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Preface

Sinhgad e Journal of Nursing is a medium for scientists to communicate with other scientists about the results of their research.

Nursing is a caring practice comprised of both an art and a learned scientific discipline guided by sound theoretical and factual bases. Professional nurses practice according to a code of ethics, standards of care and professional guidelines.

There was a time when professional nurses had very little choice of service because nursing was centered in the hospital and bedside nursing. Career opportunities are more varied now for nurses in India and worldwide. Keeping in view current need of good quality of nursing database, Sinhgad College of Nursing started ‘Sinhgad e Journal of Nursing.’

'Sinhgad e-Journal of Nursing is a scholarly peer reviewed Journal. All papers submitted will undergo a double blind peer review process from experts in the field.' This is a biannual journal that publishes original research papers in the field of Nursing/Health Sciences.

For Each Volume Issue one is published on Republic Day and Issue two on Independence Day India so as to feel love, devotion and sense of attachment to our motherland.

I am very glad to publish this Volume IX, Issue I, June 2019 on 73rd Independence Day of India.

Happy Independence Day to all readers, well-wishers, authors, editorial boards and my colleagues.

I am very glad to announce here by the evening of this 73rd Independence Day we have published ‘236’ original research articles in Nursing including this issue. Due care has been taken to avoid plagiarism, declarations has been taken from authors about originality of the articles from the authors.

We Team of Editorial Board welcome all suggestions, corrections, feedbacks from all our well-wishers. Please be in touch with us through mail sinhgadejnursing@gmail.com, sinhgadejnursing@sinhgad.edu.

Editor in Chief
Vishal R. Naikare
For Team Sinhgad e Journal of Nursing
Pune.
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Every heart that has beat strong and cheerfully has left a hopeful impulse behind it in the world, and bettered the tradition of mankind......

Robert

Abstract

Heart starts working as soon as 21st day of conception in mother's womb and goes on till the last breathes of life. It keeps pumping the blood to the cells of human body, spending sleepless nights and days. On an average, heart beats 1,00,000 times a day, pumping almost 7500 litres of blood through its chambers to the rest of the body then back to the heart. Over 70 years that adds up to more than 2.5 billion heart beats. An Implantable Cardioverter Defibrillator (ICD) is a device that detects and determines the life threatening episodes of Ventricular Tachycardia and Ventricular fibrillation in high risk patients. An Implantable Cardioverter Defibrillator (ICD) consists of a generator and at least that can sense intrinsic electric activity and deliver an electrical impulse. Prevalence of congestive heart failure in India was 18.8 million Indians (1.76% of population). The incidence rate was 1.57 million per year (0.15%). More than 1 million patients with heart failure are now eligible to receive Cardiac Device Therapy. In which 2% of age 40-59, 5% of age 60-69, 10% of age over 70 A study was conducted on knowledge regarding nursing care of patient with implantable Cardioverter defibrillator among nurses. In present study, In Responses to function of lead in Implantable Cardioverter defibrillator, function of battery in ICD, battery life in ICD , 26(52%), 29 (58%) and 18 (36%) samples respectively had replied right in pre test, whereas 41 (82%), 35 (70%) and 40(80%) samples had responded right in post test for same. Regarding the after ICD implantation the distance of keeping cellular phones and electrical items away from body, the duration of follow up visit and follow up examination, the samples were aware in the pre test20 (40%), 23(46%), 32(64%) respectively
had replied right in pre test, whereas 43(86%), 37(74%) and 41(82%) samples had responded right in post test for same. In this research study, pre test practice score, 9(18%) sample comes under poor practice category, 20(40%) in average category, 16(32%) in good, and 5(10%) in excellent category. In post test practice score 3(6%) in poor, 13(26%) in average, 25(50%) in good and 9(18%) in excellent category. The mean difference between before and after scores was 7.72 (±1.84). The t-statistic was 29.65 (DF = 49, p-value < 0.001. The mean pre-test practice score was 42.40 (± 7.667) and the mean post test practices score was 50.46 (±6.92).

**Introduction**

God given one miracle organ that is heart. The heart is known as the epicentre of all your emotions, new ideas and inspirations. The heart keeps pumping the blood to the cells of human body, spending sleepless nights and days. On an average, heart beats 1,00,000 times a day, pumping almost 7500 litres of blood through its chambers to the rest of the body then back to the heart. Over 70 years that adds up to more than 2.5 billion heart beats. A healthy heart can be result of few factors, which includes good genes, good physical activities, right meal and food choices etc. While nothing can be done with one genes, they are god gifted and beyond the control of human being. But, about others they can be easily controlled by normal life style and healthy food practices. Globally, cardiovascular disease is the number one cause of death and in 2005 cardiovascular disease was responsible for approximately thirty percent of deaths worldwide. Cardiovascular disease is a broad term that encompasses such varied illnesses as coronary artery disease, peripheral arterial disease, cerebrovascular disease, rhythmic disorders, rheumatic heart disease, congenital heart disease, and congestive heart failure. Cardiac disease in India has quadrupled in the last 40 years and WHO estimated that by 2020 close to 60 percent of cardiac patients worldwide will be Indian. The established risk factors of cardiovascular disease include lack of exercise, poor diet, and smoking. The cardiovascular crisis is glaringly evident in developing countries, and especially in India. While India is still trying to shake off diseases rooted in poverty, both their urban and rural areas are experiencing a mounting epidemic of cardiovascular disease. Cardiologists blame drop in age of heart disease affecting Indians to faulty food intake (including excessive consumption of milk products and junk food), sedentary lifestyle and stress. Genetic disposition of Indians has also been identified as a prime cause for early onset of cardiac problems. “Heart disease manifested almost a decade earlier in Indians than in other ethnic groups, thus contributing to the excessive long-term morbidity and higher cost of treatment. More than 80 million people worldwide have some form of cardiovascular diseases, as estimated by the American Heart Association. Sudden cardiac death accounts for 300,000 deaths in the US each year. Atrial fibrillation affects 10 million people worldwide. As health professionals, our practice is constantly
becoming more complex and diverse. We are also engulfed in technology in the pursuit of improving quality of life for our patients. Why? The answer is sudden cardiac arrests (SCA), also referred as sudden cardiac death. About 325,000 SCA occur annually in the United States, of which 163,221 SCA take place out of hospitals. An unusual rapid heart rate of unknown cause comes 3 and goes, even when at rest. The result is a malfunction in the heart’s electrical system that leads to ventricular tachycardia and ventricular fibrillation, the immediate cause of SCA. The implantable Cardioverter defibrillator is are served for use in clients who have experienced at least one episode of sudden cardiac death un related to myocardial infarction, clients who were successfully resuscitated, or clients in whom conventional middle attempts to control life threatening dysrhythmia have not been successful clients undergo electrophysiological studies to assess the inducibility of ventricular tacydysthymias and their response to medication. If the dysrhythmias can be considered a candidate for a ICD implantation. A psycho logic profile is done to determine whether the client will be able to cope with the discomfort and fear associated with internal defibrillation from the ICD.

Need for the study

Patients with Implantable Cardioverter Defibrillator (ICD) constitute a growing segment of the contemporary health care practice. According to the American Heart Association, more than 170,000 pacemakers and 30,000 Implantable Cardioverter Defibrillators (ICDs) are implanted in the United States each year. About 325,000 Sudden Cardiac Arrest (SCA) occur annually in the United States, of which 163,221 SCA take place out of hospitals. It was estimated that 75% of SCA had a previous heart attack. Roughly 330,000 Coronary Heart Disease (CHD) take place out of hospitals annually. Cardiovascular Disease is the leading cause of death, strikes Indians early and kills many in their productive mid-life years. Death due to Cardio-vascular disease, in the age group of 35 to 64 years, resulted in 9.2 million potentially productive years of life being lost in 2000 and are expected to rise to a loss of 17.9 million years in 2030. Prevalence of congestive heart failure in India was 18.8 million Indians (1.76% of population). The incidence rate was 1.57 million per year (0.15%). More than 1 million patients with heart failure are now eligible to receive Cardiac Device Therapy. In which 2% of age 40-59, 5% of age 60-69, 10% of age over 70. Escorts Heart Institute and research centre, New Delhi were the first to implant Implantable Cardioverter Defibrillator (ICD) in India.
Objectives

1. To assess the knowledge of ICU staff nurses regarding Implantable Cardioverter Defibrillator (ICD) before and after planned teaching.
2. To assess the practices of ICU staff nurses regarding implantable Cardioverter defibrillator (ICD) before and after planned teaching.
3. To compare the pre test and post test knowledge score of ICU staff nurses regarding care of patient with implantable Cardioverter defibrillator (ICD).
4. To compare the pre test and post test practice score of ICU staff nurses regarding care of patient with implantable Cardioverter defibrillator (ICD).
5. To find out the association between knowledge and practices on selected demographic variables among ICU staff nurses.

Methods

The research approach used for the study was Descriptive evaluative approach. The conceptual framework was based on the The conceptual framework of this study is based on general system theory and it is given by Ludwig Von Bertalanffy in 1950. According to this theory human being are constantly changing due to their interaction with environment. A One group Pre test – post test research design was used for this study. The target population of 50 staff nurses in ICU selected, by non probability convinienent sampling technique. The tool was prepared by extensive review of various literature, and validation of tool was obtained from expert opinion in the field of nursing.. The tool contains 3 sections.

- **Section 1**: This part of questionnaire includes the demographic data. The items included in this area are age, education, experience and gender.
- **Section 2**: Section two of the tool consist of questions related to the knowledge regarding implantable Cardioverter defibrillator. Which include, Indications to ICD, Types of ICD, ICD complications and prevention,
- **Section 3**: Section 3 of the tool consist of self reported rating scale related to practices of staff nurses regarding care of patient with implantable Cardioverter defibrillator, which also included Preparation of patient for implantation of ICD Care after implantation of ICD Discharge advice; follow up care, activity resume. Pilot study was conducted for the 5 staff nurses in ICU of the total sample and feasibility of the tool and study was observed. The study was found feasible. Actual data collection was done for 50 staff nurses working in ICU. The collected data were compiled and analysed with help of descriptive and inferential statistics.

Result

**Section 1**: Demographic data of staff nurses working in the intensive care unit is analysed in terms of frequency and percentage. Majority of the sample that is 30 (60%) belongs to the age group of 20 – 25 years, 15 (30%) belongs to the 26 – 30 years and 5
(10%) of sample belonged to the age group of 31 – 35 years. The majority of the sample that is 26 (52%) staff nurses of the sample were G.N.M. and 18 (36%) staff nurses of the sample with basic B.Sc. nurses. 5 (10%) of the sample had an experience of 3-6 months, 22 (44%) of the sample had an experience of 7-12 months and 23 (46%) of the sample had an experience of 24 months and above.

Section II: Assessment of the knowledge of ICU staff nurses regarding Implantable Cardioverter Defibrillator (ICD) before and after planned teaching.

In this section question wise analysis was done in terms of frequency and percentage.

- In post test 47(94%) of sample answered correctly for meaning of implantable Cardioverter defibrillator.
- In post test all the sample 50(100%) responded correctly to lead placement in single chambered implantable Cardioverter defibrillator.
- In post test 46(92%) of sample answered correctly for therapies used in implantable Cardioverter defibrillator.
- Regarding medication a day prior to ICD implantation the nurse make sure about, 45(90%) of sample answered correctly in post test.
- The response for indications for implantable Cardioverter defibrillator 40(80%) of sample answered right in post test.
- Teaching was effective to improve knowledge about functions of Implantable Cardioverter defibrillator as the post test score were 42(82%).
- Sample showed lot of improvement in knowledge regarding complications if ICD as the post test score 43(86%).
- In post test 41(82%) of sample answered correctly for function of lead in implantable Cardioverter defibrillator.
- Regarding function of battery in implantable Cardioverter defibrillator about 35(70%) of sample answered correctly in post test.
- The knowledge of sample increased about battery life in implantable Cardioverter defibrillator as post test score 40 (80%).
- Teaching was effective to improve knowledge about discharge instruction after implantation of implantable Cardioverter defibrillator as post test score were 46(86%).
- The knowledge of sample regarding post operative nursing management is increased as the post test score were 45(90%).
- In post test 41(82%) of sample answered correctly to follow up examination of patient with implantable Cardioverter defibrillator.

Section III: This section deals with Assessment of the practices of ICU staff nurses regarding Implantable Cardioverter Defibrillator (ICD) before and after planned teaching.

Sample wise assessment of the self reported practices done.
In pre test practice score, 9(18%) sample comes under poor practice category, 20(40%) in average category, 16(32%) in good, and 5(10%) in excellent category. In post test practice 77 score 3(6%) in poor, 13(26%) in average, 25(50%) in good and 9(18%) in excellent category.

Section IV: This section deals with comparison of the pre test and post test knowledge score of ICU staff nurses regarding care of patient with implantable Cardioverter defibrillator (ICD).

The mean score before planned teaching of care of patients with ICD was 9.76(±2.237) and the score after planned teaching of care of patients with ICD was 17.48 (±1.092). The Before and after knowledge score was compared using paired t-test. The mean difference between before and after scores was 7.72 (±1.84). The t-statistic was 29.65 (DF = 49, p-value < 0.001). Hence the null hypothesis that there is no significant difference in the pre-test and post-test knowledge score regarding care of patients with ICD among ICU staff nurses is rejected.

Section V: This section deals with comparison of the pre test and post test practice score of ICU staff nurses regarding care of patient with implantable Cardioverter defibrillator (ICD).

The mean pre-test practice score was 42.40 (± 7.667) and the mean post test practices score was 50.46 (±6.92). The pre-test and post-test scores were compared using Wilcoxon Signed rank test. The associated z-value was 6.165 (p < 0.001), hence we reject the null hypothesis that there is no difference in the pre-test and post-test practice score regarding care of patients with ICD among ICU staff nurses.

Section VI: Determination of the association between knowledge and practice score with the selected demographic variables.

To find association between age and knowledge score, the mean knowledge score was compared according to age using one-way ANOVA test. The f-value was found to 1.958 (p > 0.05) which indicates that there is no significant association between age and knowledge score.

To find association between educational qualification and knowledge score, the mean knowledge score was compared according to educational qualification using one-way ANOVA test. The f-value was found to 0.224 (p > 0.05) which indicates that there is no significant association between educational qualification and knowledge score.

To find association between clinical experience and knowledge score. The f-value was found to 0.314 (p > 0.05) which indicates that there is no significant association between clinical experience and knowledge score.

To find association between age and practice score. The f-value was found to 0.385 (p > 0.05) which indicates that there is no significant association between age and practice score.

To find association between educational qualification and practice score. The f-value was found to 0.693 (p > 0.05) which indicates that there is no significant association between educational qualification and practice score.
To find association between clinical experience and practice score. The f-value was found to be 2.132 (p > 0.05) which indicates that there is no significant association between clinical experience and practice score.

**CONCLUSIONS**

From the study, the investigator concluded that the staff nurses who are working in ICU needs information regarding care of patient with ICD. The ‘t’ test computed between mean post test knowledge score and mean pre test knowledge score indicates significant gain in knowledge and self expressed practice score. Thus it is concluded that the planned teaching on care of patient with ICD was effective as a teaching strategy.

During course of study, researcher realised that it was not easy to involve staff nurses, because of their workload. There was a lack of time, lack of interest. Adequate knowledge and practice score regarding care of patients with ICD will help them provide quality patients care services and improve nursing care quality.

The post test gain in knowledge and practice score was high. The ‘t’ test computed between mean pre test and post test knowledge and self expressed practice score indicated significant gain in the knowledge and self expressed practice score. Thus it includes that the planned teaching on care of patients with ICD was effective as a teaching strategy.

**Reference**

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‘Effect of fenugreek seed powder in control of blood glucose level among type II diabetes mellitus people in selected urban community of the city.’

Mrs. Dipali Awate.
Clinical Instructor,
MKSSS, Smt. Bakul Tambat Institute of Nursing Education, Karvenagar, Pune: 411 052.
dipalisamit@rediffmail.com

Introduction
Diabetes is one of the largest global health emergencies of the 21st century. Diabetes is a huge and growing burden: 415 million adults were living with diabetes in 2015 and this number is expected to increase to around 642 million or one in ten adults by 2040. India is fast gaining the title of diabetic capital of the world. There are about 800 plants which have been reported to show anti-diabetic potential. Fenugreek has a long history of medical uses in ayurvedic and Chinese medicine, and has been used for numerous indications, including labour induction, aiding digestion, and as a general tonic to improve metabolism and health. Fenugreek seed contain a peculiar amino acid not found in any mammal tissues, 4-hydroxyisoleucine, which is believed to boost insulin production by stimulation of the beta cells of the pancreas, which secretes insulin. This project is undertaken to find solutions to prevent and reduce the effects of fenugreek seed powder for controlling blood glucose level in type II diabetes mellitus patients.

Problem Statement
Effect of fenugreek seed powder in control of blood glucose level among type II diabetes mellitus people in selected urban community of the city.

Objectives
1. To assess the baseline blood glucose level among type II diabetes mellitus people in experimental and control group of selected urban community.

2. To determine the effect of fenugreek seed powder administration on blood glucose level among type II diabetes mellitus people in the selected urban community.

3. To compare the pre intervention and post intervention blood glucose level among type II diabetes mellitus people in experimental and control group of selected urban community.
Hypothesis

1. **H₀₁:** There is no significant effect of fenugreek seed powder on blood glucose level in type II diabetes mellitus people in experimental groups.

2. **H₁₁:** There is significant effect of fenugreek seed powder on the blood glucose level in type II diabetes mellitus people in experimental group.

Methods

A quasi-experimental time series non-equivalent control group design was adopted for conducting this study. The study was conducted in the urban community area (Gosavi Vasti) in Pune. Forty type II diabetes mellitus patients willing to participate in the study. The 40 samples were selected by non-probability purposive sampling technique out of which 20 participants in experimental group and 20 participants in control group.

Results

- It was found that baseline observation of FBSL in the both groups was equal in relation to their mean of baseline FBSL. In experimental group \( u = 142 \) and in control group \( u = 121.3 \) with mean difference of 20.7. The ‘t’ test significance revealed that ‘t’ (38) = 1.4, \( p = 0.2 \) was > than 0.05. The difference between the experimental and control groups was not significant. On the 5th day, mean of FBSL in experimental group \( u = 124.5 \) and in control group \( u = 119.2 \) with mean difference of 5.3. The ‘t’ test of significance reveals that ‘t’ (38) = 0.57, \( p = 0.6 \) was > 0.05. The difference between the experimental and control groups was not significant.

- On the 5th day, mean of FBSL in experimental group \( u = 108.9 \) and in control group \( u = 124.8 \) with mean difference of -15.9. The ‘t’ test of significance reveals that ‘t’ (38) = 2.343, \( p = 0.03 \) was < 0.05. The difference between the experimental and control groups were significant.

- Thus above analyses were reveals that the fenugreek seeds were effective after 15 days onwards. The \( \mu = 108.90 \) of experimental was significantly less than of control group \( \mu = 124.80 \). This significant difference indicates that fenugreek seeds lowers the FBSL. Hence the investigator accepts the \( H₁₁ \) and rejects \( H₀₁ \), i.e. there was effect of fenugreek seed powder administration in blood glucose level in type II diabetes mellitus people between experimental groups. And reject the null hypotheses i.e. there was no significant effect of fenugreek seed powder on blood glucose level in type II diabetes mellitus people in experimental groups.

difference between the experimental and control groups was not significant. On the 10th day, mean of FBSL in experimental group \( u = 113.4 \) and in control group \( u = 117 \) with mean difference was -3.6. The ‘t’ test of significance reveals that ‘t’ (38) = -0.58, \( p = 0.6 \) was > 0.05. The difference between the experimental and control was not significant.
Conclusion

The study concluded that there was a significant effect of fenugreek seed powder administration in control of blood glucose level among type II diabetes mellitus people in the selected area of community. Hence nurses must take initiative in using CAM (herbal products) to meet the need of the patients and community.

References

Abstract

Children are the most vulnerable group in the society. Children tend to get more upper respiratory tract infection than adults. Today traditional medicine widely practiced, as plants have been the basis for medical treatments. A study was conducted to assess the effect of camphor oil and ginger oil local application on sore throat and dry cough among preschoolers. Research approach: Quantitative approach. Research design: Comparative two group pretest posttest experimental design. Population: Preschoolers between the age group of 3-6yrs with complaints of dry cough and sore throat. Setting: Selected urban areas of the city. Sampling technique: Simple random probability sampling technique. Sample size: 60 Conclusion: There was a significant effect of local application of camphor oil and ginger oil on sore throat and dry cough among preschoolers.

Keywords
Camphor oil, Ginger oil, Preschoolers

Introduction

Upper respiratory infections are one of the most frequent causes for visit a doctor with varying symptoms ranging from runny nose, sore throat, dry cough, to breathing difficulty, and lethargy. Nature always stands as a golden mark to show the outstanding phenomena of life.

Natural products from plant, animal and World wide the respiratory tract diseases associated with bacterial infection and inflammation affect a large number of children. The appearance of multidrug resistant bacteria and growing antibiotic resistance is leading to a continuous need for discovering new drugs and alternative treatments against infections. The antibacterial effect of essential oils (camphor and ginger oil), which are commonly used now a days in health care and traditional medicine, could be one of the promising solutions for this worldwide respiratory problems. Multiple
compositions of essential oils give complex mode of action. Because of its volatility the camphor and ginger essential oils can easily reach the upper and lower parts of the respiratory tract via application.

Statement of the Problem

‘Effectiveness of camphor oil and ginger oil local application on sore throat and dry cough among preschoolers residing in selected urban areas of city.’

Objectives

1. To assess the effectiveness of camphor oil on sore throat and dry cough among preschoolers residing in selected urban areas of city.
2. To assess the effectiveness of ginger oil on sore throat and dry cough among preschoolers residing in selected urban areas of city.
3. To compare the effect of camphor oil and ginger oil on sore throat and dry cough among preschoolers residing in selected urban areas of city.
4. To find the association between study findings and selected demographic variables.

Hypotheses

$H_0$: There is no significant effect of camphor oil and ginger oil local application on sore throat and dry cough among preschoolers residing in selected urban areas of city.

$H_1$: There is significant effect of camphor oil and ginger oil local application on sore throat and dry cough among preschoolers residing in selected urban areas of city. (p=0.05)

Conceptual framework

The study adopted a conceptual framework based on General system theory model.

Methodology

Research approach: Quantitative approach
Research design: Comparative two group pretest posttest experimental design.
Population: Preschoolers between the age group of 3-6yrs with complaints of dry cough and sore throat.
Setting: Selected urban areas of the city.
Sampling technique: Simple random probability sampling technique.
Sample size: 60 (30 in experimental group A and 30 in experimental group B)

Significant findings of the study

The result shows in experimental group A, average observed symptoms in pretest were 3.2 which decreased to 1.8 in posttest. The calculated t’ value for this test was 8.12 with 29 degree of freedom. Corresponding ‘t’ table value was 2.05, which is less than calculated t value 8.12 null hypothesis is rejected. This is evident that there is significant effect of camphor oil local application on sore throat and dry cough amongst preschoolers.

The result shows in experimental group B, average observed symptoms in pretest mean was 2.96 which is decreased to 1.66 in posttest. The calculated’ value for this test was 8.51 with 29 degree of freedom. Corresponding ‘t’ table value was 2.05, which is less than calculated ‘t’ value (8.12) null hypothesis rejected. This is evident that there is significant effect of ginger oil local application on sore
throat and dry cough amongst preschoolers.
Mean value in experimental group A is 1.4 and 1.3 in experimental group B. The calculated t-value for unpaired t-test is 0.5 with 58 degree of freedom. Table t-value was 2 which is more than calculated t-value, the null hypothesis is accepted. The result shows that there is no significant difference between effectiveness of camphor oil and ginger oil local application, hence both the oils are equally effective.

Researcher used Chi square test statistics to find out the association between study findings with selected demographic variables of preschoolers. Since all the p-value are large (greater than 0.05) none of the demographic variables was found to have significant association with sore throat and dry cough among pre-schoolers.

**Conclusion**
The study concluded that there was a significant effect of local application of camphor oil and ginger oil on sore throat and dry cough among preschoolers in the selected urban areas of the city. Hence nurses must take initiative in using camphor oil and ginger oil (herbal products) to meet the need of the patients and community.

**References**
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‘Assess the Knowledge on Optional Vaccines among Mothers of under Five Children in selected Hospital of the City.’

*Ms. Deepali R. Khaire,*
MKSS, Smt. Bakul Tambat Institute of Nursing Education, Karve Nagar, Pune, Maharashtra 411052.
khairedeepali2012@gmail.com

*Mr. Vipul Adbale.*
Sahyadri Seva Sasntha Institute of Nursing, Nasik, Maharashtra.

**Ms. Sujata Kanade**
SSPMs College of Nursing, Barshi, Maharashtra.

**Ms. Shital Bardeskar, Mrs. Suhasini V. Sanas**
Department of Paediatric Nursing, Sinhgad College of Nursing, Pune, Maharashtra.

Abstract

Immunization plays very important role in prevention of diseases. The optional vaccines include MMR, rotavirus, typhoid, Hib chickenpox (varicella), hepatitis A, Pneumococcal, meningococcal, influenza viral vaccines; HPV.

A study was conducted to assess the knowledge on optional vaccines among mothers of under five children

Research approach: Quantitative approach.
Research design: non exploratory descriptive design
Setting: Selected hospital of the city.
Sampling technique: Convenience sampling technique.
Sample: Mothers of under five children
Sample size: 30
Conclusion: It shows that 16.67% of samples have poor knowledge, 56.67% of samples have Average knowledge and 26.67% of samples have Good knowledge.

Introduction

Immunization plays very important role in prevention of diseases. Vaccines as a potential intervention against respiratory infection, while conventional fatality due to pertussis, diphtheria, and measles is reduced by routine immunization. By classifying a vaccine as optional the choice is left with the treating physician and parent. The optional vaccines include MMR, rotavirus, typhoid, Hib chickenpox (varicella), hepatitis A, pneumococcal, meningococcal, influenza viral vaccines, HPV.

National Health Mission increase coverage of vaccines against major vaccine preventable diseases through various strategies. Immunization forms one of the most important and cost effective strategies for the prevention of childhood sicknesses and disabilities and is thus a basic need for all children.
Need of the study

“Vaccine gives parents the safe, proven power to protect their children.”

WHO estimates that in 2007 the under-five mortality was 78.8 deaths /1000 live births. In that, most of the deaths are attributed to vaccine preventable diseases like tuberculosis, typhoid, pneumonia, polio, diarrheal diseases, and tetanus etc. Many of the mothers are unaware about the number of doses of each vaccine and also about the time limit for the particular vaccine that should be administered to the child.

Immunization describes the whole process of delivery of a vaccine and the immunity it generates in an individual and population. A vaccine is a special form of a disease-causing agent (e.g., virus or bacteria) that has been developed to protect against that disease. The last 20 years has seen an explosion in the number of new vaccines. However about 3 million babies in the developing countries die during early childhood. In recent years however relatively low immunization levels in this age group have occasional scattered outbreak of certain disease. For this reason in spite of the national effort some immunizations are administered optionally to improve the immunization levels of all children. This vaccination helps to making the babies’ immune system stronger. Immunization is the most effective tool which greatly prevent and reduce incidence and severity of common seven diseases include of whooping cough, diphtheria, tetanus, hepatitis, tuberculosis, poliomyelitis, measles, which a together responsible as leading cause of all death in children under the age five.

Statement of the Problem

Assess the knowledge on optional vaccines among mothers of under-five children in selected hospital of the city.

Objectives of the study

1. To assess the knowledge on optional vaccine among mothers of under five children.
2. To find the association between selected demographic variables and study findings.

Hypothesis

There will be significant association in the level of knowledge of mothers of under-five children with selected demographic variable.

Conceptual framework

The study adopted a conceptual framework was based on Health belief model.

Methodology

Research approach: Quantitative approach
Research design: Non exploratory descriptive design
Setting: Selected hospital of the city.
Sampling technique: Convenience sampling technique
Sample: Mothers of under five children
Sample size: 30.

Significant findings of the study

It shows that 16.67% of samples have poor knowledge, 56.67% of samples have Good knowledge and 26.67% of samples have Average knowledge.

The present studies mean value of the knowledge on optional vaccines is 14.2 with standard deviation of 4.17. This findings show that mothers of under-five children admitted in the hospitals of
the city has average knowledge on the optional vaccines.

### Conclusion

The respondents knowledge score was Average knowledge regarding optional vaccines were 26.67%, good knowledge were 56.67% and remaining 16.67% of those having poor knowledge regarding optional vaccines.

![Level of knowledge](image)

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Abstract

Introduction: Individuals must achieve a positive self-esteem before they can achieve self-actualization. On a day-to-day basis, one’s self-value is challenged by changes within the environment. With a positive self-worth, individuals are able to adapt successfully to the demands associated with situational and maturational crises that occur. The ability to adapt to these environmental changes is impaired when individuals hold themselves in low esteem. Self-esteem is very closely related to the other components of the self-concept. Just as with body image and personal identity, the development of self-esteem is largely influenced by the perceptions of how one is viewed by significant others. Methodology: A Quantitative Quasi experimental non-equivalent control group design. The sample consisted of 60 sober alcohol dependence attending self-help groups (30 experimental and 30 control group). Sampling technique: Probability cluster sampling technique used to select the samples. Tool and technique: A tool is an instruments or equipment used for collecting the data Method for data collection is semi structured question Four point likert scale. A structured. Tool was developed by the investigator to assess level of self-esteem of sober alcohol dependence attending self-help groups. Results: Findings related to effectiveness of brief cognitive behavioural therapy on level of self-
Esteem in experimental group that is pre and post test results of experimental group: In experimental group, in pretest, 46.7% of the sober alcohol dependents had very low self-esteem and 53.3% of them had low self-esteem. In posttest, 10% of them had low self-esteem and 90% of them had high self-esteem. Findings related to effectiveness of brief cognitive behavioural therapy on level of self-esteem in control group that is pre and post test results of control group: In control group, in pretest, 16.7% of the sober alcohol dependents had very low self-esteem and 83.3% of them had low self-esteem. In posttest, 10% of the sober alcohol dependents had very low self-esteem and 80% of them had low self-esteem and 10% of them had high self-esteem. Conclusion: A brief cognitive behavioural therapy was effective to increase level of self-esteem among sober alcohol dependence attending self-help groups.

Keywords
Brief cognitive behavioural therapy; Self-esteem; Sober alcohol dependence; Self-help groups.

Introduction
“If you believe in living a respectable life, you believe in self-help which is the best help”. Dr. B. R, Ambedkar

Individuals must achieve a positive self-esteem before they can achieve self-actualization. On a day-to-day basis, one’s self-value is challenged by changes within the environment. With a positive self-worth, individuals are able to adapt successfully to the demands associated with situational and maturational crises that occur. The ability to adapt to these environmental changes is impaired when individuals hold themselves in low esteem. Self-esteem is very closely related to the other components of the self-concept. Just as with body image and personal identify, the development of self-esteem is largely influenced by the perceptions of how one is viewed by significant others. It begins in early childhood and vacillates throughout the life span. Alcoholics use alcohol to make themselves feel better and to numb feelings of inadequacy, inferiority and low self-worth. They use alcohol to substitute for good feelings about themselves; to cover up what they see as their inadequacies, to paint themselves a personality that they believe can’t exist without this help, to turn themselves into someone else.

Background of the study
Mitrovic M, Pesic M H, Stojanovic D, Milicevic N. (2013): The way that people view themselves will have an impact on
how they experience their life. Those who have low self-esteem struggle to find success and happiness, mostly because they do not feel themselves worthy of enjoying such things. Their lack of self-worth will affect every area of their relationships with other people.

**Need of the study**

*World Health Organization* (2014): Released its Global Status report on Alcohol and Health. According to the report, about 38.3 per cent of the world’s population is reported to consume alcohol regularly. With one in three people in India falling below the poverty line, the economic consequences of expenditures on alcohol attain special sequences.

Alcoholism is very big issue in India and the self-esteem is a psychiatric problem.

**Problem Statement**

An experimental study on the Effectiveness of brief cognitive behavioural therapy on level of self-esteem among sober alcohol dependents attending self-help groups in selected areas.

**Objectives**

1. To assess the pre-existing level of self-esteem among sober alcohol dependents attending self-help groups in selected areas.
2. To assess effectiveness of brief cognitive behavioural therapy on level of self-esteem among sober alcohol dependents attending self-help groups in selected areas.
3. To find association between pre-test study findings with selected demographic variables.

**Hypothesis**

$H_{01}$ There is no significant difference in level of self-esteem among sober alcohol dependents before and after administration of brief cognitive behavioural therapy among experimental group. (at P=0.05)

$H_{02}$ There is no significant difference between alterations in level of self-esteem among sober alcohol dependence of experimental and control group. (at P=0.05)

**Research Methodology**

*Research Approach*: This study was based on the evaluative approach. The purpose of evaluative study is to measure the effect of poverty line, the economic consequences of expenditures on alcohol attain special sequences.

*Research Design*: The research design selected for the present study was Quantitative Quasi experimental non-equivalent control group design.

*Setting*: Self-help groups in selected areas.

*Sample*: In the present study the sample comprises of sober alcohol dependents attending self-help groups in selected areas.
areas that fulfilled the inclusion criteria.

Sample Size:
Sample consists of 60 sober alcohol dependents attending self-help groups. Control group: 30 sober alcohol dependents attending self-help groups. Experimental group: 30 sober alcohol dependents attending self-help groups.

Sampling Technique:
Probability cluster sampling technique used to select the samples.

Tool and Technique:
A tool is an instrument or equipment used for collecting the data. Method for data collection is semi structured question.

Four point likert scale: A four point likert scale was developed to assess the self-esteem.

Intervention against the set goals which in terms contributes to subsequent decision making about the intervention and improving future programing.

A questionnaire is a structured instrument, the subjects are asked to respond to exactly the same question in the same order and they are given the same set of options for the responses.

The rating scale consists of all affirmation as they are easier to administer and analyze.

Section I: Semi structured self-reported questionnaire to assess background variables of samples.

Section II: Modified Rosenberg's Self-esteem scale to assess level of self-esteem.

Validity of the Tool:
To establish content validity, the tool was prepared and given to 11 experts.

Reliability: Reliability analysis done by test retest method.

<table>
<thead>
<tr>
<th>Demographic variable</th>
<th>Control</th>
<th>Experimental</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-30 years</td>
<td>5</td>
<td>16.7</td>
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<tr>
<td>30-40 years</td>
<td>12</td>
<td>40.0</td>
</tr>
<tr>
<td>40-50 years</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>50-60 years</td>
<td>3</td>
<td>10.0</td>
</tr>
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<td>Female</td>
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<td>0.0</td>
</tr>
<tr>
<td>Male</td>
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</tr>
<tr>
<td>Unemployed</td>
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<td>0.0</td>
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<tr>
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<td>16.7</td>
</tr>
<tr>
<td>Private employee</td>
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<td>26.7</td>
</tr>
<tr>
<td>Other</td>
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<td>3.3</td>
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<tr>
<td>Education</td>
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<td>Primary</td>
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<td>Secondary</td>
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<td>20.0</td>
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<tr>
<td>Higher secondary</td>
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<td>66.7</td>
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<tr>
<td>Graduation</td>
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<td>13.3</td>
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<tr>
<td>Marital status</td>
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</tr>
<tr>
<td>Married</td>
<td>20</td>
<td>66.7</td>
</tr>
<tr>
<td>Unmarried</td>
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<td>13.3</td>
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<tr>
<td>Divorce</td>
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<td>13.3</td>
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<tr>
<td>Family income</td>
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<tr>
<td>Rs.10,000 and below</td>
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<td>6.7</td>
</tr>
<tr>
<td>Rs.10,001 - Rs.20,000</td>
<td>18</td>
<td>60.0</td>
</tr>
<tr>
<td>Rs.20,001 - Rs.30,000</td>
<td>9</td>
<td>30.0</td>
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<tr>
<td>Rs.30,000 and above</td>
<td>1</td>
<td>3.3</td>
</tr>
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</table>
Table 2: Pre-existing level of self-esteem among sober alcohol dependents attending self-help groups N=30, 30

<table>
<thead>
<tr>
<th>Self-esteem</th>
<th>Experimental group</th>
<th>Control group</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Pretest</td>
<td>Pretest</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Very low</td>
<td>14</td>
<td>46.7</td>
</tr>
<tr>
<td>Low</td>
<td>16</td>
<td>53.3</td>
</tr>
<tr>
<td>High</td>
<td>0</td>
<td>0.0</td>
</tr>
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</table>

In experimental group, 46.7 of the sober alcohol dependents had very low self-esteem and 53.3 of them had low self-esteem. In control group, 16.7 of the sober alcohol dependents had very low self-esteem and 83.3 of them had low self-esteem.

Effectiveness of brief cognitive behavioral therapy on level of self-esteem among sober alcohol dependents attending self-help groups N=30, 30.

<table>
<thead>
<tr>
<th>Mea</th>
<th>S</th>
<th>t</th>
<th>t</th>
<th>Df</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>28.7</td>
<td>2.7</td>
<td>35.6</td>
<td>0.05</td>
<td>29</td>
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<tr>
<td>Post-test</td>
<td>47.3</td>
<td>4.2</td>
<td></td>
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</table>

Researcher applied paired t-test for the effectiveness of brief cognitive behavioral therapy on level of self-esteem among sober alcohol dependents attending self-help groups. Average self-esteem score in pretest was 28.7 which increased to 47.3 in posttest. T-value for this test was 35.6 with 29 degrees of freedom.
Corresponding p-value was of the order of 0.000, which is small (p< 0.05), the null hypothesis is rejected. It is evident that the self-esteem among the sober alcohol dependents attending self-help groups improved significantly after brief cognitive behavioral therapy. 

_Two sample t-test for effectiveness of brief cognitive behavioral therapy on level of self-esteem among sober alcohol dependents attending self-help groups N=30, 30_

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>S</th>
<th>t</th>
<th>t tab</th>
<th>df</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiment</td>
<td>18.5</td>
<td>2</td>
<td>8</td>
<td>24.9</td>
<td>5</td>
<td>0.000</td>
</tr>
<tr>
<td>Control</td>
<td>1.3</td>
<td>2</td>
<td>5</td>
<td>2.02</td>
<td>8</td>
<td>0.000</td>
</tr>
</tbody>
</table>

Researcher applied two sample t-test for the comparison of experimental and control group for the effectiveness of brief cognitive behavioral therapy on level of self-esteem among sober alcohol dependents attending self-help groups. Average change in self-esteem score in experimental group was 18.5 which were to 1.3 in control group. T-value for this test was 24.9 with 58 degrees of freedom. Corresponding p-value was of the order of 0.000, which is small (less than 0.05), the null hypothesis is rejected. It is evident that the self-esteem among the sober alcohol dependents attending self-help groups improved significantly after brief cognitive behavioral therapy.

**Summary**

Summary includes objectives, hypothesis, assumptions, tool used for the study and findings of the study. Self-esteem is very important aspect in alcoholic person. After taking break to take alcohol the person feel that they had lose their self-esteem and also feeling of worthless. The brief cognitive behavioural therapy is effective method to increase the level of self-esteem in sober alcoholics. According to the findings of the study it is proved that brief cognitive behavioural therapy has positive effects to boost self-esteem.

Hence, it is concluded that brief cognitive behavioural therapy is effective on level of self-esteem among sober alcohol dependents attending self-help groups in selected areas.

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‘Effectiveness of pre-operative instructions on postoperative outcomes measure among women undergoing abdominal Hysterectomy in selected hospitals.’

Ms. Seema S. Nandure.
Obstetrics and Gynecological Nursing, Sinhgad College of Nursing
jangam.jayraj@gmail.com

Abstract

Background of study: Creating awareness regarding these complications in terms of management and preventive measures helps in reducing the severity of the problems experienced. Preoperative teaching is an effective way of communicating information on identified patient’s need, thereby rendering care on these areas which aid in relief from postoperative problems, quick recovery and improve fitness. Preparing the women undergoing hysterectomy preoperatively is beneficial in improving their self-care activities following surgery which may in turn improve their post-operative outcomes.

Methodology: Research approach: Quantitative research approach, Research design: pre-experimental with post-test control group research design. Population: women undergoing abdominal hysterectomy in selected hospitals

Target population: preoperative of abdominal hysterectomy in Maharashtra

Accessible population: was a woman undergoing abdominal hysterectomy in selected hospital and who are available during the course of study. Sample and sample size: Sample size for study consists of 60 pre-operative women
Experimental -30 women
Control group -30 women sampling technique: non probability convenient sampling technique.

Result: The findings of the present study reveal that there was significant gain in knowledge of women in the experimental group, who received pre-operative instruction. These findings are consistent with study by Anganan (2003), who reported that pre-operative teaching program is effective in improving knowledge and satisfaction of patients undergoing surgery.
Introduction

A Hysterectomy, can be life changing procedure with major benefits and some potential risk, it represents a serious concern for women health, adequate health. Assessment and intervention before the surgery may improve hysterectomy outcomes. Although preoperative instruction, in general, has been found to yield better immediate postoperative outcome, the magnitude and consistency of benefits have been small.

Need for the study

A study stated that post-operative complication is very high, such as urinary frequency (24%), cyclical bleeding (7%) and cervical prolapse (2%) was found among the women who had total abdominal hysterectomy. Measures of personality, coping inventory for stressful situations, and procedure appraisal were completed pre and post-operatively. Measures of depression and anxiety were completed pre and post-operatively. Pre-operative, 34% of women reported depression at clinical levels, and 29% reported clinical anxiety. The prevalence of depression fell to 8% 3–months post-operative although clinical levels of anxiety persisted post-operative in 22% of women.

Problem Statement

‘Effectiveness of preoperative instructions on post-operative outcomes measure among women undergoing abdominal hysterectomy in selected hospitals.’

Objectives of the study:

1. To assess the effectiveness of preoperative instructions on postoperative outcomes measure.
2. To find the association between study findings and selected demographic variables.

Research Question: Is there any effect of pre-operative instruction on post-operative outcome of women abdominal hysterectomy?

Conceptual Framework:

The conceptual framework adopted in this study is based on the general system theory. It explains the various parts of a system have functional as well as structural relationships between each other.

Description of tool:

1. Section A – written consent
2. Section B –
   a) Part I- demographic data of women of undergoing abdominal hysterectomy including age, education, occupation, income per month.
   b) Part II- Observation checklist to measure outcomes of postoperative women. This is observational checklist which contains 17 items.

Major findings of the study:

Section I: Distribution of subjects in relation to demographic data

Distribution of demographic data of respondents according to Age. In experimental group maximum 36.67% of respondents belong to 35-40 years and 41–50 years of age group. Whereas in control group maximum 43.34 % of respondents belong 41–50.

Distribution of demographic data of respondents according to Education. In experimental group maximum 33.33%
of respondents had primary and secondary education. Whereas in control group maximum 53.33% of respondents had primary education. Distribution of demographic data of respondents according to Marital status. 100% of the respondents from experimental and control group were married.

Distribution of demographic data of respondents according to Past gynaecological history. In experimental group maximum 60% of respondents had a past gynaecological history of Abnormal uterine bleeding. Whereas in control group maximum 53.33% of respondents had a past gynaecological history of Fibroid uterus.

Distribution of demographic data of respondents according to Past obstetrical history. In experimental group maximum 63.33% of respondents had a past obstetrical history of operational injury. Whereas in control group maximum 70% of respondents had a past obstetrical history of operational injury.

**Section II: Effectiveness of preoperative instructions on postoperative outcome measure.**

Researcher applied unpaired t test to compare difference between average mean score of preoperative instructions on postoperative outcomes measure among experimental and control group. Since P value is less than 0.05 (P value = 0.000) difference in average scores is statistically significant, above data gives sufficient evidence to conclude that the preoperative instructions on postoperative outcome was effective in experimental group.

**Section III: Analysis of data related to preoperative instructions on postoperative outcomes measure in experimental group and control group**

Distribution of postoperative outcome measures in experimental group after giving preoperative instructions majority of 76.67% of patients in experimental group had very good outcome score (35-51), 23.33% of them had good excellent outcome. Distribution of postoperative outcome measures in control group majority of 76.67% of patients in control group had very good outcome score (35-51), 23.33% of them had good outcome score.

**Section IV-Analysis of data to association between the post-test**

There is significant association between educational status and study findings.

**Section V: Association of the study findings with selected demographic variables**

Since p value is large (greater than 0.05) for the demographic variables such as age in years, past gynaecological history and past obstetrical history, there is no evidence against null hypothesis so there is no significant association with these demographic variables. For educational status p value is 0.003 (less than 0.05) so there is significant association between educational status and study findings.

**Discussion**

The findings of the present study reveal that there was significant gain in knowledge of women in the experimental group, who received pre-operative instruction. These findings are consistent with study by Anganan (2003), who reported that pre-operative
teaching program is effective in improving knowledge and satisfaction of patients undergoing surgery.

**Conclusion**

The findings of the study found that preoperative instructions on postoperative outcome was effective in experimental group. The 'unpaired t' test used to find the effect of preoperative instructions on postoperative outcome among women undergoing abdominal hysterectomy in selected hospitals of city revealed that the preoperative instructions is effective postoperative outcome was effective in experiental group. Pre-operative instruction is increasingly recognized today as an important component of health care. Nurses must be educated and find guidelines to promote physical and psychological recoveries of postoperative patient, to normal conditions as quickly as possible. The study also highlighted that pre-operative instruction had demonstrable effects on knowledge, post-operative pain, and selected post-operative behaviors of women, who received pre-operative instruction.

**References**


   Hysterectomy;http://www.healthywomen


4. By Jennifer Whitlock, RN, MSN, FN, How To Recover From Surgery Faster, 2008, Available from; 

‘Effectiveness of Jacobson’s Muscle Relaxation Technique on level of anxiety and quality of sleep among COPD patients at selected hospitals of city.’

Ms. Preeti Bansi Sable.
Medical Surgical Nursing (CVTS), Sinhgad College of Nursing
sablepreeti93@gmail.com

Abstract

Background: World Health Organization (WHO) estimates that COPD as a single cause of death 4th and 5th places with HIV/AIDS (after coronary heart disease, cerebro vascular disease and acute respiratory infection). The WHO estimates that in 2000, 2.74 million people died of COPD worldwide. In 1990, a study by the world Bank and WHO ranked 5th. Aim of the study: The present study was conducted to assess the effectiveness of Jacobson’s Muscle Relaxation Technique on level of anxiety among COPD patients at selected hospitals of city. Methods: The research design selected for the present study was Quantitative Evaluatory approach. In the present study the sample comprises of COPD patients that fulfill the inclusion criteria of the study. The sample size for present study was 40. Sampling technique was Non probability convenient sampling technique will be used to select the samples. Results: In pretest, 97.5% of the COPD patients had moderate anxiety (Score 45-66) and 2.5% of them had severed anxiety (score 67-88). In posttest, 22.5% of the COPD patients had mild anxiety (Score 23-44) and 77.5% of them had moderate anxiety (Score 45-66). This indicates that there is reduction in the level of anxiety of COPD patients after Jacobson’s Muscle Relaxation Technique. Key words: Jacobson’s muscle relaxation technique, anxiety, COPD patients

Introduction

The latest version of the Global initiative for Chronic Obstructive Lung Disease strategy document defined COPD as a common preventable and treatable disease, characterized by persistent airflow limitation that is usually progressive and associated with an enhanced chronic inflammatory response in the airways and the lung to noxious particles or gases.
In COPD, prevalence rates for anxiety disorder are increased among COPD patients. Anxiety occurs at rates of 16-34%, which are greater than the rate of 15% of general population. Anxiety is a common comorbidity in people with COPD. Feeling of breathlessness can provoke panic, which can make you feel more anxious and make it even harder to breathe. If patients caught up in this breathlessness-anxiety-breathlessness cycle, patient may have a hard time distinguishing the symptoms of anxiety from the symptoms of COPD.

Need for the study
COPD is a major, ever increasing global health problem due to increase in smoking rates and lifestyle changes. A report submitted by National Commission in Macroeconomics and Health (NCMH), showed that the incidence of COPD in INDIA may increase from 17.0 million (in the year 2006) to 22.2 million by 2016. Anxiety and panic attacks are more common in people with COPD than in the general population. A review of 22 published studies between 1999 and 2009 found that the prevalence of anxiety symptoms ranged from 6% to 74% and clinical anxiety was found in up to 55% of people with COPD. The prevalence of one anxiety condition in particular, panic disorder, is approximately 10 times greater in COPD than the population prevalence of 1.5-3.5% and panic attacks are commonly experienced.

According to Medical News Today, Chronic Obstructive Pulmonary Disease affects millions of people worldwide. Its main symptom is breathlessness, which can distressing and cause many people with this lung condition to experience anxiety. According to data from the World Health Organization (WHO), an estimated 3.17 million people died from causes related to COPD worldwide in 2015.

<table>
<thead>
<tr>
<th>Problem Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness of Jacobson’s Muscle Relaxation technique on level of Anxiety among COPD patients at selected hospitals of the city.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To assess the level of anxiety before Jacobson’s Muscle Relaxation Technique among COPD patients at selected hospitals of the city.</td>
</tr>
<tr>
<td>2. To determine the effectiveness of Jacobson’s Muscle Relaxation Technique on level of anxiety among COPD patients at selected hospitals of the city.</td>
</tr>
<tr>
<td>3. To associate the effect of Jacobson’s Muscle Relaxation technique with selected demographic variables.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hypothesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ho: There is no significant effect of Jacobson’s Muscle Relaxation technique on level of anxiety among COPD patients at selected hospitals of the city. (p= 0.05)</td>
</tr>
<tr>
<td>• H₁: There is significant effect of Jacobson’s Muscle Relaxation technique on level of anxiety among COPD patients at selected hospitals of city. (p=0.05)</td>
</tr>
</tbody>
</table>
Methodology

Quantitative Evaluatory Approach was used for the study.

Setting of the study:
Research setting is the specific place where the data collection occurs. The study was conducted in selected hospitals of city.

Sample:
In the present study the sample comprises of COPD patients that fulfill the inclusion criteria of the study.

Sampling technique
In this present study, non-probability convenient sampling technique is adopted for selection of the patients.

Sampling size:
The sample size for present study was 40. They were selected conveniently to suit the study.

Plan for Statistical Analysis

Data were plotted in master sheet. Demographic data consist of 8 items it will be analyzed by frequency distribution, percentage, table and relevant graphs.

Self Modified questionnaire based on Beck Anxiety Inventory scale was used for assessing the level of anxiety which is divided in four scores that is No Anxiety, Mild Anxiety, Moderate Anxiety, and Severe Anxiety.

Mean score, standard deviation and range will be calculated and the mean, standard deviation and range will be shown.

In inferential statistics paired t-test will used to check Effectiveness of Jacobson’s Muscle Relaxations Technique on level of Anxiety among COPD patients at selected hospitals of city.

Tool Description

Section A:
It compromises Age, Gender, Marital status, Family type, Education, Economic status, Type of occupation, Type of work.

Section B:
It consists of Self Modified questionnaire based on Beck Inventory Scale (BAI) to identify the level of anxiety among COPD patients at selected hospitals of city. The tool has 22 questionnaires which are scored No anxiety, Mild Anxiety, Moderate Anxiety, and Severe Anxiety.

First 10 questions formulated positive and other questions are negative.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Scores</th>
<th>Anxiety Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>0-22</td>
<td>No Anxiety</td>
</tr>
<tr>
<td>2.</td>
<td>23-44</td>
<td>Mild Anxiety</td>
</tr>
<tr>
<td>3.</td>
<td>45-66</td>
<td>Moderate Anxiety</td>
</tr>
<tr>
<td>4.</td>
<td>67-88</td>
<td>Severe Anxiety</td>
</tr>
</tbody>
</table>

Analysis and Interpretation

Section I: Description of samples (COPD patients) based on their personal characteristics

Table: Description of samples (COPD patients) based on their personal characteristics in terms of frequency and percentages (N=40)

<table>
<thead>
<tr>
<th>Dem. variable</th>
<th>Freq</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-40 years</td>
<td>1</td>
<td>2.50%</td>
</tr>
<tr>
<td>40-50 years</td>
<td>21</td>
<td>52.50%</td>
</tr>
<tr>
<td>50-60 years</td>
<td>15</td>
<td>37.50%</td>
</tr>
<tr>
<td>60-70 years</td>
<td>3</td>
<td>7.50%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>31</td>
<td>77.50%</td>
</tr>
<tr>
<td>Female</td>
<td>9</td>
<td>22.50%</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>39</td>
<td>97.50%</td>
</tr>
<tr>
<td>Unmarried</td>
<td>1</td>
<td>2.50%</td>
</tr>
</tbody>
</table>
Section II: Analysis of data related to level of anxiety before Jacobson's Muscle Relaxation Technique among COPD patients at selected hospitals of city. Table: Level of anxiety before Jacobson's Muscle Relaxation Technique among COPD patients at selected hospitals of city (N=40)

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Freq</td>
<td>%</td>
</tr>
<tr>
<td>No anxiety (Score 0-22)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mild anxiety (Score 23-44)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Moderate anxiety (Score 45-66)</td>
<td>39</td>
<td>97.50%</td>
</tr>
<tr>
<td>Severe anxiety (Score 67-88)</td>
<td>1</td>
<td>2.50%</td>
</tr>
</tbody>
</table>

In pretest, 97.5% of the COPD patients had moderate anxiety (Score 45-66) and 2.5% of them had severe anxiety (score 67-88). In posttest, 22.5% of the COPD patients had mild anxiety (Score 23-44) and 77.5% of them had moderate anxiety (Score 45-66). This indicates that there is remarkable improvement in the anxiety of COPD patients after Jacobson’s Muscle Relaxation Technique.
Table: Paired t-test for the effectiveness of Jacobson’s Muscle Relaxation Technique on level of anxiety among COPD patients at selected hospitals of city (N=40)

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>T</th>
<th>df</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>59.3</td>
<td>4.2</td>
<td>10.3</td>
<td>39</td>
<td>0.000</td>
</tr>
<tr>
<td>Posttest</td>
<td>48.2</td>
<td>5.4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Researcher applied paired t-test for the effectiveness of Jacobson’s Muscle Relaxation Technique on level of anxiety among COPD patients. Average anxiety score in pretest was 59.3 which reduced to 48.2 in posttest. T-value for this test was 10.3 with 39 degrees of freedom. Corresponding p-value was 0.000 which is small (less than 0.05), null hypothesis is rejected. This is evident that Jacobson’s Muscle Relaxation Technique is significantly effective in improving the level of anxiety among COPD patients.

**Section IV**

Analysis of data related to association of Level of Anxiety with selected demographic variables

Table 15: Fisher’s exact test for association of Level of Anxiety with selected demographic variables

Since all the p-values are large (greater than 0.05), none of the demographic variable was found to have significant association with the anxiety of COPD patients.

**Limitations**

- A study period was limited for one month
- Findings of study are limited to subject size of 40.

**Conclusion**

- Chronic obstructive pulmonary disease (COPD) is a term used for long disorder such as emphysema, chronic bronchitis and in some cases chronic asthma. People with COPD may suffer from difficulty in breathing, chronic cough and chest tightening which could be disruptive for subjects induce anxiety level. The investigator keep in mind conducted the study to assess the effect of Jacobson’s Muscle Relaxation Technique on level of anxiety was observed between subjects using simple procedure. The investigator hopes that nurses will explore and use simple measures in the ICU to enhance patient comfort and improve care outcomes.

**References:**

‘Effectiveness of Buerger Allen Exercise on Lower Extremity Perfusion among Patients with type 2 Diabetes Mellitus admitted at selected hospitals of city.’

Abstract

Background: Health is a dynamic condition resulting from a body's adjustment and adaptation in response to changes in the environment and stress for maintaining an equilibrium. Diabetes mellitus (DM), commonly referred to as diabetes, is a group of metabolic disorders in which there is high blood sugar level over a prolonged period. Type 2 Diabetes Mellitus begins with insulin resistance, a condition in which cells fail to respond to insulin properly. Type 2 diabetes is the most common form of diabetes. Type 2 diabetes mellitus is first treated with diet and exercise, then oral hypoglycaemic agents are needed. Objectives: 1) To assess the lower extremity perfusion before Buerger Allen Exercise among Patients with type 2 Diabetes Mellitus admitted at selected hospitals of City. 2) To assess the level of pain before Buerger Allen Exercise among Patients with type 2 Diabetes Mellitus admitted at selected hospitals of City. 3) To determine the effectiveness of Buerger Allen Exercise on Lower Extremity Perfusion among Patients with type 2 Diabetes Mellitus admitted at selected hospitals of city. 4) To determine the effectiveness of Buerger Allen Exercise on Level of pain among Patients with type 2 Diabetes Mellitus admitted at selected hospitals of city. 5) To find association of post intervention findings with selected demographic variables. Research question: Is Buerger Allen Exercise effective on lower extremity perfusion among patients with type 2 Diabetes Mellitus admitted at selected hospitals of City? Setting: The study was conducted in selected hospitals of city. Samples: 60 samples with type 2 Diabetes Mellitus were selected for the study. Result: Since the null hypothesis was rejected. All the p-values were large (greater than 0.05), none of the demographic variables was found to have significant association with the
lower extremity perfusion among patients with type 2 diabetes mellitus. Buerger Allen Exercise is significantly effective on Lower Extremity Perfusion among Patients with type 2 Diabetes Mellitus admitted at selected hospitals of city.

Introduction

The term “diabetes” was coined by Araetus of Cappodocia (81-133AD). Later, the word mellitus (honey sweet) was added by Thomas Willis (Britain) in 1675 after rediscovering the sweetness of urine and blood of patients (first noticed by the ancient Indians). Type 2 Diabetes mellitus is the most common chronic non-communicable disease affecting both developed and developing countries. According to the International Diabetes Federation, diabetes mellitus (DM) is estimated to affect around 415 million adults worldwide, roughly 8.8% of the adult population, with the figure projected to rise to over 600 million by 2040. Nearly 80% of the affected people live in middle and low income countries. Type 2 diabetes mellitus, which constitutes more than 95% of all the diabetic populations, has an insidious onset with a long, latent, asymptomatic phase. The prediabetic stages also carry high risk for cardiovascular risk factors or the metabolic syndrome. Diabetes mellitus causes, between two and four times increased risk of peripheral vascular disease by causing endothelial and smooth muscle cell dysfunction in peripheral arteries. The risk of developing lower extremity peripheral vascular disease is proportional to the severity and duration of diabetes. Most of the complications are preventable.

Exercise is the fundamental principle for preventing vascular diseases among diabetes patients. One of the exercise is Buerger Allen Exercise, is an active postural exercise of the lower extremity for preventing peripheral vascular disease and improve circulation of lower extremity.

Need for the study

Type 2 Diabetes Mellitus is a long term metabolic disorder. Diabetes can lead to a variety of complications. Leg pain and cramps often occurs as a result of nerve damage called diabetic neuropathy. Peripheral neuropathy can result in serious foot and leg conditions, poor circulation and amputation of affected limbs. People over time, develop nerve damage throughout the body which result in symptoms such as pain, tingling, or numbness. Peripheral arterial disease refers to disease of blood vessels outside the heart. The restricted blood flow of peripheral venous disease can be a warning sign of other forms of vascular disease. A study conducted by Kiyomi Matsuo et al. 2013, from International University of health and welfare, Japan on the basis of the effect of different positions on lower limbs skin perfusion pressure on diabetes clients. The subjects of this study were 10 healthy adults and 11 patients with critical limb ischemia. Patients with critical limb ischemia, including both dorsum of foot and plantar of foot, having (Skin Perfusion Pressure) SPP of lower limbs of less than 40 mmHg (supine position) were the object of this study. SPP was measured on four positions (supine position, lower limbs elevation position, sitting position, and reclining bed
From the above study the different steps of Buerger Allen exercise is useful in improving lower extremity perfusion.\(^5\)

**Statement of the problem**

Effectiveness of Buerger Allen Exercise on lower extremity perfusion and among patients with type 2 diabetes mellitus admitted at selected hospitals of city.

**Objectives of the study**

1. To assess the lower extremity perfusion before Buerger Allen Exercise among Patients with type 2 Diabetes Mellitus admitted at selected hospitals of City.
2. To determine the effectiveness of Buerger Allen Exercise on Lower Extremity Perfusion among Patients with type 2 Diabetes Mellitus admitted at selected hospitals of city.
3. To find association of post intervention findings with selected demographic variables.

**Hypothesis**

\(H_0\): There is no significant effect of Buerger Allen Exercise on lower extremity perfusion among patients with type 2 Diabetes Mellitus admitted at selected hospitals of city. (P=0.05)

\(H_1\): There is significant effect of Buerger Allen Exercise on lower extremity perfusion among patients with type 2 Diabetes Mellitus admitted at selected hospitals of city. (P=0.05)

**OPERATIONAL DEFINITION**

1. Buerger-Allen Exercise
   Buerger Allen Exercise helps in filling the lower extremity blood vessels according to gravity and it refers to three steps which includes:

   I. In this study the lower extremities are elevated to a 45 to 90 degree angle and supported in this position until the skin blanches (appears dead white) for 2 to 3 minutes.
   II. The feet and legs are then lowered until redness appears for 5 to 10 minutes.
   III. Then legs are placed flat on the bed for 10 minutes.

2. Lower Extremity Perfusion:
   It refers to blood circulation to the lower extremities assessed before and after intervention of Buerger Allen Exercise.

3. Level of Pain:
   Pain is unpleasant sensory and emotional experience which will be measured by using Numerical rating scale to check level of pain.

**Research design**

Quasi experimental Non Randomize Control group design was adopted for the present study.

<table>
<thead>
<tr>
<th>Group</th>
<th>Assessment</th>
<th>Intervention</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exp</td>
<td>O1</td>
<td>X</td>
<td>O2</td>
</tr>
<tr>
<td>Control</td>
<td>O1</td>
<td>-</td>
<td>O2</td>
</tr>
</tbody>
</table>

**Table representation of Research Design**

- **O1**: an assessment of lower extremity perfusion with type 2 Diabetes mellitus patients before Buerger Allen exercise.
- **O2**: an assessment of lower extremity perfusion with type 2 Diabetes mellitus patients after Buerger Allen exercise.
- **X**: intervention of Buerger Allen exercise.

**Setting of the study:**
The study was conducted in selected hospitals of city.
Population
Target population: Target population selected for this study consisted, type 2 diabetic mellitus patients in selected hospitals from all over Maharashtra.
Accessible population: Accessible population selected for this study consist of all the type 2 diabetic mellitus patients from selected hospitals of city.
Sample size:
In this study, the sample size comprises of 60 patients among whom Control group (30) and experiment group (30) were divided who were admitted at selected hospitals of city and fulfilled the sampling criteria.
Sampling technique:
The sampling technique used in this study is non probability convenient sampling. This entails the use of the sample purposefully in the study, until the desired samples are reached.
Everyday list of type 2 Diabetes Mellitus patients were checked and patients who met the criteria were selected.
Sampling criteria:
Inclusion criteria:
1 Willing to participate in the study.
2 Age group between 40-70 years.
3 Available at the time of study.
4 Admitted at the selected hospitals of city.
5 Able to understand English/Marathi language.
Exclusion criteria:
1 Critically ill.
2 Unconscious. Disoriented.
3 Patients on anti-coagulation treatment.
4 Patient’s with musculoskeletal disorders like fracture, amputation.

<table>
<thead>
<tr>
<th>Description of tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>The instruments used for the study were:</td>
</tr>
<tr>
<td>A: Demographic variable Section</td>
</tr>
<tr>
<td>B: Structured Scale to assess Lower extremity perfusion.</td>
</tr>
<tr>
<td>Validity</td>
</tr>
<tr>
<td>Experts from other colleges certified certified the validity of the tool.</td>
</tr>
<tr>
<td>Pilot study</td>
</tr>
<tr>
<td>Pilot study was conducted on 10 samples .5 each in experimental and control group from 9/10/2018 to 15/10/2018 in selected hospital of city.</td>
</tr>
<tr>
<td>After the pilot study, few changes were made in the tool. The study was feasible.</td>
</tr>
<tr>
<td>Data collection procedure</td>
</tr>
<tr>
<td>Data collection was started after obtaining necessary permission from the ethical committee. A formal administrative permission was obtained from the authorities of the proposed hospitals. A written consent was obtained from the participants regarding their willingness to participate in the study. The investigator had done the pre assessment of lower extremity of control and experimental group and exercise was implemented in experimental group for four days, after that the investigator had done post assessment on both the group.</td>
</tr>
<tr>
<td>Plan for data analysis</td>
</tr>
<tr>
<td>The data obtained were analysed using descriptive statistics (mean, standard deviation, and percentage) inferential statistics (Paired ‘t’ test), Fisher’s exact test.</td>
</tr>
</tbody>
</table>
Results and discussion

1. The first objective of the study is to assess the lower extremity perfusion before Buerger Allen Exercise among Patients with type 2 Diabetes Mellitus admitted at selected hospitals of City. In experimental group (Right foot): 3.3% of the type 2 Diabetes Mellitus patients had moderate lower extremity perfusion, 46.7% of them had mild lower extremity perfusion and 50% of them normal lower extremity perfusion. Left foot: 13.3% of them had moderate lower extremity perfusion, 46.7% of them had mild lower extremity perfusion and 40% of them normal lower extremity perfusion.

In control group (Right foot): 13.3% of the type 2 Diabetes Mellitus patients had moderate lower extremity perfusion, 23.3% of them had mild lower extremity perfusion and 63.3% of them normal pain.

Left foot: 56.7% of them had mild lower extremity perfusion in right foot and 43.3% of them normal lower extremity perfusion in left foot.

2. The second objective of the study is to determine the effectiveness of Buerger Allen Exercise on Lower Extremity Perfusion among Patients with type 2 Diabetes Mellitus admitted at selected hospitals of city.

In experimental group (right foot): Average pretest lower extremity perfusion score was 14 which increased to 15 in posttest. T-value for this test was 4.7 with 29 degrees of freedom. Corresponding p-value was 0.000, which is small (less than 0.05), null hypothesis is rejected. The Buerger Allen Exercise is proved to be significantly effective in improving the lower extremity perfusion in right foot.

Left foot: Average pretest lower extremity perfusion score was 13.3 which increased to 14.8 in posttest. T-value for this test was 5.2 with 29 degrees of freedom. Corresponding p-value was 0.000, which is small (less than 0.05), null hypothesis is rejected. The Buerger Allen Exercise is proved to be significantly effective in improving the lower extremity perfusion in left foot.

3. The third objective of the study is to find association of post intervention findings with selected demographic variables. Since all the p-values are large (greater than 0.05), none of the demographic variables was found to have significant association with lower extremity perfusion among the patients with type 2 diabetes mellitus.

Table shows the comparison of experimental and control group for effectiveness of Buerger Allen Exercise on Lower Extremity Perfusion among Patients with type 2 Diabetes Mellitus admitted at selected hospitals of city:

<table>
<thead>
<tr>
<th>Foot</th>
<th>Admin</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>df</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td>Experimental</td>
<td>0.8</td>
<td>1.0</td>
<td>4.5</td>
<td>8</td>
<td>0.000</td>
</tr>
<tr>
<td>Control</td>
<td>0.0</td>
<td>0.6</td>
<td>4.5</td>
<td>8</td>
<td>0.000</td>
<td></td>
</tr>
<tr>
<td>Left</td>
<td>Experimental</td>
<td>0.7</td>
<td>1.0</td>
<td>4.5</td>
<td>8</td>
<td>0.000</td>
</tr>
<tr>
<td>Control</td>
<td>-0.3</td>
<td>0.6</td>
<td>4.5</td>
<td>8</td>
<td>0.000</td>
<td></td>
</tr>
</tbody>
</table>
Researcher applied two sample t-test for the comparison of experimental and control group for effectiveness of Buerger Allen Exercise on Lower Extremity Perfusion among Patients with type 2 Diabetes Mellitus admitted at selected hospitals of city. Corresponding p-value was 0.000, which is small (less than 0.05), the null hypothesis is rejected. The Buerger Allen Exercise is proved to be significantly effective in improving the lower extremity perfusion in left foot.

Recommendations

- The same study can be conducted on larger samples for better generalization.
- The similar study can be conducted with one group pre-test post-test.
- The similar study could be replicated in different settings.
- The study can be conduct on individual rather than group.
- Study can be conducted with Hospital having peripheral vascular disease.

Conclusion

In the assessment of 60 samples, evaluation of lower extremity perfusion was done before and after the intervention of Buerger Allen Exercise among experimental and control group. There was improvement in lower extremity perfusion in experimental group, P value < 0.05. Since the null hypothesis was rejected, all the p values were larger (greater than 0.05), non of the demographic variables was found to have significant association with lower extremity perfusion and pain among the patients with type 2 diabetes mellitus.

References

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‘The Effectiveness of Structured Teaching Programme on Knowledge of Mothers regarding Promotion of Mental Health in children in a selected Rural community, Raipur, Chhattisgarh.’

Mrs. Ruth Khajekar.
Clinical Instructor
MKSSS, Smt. Bakul Tambat Institute of Nursing Education, Karvenagar, Pune: 411 052.
ruthpatel91@gmail.com

Introduction
Children are supreme important assets to nation. The prevalence of mental disorders was greater among children and young people living in low income areas. There is strong evidence that the early years of life have a crucial impact on mental health throughout the life cycle. The development of strategies to promote the mental health of young children is therefore of fundamental importance.

Objectives
1. To assess the existing knowledge of mothers regarding promotion of mental health in children.
2. To administer structured teaching programme regarding promotion of mental health in children to the mothers.
3. To evaluate the effectiveness of structured teaching programme on knowledge of mothers regarding promotion of mental health in children.
4. To find out the association between pre-test knowledge score of mothers regarding promotion of mental health in children with their selected demographic variables at 0.05 % level of significance.

Research Hypothesis
[H1] - The mean post-test Knowledge score of mothers regarding promotion of mental health in children will be significantly higher than mean pre-test knowledge score as evidence from structured knowledge questionnaire at 0.05 level of significance.
[H01]- There will be no significant increase in mean post-test knowledge score than mean pre-test knowledge score of mothers regarding promotion of mental health in children as evidence from structured knowledge questionnaire at 0.05 level of significance.

[H2]- There will be significant association between pre-test knowledge score of mothers regarding promotion of mental health in children with selected socio-demographic variables at 0.05 level of significance.

[H02]- There will be no significant association between pre-test knowledge score of mothers regarding promotion of mental health in children with selected socio-demographic variables at 0.05 level of significance.

Methodology

The conceptual framework for the study was Imogen King’s goal attainment theory based on personal and interpersonal system. The research design adapted for the study was an evaluative approach with pre-experimental one group pre-test post-test design. A self structured questionnaire and non probability convenient sampling technique was used to assess the knowledge of mothers on promotion of mental health in children. The sample size for the study was 60 mothers having children 3-12 years. Data gathered were analyzed by using descriptive & inferential statistics in terms of objectives & hypotheses made.

Data collection process

The sample of 60 mothers was selected on the basis of inclusion criteria by using non probability convenient sampling technique. The data collection was done in 3 phases:

Phase I - In this phase the investigator assessed the demographic data as well as the knowledge level of the subjects by interview schedule through a structured questionnaire on promotion of mental health in children.

Phase II - After the pre-test, Structured teaching programme on promotion of mental health in children was administered.

Phase III - On the 7th day post-test was conducted for the subjects to assess the improvement in knowledge using the same knowledge questionnaire.

Analysis

Analysis and interpretation was done as per the objectives of the study and the hypothesis formulated. Descriptive and inferential statistics were used for the analysis of the data.

With regard to mean, mean percentage and SD mean pre-test knowledge score was 10.58, mean % was 35.28% SD was found to be 3.39 and the mean post-test knowledge score 15.40 was higher than mean pre-test knowledge score, mean % was 51.33%, SD was found to be 3.30, and the gain in mean % score was 16.05%. Thus, structured teaching programme was effective in enhancing the knowledge of mothers on promotion of mental health in children. The hypothesis was tested by using paired ‘t’ test. Findings revealed mothers gained 16.05% with that ‘t’ value 11.54, p<0.05% knowledge after administration of structured teaching programme which is highly significant.

The study showed that there is no significant association between
knowledge and selected demographic variables like age, religion, education, occupation, age of marriage, number of children, type of family, monthly income of family and family history of mental illness.

**Interpretation and conclusion**

As the mean post-test score is significantly higher than the pre-test score; it is evident that knowledge of the mothers had improved after educational intervention of structured teaching programme on promotion of mental health in children.

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‘Assess the incidence of Vitamin A deficiency and its associated factors among under five children.’

Mrs. Shital Bardeskar.
MSc Nursing, (Child Health Nursing)
Clinical Instructor, Sinhgad College of Nursing, Pune.
sheetalbardekar@yahoo.com

Abstract:
Vitamin A is most leading cause of childhood blindness. A study was conducted to assess the incidence rate of VAD among under five children (3-5 years) Method: descriptive survey was carried out among 140 children, 40 children were affected with VAD Sampling: Quota sampling technique was used. Result: incidence rate showed 0.286(around 29 per 100 under five children). Since p-value corresponding to birth weight of child is small (less than 0.05), demographic variable birth weight of child is found to have significant association with the Vitamin A deficiency. Key Words: incidence rate, VAD (Vitamin A Deficiency) under five children (3-5 years)

Introduction
Children are major consumer of health care. Health status and health behavior of children in later are laid down at this stage. Care of children refers to knowledge related to physical, physiological safety and security, immunization, love and belonging needs. Vitamin A Deficiency has moderate and severe public health significance in 45 countries in the world. Vitamin A deficiency is the most widespread condition affecting health of the children and leading cause of preventable childhood blindness and increase the risk of death from common childhood illnesses such as diarrhea.

Need for the study
Humans need a wide range of nutrients to lead a healthy and active life. Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity.
A child needs vitamin for the body to function properly and to boost the immune system. Vitamin A deficiency is estimated to affect approximately one third of children under the age of five around the world, it is estimated to claim the lives of 6,70,000 children under five annually. Approximately 25,000 – 50,000 children in developing countries become blind each year owing to vitamin A deficiency especially 21.1% of preschool-age children.

**Problem Statement.**

‘Assess the incidence of Vitamin A deficiency and its associated factors among under five children at Anganwadi’s of selected areas of the city in a view to develop an information booklet on vitamin A deficiency and its management.’

**Objectives of the study**

1. To assess the incidence rate of Vitamin A deficiency among under five children at Anganwadi’s of selected area of the city.
2. To identify factors associated with vitamin A deficiency among under five children at Anganwadi’s of selected area of the city.
3. To find out the association between selected demographic variables and risk factors.

**Conceptual framework**

The conceptual framework of study is based on Health Belief Model.

**Methodology**

- Research Design: Descriptive survey.
- Setting: Anganwadi’s of the city.
- Sample: Under five children (3-5 years)
- Sampling Technique: Nonprobability Quota sampling adopted.
- Sample size: 140 among which 40 of them had Vitamin A deficiency.

**Tool and techniques**

- **Section A:** Demographic data of under five children.
- **Section B:** Self Modified Observational checklist of clinical features to find out vitamin A deficiency.
- **Section C:** This section will have Questionnaire and rating scale to find out associated factors of Vitamin A deficiency.

**Findings of the study:**

*Analysis of data related to the incidence rate of vitamin A deficiency*

140 children were assessed for Vitamin A deficiency. Out of those, 40 were found to have vitamin A deficiency. So, the incidence rate of vitamin A deficiency among under five children at Anganwadi’s is 0.286 (around 29 per 100 under five children)

*Analysis of data related to the factors associated with Vitamin A deficiency.*

**Nutritional Factors:**

27.5 % children consume veg diet and 7.5% Non veg diet, 22.5% children consume animal food rarely, 20 %
rarely consume green leafy vegetables and only 10% eat fresh fruits.

**Physiological Factors:**
50% of children were not breast fed, 77.5% children were malnourished, 30% had major illness, 42.5% were diagnosed jaundice, 57.5% had repeated diarrhoea and majority 85% had repeated cold and cough.

**Nutrition and cooking practices among parents.**
35% rarely provide green leafy vegetables, 25% parents never add ghee in their child’s diet, 50% mothers don’t use tomatoes, 52% never use Vitamin A rich sources, 37.5% follows vitamin A supplementation Programme, 42.5% never use tamarind in their food which is good source of vitamin A, 25% use palm oil for cooking.

**Knowledge of parents regarding nutritional practices.**
The practices show that 2.5% of the parents had poor knowledge regarding nutritional practices, 95% of them had average knowledge and 2.5% of them had good knowledge regarding nutritional practices.

**Association with demographic variables**
Since p-value corresponding to birth weight of child is small (less than 0.05), demographic variable birth weight of child is found to have significant association with the Vitamin A deficiency.

**Conclusion**
The information booklet significantly brought out improvement in the knowledge of parents and care givers regarding vitamin A deficiency in children. Analysis of data showed that there 0.286 (around 29 per 100 under five children) incidence rate of vitamin A deficiency among under five children and. Pearson’s correlation coefficient was found to be 0.4 which is positive indicating that there is positive correlation between physiological factors of under five children having vitamin A deficiency and their parents’ knowledge regarding nutritional practices.

**REFERENCES**
Introduction

Cardiac diseases are one of the most prevalent diseases worldwide and are characterized by high rate of mortality and morbidity. According to the World Health Organization cardiovascular diseases cause 12 million deaths in the world each year, whereas in India, 27% of deaths are because of cardiovascular diseases. Approximately 4280 out of every one lakh people die every year from sudden cardiac arrest in India alone.

American Heart Association estimated that about 95% of sudden cardiac arrest victims die before reaching the hospital. Survival is directly linked to the amount of time between the onset of sudden cardiac arrest and defibrillation. If no bystander CPR is provided, a victim’s chances of survival are reduced by 7 to 10 percent with every minute of delay until defibrillation. Regarding the number of sudden cardiac arrests that occur each year, about 335,000 people die of coronary heart disease without being hospitalized and about 918 Americans die each day due to cardiac arrest.

Recent findings support the fact that better patient outcomes are associated with more educated nurses (Aiken et al., 2011). Today nursing education and nurse educators are facing unprecedented challenges and working hard to address these challenges. The health care system of the 21st century is complex, technologically rich, ethically challenging and ever changing. It is clear that the changing and challenging nursing education needs new model of education to provide quality nursing education. In order to achieve this, nurses must be empowered by education with high standards of excellence.
Nursing is a practice profession and nurses constitute important elements of the health team. A poorly trained nurse may not only hamper the team’s effectiveness but also lead to low quality health care. As the health care environment is rapidly changing, leading to creation of interesting teaching-learning environment. There is need to adopt innovative teaching methods becomes mandatory for survival of nurses.

**Background of the study**

*M. Keenam, et. al.,* (2012), did a survey on nurses “Basic Life Support Knowledge and Training at a Tertiary Hospital.” The objectives were to find out survival after cardiac arrest whether it is related to time taken for resuscitation, and defibrillation, to commence. At many hospitals, the health care worker most likely to be present when a patient suffers a cardiac arrest is the nurse. This study was performed to assess BLS knowledge and training of nurses, and thus to determine whether further action is required to improve their BLS competency. The methodology of study was a cross-sectional survey. A questionnaire was distributed, on one day, to nurses in the wards, outpatient departments and operation theatres. Completion of the form was voluntary and confidential. The forms were all returned same day. The results showed that they were completed by 338 of the 405 nursing personnel on the day of the study. Out of this 338, nurses administrators and student nurses were excluded as well as incomplete questionnaires, leaving the final sample size of 286 nurses. Out of this 286 - 93.1% of them had attended the BLS course in less than a year back. Training of in the use of defibrillator was not given to 32% of these nurses. A pass mark of 80% was achieved by 11% of subjects. This study concludes that despite a relatively good rate of attendance at recent BLS courses, over a fifth of nurses remained without any BLS training. In addition very few nurses that are 11% of the subjects have retained the BLS knowledge required for competency. This study highlights that in any health setup there is a need for action to ensure that all nurses receive BLS training and practice, at least every six months for competency.

*Bjørshol CA, et. al.,* (2009), did a study on the “Hospital Employees to Improve Basic Life Support Skills and Confidence with a Personal Resuscitation Manikin and a 24-min Video Instruction”. Earlier studies show the use of a personal resuscitation manikin with video instruction is as effective as traditional instructor-led courses in teaching lay people basic life support (BLS). Therefore, the investigators of this study applied this method to an entire hospital staff to determine its effect on their practical and self-judged BLS skills. In total, 5118 employees took part in the BLS training program. The number of correct chest compressions increased significantly from 60 (5-102) to 119 (75-150) in the pre- versus post-training periods, respectively, p < 0.01, but the number of correct mark to market ventilations did not change. Self-reported BLS skills increased from 3.1 (+/-1.0) pre-training to 3.8 (+/-0.8) post-training, p = 0.031. This study concludes that after distributing a
personal resuscitation manikin with video instruction to an entire hospital staff, the median number of correctly performed chest compressions doubled and self-confidence in BLS skills improved significantly. The finding indicates that simple and less time-consuming video assisted teaching is better than instructor-led courses in preparing hospital employees in the basic handling of cardiac arrest.

Need for the study

Hamilton, R. (2005), conducted a study on “Nurses Knowledge and Skill Retention Following Cardio Pulmonary Resuscitation Training”. The purpose of the study was to identify educational strategies that will optimize survival for victims of cardiopulmonary arrest. This study reported resuscitation training should be based on in-hospital scenarios and current evidence-based guidelines. The study methodology included arrested recognition of sick patients and using simulations of a variety of cardiac arrest scenarios.

The finding indicates:

1. When the training reflects the potential situations that nurses may face in practice, then the retention is much longer in clinical areas, whereas nurses who rarely see cardiac arrests, had poor retention and they should receive automated external defibrillation training and have access to defibrillators to prevent delays in resuscitation.

2. Staff should be formally assessed using a manikin with a feedback mechanism or an expert instructor to ensure that chest compressions and ventilations are adequate at the time of training. Remedial training must be provided as often as required.

3. Resuscitation training equipment should be made available at ward/unit level to allow self-study and practice to prevent deterioration between updates.

4. Video self-instruction has been shown to improve competence in resuscitation.

5. The study suggested that an in-hospital scenario-based video should be devised and tested to assess the efficacy of this medium in resuscitation training for nurses.

Harshall N., et. al., (2013), did a cross-sectional study on “Awareness and Perception about Basic Life Support / Cardio-Pulmonary Resuscitation among Undergraduate Medical Students from Coastal South India”. This study had an assumption that Basic Life Support (BLS) / Cardio Pulmonary Resuscitation (CPR) is an important part of emergency medical care. This study was done among 377 medical undergraduates, to assess their knowledge and perceptions about BLS. The instrument used was a questionnaire.

The questionnaire included the following parts:

1. Basic characteristics of the study participants,
2. Knowledge about BLS/CPR,
3. Perceptions about BLS / CPR.

The components of knowledge and perception based questions were scored. The data was analyzed using SPSS version 12. Results were expressed as proportions in appropriate tables and graphs. Student’s Independent’t’ test was used to compare means between students who had undergone previous
training if any and those who had no such training. The result of the study out of 377 students, majority (84.6%) had heard of BLS/CPR. Some of them (30.6%) could answer the correct order of performing CPR as per the AHA guidelines (Year 2010). Few (18.9%) had undergone prior training in BLS, whereas, only 17.7% had been in a situation that needed BLS/CPR. Nearly half (50.2%) were not confident of performing BLS/CPR. Comparison of the students revealed that students who had training had higher mean scores for 'response to a situation needing BLS/CPR' and 'signs of successful resuscitation', though there was little difference in their knowledge of 'indications for BLS/CPR'. Overall perception was not favorable and the students were not confident of performing BLS/CPR. This study concluded that students need to be taught and trained in the CPR/BLS early in the curriculum to improve their knowledge. Repeated training would increase their confidence.

Scope of the study

Nursing education is meant to prepare professional nurses to render quality nursing care to people of all ages. The above studies indicated that there was poor knowledge skill and retention of BLS by all health sciences students. This made the investigators to wonder whether a traditional lecture method or video-assisted lecture method will be effective to improve the knowledge and skills of nursing students on BLS. This comparative study on the effectiveness on the two types of teaching methodology will help to assess the pre-existing knowledge on Basic Life Support among student. It will help to evaluate the existing practice of Basic Life. It will help to determine the effect of traditional method versus video-assisted training on Basic Life Support. This will study help to improve the knowledge and practice on BLS. Quality is at the heart of nursing education and what takes place in classroom and other learning environment is fundamentally important to prepare future nurses. Nurses are recognized as the central pillar of health care. This study also will clarify on the effective teaching methodology to adopt for future teaching learning activities.

Problem statement

‘Effect of Traditional versus Video-assisted BLS (Basic Life Support) training on Knowledge and Practice among Internship Students in selected educational institutes of the city.’

Objectives of the study

1. To assess the pre-existing knowledge on Basic Life Support among the internship students.
2. To evaluate the existing practice of Basic Life Support among internship students.
3. To evaluate the efficacy of two teaching strategies among internship students in terms of gain in knowledge and practice scores.
4. To compare the efficacy of two teaching strategies in terms of gain in knowledge and practice scores.
5. To find out the association between the knowledge and practice of Basic Life Support among internship students with their selected background variables.
Assumptions
1. Internship students will have some knowledge regarding BLS procedure.
2. Video-assisted instruction and lecture method are accepted teaching strategies.
3. Improvement in the knowledge and practice among the students.

Hypotheses

$H_01$: There is no significant difference in the pre-test and post-test knowledge and practice score of internship students regarding BLS who are exposed to video-assisted training.

$H_02$: There is no significant difference in the pre-test and post-test knowledge and practice score of internship students regarding BLS who are exposed to traditional method.

$H_03$: There is no significant difference between post test knowledge and practice scores of video assisted and traditional training.

Conceptual framework
The conceptualization of this study is based on Imogene King, Goal attainment theory. According to Imogene King, the focus of nursing is to care for human beings. The overall goal of nursing is to help people and groups attain, maintain and restore health.

Limitation
The study is limited to RGNM internship students.

Ethical aspect
Ethical clearance has been obtained from the research ethical committee of the college of nursing. Permission will be obtained from the concerned authority of the selected setting in Pune. Informed consent will be obtained from the subjects who are participating in the study and confidentiality will be maintained.

Variables
The variable under the study were:
Independent variable: traditional method and video-clipping.
Dependant variable: knowledge and practice regarding Basic Life Support among internship students.

Research Methodology
The approach used in this study was quantitative approach. This study was conducted on 83 students in educational institutes who fulfilled the inclusion criteria of the study. Out of 83 subjects, 42 were selected for group 1 and 41 for group 2. A non-probability convenient sampling technique was used to select the participants. The study was conducted in the different educational institutes of the city. The sampling inclusion criteria are subjects who are willing to participate in the study, subjects who are available at the time of study and who understand English. An exclusion criterion includes subjects who are sick at the time of study and subjects who are unable to co-operate throughout. Out of 83 subjects, 42 were selected for group 1 and 41 for group 2.

To ensure content validity, the tools were given 15 experts from different field along with blueprint, objectives of the study and evaluation criteria checklist. The reliability was established by using data collected from 8 subjects in the selected educational institutes. Reliability was established by Pearson’s Correlation and interrater method. The reliability coefficient for knowledge done by Pearson’s Correlation method is 0.81. Observational checklist done by
The study has been conducted in selected educational institutes. After obtaining the required permission from concerned authority from educational institutes of the city, data collection for main study was collected done in the month of October and 83 participants were selected from educational institutes of the city. Subjects were asked to give necessary information regarding demographic profile and modified structured questionnaires, observational checklist as pre-test were administered to them for 2 hours.

Two groups were formed that is experimental groups (group 1 and group 2).

Pre-test were taken then (lecture for 45min and demonstration on CPR mannequin for Group 1 and showing a video clipping on BLS for Group 2) done by researcher.

The post-test was conducted after 7 days.

The data were analyzed by using the descriptive and inferential statistics.

I. Demographic data

1. Distribution of subjects according to age in which 93% of the subjects belonged to the age group of 20 - 24 years, about 2% belonged to 25 - 29 years, 5 % of subjects belonged to 30 - 34 years in group 1. All of them belonged to the age group of 20 - 24 years in group 2.

2. Distribution of subjects according to the gender shows that 7% and 93% of subjects were male and females in group 1. All subjects were female in group 2.

3. Distribution of subjects according to the educational status shows that 48% belonged to Science stream, 26% belonged to Arts stream, 23% belonged to Commerce stream and 3% belonged to other educational status in group 1. Fifty three percent belonged to Science stream, twenty nine percent belonged to Arts stream, fifteen percent belonged to Commerce stream and two percent belonged to other educational status in group 2.

4. Distribution of subjects according to the nursing programme: All of them belonged to RGNM course in both groups i.e., group 1 and 2.

5. Distribution of subjects according to previous Basic Life Support training shows that 62% belonged to had undergone previous training, 38% had no previous training in group 1. In group 2, 56% had previous training whereas 44% did not undergo any training.

II. Knowledge scores of the subjects in pre-test and post-test:

In pre-test, majority of 85.7% of the subjects in group 1 had average knowledge (score 11-20) and 14.3% of them had poor knowledge (score 0-10) regarding Basic Life Support. In post-test, majority of 71.4% of the subjects in group 1 had average knowledge (score 11-20), whereas, 23.8% of them had good knowledge (score 21-30) and 4.8% of them had poor knowledge (score 0-10) regarding Basic Life Support. In pre-test, majority of 95.1% of the subjects in group 2 had average knowledge (score 11-20), 2.4% of them
had poor knowledge (score 0-10) and 2.4% of them had good knowledge (score 21-30) regarding Basic Life Support. In post-test, majority of 73.2% of the subjects in group 2 had average knowledge (score 11-20), 2.4 % of them had poor knowledge (score 0-10) and 24.4% of them had good knowledge (score 21-30) regarding Basic Life Support. This indicates that the two teaching strategies improved the knowledge of the internship students regarding Basic Life Support.

III. Comparison of knowledge score in pre-test and post test by paired t test:
Average knowledge score in pre-test for group 1 was 13.5 which increased to 17.9 in post-test. Average knowledge score in pretest for group 2 was 14.5, which increased to 18.2 in post-test. The t-values for this comparison were 6.9 and 4.4 for group 1 and group 2 respectively. Corresponding p-values were of the order of 0.00** which is less than 0.01 i.e. at 1% level of significance. It reveals that traditional method and video assisted training has increased the knowledge of the subjects regarding Basic Life Support.

IV. Practice scores of the subjects in pre-test and post-test:
In group 1, majority of 81% of the internship students had satisfactory practices (score 6-10) and 19% of them had good practices (score 11-15) regarding Basic Life Support. In group 2, majority of 87.8% of the subjects had satisfactory practices (score 6-10), 9.8% of them had good practices (score 11-15) and 2.4% of them had poor practices (score 0-5) regarding Basic Life Support.

V. Comparison of practice score in pre-test and post test by paired t test:
Average practice score in pre-test for group 1 was 8.8 which increased to 13.9 in post-test. Average practice score in pretest for group 2 was 8.2 which increased to 13.9 in post-test. The t-values for this comparison were 22.3 and 25.3 for group 1 and group 2 respectively. Corresponding p-values were of the order of 0.000** which is less than 0.01 i.e. at 1% level of significance. The two teaching strategies were found to be significantly effective in improving the practices of the subjects regarding Basic Life Support.

VI. Comparison of the efficacy of two teaching strategies in terms of gain in knowledge by z-test:
Average gain in knowledge score for group 1 was 4.4 which were 3.7 for group 2. The z-value for this comparison was 0.644. Corresponding p-value was 0.644, which is greater than 0.05. Therefore it is clear that the two teaching strategies were not found to be significantly different in improving the knowledge of subjects regarding Basic Life Support.

VII. Comparison of the efficacy of two teaching strategies in terms of gain in Practice by z-test:
Average gain in practice score in for group 1 was 6.9286 which was 6.9268 for group 2. The z-value for this comparison was 0.004. Corresponding p-value was 0.997, which is greater than 0.05. Therefore it can be said that the two teaching strategies were not found to be significantly different in improving the practices of the internship students regarding Basic Life Support.
VIII. Association of knowledge and practice with selected demographic variables:

It was found that the knowledge is associated with higher secondary education (10+2) of the subjects. There is no association of practice of the subjects with the selected background variable.

Conclusion

The study concluded that the through the participants had average knowledge and practice regarding BLS prior to the study. This study revealed that providing knowledge and practice through traditional method and video training on Basic Life Support improved their knowledge and practice. Knowledge of subjects has association with previous higher secondary education in whereas, practice of the subjects were not associated with the selected background variables. The two teaching strategies were not found to be significantly different in improving the knowledge and practices of the subjects regarding Basic Life Support.

References


Effect of Baby Crawl on Breastfeeding Initiation among Postnatal Mothers at selected hospitals of the city.

* Ms. Asha Sanas.
** Mrs. Shubhada Ponkshe.

Maharshi Karve Stree Shikshan Samstha’s.
Smt. Bakul Tambat Institute of Nursing Education, Pune.
ashwiaynish@gmail.com

Introduction
Breast feeding is the most precious gift a mother can give her infant. “When there is illness or malnutrition, it may be a lifesaving gift, when there is poverty, it may be the only gift.” Immediate and exclusive initiation of breastfeeding after delivery has been associated with better neonatal survival and child health and is recommended by the WHO. The main aim of this study was to evaluate the effectiveness of baby crawl on initiation of breastfeeding.

Statement of the problem
“Effect of baby crawl on breastfeeding initiation among postnatal mothers at selected hospitals of the city.”

Objectives:
1. To assess the time required for baby crawl.
2. To assess the breastfeeding initiation (LACTH score) in experimental and control group.
3. To evaluate the effect of baby crawl on breastfeeding initiation (LACTH score).

Hypotheses
H0: Baby crawl will not have significant effect on breastfeeding initiation (LATCH score).

Methodology
The study adopted a quasi-experimental, posttest control group research design with non-probability purposive sampling technique. All mothers who had undergone normal vaginal delivery at 36 to 42 weeks of gestation were selected. Total sample for study was 60 immediate postnatal mothers with their newborns, which were divided equally among experimental and control groups, 30 samples were assigned in each group. The effect of baby crawl on breastfeeding initiation was measured in the form of LATCH score.

Data collection process
In experimental group investigator remained near to mother-newborn dyads until the newborn finishes baby crawl and first breast feeding and noted the findings of observation in to LATCH breastfeeding assessment chart. In control group, investigator observed mother-newborn interactions and noted
the findings on LATCH breastfeeding assessment chart.

### Analysis

A Mann-Whitney U test was conducted to evaluate the effect of baby crawl on initiation breastfeeding (LATCH score).

### Findings

Average time required by all the newborns was \( \mu=31.8 \) minutes; SD= 4.3 minutes. Maximum number of newborns 20 (66.7\%) in an experimental group scored in the score range 6 to 8 which i.e. moderate latching. 10 (33\%) newborn had a score 9 and above i.e. successful latching. The LATCH scores of experimental group are statistically significantly higher (\( Z=-6.8; p=0.001<0.05 \)) than the control group.

### Conclusion

Baby crawl practices influence the initiation of breast feeding. It is the most natural, spontaneous, logical and simplest method that provides prolonged skin to skin contact and culminates in the initiation of breastfeed. Investigator recommends that every baby (and mother) should be given an opportunity to experience this miracle. All healthcare providers need to understand this process of genetic, instinctive, unlearnt behaviour.

### References

‘Assess the knowledge regarding menstrual hygiene among adolescent girls.’

MS. Monali Patil.
M.Sc. Nursing (Community Health Nursing)
Clinical Instructor, Sinhgad College of Nursing, Pune.
monalipatil.mp.27@gmail.com

Abstract
The world adolescent is derived from Latin word adolescent which means to grow into maturity. Adolescence is a period of transition from childhood to adulthood. These are the formative years, when maximum amount of physical, physiological, psychological and behavioral changes take place. (according to WHO) The WHO defines, adolescent as individual between 12-19 years of age. Today approximately 1/5 of world’s population is adolescent, with more than four-fifth in developing countries.¹ The word menstruation is derived from greek word ‘men month’. It is the monthly vaginal bleeding coming at interval of about 28 days from uterine endometrial it occurs during the reproductive period of women except during pregnancy and sometimes during lactation.² Menstruation occurs periodically throughout child bearing years, except during pregnancy and breast feeding. The onset of menarche will begin between 12-16 nutrition. The termination of menses is known as menopause and takes place between 45-60 years. In most women, menstruation occurs approximately every 28 days and it lasts for 3-5 days. Menstrual flow conduces during each menstruation also individuals may vary form the average lengths and amount of blood loss from cycle to cycle. During menstrual period the women may experience lower abdominal pain or discomfort at ovulation and also there will be breast fullness or mild or severe spasmodic type. Premenstrual tens tenderness, weight gain of 3pounds, fluid retention, irritability and depression.³

Introduction
Menstruation is a natural process; it is linked with several misconceptions and practices, which sometimes result into adverse health outcomes. In our Indian culture hardly mothers teach their daughter about menarche, menstrual hygiene only few educated mothers are involved in teaching their daughters on menarche and menstrual hygiene.
Menstruation, the periodic vaginal bleeding that occurs with the shedding of uterine mucosa is one of the signs of puberty, and occurs one or two years following appearance of secondary sexual characteristics. Menstruation is significance process that begins in the life of a girl at the time when she enters or is about to enter adolescence the first menstruation is often horrifying and traumatic to adolescence girls because it usually occurs without her knowing about it. In most instances, A sense of shame is born with puberty. The two factors which contribute to this feeling of humiliation and inferiority are girls discovery of her sexuality and the insinuation of idea that menstrual blood is impure and polluting.

The mean age for onset of menstruation is 12.8 years. Many schools teach girls about puberty and menstruation and prepare them for the menarche. The school nurse has a valuable part to play in all aspects of menstruation in schools girls, psychological as well as physical. The early period may be irregular and vary markedly in the amount of blood loss. It can take up a year or more for a steady pattern to develop dysmenorrhea may occur. Which may be mild or severe spasmodic type? Premenstrual tension is less common in school girls. Girls should be thought about the importance of hygiene.

The issue for women is the nuisance factor. Women are not ashamed of their period they do not feel any need to hide the fact that they get their period or have to purchase pads and tampons-they just see it as a major inconvenience. Only 9% of women said they were embarrassed to purchase menstrual product. Similarly, less than one-fifth 19% said they preferred not to talk openly about menstruation rather women are bothered by the impact it has on their lives. Nearly all women report having experienced cramps 81%, moodiness 84%, and bloating 81% and an overwhelming majority mention times when their period has gotten in the way of their daily lives; 74% of women say that their menstrual symptoms have caused them to miss sex, and nearly half of women say that their symptoms have gotten in the way of taking part in an athletic event 46%, a party 44%, or time with friends and family 40%.

Need for the study

"Yesterday's girls is today's adolescent and tomorrow's mother"

A study was conducted among 60 adolescent girls of age 12-15 years regarding knowledge and practice of menstrual hygiene. Results show that 65% of girls know that menstruation is a physiologic process, 35.7% know that it is caused by hormones. 94.6% of them use of absorbents during the period and 5.4% dispose it. A study stated that 52.0% of girls mentioned that menstruation beginning at the age of 12 years, 36.7% girls replied that it is due to hormones. Their knowledge seems to be inefficient because only 35.0% know that bleeding is from uterus. Around 100% of girls use absorbent during periods but only 39.3% changes absorbents daily but still the kind of absorbents they use were piece of clothes by 91.1%.

A descriptive study was conducted to assess the level of knowledge and health
taking behavior of female. Students aged 12-14 years old in regard to dysmenorrhea and menstrual hygiene in sub-urban districts of Tehran using a cluster random sampling method. 47% had enough knowledge about dysmenorrhea from which only 32% practiced the personal health taking behavior. About 33% of the students avoided any physical activity or even mind exercises during menstrual period. 67% of the girls reported to take palliative medicine for their menstrual pain. 15% of the stated that dysmenorrhea was interfered with their daily life activities and absent from school. The study concluded that the necessity of educating female students about the menstrual period health taking behaviors including appropriate nutrition, exercise and physical activity, personal hygiene and appropriate use of medications. 9

James in a study on menstrual hygiene reported that adolescent schoolgirls generally hadn’t adequate knowledge of menstrual hygiene. Thus the present study was undertaken to identify the learning need of preadolescent girls with a view to develop and a planned teaching programme on menstrual hygiene. It will help them to improve their self-care ability and follow health and hygiene menstrual practice. 10

The study was conducted on feminine hygiene care in India, and rampant unhygienic sanitary practices, India in 2011 may 11. in comparison, 100% adolescence in Singapore and Japan, Indonesia (88%) and China (64%) use sanitary napkins. In the survey conducted in Delhi, Chennai, Kolkata, Lucknow, Hyderabad, Gorakhpur, Aurangabad, Bangalore and Vijayawada, around 31% adolescents reported a drop in productivity levels when they menstruate, to miss around five days of school in a month. Menstrual hygiene is lowest in eastern India, with 83% saying their families cannot afford sanitary napkins. 11

The statement of the study
‘A Study To Assess The Knowledge Regarding Menstrual Hygiene Among Adolescent Girls (12-15 yrs) Studying In Schools Of Urban Areas.’

Objectives of study
1. To assess the knowledge of adolescent girls studying in schools regarding menstrual hygiene.
2. To assess the practice of menstrual hygiene among adolescent girls studying in the schools of urban area.
3. To find out the association between the knowledge with their social-demographic variables.
4. To find out the association between the practice with their social-demographic variables.

Inclusion criteria
The study includes the following:
1. Adolescent girls who are studying 8th standards who are willing to participate
2. Adolescent girls who are studying 8th standards who are available during the period of data collections
3. Adolescent girls who are studying 8th standards between the ages between 12-14 years.
Exclusion criteria
1. Adolescent girls who are studying 8th standards are not willing to participate and not available during the data collection.
2. Adolescent girls who are studying 8th standards between the ages above 16 years.

Assumption
This study is based on following assumptions:
1. Adolescent girls will have some knowledge regarding menstrual hygiene.
2. Adolescent girls will have unhygienic practice regarding menstrual hygiene.

Conceptual framework
Theory of health promotion model proposed by Dr. Novel J. Pender (2003) theory

Methodology
Research Design: Non-Experimental Research Design.
Setting of the Study: The study was conducted in selected schools of urban areas.
Population:
Target population: Adolescent girls (12-14 years) in selected schools of urban areas.
Accessible Population: Adolescent girls (12-14 years) in selected schools of urban areas.
Sample: Adolescent girls (12-14 years) in selected schools of urban areas.
Sampling technique: Non-probability convenience sampling techniques

Major study findings
I. A. Findings related to demographic variables
1. Age: Majority of 40 (66.6%) of subjects belong to 12-13 years, 20 (33.33%) of the subjects belongs to 14-15 years.
2. Class: Majority of 33 (55.0%) of subjects belong to VIIIA, 16 (26.67%) of subjects belong to VIIIB. 11 (18.33%) of subjects belong to VIIIC
3. Sex Education: Majority of 08 (13.33%) of them got information from Mass media, 07 (11.67%) of them got information from formal education, 45 (75.0%) of them got information from Family members, 00 (0%) of them got information from others.
4. Age of attaining menarche: Majority of 11 (18.33%) attained in the age of 12-14 years, 48 (80.0%) attained in the age of 14-16 years, 01 (1.66%) attained in the age of above 16 years.

Sample Size: sample size was 60 Adolescent girls in selected schools of urban areas.

Tool and technique
The tool is consisting of three sections

<table>
<thead>
<tr>
<th>Section</th>
<th>Demographic variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section I</td>
<td>Self-administered structured knowledge questionnaire on menstrual hygiene.</td>
</tr>
<tr>
<td>Section II</td>
<td>Self-administered structured knowledge questionnaire on menstrual practices.</td>
</tr>
<tr>
<td>Section III</td>
<td>Self-administered structured knowledge questionnaire on menstrual practices.</td>
</tr>
</tbody>
</table>
B. Analysis Assessment of the level of knowledge score of adolescent girls on menstrual hygiene.

a. Data on Knowledge of adolescent girls regarding menstrual hygiene

<table>
<thead>
<tr>
<th>Knowledge score</th>
<th>frequency</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate Knowledge</td>
<td>26</td>
<td>43.33%</td>
</tr>
<tr>
<td>Moderate Knowledge</td>
<td>34</td>
<td>56.67%</td>
</tr>
<tr>
<td>Inadequate Knowledge</td>
<td>00</td>
<td>0%</td>
</tr>
</tbody>
</table>

b. Data on Knowledge of adolescent girls regarding menstrual practices.

<table>
<thead>
<tr>
<th>Knowledge score regarding menstrual hygiene among adolescent girls</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>40</td>
<td>60.65</td>
</tr>
<tr>
<td>Bad</td>
<td>20</td>
<td>33.33</td>
</tr>
</tbody>
</table>

SECTION-II
Association of level of knowledge of adolescent girls with demographic variable.

<table>
<thead>
<tr>
<th>Sr no</th>
<th>variables</th>
<th>df</th>
<th>X2</th>
<th>Table value p</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age of adolescent girls</td>
<td>1</td>
<td>13</td>
<td>0.39</td>
</tr>
<tr>
<td>2</td>
<td>class</td>
<td>1</td>
<td>1.5</td>
<td>0.39</td>
</tr>
<tr>
<td>3</td>
<td>explored to sex education before</td>
<td>1</td>
<td>4.6</td>
<td>0.39</td>
</tr>
<tr>
<td>4</td>
<td>Age of attaining menarche</td>
<td>1</td>
<td>3.4</td>
<td>0.39</td>
</tr>
</tbody>
</table>

Represent the chi-square value computed for association of level of knowledge of adolescent girls with age of adolescent girls, class, explored to sex education before, age of attaining menarche.

The table depict that the demographic variables such as age of adolescent girls, class, explored to sex education before, age of attaining menarche shows a significant association with level of knowledge. Other variable shows that there is no statistical significant association with the level of knowledge at 5% level of significance (P≤0.05)

SECTION-III
Association of level of practice regarding menstrual hygiene of adolescent girls with demographic variable.

<table>
<thead>
<tr>
<th>Sr no</th>
<th>variables</th>
<th>df</th>
<th>X2</th>
<th>Table value p</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age of adolescent girls</td>
<td>1</td>
<td>2.1</td>
<td>0.39</td>
</tr>
<tr>
<td>2</td>
<td>class</td>
<td>1</td>
<td>5.4</td>
<td>0.39</td>
</tr>
<tr>
<td>3</td>
<td>explored to sex education before</td>
<td>1</td>
<td>4.6</td>
<td>0.39</td>
</tr>
<tr>
<td>4</td>
<td>Age of attaining menarche</td>
<td>1</td>
<td>8.3</td>
<td>0.39</td>
</tr>
</tbody>
</table>
Conclusion

The assessment of self-administered structured knowledge questionnaires on menstrual hygiene & practices revealed that the overall differences in the mean scores of knowledge of adolescent girls was 935 adequate knowledge & 46% having inadequate knowledge which was highly significant at P< 0.005. Hence, it is referred that there is significant increase in the knowledge level of adolescent girls on menstrual hygiene.

References

11. Times of india,2011(May11).online edition of indian’s national newspaper. ‘Feminnine Hygeine care in india, and rampant unhygenic sanitary practices in India’
‘A study to assess the effectiveness of progressive muscle relaxation technique in reducing stress level among nurses working in labour room in selected hospitals.’

Mrs. Shital Pawar.
M.Sc. Nursing (Obstetrics and Gynaecology Nursing)
Sinhgad College of Nursing, Pune.
ninety.shital@gmail.com

Statement of problem

“A study to assess the effectiveness of progressive muscle relaxation technique in reducing stress level among nurses working in labor room in selected hospitals”

Objectives

1. To assess the pre-existing level of stress among nurses working in labour room.
2. To determine the effectiveness of Progressive muscle relaxation technique in experimental group.
3. To assess the post-test level of stress level in Experimental & control group.
4. To compare the post-test level of stress level in nurses working in labour room among experimental & control group.
5. To assess the association of stress level among nurses working in labour room in experimental & control group with their selected demographic variable.

Hypothesis

H1: There will be significant difference between pre-test & post-test stress level among nurses working in labour room in experimental group.
H2: There will be significant difference between post-test level of stress level among nurses working in labour room between experimental and control group.
H3: There will be significant association between the pre-test level of stress level among nurses working in labour room with their selected demographic variable in experimental & control group.

Research approach

A qualitative research approach was adopted for the present study to accomplish the objective of determining the effectiveness of Progressive muscle relaxation technique in reducing Stress level among nurses working in labour room.
## Research design

**True Experimental Research Design**

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre-test</th>
<th>Intervention</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experimental Group</strong></td>
<td>Modified Hamilton Stress level Rating scale (HAM-A)</td>
<td>Implementation of Progressive muscle relaxation technique</td>
<td>Modified Hamilton Stress level Rating scale (HAM-A)</td>
</tr>
<tr>
<td>E</td>
<td>01</td>
<td>X</td>
<td>02</td>
</tr>
<tr>
<td><strong>Control Group</strong></td>
<td>Modified Hamilton Stress level Rating scale (HAM-A)</td>
<td>Control group is not treated</td>
<td>Modified Hamilton Stress level Rating scale (HAM-A)</td>
</tr>
<tr>
<td>C</td>
<td>01</td>
<td></td>
<td>02</td>
</tr>
</tbody>
</table>

### Modified Hamilton stress level rating scale (HAM-A)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>AREAS</th>
<th>No. of items</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Emotional Aspects</td>
<td>9</td>
<td>18.75</td>
</tr>
<tr>
<td>2.</td>
<td>Psychological Aspects</td>
<td>17</td>
<td>35.41</td>
</tr>
<tr>
<td>3.</td>
<td>Physical Aspects</td>
<td>10</td>
<td>20.83</td>
</tr>
<tr>
<td>4.</td>
<td>Social Aspects</td>
<td>08</td>
<td>16.66</td>
</tr>
<tr>
<td>5.</td>
<td>Family Aspects</td>
<td>04</td>
<td>8.33</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>48</strong></td>
<td><strong>100%</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Data analysis

- Assessment of Pre-test scores of stress in Experimental group and control group.

<table>
<thead>
<tr>
<th>Score</th>
<th>Experimental Freq</th>
<th>Experimental %</th>
<th>Control Freq</th>
<th>Control %</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Stress</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mild Stress</td>
<td>12</td>
<td>40</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>Moderate Stress</td>
<td>11</td>
<td>37</td>
<td>14</td>
<td>47</td>
</tr>
<tr>
<td>Severe Stress</td>
<td>7</td>
<td>23</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30</td>
<td>100</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>
Effectiveness of Progressive muscle relaxation technique on Experimental group.

<table>
<thead>
<tr>
<th>Score</th>
<th>Pretest</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Freq</td>
<td>%</td>
</tr>
<tr>
<td>No Anxiety</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mild</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>Moderate</td>
<td>11</td>
<td>37</td>
</tr>
<tr>
<td>Severe</td>
<td>7</td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Effectiveness: H01: The mean post-test level of stress score will not be significantly lower than the mean pre-test score of anxiety among nurses in experimental group

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Size</th>
<th>Mean Pre</th>
<th>Mean Post</th>
<th>S.D</th>
<th>S.E</th>
<th>&quot;t&quot; Value</th>
<th>&quot;P&quot; Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td>30</td>
<td>70.63</td>
<td>48.8</td>
<td>22</td>
<td>4.1</td>
<td>8.0</td>
<td>0.00</td>
</tr>
<tr>
<td>Post-Test</td>
<td>30</td>
<td>48.8</td>
<td>20.79</td>
<td>20</td>
<td>3.7</td>
<td>9</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Comparison of effectiveness of Progressive Muscle Relaxation Therapy on anxiety among nurses in experimental and control group

<table>
<thead>
<tr>
<th>Score</th>
<th>Control Freq</th>
<th>Control %</th>
<th>Experimental Freq</th>
<th>Experimental %</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Anxiety</td>
<td>4</td>
<td>13</td>
<td>13</td>
<td>43</td>
</tr>
<tr>
<td>Mild</td>
<td>17</td>
<td>57</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Moderate</td>
<td>14</td>
<td>47</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Severe</td>
<td>2</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Post-Test Score:
H02: The mean post-test stress score of experimental group will not be significantly lower than mean post-test stress score among nurses of control group.

<table>
<thead>
<tr>
<th>Test Size</th>
<th>Mean</th>
<th>S.D.</th>
<th>S.E.</th>
<th>“t” Value</th>
<th>“P” Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Group</td>
<td>3</td>
<td>67.5</td>
<td>24.6</td>
<td>4.49</td>
<td>3.10</td>
</tr>
<tr>
<td>Experimental Group</td>
<td>3</td>
<td>48.8</td>
<td>20.79</td>
<td>3.79</td>
<td>3.10</td>
</tr>
</tbody>
</table>

Association between pre-test scores of stress and selected demographic variables

H02: There will be no significant association between pre-test levels of stress and selected demographic variables among nurses working in labour room.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Variables</th>
<th>Groups</th>
<th>Chi-Square</th>
<th>p value</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age in years</td>
<td>25-30</td>
<td>8.9</td>
<td>0.03</td>
<td>Significant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>31-35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>35-40</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt;40</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Marital status</td>
<td>Married</td>
<td>5.2</td>
<td>0.16</td>
<td>Not Significant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unmarried</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Divorced</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Widowed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Family Set up</td>
<td>Nuclear</td>
<td>10.18</td>
<td>0.02</td>
<td>Significant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Joint</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The major findings of the study

The analysis of the demographic data of the study samples gave an idea about the general characteristics of the nurses working in labour room and level of stress level.

- Majority of the population belongs to the age group of 25-30 years (46.7%) are having more Stress level and the population belongs to the age group above 40 years (13.3%) are having less Stress level.
- The population shows (40.0%) of nurses working in labour room from both experimental & control group are married having more Stress level whereas (4%) unmarried having less Stress level.
- The highest population whose having nuclear type of family (60.0%) are showing that the Stress level is more whereas (zero%) of people from the family other than nuclear, joint,extended family are having less Stress level.
- The majority of the population those who are belongs to the income
status of 5001/- to 15000/- having more Stress level symptoms whereas the population whose family income is above 25001/- having less Stress level.

- The Highest population (40.0%) completed graduation in nursing education and having more Stress level than those who all completed their diploma(13.3%) and having less Stress level.

**Conclusion**

- The following conclusions were drawn from the findings of the present study: This study shows that Progressive muscle relaxation technique is a simple non pharmacological intervention which should be carried out independently in the field of nursing. The overall experience of conducting this study was enriching hence it gives an opportunity to the investigator to acquire new information as well as learning experience. The experience of the investigator during the study and the findings helped the investigator to give suggestions and the recommendations for further studies.

**References:**


4. Banerjee N, Roy KK, Takkar D. study on menstrual characteristics of adolescents of rural and urban West Bengal, India.2000;45:342-4.


‘Assess the effect of teaching program on knowledge for male staff nurses on preoperative pulmonary care on post-operative recovery of patients in selected hospitals in Pune City.’

Mrs. Shilpa G. Bakal.
M.Sc. Nursing (Medical Surgical Nursing)
Sinhgad College of Nursing, Pune.
sbkal016@gmail.com

Pulmonary disease is a broad term that encompasses such varied illnesses as slower respiratory tract infection like chronic obstructive pulmonary disease, asthma, pulmonary embolism disorders, pleural effusion and congestive heart failure. Numerous diseases and conditions may necessitate the need for surgery. Pulmonary care is scientific care to patients who have diseases of lung and breathing. Postoperative care is the management of a patient after surgery. This includes care given during the immediate postoperative period, both in the operating room and post anesthesia care unit (PACU), as well as during the days following surgery. The goal of postoperative care is to prevent complications such as infection, to promote healing of the surgical incision, and to return the patient to a state of health. Postoperative care involves assessment, diagnosis, planning, intervention, and outcome evaluation. The extent of postoperative care required depends on the individual's pre-surgical health status, type of surgery, and whether the surgery was performed in a day-surgery setting or in the hospital. Pulmonary care is an important part of the postoperative care of the patient after CABG surgery. Preoperative practice with the equipment (such as an incentive spirometer that will be used postoperatively) is helpful. Teaching in the preoperative period assists the patient to comprehend the necessity of coughing effectively in spite of incision pain to achieve positive outcomes postoperatively. Early mobilization is
effective in improving postoperative pulmonary outcome. Preoperative teaching might include information related to the potential for mobilization to a chair during the first evening postoperatively. Patients who are admitted to the hospital may require days or weeks of postoperative care by hospital staff before they are discharged.

Objectives

1) To assess the pre-test knowledge of Male staff nurses of pre-operative pulmonary care on post-operative recovery of patients.
2) To assess the post-test knowledge of Male staff nurses of pre-operative pulmonary care on post-operative recovery of patients.
3) To find the association between findings of study with selected demographic variables
4) To compare the pre-test & post-test knowledge of Male staff nurses.

Conceptual framework
The conceptual framework is based on ‘Ludwig Von Bertalanffy’s General system theory’

Research methodology
Approach
Quantitative research approach

Design: Experimental
Population: Staff nurses (Male)
Sample: 60 samples
Setting: Hospitals in Pune City.

Inclusion criteria
- Male Nurses who are willing to participate in this study
- Male Nurses who are presently working in wards during the study period
- Male Nurses who has more than one year experience
- Male Nurses who can read & write English.

Plan for tool preparation

Section A:
Socio demographic data profile of the staff nurses such as age, gender, education, area of work and experience of working in ward.

Section B:
Structured Questionnaire.

Plan for data collection method and analysis
- Formal permission will be taken from the head of the department
- Informed consent from will be obtained from samples assuring the confidentiality.
- Selection of sample based on purposive sampling technique.
- Assessment of Male staff knowledge on pre test
- Administration of structured teaching programme after pre-test.
- Assessment of knowledge of Male staff nurses after post-test.
- Pilot study will be conducted to check the feasibility of the study in the similar setting.
- The data collected will be analyzed by using descriptive and inferential statistics.
Scope of the study

The study will be helpful for postoperative patient to reduce the pulmonary complication.

Conclusion

The structured teaching programme will be effective on knowledge of Male staff nurses of pre-operative pulmonary care on post-operative recovery of patients.

Major findings of the study

The analysis of the demographic data of the study samples gave an idea about pre-test and Post test knowledge of Male staff nurses of pre-operative pulmonary care on post-operative recovery of patients.

1. Findings related to demographic characteristics of participants:
   - The data indicate in relation to age majority of the subjects (33.6) i.e. 56% belongs to the age group 20-30 years, (16.8) i.e. 28% belongs to the age group 30-40 years, (6.9) i.e. 11.5% belongs to the age group 40-50 and (09) i.e. 4.5% belongs to 50 years & above group.
   - The data indicate in relation to professional education of majority of subjects (41.4) i.e.69% done General Nursing & Midwifery, (8.4) i.e.14% are ANM, (16.2) i.e.13.5% are Graduate and (2.1) i.e.3.5% subjects were Post Graduate & above course.
   - The data indicate in relation to area of work majority of the subjects working in Medicine Wards (22) i.e.36.66%, ICU (20) i.e. 33.33 %, Surgical wards (18) i.e. 30%, were taken for study.

2. Findings related to pre test post knowledge score

Majority of the Male staff nurses i.e. 45 out of 60 (75%) had pre test knowledge about pre-operative pulmonary care on postoperative recovery of patients whereas the finding increased to 58.8 out of 60 (98%).

The structured teaching programme is effective on knowledge of Male staff nurses of pre-operative pulmonary care on postoperative recovery of patients. Majority of the staff nurses i.e. 45 out of 60 (75%) had pre test knowledge about pre-operative pulmonary care on postoperative recovery of patients whereas the finding increased to 58.8 out of 60 (98%).

References

2. Infection Control and Hospital Epidemiology© [Online]. 2004 [cited 2010 Oct 06]; Available from: URL:http://www.jator.org.co.in
3. Swindale JE, the nurse’s role in giving preoperative information to reduce the anxiety in patient

4. Sanne E. Hoeks, effectiveness of the protocol on knowledge and improving practices regarding pre and post operative nursing management of patients undergoing cardiac surgery among nursing personnel. Indian journal of nursing studies vol.2, no.1, jan-june 2011

Abstract

Yesterday’s child is today’s adolescent and tomorrow’s parent. All human life on the planet is born of woman and through the ages, it has been the woman, who has been charged, with the responsibility of rearing up her children. Adolescent crisis is a normal phenomenon. Mother, being the backbone and the responsible entity for the health and wellbeing of the family plays a significant role in supporting her child during this transitional age.\(^1\)

A woman who has access to education is better able to enhance her territories of impact upon her child’s development. Planned teaching programme is an acceptable and effective teaching strategy in improving the knowledge and changing the practice among people.\(^2\)

This study was conducted to find out the effectiveness of a planned teaching programme on adolescent crisis for the mothers of school-going preadolescent and adolescent children.

Adolescents are special people. Between puberty and about 19 years of age they do not seem quite like adults or children. During these transitional years they share the characteristics of children and adults, as well as having some, which unique to them. Moreover their transitional status is not static or smoothly progressive, but a kaleidoscopic in its unfolding. Behaving at one moment like 6-year old and the next like a 30-year old, they act out vividly the dynamic psychological processes, which occur internally. It is the fundamental nature and the rapidity of the transition from childhood to adulthood, which demands for adolescence to be considered as a separate developmental phase.\(^3\)

Introduction

Adolescence was rarely included as a stage in the lifecycle until G. Stanley Hall, often considered as the father of adolescent psychology, published his monumental work on adolescence in 1904. Today, Hall’s concept of adolescence is almost universally
accepted as an inherent aspect of human development.\(^4\) The term “adolescence” is derived from the Latin word “adolescere” which means “to grow” or “to grow to maturity”. Adolescence is a critical period of human development manifested at the biological, psychological and social level of integration, having variable onset and duration, but marking the end of childhood and the foundation for maturity. It is a new birth of higher and more complete human race, the entrance of the individual into the larger life.\(^5\)

Recapitulation Theory describes adolescence to be the time of psychosocial development when the transition between the more primitive child and the truly human adult occurs. Hall saw adolescence as the period during which one becomes aware of one’s ability to change the course of his life. This is the result of the simultaneous occurrence of rapid physical growth, sexual maturation, increased emotional intensity and conflict, the achievement of hypothetico-deductive reasoning and an awareness of moral, social and political concerns.\(^6\)

Family is the universal primary social unit. The significance of family in the proper growth and development of a child hardly needs any emphasis, as it is well known that children’s behaviour reflects the ideas, attitudes, standards and conditions presented to them within the family. Teach a man, you teach an individual, teach a woman, you teach a family. To awaken people, it is the woman who must be awakened first. Once she is on the move, the family moves, the village moves, the nation moves.\(^7\) A mother makes the house a home and a good home enables the child to face any stress without much difficulty. As health team members, it is the responsibility of nurses to teach the public how to face the health problems. A woman who has access to education can better enhance not only her own health but also that of her family and community. Hence it is very important to train mothers regarding handling adolescent crisis (or rather, their own adolescent children) because educating mothers in this regard achieves better results as they can do much more in a child’s life than just “giving advice.\(^8\)

<table>
<thead>
<tr>
<th>Need for the study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition is a passage from one stage of development to another. During any transitional period, the individual’s status is vague and there is confusion about the roles expected to play. The adolescent, at this time, is neither a child nor an adult. Adolescent experiences various changes like heightened emotionality, sexual maturing, change in interests, behaviour patterns, values and expected social roles. Most adolescents are ambivalent about changes; while they want and demand independence; they often dread the responsibilities that ensue. They are inexperienced in solving their problems independently and hence question their ability to cope with the responsibilities. “Adolescence is like a river, too much freedom can destroy self and others, too much control can wither the development of self and others,</td>
</tr>
</tbody>
</table>
optimum freedom with optimum responsibility is right. It is reported that 19% of the world's population is in the age group of 10 to 19 years. Nearly two fifths of the nation's population falls between ten and twenty years of age.

A study conducted on the role of fathers, relative to mothers and friends, as confidants for 2016 adolescent boys and girls across 12-19 years of age showed that girls appeared to be more prone to confide in their mothers than fathers. In general, the likelihood of confiding in parents decreased by age 14-15 years and then increased. The tendency to confide in friends increased with age although mothers remained important sources of advice or emotional support, especially for girls.

An Israeli study reported that in 200 Israeli 10th graders, representations of maternal care predicted achievement while paternal representations were unrelated to abilities or achievement. Among boys, maternal intrusiveness had a unique contribution to the prediction of achievement, above and beyond abilities, socio-emotional symptoms and maternal care.

The above studies vividly state that the role of mothers in supporting the adolescent during the transitional stage is above par. The world is ever changing and hence the need arises for educating mothers about the challenges faced by the adolescents of today, the ways to cope up.

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**The statement of the study**

‘Effectiveness of a planned teaching programme on adolescent crisis for the mothers of pre-adolescent and adolescent children attending a selected schools’

**Objectives of study**

1. To assess the knowledge of mothers of school-going pre-adolescent and adolescent children regarding handling adolescent crisis.
2. To conduct a planned teaching programme for the mothers on the basis of identified areas of knowledge deficit.
3. To assess the effectiveness of the planned teaching programme in terms of gain in knowledge.

**Inclusion criteria**

1. Mothers of school-going pre-adolescent and adolescent children and attending a selected school in Pune.
2. Mothers who will be willing to participate in the study.
3. Mothers who are able to read and write English and Marathi.

**Exclusion criteria**

1. Mothers with conditions affecting their psychological status.
2. Mothers who are not able to read and write either English, or Marathi.

**Assumption**

1) This study is based on following assumptions:
2) Mothers will have some basic knowledge regarding handling adolescent crisis.
3) Mothers will be willing to provide factual information on their knowledge of handling adolescent crisis.
4) Appropriate knowledge of mothers
5) Regarding handling adolescent crisis will help them support their children.
6) The level of knowledge can be measured by a structured knowledge questionnaire.
7) PTP is an accepted teaching strategy

Hypothesis
The mean post-test knowledge score of the mothers regarding handling adolescent crisis in children will be significantly higher than their mean pre-test score.

Conceptual framework
Theory of General System Model proposed by Ludwig von Bertalanffy theory

Methodology
Research Approach: Evaluative research Approach.
Research Design: pre-experimental, i.e., one group pre-test, post-test design
Setting of the Study: The study was conducted in selected schools.
Population:
Target population: mothers of pre-adolescent and adolescent children (in the age group of 10-16 years) attending the selected schools
Accessible Population: mothers of pre-adolescent and adolescent children (in the age group of 10-16 years) attending the selected schools.
Sample: mothers of pre-adolescent and adolescent children (in the age group of 10-16 years).
Sampling technique: Non-probability convenient sampling techniques

Sample Size: sample size was 100 mothers who have pre-adolescent or adolescent children in selected schools.

Tools and technique
The tool is consisting of TWO sections

<table>
<thead>
<tr>
<th>Section I</th>
<th>Demographic variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section II</td>
<td>Structured knowledge questionnaire comprising of 30 objective</td>
</tr>
</tbody>
</table>

Major study findings
I.A. Findings related to demographic variables
5. Age: majority of the mothers (67%) were above 35 years of age and only 33 (33%) mothers were in the age group of 25-34 years.
6. Education: majority, i.e., 65 out of 100 mothers, had education up to 10th standard, 15 (15%) of them had completed their pre-degree, 5% diploma, 13% graduation and 2% post graduation.
7. Occupation: majority (78%) of the mothers were housewives, 14% professionals and 8% were into business.
8. Religion: half of the mothers were Hindus (50%) and remaining were Christians (26%) and Muslims (24%).
9. Monthly Family Income: monthly income 53% of the mothers had a family income below Rs. 5000, 33% of them had income between Rs. 5001 to 10,000 and the rest (14%) had an income above Rs. 10,000.
10. Order of birth of the child: Most (82%) of the children were first born, 17% were second and 1% only was third in their order at birth.
11. **Marital Status:** Marital status, 97% of the mothers were living with their husband, 2% divorced and 1% were separated.

12. **Relationship with the husband:** Most of the mothers (87%) had good relationship with their husband, a few (11%) had satisfactory relationship and the rest (2%) had poor relationship.

**Figure 1:** Cone diagram showing educational status of mothers

**Section II**

**Evaluation of PTP in terms of gain in knowledge score.**

This section deals with the analysis and interpretation of the data in order to evaluate the effectiveness of PTP on “handling adolescent crisis” for mothers of preadolescent or adolescent children.

**Assessment of the knowledge of mothers before and after administering the PTP.**

The effectiveness of the PTP was established by analysing through a pre and post-test. The scores obtained were tabulated and the range, mean score and standard deviation were computed. The data are presented in Table 1.

**Table 1:** Range, mean, median and standard deviation of Pre and Post-test knowledge scores of the mothers

<table>
<thead>
<tr>
<th>Area</th>
<th>Range</th>
<th>Mean</th>
<th>Median</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td>10-23</td>
<td>14.5</td>
<td>14</td>
<td>3.13</td>
</tr>
<tr>
<td>Post-Test</td>
<td>14-28</td>
<td>22.9</td>
<td>24</td>
<td>4.73</td>
</tr>
</tbody>
</table>

Maximum score = 30

The data in Table 2 and Figure 2 show that the mean post-test knowledge score \( \bar{X} = 22.95 \) is apparently higher than the mean pre-test score \( \bar{X} = 14.58 \). It indicates that there is an increase in post-test knowledge score and it may be due to the effectiveness of PTP.

**Figure 2:** Frequency polygon showing the distribution of the pre-test and post-test knowledge scores.

Frequency polygons of both pre-test and post-test are presented in Figure 2, the mean (14.58, 22.95) and median (14, 24) lie close to each other, indicating that they are nearly normally distributed.
Further the scores of pre-test and post-test were arbitrarily graded and the data are presented in Table 2.

**Table 2: Grading of pre-test and post-test knowledge score**

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean Knowledge</th>
<th>SD</th>
<th>’t’ value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-t</td>
<td>Post-t</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers</td>
<td>14.58</td>
<td>8.85</td>
<td>11.63</td>
</tr>
<tr>
<td>Completing PTP</td>
<td>22.95</td>
<td>85</td>
<td></td>
</tr>
</tbody>
</table>

Data in Table 1 shows that in the pre-test majority of the mothers (62%) had poor knowledge and only 6% had scores ranging between 21 - 30 indicating good knowledge whereas in the post-test most of the mothers (80%) scored 70-100%. It indicates a considerable gain in knowledge scores after administration of PTP.

**Difference in mean knowledge scores**

In order to find out the significance of difference between pre-test and post-test knowledge scores, a paired ‘t’ test was computed.

To test the statistical difference a null hypothesis was formulated.

H0: There will not be any significant difference in the mean pre-test and post-test knowledge scores of mothers.

**Table 3: Mean, standard deviation and standard error difference and ‘t’ value on pre and post-test knowledge score.**

<table>
<thead>
<tr>
<th>Area</th>
<th>Good 70-100%</th>
<th>Average 50-69%</th>
<th>Poor Below 50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td>6</td>
<td>32</td>
<td>62</td>
</tr>
<tr>
<td>Post-Test</td>
<td>80</td>
<td>18</td>
<td>2</td>
</tr>
</tbody>
</table>

Data presented in Table 3 show that the mean knowledge score of the post-test (22.95) is higher than the mean knowledge score of the pre-test (14.58). The ‘t’ test value computed (t(99)=11.638, P < 0.001) shows that there is highly significant difference in the mean knowledge score of pre-test and post-test. Therefore null hypothesis is rejected and the research hypothesis is accepted. The findings indicate that the PTP is effective in terms of gain in knowledge scores.

**Area wise mean knowledge score of pre-test and post-test**

Area wise mean and mean percentage knowledge score and the difference in the mean was computed and data are presented in Table 4.

**Table 4: Area wise mean percentage and mean gain of pre-test and post-test knowledge score**
The data in Table 4 shows that mean percentage score of the pre-test was highest in the area of increased drive for favour and recognition (75.0%) and least (36.50%) in the area of a time of unrealism and unstable self-concept, whereas the mean percentage score of the post-test was highest in the area of sexual behavior (94.85%) and least in the area of a time of unrealism and unstable self-concept (63.50%). Mean gain shows that post-test knowledge scores were higher than pre-test knowledge scores in all areas. Thus the findings suggest that PTP was effective.

The data is also presented in Figure 5.

<table>
<thead>
<tr>
<th>Area</th>
<th>Mean score Pre-test</th>
<th>Mean score Post-test</th>
<th>Mean gain K2-K1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Handling identity crisis</td>
<td>48.9</td>
<td>81.3</td>
<td>32.40</td>
</tr>
<tr>
<td>2. Decreased family relationship, increased peer group influence</td>
<td>56.6</td>
<td>90.3</td>
<td>33.66</td>
</tr>
<tr>
<td>3. Increased drive for favour and recognition</td>
<td>75.0</td>
<td>86.0</td>
<td>11.0</td>
</tr>
<tr>
<td>4. A time of unrealism and unstable self-concept</td>
<td>36.5</td>
<td>63.5</td>
<td>27.0</td>
</tr>
<tr>
<td>5. Sexual behaviour</td>
<td>62.4</td>
<td>94.8</td>
<td>32.43</td>
</tr>
</tbody>
</table>

Figure 5: Bar diagram showing area wise distribution of pre-test and post-test mean knowledge scores

Further to determine the significant difference in the area wise mean pre-test and post-test. Knowledge scores paired ‘t’ test was computed for each area. The data are presented in Table 4.
Table 5: Area wise mean, mean difference, standard deviation of difference, standard error and ‘t’ value on pre-test and post-test knowledge score

<table>
<thead>
<tr>
<th>Area</th>
<th>Mean Knowledge score</th>
<th>Mean Difference</th>
<th>SD</th>
<th>SD Error</th>
<th>T value</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handling identity crisis</td>
<td>4.89</td>
<td>8.13</td>
<td>4.1</td>
<td>9.00</td>
<td>0.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.6</td>
</tr>
<tr>
<td>2.Decreased family relationship, increased peer group influence</td>
<td>3.40</td>
<td>5.42</td>
<td>1.4</td>
<td>3.12</td>
<td>0.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.4</td>
</tr>
<tr>
<td>3.Increased drive for favor and recognition</td>
<td>2.25</td>
<td>2.58</td>
<td>0.9</td>
<td>0.93</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9.7</td>
</tr>
<tr>
<td>4.A time of unrealism and unstable self-concept</td>
<td>1.46</td>
<td>2.34</td>
<td>2.3</td>
<td>8.01</td>
<td>0.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.9</td>
</tr>
<tr>
<td>5.Sexuality behavior</td>
<td>4.37</td>
<td>6.64</td>
<td>2.1</td>
<td>1.24</td>
<td>0.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17.09</td>
</tr>
</tbody>
</table>

Data presented in Table 5 shows that there is significant difference in the area wise mean pre-test and post-test knowledge scores. The statistical significance was at 0.01 level.

Section III
Association between pre-test knowledge scores and selected variables (education and family income)

This section deals with the association between the pre-test knowledge scores and selected variables such as educational status and income. In order to determine the association the following null hypothesis was stated:

H0: There is no significant association between the level of knowledge and selected variables, i.e., educational status and income at 0.05 level. Chi-square was computed to test the hypothesis.

Table 6: Chi-square value between level of knowledge and selected variable

<table>
<thead>
<tr>
<th>Selected Variables</th>
<th>Level of Knowledge</th>
<th>( \chi^2 ) value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt; mean</td>
<td>&gt; mean</td>
</tr>
<tr>
<td>Educational status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to PUC</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>1.53*</td>
<td></td>
</tr>
<tr>
<td>Above PUC</td>
<td>75.0</td>
<td>86.0</td>
</tr>
<tr>
<td>Economical status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income less than</td>
<td>37</td>
<td>16</td>
</tr>
<tr>
<td>Rs. 5000/-</td>
<td>2.92*</td>
<td></td>
</tr>
<tr>
<td>Income more than</td>
<td>25</td>
<td>22</td>
</tr>
<tr>
<td>Rs. 5000/-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\( \chi^2 (0.05, 1) = 3.84 \) *Not significant

The data in Table 6 shows that the Chi-square value computed at df(1) between knowledge and selected variables (educational status = 1.53, family income = 2.92) was not significant at 0.05 level. Thus it can be interpreted that there is no significant association between knowledge and selected variables.
variables (educational status and income). Therefore the null hypothesis is accepted. The findings indicate that gain in knowledge score was due to administration of PTP.

### Conclusion

This chapter deals with the conclusions drawn based on the findings of the study. The conclusions drawn were:

1. Pre-test findings showed that deficient knowledge regarding “handling adolescent crisis” existed in varying degree among mothers in all the areas of learning. The highest deficit was noted in the area of “a time of unreality and unstable self-concept”.

2. The PTP tested in the study was found to be effective in improving the knowledge of mothers.

3. PTP is an effective teaching method for providing information. It was very much appreciated by the mothers and they expressed their gratitude for providing education on the topic.

4. There was no significant relationship between specific variables like educational and economical status and knowledge level of mothers, so it is concluded that same PTP can be used to educate all categories of mothers in the same setting.

### References


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- Submission of manuscript: Paper should be typed with double spacing with 12 font size in Times New Roman. Margin on all the sides of paper should be 1.5 inches.

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An abstract, or summary, is published together with a research article, giving the reader a 'preview' of what's to come.
Your abstract should be one paragraph, of 100-250 words, which summarizes the purpose, methods, results and conclusions of the paper.
Don't use abbreviations or citations in the abstract. It should be able to stand alone without any footnotes.

**Introduction:** It should be concise with what has been done and why the subject has been chosen with brief background. It should present work done with existing lacunae/ controversies/ contradiction and valid reasons for taking up the problem.
Review of literature should be brief, pertinent and up to date.

**Material and methods:** Brief description of standards adopted. If you had a complicated protocol, it may helpful to include a diagram, table or flowchart to explain the methods you used. Do not put results in this section. You may however, include preliminary results that were used to design the main experiment that you are reporting on. Mention relevant ethical considerations. If you used human subjects, did they consent to participate? If you used animals, what measures did you take to minimize pain?

**Results:** This is where you present the results you've gotten. Use graphs and tables if appropriate, but also summarize your main findings in the text. Do NOT discuss the results or speculate as to why something happened that goes in the Discussion.

You don't necessarily have to include all the data you've gotten during the semester. This isn't a diary.

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