - 40 years, 39.0% of the respondents were belonging to 6 -10 standard level of education, 39.0% of the respondents were home maker in their occupational status, and 53.0% of the respondents were in rural domicile background. About 87.0% of the respondents were belonging to family type of nuclear family, 28.0% of the respondent were reported that duration of consume alcohol between 11 to 15 years, 22.0% of the respondent were in 21 to 25 year of living with spouses. Overall results of the coping scale reveal that majority of the (84.0%) respondents were able to cope effectively in positive reappraisal domain. The details of the results have been presented in this article below.

Keywords: *Alcoholism, Spouse of Alcoholics, Problems of Spouse of Alcoholics, Coping among Spouse of Alcoholics.*

Introduction

Worldwide there are 3.3 million deaths occurred in every year and 5.9% people are lose their life due to alcohol problems. The addiction of alcohol is a causal issue in more than 200 diseases and it damages the health conditions. The global burden measures that entire 5.1% disease and injury is attributable to alcohol and it as determinate in disability adjustment life years. The risky use of alcohol effects on huge disease and also on social and economic burden in societies. The dangerous use of alcohol can also result in detriment to other people, such as family members, friends, colleagues, stranger and also significant health, social and economic burden on society at large [(1)]. India has second largest population in the world and 30% of its population taking alcohol regularly [(2)].

Alcohol addiction has been one of the major portions to family problem. It emphasizes that facts of the excessive consumption affect not just the drinker but others in the family and it is problem of the family functioning and relationship between family members [(3)]. Global plan has specified that special consideration to be given to additional concern as drinkers such as husband or spouse, child, relatives, friend, neighbor, co-worker, person living in the same household as they may possibly be use of the dangerous drinking it can be affected [(4)]. There are growing body of literature that there are detrimental effects of alcohol misuse not only

Corresponding Author:
Dr. L. Ponnuchamy
Assistant Professor, Department of Psychiatric Social Work, National Institute of Mental Health And Neuro Sciences (NIMHANS), (Institute of National Importance, Govt of India), Hosur Road, Bengaluru – 560 029, Karnataka State, India.
Email: ponnupsw@gmail.com,
Mobile No: 7358466735

for the drinkers themselves, but also for the families [5].

The families of alcoholics suffer mainly in psychological, physical and social trauma because of the main drinking problem of the family member, it deeply affected are the wives of alcoholics. The problems faced by spouses of alcoholics are physical, psychological and social [6]. Many women worry about their partner's or husband's drinking. The negative effects of alcohol are harmful to themselves as well as to other family members. It puts excessive stress on the partner or wife of an alcohol dependent person. Psychological stress is one of the utmost effects of alcoholism on family. It is more common among family members particularly among spouse of drinkers. Self-blame, irritability, anger outburst, shamefulness, hopelessness and helplessness are all comprehensible emotional replies manipulated by somebody involved with a drinker. This type of emotional stress can lead to medical depression. Partner or spouse of a drinker come to be a kind of smaller help for the alcohol follower and they ignoring the whole thing when he is in drinking for that their own emotional and physical needs. It may lead to further abuses which include vocal, emotional, economic abuses encountered by spouse of drinkers in day to day life [7].

Coping is the conscious effort to reduce stress. Psychological coping mechanisms are commonly termed as coping skills or coping strategies. Coping skills develop from infancy and are learnt by watching others. Perceived control is an important resource in coping with stressful situations. It develops from prior mastery of stressful situations and within social relationships. Affiliation with others is a basic human response for managing stress. The effectiveness of coping strategies in reducing distress is dependent on the strategies used and the self-belief that one can cope, also known as coping self-efficacy. Functional magnetic resonance imaging has shown that emotion regulation paradigms can be conceptualized into four dimensions: affect intensity and reactivity, affect modulation, cognitive modulation, and behavioral control [8].

Methodology

Spouses of alcohol dependent patients have high levels of perceived stress. The divorce rates are high among wives of alcoholics and the most frequently identified cause is domestic strife in the form of harassment, torture and beating from the husband or in-laws. Avoidance, discord, fearfulness, and sexual withdrawal were the most common coping components used by wives of persons with alcohol dependence [9]. The spouses of alcohol dependent are not affected to the same degree. Study suggests that adaptive copings such as positive reappraisal, seeking social support and problem solving were used in comparison to escape avoidance [10].

The aim of the present study was to assess the coping among spouse of alcoholics. The objectives were to find out the socio-demographic details of the spouse of alcoholics and to assess the coping among spouse of alcoholics. This study design was a cross sectional survey. The study population was the spouses of patients who gave informed consent from the in-patient and out-patient departments of department of psychiatry in srm medical college hospital and research centre, kanttankulathur, kanchipuram district, Tamilnadu. The sample was drawn by the researcher between November 2017 and January 2018 from the spouses of patients with alcohol use disorders attending general hospital psychiatric unit at srm hospital. The sample size was 100 spouses of alcoholics. The present study was adopted purposive sampling technique for collecting data from the respondents. The inclusion criteria were spouse of alcohol dependent patients; person consumes alcohol more than 2 years, spouse age range of 20 – 45 years and person diagnosed as alcohol dependent syndrome by the treating psychiatrist according to ICD – 10. The exclusion criterias were alcoholics associated with psychiatric illness and mental retardation.

The tools used in this study were socio-demographic data sheet and ways of coping scale. The Ways of Coping Scale was developed by Folkman and Lazarus in 1988 [11]. It has eight domains namely confronting coping, distancing, self-controlling, seeking social support, accepting responsibility, escape avoidance, plan-full problem solving and positive appraisal respectively. This questionnaire consists of 66 items. There are four alternative answers from which the participant had to choose one alternate. To what extent you used it in the coping situation. The total score ranges from 0-198, there were four alternative responses mainly "Not used", "Used somewhat", "Used quite a bit", and "Used a great deal". The 66 items are positively worded hence scored

as 0, 1, 2 and 3. The ways of coping mechanism scores were arbitrarily categorized into 3 categories based on the score viz Not able to cope (0-66), Able to cope to some extent (67-132), Able to cope effectively (133-198). This scale has been used widely in India.

After getting approval from the institutional ethical committee of the srm medical college hospital and research centre, the patients with alcohol use disorders who fulfilled the inclusion and exclusion criteria were taken up for the study. A brief introduction and verbal explanation about the purpose and objectives of the research study was given to the respondents individually along with written information, and then written consent was taken from the respondents. The statistical package for social science (SPSS) 23 versions was used for statistical analysis. Descriptive statistics calculated for continuous variable and non-parametric was used for categorical variables. Analysis was done for the collected data and frequency distribution used for socio-demographic sheet and ways of coping scale.

Results

Table – 1 Socio-Demographic Characteristics of Spouse of Alcoholics:

Sl. No	Socio-demographic characters	Frequency (N=100)	Percentage (100%)
1	**Age**		
	20 – 25	11	1.0
	26 – 30	20	20.0
	31 – 35	22	22.0
	36 – 40	29	29.0
	41 – 45	28	28.0
2	**Education**		
	Illiterate	11	11.0
	1 – 5	12	12.0
	6 – 10	39	39.0
	11 -12	18	18.0
	Diploma	7	7.0
	UG and PG	13	13.0
3	**Occupation status**		
	House wife	39	39.0
	Daily wages Self-employ Private employ	20	20.0
		7	7.0
	Government employ	27	27.0
	Other	6	6.0
		1	1.0

Table -1 reveals that majority (29.0%) of the respondents were age group was 36 to 40 years, majority (39.0%) of the respondents were studied 6^{th} standard to 10^{th} standard of education level, and occupation status shows that majority (39.0%) of the responds were housewives.

Table – 2 Socio-Demographic Characteristics of Spouse of Alcoholics:

Sl. No	Social-demographic characters	Frequency (N=100)	Percentage (100%)
4	**Income**		
	5000 – 10000	14	14.0
	11000 – 15000	35	35.0
	16000 – 20000	24	24.0
	21000 – 25000	11	11.0
	26000 – 30000	6	6.0
	31000 – 35000	4	4.0
	36000 & above	6	6.0
5	**Religion**		
	Hindu	80	80.0
	Muslim	4	4.0
	Christian	16	16.0
6	**Domicile background**		
	Rural	53	53.0
	Urban	47	47.0

Table - 2 shows that majority (35%) of the respondents were belonging to family income between 11000 and 15000, then majority (80.0%) of the respondents were belong to hindu religions, and 53.0% of respondents were in rural domicile background.

Table – 3 Socio-Demographic Characteristics of Spouse of Alcoholics:

S. No	Social-demographic characters	Frequency (N=100)	Percentage (100%)
7	**Family types**		
	Nuclear Family Joint	87	87.0
	family Extended	7	7.0
	family	6	6.0
8	**Duration of consuming alcohol of patients**		
	0 – 5	5	5.0
	6 – 10	22	22.0
	11 – 15	28	28.0
	16 – 20	24	24.0
	21 – 25	15	15.0
	26 – 30	2	2.0
	31 & above	4	4.0
9	**Year of living with husband**		
	0 -5	7	7.0
	6 - 10	22	22.0
	11 – 15	21	21.0
	16 – 20	17	17.0
	21 – 25	24	24.0
	26 – 30	9	9.0

Table - 3 reveals that majority (87.0%) of the respondents were belonging to nuclear type of family, then majority (28.0%) of the patients consumed alcohol between 11 and 15 years of duration, and majority (24.0%) of the respondents were in 21 years to 25 years of living experience with husband.

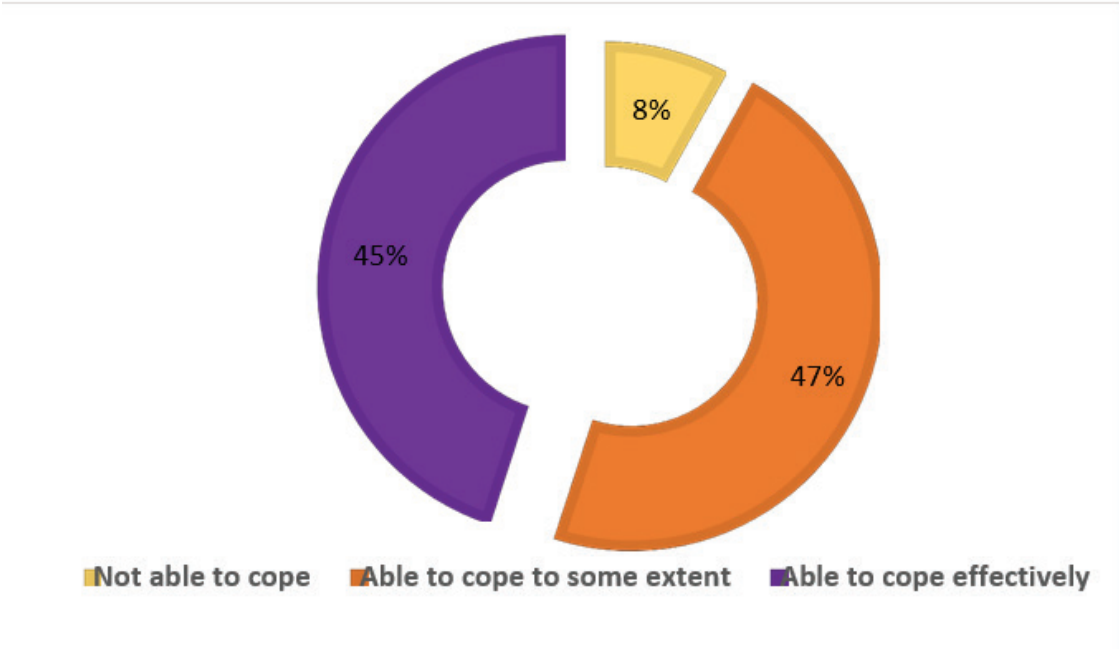

Figure – 1: Ways of Coping Scale - (Distancing of Spouse of alcoholics):

Figure – 1 reveals that majority (47%) of the respondents were reported in distancing domain that able to cope to some extent, followed by able to cope effectively (45%) and not able to cope (8%).

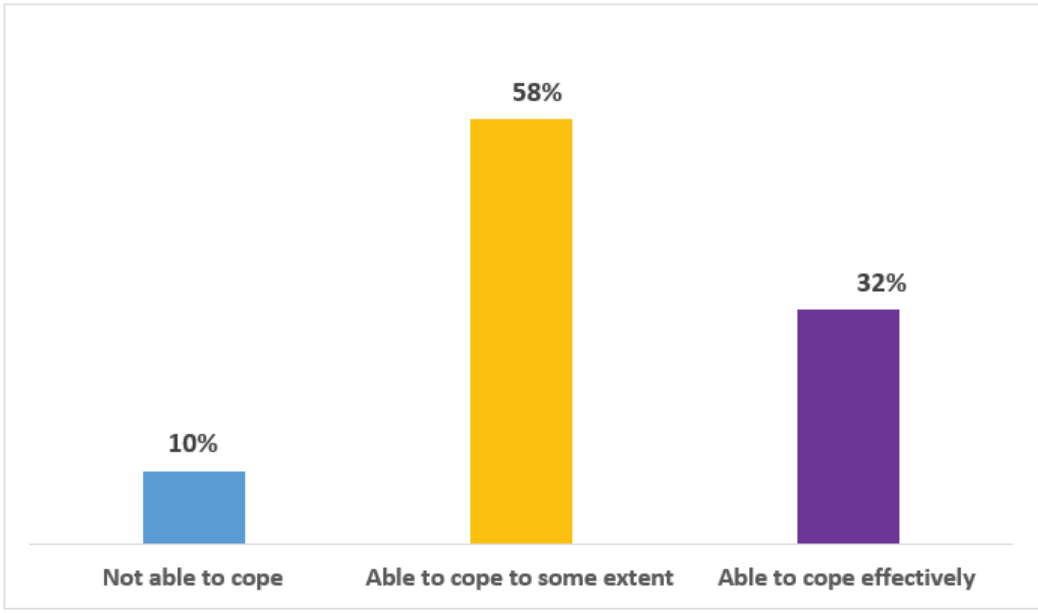

Figure – 2: Ways of Coping Scale – (Escape-Avoidance of Spouse of alcoholics):

Figure – 2 shows that majority (47%) of the respondents were reported in escape- avoidance domain that able to cope to some extent, followed by able to cope effectively (32%) and not able to cope (10%).

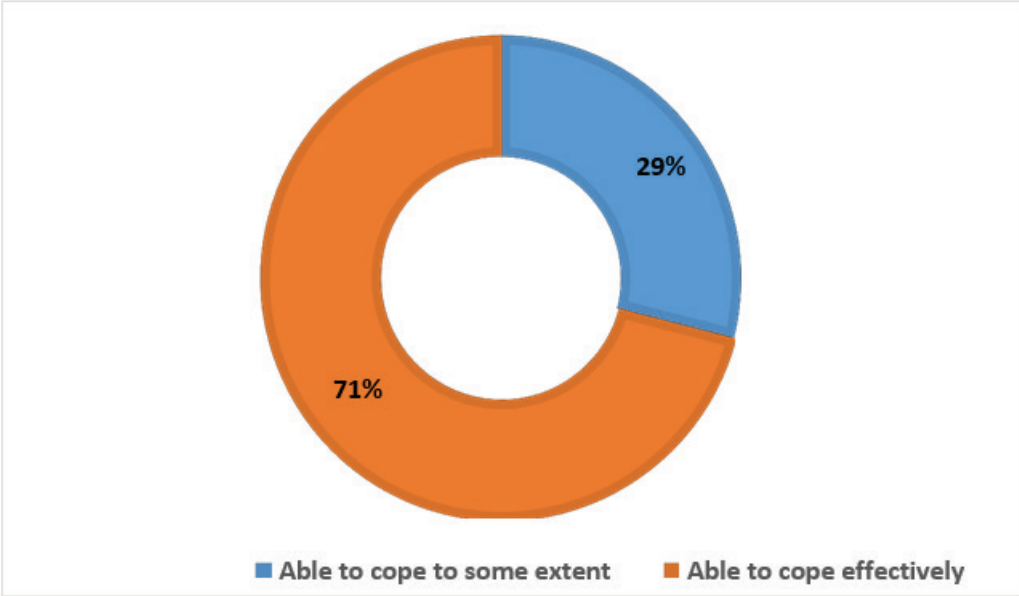

Figure – 3: Ways of Coping Scale – (Planful Problem Solving of Spouse of alcoholics):

Figure – 3 reveals that majority (71%) of the respondents were reported in planful problem solving domain that able to cope effectively and followed by able to cope to some extent (29%).

Discussion

The aim of the study was to assess the coping among spouse of alcoholics. The findings of the present study were discussed in detail. The results of the socio-demographic details revealed that the majority of the respondents age ranges from 36 to 40 years, 39% of the respondents studied between 6 and10 standard, and regarding occupation status of the respondents 39% of spouses of alcoholics were homemake. Family income of spouse of alcoholics were Rs.11,000/- to Rs.15,000/- per month, 80% of the respondents were hindus in origin, majority (53%) of the respondents were living in rural area and 87% respondents had nuclear family of family types. The duration of patient's dinking was from 11 to 15 years and living with spouses from 21 years to 25 years.

The overall results of present study on coping of wives of alcoholics were similar to the findings reported by [12] and these results were associated previous studies [6&9]. The positive reappraisals of spouse of alcoholics such as threatening, starting a row with her spouse whenever is drinking and trying to alter his behaviours. Good outcome for these types of behaviours since they do suggest a degree of engagement or environment between wife and husband. On the other hand, the authors predicted poor outcome of drinking for behaviours as those of avoiding, refusing to talk, refusing to sleep together, and feeling frightened and sexual withdrawal [13]. In the present study the second highest frequency reported coping was planful problem solving.

Wives were found to have positive reappraisal as one of the coping mechanisms [14] and the present study results also agreed with the previous results. Seeking medical help was high in this group. The sample was from a deaddiction center where they had taken treatment competitive coping such as getting drunk themselves, making him jealous were reported low and it may be become of cultural standards. One of the consequences of partner drinking had been co-dependence of the spouse also. Current study sample doesn't contain any respond being or becoming dependent on alcohol. Other significant finding is the low score of 2 % distancing and self-controlling of spouses of alcoholics.

LIMITATION OF THE STUDY:

✓ Sample size of the present study was small for the descriptive research and results of the findings may not be generalized.

✓ Present study focused on spouses only.

✓ The present study was a cross sectional survey study and hence the extraneous variable couldn't be controlled.

Conclusion

The present study was designed to assess the coping among spouse of alcoholics. The impact of persons with alcohol dependence syndrome is not only on individual, but it also on the family and society at large. The impact especially on spouses is immense. Few studies only focused on perceived coping among spouse of alcoholics. The result of the present study shows that majority of spouses had positive reappraisal as one of the important coping mechanisms. Most of them have interpersonal relationship issues and financial burdens, physical and psychological issues due to husband's alcohol drinking behaviors. The findings of the present study will be useful to plan awareness programme and to develop preventive measures for persons with alcohol dependence syndrome in the community. This study findings also are helpful to plan effective social work intervention strategies for alcohol patients.

Conflict of Interest – Nil

Financial Assistant – Nil

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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 Kaur

Nursing Tutor, Adarsh College of Nursing, Patiala,Punjab, India

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. **Result**s: 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 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.

Corresponding author:
Manpreet Kaur
Tutor, College of Nursing
Government Medical college and Hospital, Chandigarh
Email. mk86576@gmail.com

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%) is 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} X $O2_{)}$ 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) Moderate (61-80) High (81-120)	15 13 2	50 43.3 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 Post test	61.63 86.76	10.82 6.56	25.13	29

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 Post test	46-84 73-101	61.63± 10.82 86.76± 6.56	13.84

*Significant at p<o.o5

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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A Study to Assess the Knowledge of Primary School Teachers Regarding Behavioral Problems and their Prevention among Children in Selected Government Primary Schools in Chamarajanagar District with a View to Develop an Information Guide Sheet

Vishakantamurthy D G[1], Naveen Kumar A C[2]

[1]Principal, JSS School of Nursing, Kollegal, [2]Nursing Tutor, JSS School of Nursing, Kollegal

Abstract

Background of Study: School age children have a growing need for privacy, autonomy and when separation from their parents, children are most like adults emotionally. Children face transition such as entering schools, taking new subjects, changing class rooms and teachers, making new friends, trying new activities etc. They also undergo losses, which are painful at times, at this stage of life, they lack the intellectual ability to understand pain like adults and control it. Hence, they are more vulnerable because they have not developed the cognitive skills necessary to understand their problems and causes. This study was conducted to assess a study to assess the knowledge of primary school teachers regarding behavioural problems and their prevention among children in selected Government primary schools in Chamarajanagar district with a view to develop an information guide sheet.

Objectives of Study: To assess the knowledge of primary school teachers regarding behavioral problems and their prevention in school children. To find association between knowledge of the primary school teachers regarding behavior problems and their prevention with selected variables. To prepare an information guide sheet regarding behavioral problems and their prevention in children for primary school teachers.

Methods: The study involved descriptive survey approach, and non-experimental descriptive research design with purposive sampling technique. To collect the data from respondents, a structured questionnaire was administered to 50 primary school teachers who teach from 1st standard to 7th standards in selected Government Primary Schools of Chamarajanagar District following inclusion and exclusion criteria. The tool consisted 55 items regarding knowledge assessment. The results were described by using descriptive and inferential statistics.

Results: The overall mean knowledge score obtained by the respondents was 46.1% regarding common behavioral problems among children. With regard to participants there is significant association between knowledge and selected demographic variables like gender (X^2=4.43) at 5% level. There is no significant association between demographic variables such age (X^2= 0.45), religion (X^2= 0.18), respondent's children age (X^2= 4.62), Educational qualification (X^2= 0.45) Teaching experience (X^2= 2.86), contact hours (X^2= 1.27), Identified students behaviours (X^2= 0.19) Educational programme attended(X^2= 0.19) and parent teachers association(X^2= 0.08)

Interpretation and Conclusion: The overall findings of the study clearly showed that The overall knowledge scores of respondents regarding behavioural problems is 46.1% and about 60% of respondents had inadequate knowledge on behavioural problems. Hence information guide sheet may enhance the knowledge of Primary School Teachers Regarding Behavioural Problems and their Prevention among Children

Corresponding author:
Vishakantamurthy D G
Principal, JSS School of Nursing.kollegal
guruvishu@gmail.com, 8970921817

Keywords: *Assess, knowledge, primary school teachers, Behavioral Problems and Information guide sheet*

Introduction

Today's children are tomorrow's responsible citizens of the world. There is a great to emphasize on children these days because of the recognition that a very substantial proportion of the world's population, 35-45% constitute young children. The future of our country depends on positive mental health of our young people. However, nearly one in five children and adolescents have emotional and behavioural disorders at some point of time in their young lives, regardless of their geographic region or socio-economic status.[1]Recent evidence by WHO indicates that by 2020 childhood neuropsychiatric disorders will rise proportionately by over 50%, and would be the fifth most common cause of morbidity, mortality and disability among children. Epidemiologically estimates suggests that approximately 14-20% of all children from birth to 18 years of age have some type of psychiatric disorders and about 3% to 5% have serious disorders.[2]The behavioural problems interfere with the child's adjustment to life and as a result, makes him unhappy in later life also. It also makes their life difficult and unsatisfactory as well as that of those around them. If no remedial steps are taken it may distort his total personality. Hence, there is a need to identify and provide suitable measures to deal with behavioural problems at an early age.[3]

Statement of the problem:

" A Study to Assess the Knowledge of Primary School Teachers Regarding Behavioral Problems and their Prevention among Children in Selected Government Primary Schools in Chamarajanagar District with a View to Develop an Information Guide Sheet"

Conceptual framework: The present study Conceptual Framework Based on Modified Pender's Health Promotion Model (1996)

Assumptions:

1. Primary school teachers may have some knowledge regarding prevention of behavioral problems among children.

2. Developing an information guide sheet based on the assessed knowledge regarding prevention of behavioral problems among children will update their lacking knowledge on prevention of behavioral problem.

Research methodology:

A non-experimental research approach was considered the best to assess the level of knowledge among selected government primary school teachers chamarajanagar district. A descriptive research design was adopted. The study was conducted in the following selected government primary schools in chamarajanagar district.Viz, National Primary School, kollegal, Governemnt Primary Schools at Shankanapura kamagere, Mudigunda and Kaliyuru In the present study, the populations were 10 Primary school teachers from each government primary schools. The total sample size of the study consists of 50. Subjects were selected by purposive sampling technique.

structured questionnaire was administered to 50 primary school teachers who teach from 1st standard to 7th standards in selected Government Primary Schools of Chamarajanagar District The tool was selected and developed based on the research problem, review of the related literature and with suggestions and guidance of the experts in the field of psychiatric Nursing, The tool consisted of 2 Sections.

Section I: consists of 16 items to obtain information regarding age, sex, religion, education, marital status, children age group, years of experience, subjects handled, contact hours with students, classes being handled, abnormal behavior noticed and Parent Teacher Association.

Section II: Structured knowledge questionnaire. This section consists of 55 multiple choice questions and each correct response carried one score comprising the total score of 55

Findings of study:

i. Findings related to demographic characteristics

Among primary school teachers majority of them,38% of were in the age group of 31-40 years, 14% of were between 20-30 years and 51-60 years respectively.

Among primary school teachers majority of 68% of the respondents were found to be females, 82% of the respondents are Hindus, 10% Christians, 8% Muslims.

Findings shows that 86% of the respondents with the qualification of T.C.H./D.Ed., 6% with P.U.C. and B.Ed. and 2% with degree level of education.

Findings related to experience shows that 46% of respondents had below 10 years of experience and 36% had 10-19 years of experience

In this study 46% of respondents have children above 13 years of age, 24% had 6-13 years, 22% had below 6 years and 8% with no children.

In this study 38% of respondents had contact with students were about 25 hours, higher percent of respondents handled classes of 5th standard 52%, 6th standard 46% and 7th standard 44%.

Findings reveals that the 52% of respondents did not attended any programme, 22% had attended seminars and 12% attended workshop on mental health.

In this study 54% of respondents had not observed any abnormal behaviour among children, 46% of respondents had observed abnormal behaviour among children.

Findings shows that 78% of schools follow parents teacher association regularly, and 38% follow quarterly parent teacher association and 22% of schools do not follow parent's teacher association.

ii. Knowledge of primary school teachers regarding behavioural problems and their

Prevention among school children

The aspects were discussed under the following sub-headings.

a. Common behavioural problems

Findings reveals that 47.2% of respondents knows about common behavioural problems among children.

b. **Common bad habits**

This study shows that 65.4% of respondents had adequate knowledge regarding common bad

Habits among children.

c. Communication disorder

Findings reveals that 48.8% of respondents aware of common communication disorder among children.

d. Learning disorder

The findings shows that 45.9% of respondents knew regarding learning disorder.

e. Conduct disorder

Findings reveals that 25.8% of respondents aware about conduct disorder

f. Temper tantrum

Findings reveals that 50.5% of respondents aware about temper tantrum.

g. Anxiety

In this study 40.8% of respondents knew about anxiety.

h. Prevention of behavioural problems

Findings reveals that 53.0% of respondents possess knowledge regarding prevention of behavioural problems.

The findings shows that overall mean knowledge scores of respondents is found to be 46.1% regarding behavioural problems and their prevention. This shows that there is a need for mental health programmes for teachers

iii. Association between knowledge of the primary school teachers regarding behaviour

Problems and their prevention with selected variables

There is significant association between knowledge and selected demographic variable like gender (X^2=4.43) at 5% level.

There is no significant association between demographic variables such age (X^2= 0.45), religion (X^2= 0.18), respondent's children age (X^2= 4.62), Educational qualification (X^2= 0.45) Teaching experience (X^2= 2.86), contact hours (X^2= 1.27), Identified students behaviours (X^2= 0.19) Educational programme attended(X^2= 0.19) and parent teachers association(X^2= 0.08)

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Conflict of Interest: Nil

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