Last month I received a message by whatsapp stating that the nurses are the most trustable professionals.

With growing concern about hospital care quality and attention to the need for improvement of care, quality improvement (QI) has become an administrative mandate in India.

There are three interrelated but slightly different views about the cause of the healthcare quality problem: 1) Inefficient healthcare system, 2) Lack of systematic quality evaluation, and 3) Insufficient staffing.

Nurses need to give careful consideration to what quality nursing care is and how to measure it. Current quality indicators for nursing focus on a narrow aspect of quality: safety. The IOM identified safety as one of six core dimensions of quality, safety, effectiveness, patientcenteredness, timeliness, equity, and efficiency, evaluation of safety outcomes as well as effectiveness of care process and patient-centered care. However, in nursing, quality is measured primarily in the form of safety outcomes. Safety is important, yet only one dimension of multifaceted quality care. Evaluation of quality of nursing care should include other dimensions of quality while reflecting on the process through which care is provided and the nursing values underlying the practice.

Including nurses in QI activities merely as collectors of mandatory data and not inviting their ideas to improve quality also carries a threat to the profession. There are increasing internal and external demands for hospitals to participate in a wide range of QI activities.

Nurses and the profession itself may lose sight of their professional responsibilities to improve the quality of their care if they passively follow mandatory QI activities that do not improve nursing care or allow nurses to use their professional knowledge to make autonomous decisions. As our country is also now working for the skill competency and quality education and service., let us also work for the quality of nursing profession on par with other countries.

Indira. S, Ph.D.,
Nursing Principal
01. Difference Between Education and Learning - Dr. A. Tamil Selvam
02. Logo Therapy - Prof. Ms. Rajeswari. H
03. Capsicum - A to Z Benefits - Mrs. Rajathi Sakthivel
04. Effectiveness of structured teaching programme of prevention of anaemia among antenatal women. - Ms. V. Puspha
05. Effectiveness of planned baby care education on maternal attachment and self confidence levels among primi mothers. - Ms. Ch. Beaula Rani
06. The postmenopausal symptoms among women in selected villages, Nellore. - Ms. Ch. Padmaja
07. Impact of television advertisement on perceived knowledge and attitude junk food vs Nutritions food in selected Harikrishnan college, Hyderabad. - Mrs. A.S. Subadhra
08. Effectiveness of STP on Newborn Care among Primi Mothers at Govt. Hospital, Bhadrachalam, Telangana. - Ms. P. Latha
09. Maternal perceived quality of life following child birth among postnatal mothers in NMCH, Nellore. - Ms. G. Kavitha
10. Prevalence of hypertension among the adults in Indukurpet Vs Vidavalur, Nellore. - Mrs. K. Kantha
11. Comparison of the fetal heart rate in left lateral and right lateral position among antenatal mothers. - Ms. A. Pavithra
13. Effectiveness of structured teaching programme on road safety measures among primary school children in selected primary schools. - Ms. B. Byula Bavana
DIFFERENCE BETWEEN EDUCATION AND LEARNING

Education means modification of behavior and learning means change of behavior. A student can learn positive behavior and negative behavior. But if a student learns positive behavior alone, then we can call it as “education”.

Modification of behavior: The teacher should always modify the behavior of student, i.e., positive aspect of learning. The teacher should not allow student to learn negative behavior. The teacher can easily differentiate the behavior and inculcate only good or desirable or positive behaviors among the students only then it is called “Education”.

Q: “When a man sees the film he learns how to wear gloves and steal things without leaving finger prints”.
Ans: In a civil life this is a negative learning. Among a group of robbers this is a positive learning. Therefore, positive or negative, it is decided by the particular society.

COMPONENTS OF LEARNING:
Learning involves five components.
1. Teacher
2. Learner
3. Curriculum
   a. Syllabus
4. Teaching process
5. Other learners

I. TEACHER:
In our country, teacher is considered to be God. An old proverb says, “Matha, Pitha, Guru, Deivam”.

This means that mother, father and teacher are considered to be God. A teacher’s profession is teaching. Another proverb says “Nothing is taught, until it is learned. Nothing is given, until it is taken”.

Teaching must be effective one in making the student learn. So, what should a teacher Do? Teacher should know the behavior of the student. Regarding teacher, a proverb says, “A poor teacher tells, an average teacher explains and a good teacher inspires the student”.

PSYCHOLOGICAL PRINCIPLES:
A good teacher should know psychological principles.
1. The teacher should be a “Model” to the students in all respects.
2. The teachers should be a philosopher, friend and guide.
3. The teacher should know to maintain discipline by means of using reward and punishment at the right time at the right place.
4. The teacher should have a capacity in framing syllabus and constructing curriculum in his subject.
5. The teacher should know the home background and socio-economic status of the student.
6. The teacher should know the subject matter thoroughly so that he/ she can gain respect from the students.
7. The teacher should select the methods of teaching on the basis of grasping capacity of the student.
8. The teacher should know how to conduct examination effectively and objectively.
9. The teacher should teach subject from easy to
difficult level, from simple to complex.
10. The teacher should have the (following) important qualities.
a) Sincerity  
b) Honesty  
c) Loyalty to his teaching profession.  
d) Sympathy.  
e) Interest in pupils.  
f) Ability to motivate learning.  
g) Stimulation of thought.  
h) Adaptability and consideration for others.  
i) Cheerfulness and enthusiasm and  
j) Self control  

In short, teacher is an embodiment of all good qualities of heredity and environment provides on essential tool in the hands of a teacher for realizing his aim. 

II. LEARNER: 
A marriage cannot be performed without a bride or bridegroom similarly teaching learning process cannot take place without learner and teacher. If there is no learning, the teacher cannot exist. So, the learning occupies the foremost place in teaching learning process. "The children of today are the citizens of tomorrow".

Kothari commission (1996) stated that, "The destiny of India is now being shaped in her classrooms"

IMPORTANT STAGES IN PSYCHOLOGY:
A Child gets all round development-physical, emotional, intellectual, moral health, religious, aesthetic, spiritual and social development, form the school (college) learner and (some) aspects of learning.

1. Curiosity: Learner should have curiosity for effective learning. Curiosity means to know new thing. So, the learner should have curiosity to know anything and everything.

2. Interest, Attention and Effort: These three are said, “Interest is latent attention, attention is interest in action”. So, attentive people can learn well. In addition to these, learning should have effort in this world. We cannot achieve anything without effort in attending class, in understanding subject and in applying this knowledge in new situation are essential for any learner.

3. “Learning by doing" (Craft Centered Education): For creating interest in the lesson we should introduce (craft) “learning by doing” and 3 ‘H’ s Craft with the support of academic subjects, will create more interest, in all subjects.

EFFECTIVE LEARNING: 
Effective learning includes the following:

a. Time Table: Practical periods, physical training and interval period for recess should be included in the (school) college time table.

b. Major Ingredients of a Curriculum:
1. Statement of objectives  
2. Contents should be life orientated  
3. Method and organization and  
4. Evaluation major ingredients are borrowed from psychology

c. Mental conduction of the learner: Learners are not able to concentrate when they are mentally upset. So, the teacher must help the pupil to have an insight into his mental conflicts and problems and help him to regain the balance of mind.

d. Knowledge of result: Learner should have knowledge of how they are progressing. Knowledge of success stimulates further efforts.

e. Reward and Punishment: Reward is a positive motivating force, while punishment is a negative motivating force. So, the student’s behavior should be modified with reward.

f. Fear of examination: The students might have prepared well for the examination, but they could not do well due to fear of examination. To get rid of examination fear, psychologists are using desensitization.

III. CURRICULUM
Curriculum represents the total life experience of the learner in the school/college. This provides individual
development and social development in a family. Curriculum passes upon the student three essential equipments for life.

1. Knowledge
2. Skill and
3. Character

Individual development and the developments of society must go hand in hand by means of having well planned curriculum at school/college.

**Aims of constructing curriculum:**
1. To meet the basic needs of a society.
2. To ensure the fullest development of the individual
3. To teach some essential subjects.

All these aims and principles are major ingredients or borrowed from psychology.

**Syllabus in the curriculum:**
Each subject will have its own syllabus. Syllabus will answer the question of what will be taught by the teacher to the students and what should be learnt by the students. A text book keeps both teacher and students directed continuously towards coverage of the specified material. Whatever the teacher teaches more effectively its should be supplemented with text book.

**IV. TEACHING LEARNING PROCESS:**

**Teaching Process:**
Now the topic of importance is “How to teach” i.e., the methods of teaching. There are many methods of teaching. Some of them are lecture method, demonstration method, question-answer method, supervised study methods and project method. These methods are important in teaching any subject. These methods are formulated by psychologist. These methods are supported by different visual-aids like T.V, motion picture, drama and dialogues.

**Learning Process:**
Learning is possible only through sensory organs which are the gate ways of knowledge. In the learning process, if more and more sensory organs are involved, there would be more effective learning. So, the students should be taught to use more sensory organ to ensure effective learning.

**V. OTHER LEARNERS:**
A learner’s outcome can be compared and interpreted with other learners. In a learning situation, a learner as well as other learners is equally important.

Q. Suppose if only one person has participated in a running race, who will come first?
Ans: Naturally that person will come first because no other persons are participated. So, the indifference or individual ability in learning can be studied only with other learners.

Teaching-learning process is an incomplete one with out testing an interpretation, i.e., evaluation. The real learning ability of the learner can be assessed only with the help of other learners. To measure the learning outcomes of any individual or learners, testing is essential.

**Reference:**
LOGO THERAPY

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“Best way to find a meaning - especially in a situation we cannot change - is to change our attitude!  
A new meaning will be often dawn by doing so”

Number of questions arises in a human mind about his life. Man can never be free from condition, such as, biological, sociological, or psychological determinants. Man is “capable of resisting and braving even the worst conditions”. In doing so, man can detach from situations, himself, choose an attitude about himself, determine his own determinants, thus shaping his own character and becoming responsible for himself.

Logo therapy was developed by neurologist and psychiatrist Viktor Frankl. It is considered the “Third Viennese School of Psychotherapy. Logo therapy is founded upon the belief that it is the striving to find a meaning in one’s life that is the primary, most powerful motivating and driving force in humans.

Definition
Logo therapy is finding meaning

Basic assumptions of logotherapy:
1. Life has meaning under all circumstances:
A meaning to fulfill or a person to encounter, the more one gives to serve, or to another person to love, the more the meaning of life will be defined. It can be discovered in 3 different ways:
   - Creating a work or doing a deed
   - By experiencing something
   - The attitude one take toward unavoidable suffering

2. People have a will to meaning: There is a universal, primary motivation to find meaning

Latent Motivation: It is suppressed by the survival, pleasure, power instinct. When latent motivation becomes manifest the will to meaning surfaces.

3. People have freedom under all circumstances to activate the will to meaning and to find meaning: Individuals have the freedom to choose a positive attitude, even under the most appalling conditions.

Dimensional ontology image of man:
The human being is an entity consisting of:
1. Body (soma)
2. Mind (psyche)
3. Spirit (noetic core)
Attributes of the noetic dimension:
1. Responsibility (not from, but responsibility to)
2. Authenticity and creativity
3. Choices
4. Values
5. Self-transcendence
6. Will to meaning
7. Love
8. Conscience
9. Ideals and ideas

Finding meaning in life
Frankl points to three ways the “meaning triangle:”
1. Creativity (giving something to the world through self-expression): Using ones talents in various ways; i.e., the work we do, the gifts we give to life.
2. Experiencing (receiving from the world): Through nature, culture, relationships, interactions with others and with ones environment.
3. Change of attitude (even if one can’t change a situation or circumstance): One can still choose the attitude towards a condition. This is often a self-transcending way of finding meaning, especially in unavoidable suffering.

The two levels of meaning in life
Viktor Frankl specified two different meanings in life.
1. Ultimate meaning: A meaning one can never reach but just glimpse at the horizon. It can be God, but also science as the search for truth, nature, and evolution for those who do not believe in God.
2. Meaning of the moment: one has all the time to answer the questions life asks and, therefore, it is important to understand the meaning of each moment by fulfilling the demands life places on oneself.

Demand quality of life
Logo therapy teaches that it is not one who can ask life, “WHY, WHY, WHY...?” Rather, it is Life, who is the questioner. One have to respond to Life’s questions and answer to Life by listening for discernment of the meaning of the moment; then, by making responsible decisions within available area of freedom. The choices will be based on ones values and guidance received from the voice of ones conscience.

Existential vacuum
When life has no meaning, it becomes empty. “ It is a state of inertia, boredom, and apathy experienced by many. If this state persists, it progresses into existential frustration, and eventually becomes a “noogenic neurosis.” One tries to fill the existential vacuum with drugs, violence, also with food, over-work, sports, etc., yet remain unfulfilled.

Noogenic neurosis
This state is refered to as “somatization disorder”. In about 20% of these cases, the maintaining cause of somatization disorder lies in the noetic level, not in the psycho-physical. Noogenic neurosis can be the result of protracted existential vacuum or a conflict of values that result in conflicts in conscience.

The tragic triad: Since life is dynamic; all are faced all the time with elements of the tragic triad:
1. Unavoidable suffering
2. Guilt
3. Death

Logo therapy: Indicated when people are experiencing:
- Loss of direction
- Values confused
- A shaken identity
- Personal alimention
- Boredom, meaninglessness, ambivalent
- Priority shifts, direction change
- Depression
- Anxiety
- Neurosis
- Obsessive compulsive disorder
- Schizophrenia
Terminal illness

Approaches in Logotherapy

Welter’s Four Step Approach:
1. The Approach: Self Distancing
The basis for a healthy resistance is a crisis. Loosen the grip of the symptoms. Ask thought provoking questions “you do not need to know the origin of a fire in order to put it out” “as if” the symptoms were not present.

2. Attitudinal Change
Situations that have no meaning and cannot be changed; ex. ‘blows of fate, incurable diseases, irrevocable ending of a career, relationship’. Relationships do not need to control one’s life. It is possible to find a meaningful attitude toward a situation that which in itself is meaningless. Meaning does not have to be found in the event itself, but may be discovered through the transformed attitude.

3. Actual Reduction of Symptoms
After one achieves a transformation of attitudes, the symptoms often diminish or disappear; sometimes unexplainable.

4. Orientation to Meaning Before
Therapy is jeopardized if the person gets discharged to a life lacking meaningful content; person should be filled with a mission and a meaningful life.

Logo therapeutic techniques

Derection
Derection is indicated in cases of hyper intention (trying too hard to succeed) or hyper reflection (overly focused self-observation). When a person is overly self-absorbed, attention is taken away from a self-focus and redirected towards a focus on another person to love or a value to respond to.

- The person’s distress is seen in the context of the spiritual essence of the person “behind” the problem.
- Self-transcendence is the essence of human existence. One transcends self to focus on meanings and values.

The will to meaning empowers our capacity for self-transcendence. The will to meaning is the primary motivation to find meaning and purpose of life. This inner urging causes us to seek and reach out towards people to love and values to fulfill.

Thus as meaning seekers one naturally activate the capacity for self-transcendence unless something prevents the occurrence of this natural phenomenon. The technique of dereflection works by helping to access the capacity for self-transcendence and mobilizing the will to find meaning that is always seeking a transcendent value.

Paradoxical Intention
Paradoxical intention is indicated in cases of phobias and obsessions. Paradoxically wishing for the thing one fears and laughing about it breaks the vicious cycle in which the anxiety keeps the feeling like a helpless victim. Instead of fleeing from the fear one has to ridicule it.

In the application of paradoxical intention one uses the capacity for self-distancing or selfdetachment through humor, heroism and the defiant power. One can poke fun at a tragic situation. Animals do not know how to laugh. Only humans can laugh. Only humans have a hierarchy of values that gives them something to live for.

Here too the capacity for self-distancing is made possible only because of a different human capacity: freedom of will. This is the core of self-detachment. While one is not free from conditions that are free in the attitude we take towards those conditions. Once one loosen the grip of fear, we are free us to see what confronts us as something we are called upon to do something about! We’re not determined; we can take a stand. We are meant to be victors, not victims! No longer immobilized we are empowered to change
things.
Thus with our freedom of will naturally one chooses
to see self from different perspectives and
paradoxical intention reactivates the ability to do this.
**Socratic dialogue:** Socratic dialogue is a means of
listening and asking provocative questions or
highlighting hints to meaning that come through the
person’s words. The faculty of mind that guides this
process of discernment is called as “conscience.”
In Socratic dialogue one draws on the human
capacity for consciousness of ones responsibility. We
are not driven; we can evaluate and judge and seek
out the meaning of an event. Frankl defines
responsibility as response-ability, or the ability to
respond to the call of the meaning of the moment.
The therapist’s questions in effect illuminate the
questions life itself is asking the client. We are
questioned by life and we must answer with our
life. The most basic capacity that is required to
evaluate and think about our lives is self-awareness.
When one have lost the self-awareness Socratic
dialogue helps reinstate it. The questions that are asked
in Socratic dialogue forces one to rethink what we’re
all about.

**Helping people to find meaning:**
- I am the spirit.
- I am unique: There are always situations where we
experience our uniqueness, in relationships, in
creativity.
- It is through transcending our previous limitations,
striving toward a worthwhile goal, encountering other
human beings that to find meaning and fulfillment in
their lives.
- I can change my attitude.

**The tools of logotherapy**
The main tool is the Socratic dialogue where the
therapist and the client together try to find a meaning
in life. Meaning cannot be given, it must be
discovered.
1. The first thing is to make the client realize that he
is NOT A VICTIM of circumstances! He might have
symptoms, but he IS NOT his symptoms.
2. Try to help client find a meaning within his
“meaning triangle.”
3. Make client independent of the therapist by
helping him find his guidance within.

**Conclusion**
Accepting that our life (where we stand today) is a
consequence of the choices made in the past, the
future will consequently be shaped by the choices one
make today! Every day one have many possibilities
from which to choose within the area of freedom.
One must choose the most responsible option; make
the best choice, not only for themselves, but also for
the people around them.

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Ellor, PhD.
Capsicum – A to Z Benefits

Mrs. Rajathi Sakthivel
Ph.D Scholar,
Dr. M.G.R Medical University,
Guindy,
Chennai, Tamilnadu.

Capsicum is a fruit or vegetable? It’s really a beautiful colored natural fruit but it prepared like mild flavored and used as vegetable. This can cultivate easily in different types of climate and named differently. In Britain, they are called Chilli peppers; In US and Canada, they are called Bell peppers; In Australia and Asia, they are known as Capsicum, and in some western countries they are even called Paprika. But the biological terms are Cayenne and Jalapeno. Its available in assortment of colors, but Green is mostly used and is simply the unripe version of the red. Purple and green peppers are slightly bitter in taste whereas red, yellow and orange have a sweeter and fruity taste. Consumption of this variety of the colored peppers are recommended in order to benefits from all this following nutrients.

- Green - zeaxanthin
- Yellow - lutein, zeaxanthin, quercetin
- Red - astaxanthin, lycopene, quercetin
- Orange - alpha, beta and gamma-carotene
- Purple - anthocyanin, quercetin

This fabulous fruit contained fleshy membrane of both sweet and hot peppers and higher concentration in the seeds. It may be used for fresh or dried as a culinary spice, added to teas, or taken in capsules and topical applications to reap its many medicinal benefits. They are,

**Health Benefits:**
- Anemia reduction
- Blood clotting prevention
- Cancer fighting properties.
- Diabetes prevention
- Eye-reduce macular degeneration
- Fights off Food-borne bacterial diseases
- Good for GIT problems.
- Hair growth stimulation.
- Immunity booster
- Joint pain remedy
- Kidney function enhancement.
- LDL and triglyceride-natural burner
- Menopausal symptom liberation.
- Neurogenic pain alleviation
- Oxidative Stress reduction
- Pulmonary diseases – supportive management.
- Quercetin – prevent cardiac diseases.
- Radicals scavenger
- Skin -clear blemishes and rashes
- Thermogenic- mild activation
- Urinary tract infections treatment
- Vision strength
- Weight loss in good physical shape
- Xanthomas opposition
- Youthful
- Zest for total health.
Bell Pepper, Sweet green raw-Nutritional Chart, USDA

<table>
<thead>
<tr>
<th>Nutritional value per 100 g (3.5 oz)</th>
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<tbody>
<tr>
<td>Energy</td>
</tr>
<tr>
<td>Carbohydrates</td>
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<tr>
<td>Sugars</td>
</tr>
<tr>
<td>Dietary fiber</td>
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<tr>
<td>Fat</td>
</tr>
<tr>
<td>Protein</td>
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<tr>
<td>Vitamin A equiv.</td>
</tr>
<tr>
<td>beta-carotene</td>
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<tr>
<td>lutein and zeaxanthin</td>
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<tr>
<td>Thiamine (vit. B1)</td>
</tr>
<tr>
<td>Riboflavin (vit. B2)</td>
</tr>
<tr>
<td>Niacin (vit. B3)</td>
</tr>
<tr>
<td>Pantothenic acid (B5)</td>
</tr>
<tr>
<td>Vitamin B6</td>
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<tr>
<td>Folate (vit. B9)</td>
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<td>Vitamin C</td>
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<td>Sodium</td>
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<tr>
<td>Zinc</td>
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<td>Fluoride</td>
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Effectiveness of structured teaching programme on prevention of anaemia among antenatal women

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Vijaya College of Nursing, Nellore.

Mrs. Usha Kiran. C  
Associate Prof.,  
SVIMS College of Nursing, Tirupathi.

Mrs. Sudha Rani  
Principal,  
SVIMS College of Nursing, Tirupathi.

Abstract: Anaemia is a global public health problem affecting both developing and developed countries with major consequences for human health as well as social and economic development. This study is conducted to evaluate the effectiveness of structured teaching program on prevention of anaemia among antenatal women. Pre experimental one group pre test post test design was adopted for fifty antenatal mothers who were selected by convenience sampling technique at MCH centre, Tirupati, to evaluate the effectiveness of structured teaching programme on prevention of anaemia by structured questionnaire. Structured interview schedule and tool was used for data collection. The present study revealed that antenatal women have inadequate knowledge regarding prevention of anaemia and after structured teaching programme knowledge have improved among antenatal mothers.

INTRODUCTION:  
Anaemia is a global public health problem affecting both developing and developed countries with major consequences for human health as well as social and economic development. It occurs at all stages of the life cycle, but is more prevalent in pregnant women. Iron deficiency anaemia was considered to be among the most important contributing factors to the global burden of disease. Anaemia is defined as a hemoglobin level below 11 gm/dl in pregnant women constitutes anaemia and hemoglobin below 7 gm/dl is severe anemia. The centre for disease control and prevention defined anemia as less than 11gm/dl in the first and third trimester and less than 10.5gm/dl in second trimester.

STATEMENT OF THE PROBLEM:  
A study to assess the effectiveness of structured teaching programme on prevention of anaemia among antenatal women attending MCH centre at Tirupati.

OBJECTIVES:  
❖ To assess the existing level of knowledge on prevention of anaemia among antenatal mothers by conducting pre test.  
❖ To evaluate the effectiveness of structured teaching program on prevention of anaemia among antenatal women.  
❖ To find out the association between pre and post test knowledge of antenatal women on prevention of anaemia with their selected demographic variables.
RESEARCH HYPOTHESIS

- $H_1$: There is a significant difference between pretest and posttest knowledge scores of antenatal mothers on prevention of anaemia.
- $H_2$: There is a significant association between pretest and posttest knowledge score of antenatal mothers on prevention of anaemia with selected demographic variables.

METHODOLOGY: Pre experimental one group pretest and posttest design was adopted for fifty antenatal mothers who were selected by convenience sampling technique at MCH centre, Tirupati, to evaluate the effectiveness of structured teaching programme on prevention of anaemia by structured questionnaire. Structured interview schedule was used for data collection. charts were used for structured teaching programme and after that post test was conducted.

DESCRIPTION OF THE TOOL

- Section-I: This consists of socio demographic data.
- Section-II: This consists of 25 questions related to knowledge regarding prevention of anaemia.
- Section III: This consists of 17 checklist questions to assess the knowledge on Home remedies on prevention of anaemia.

RESULTS:

Table-1: Effectiveness of structured teaching programme on prevention of anaemia among antenatal women.

<table>
<thead>
<tr>
<th>Knowledge score</th>
<th>Mean</th>
<th>N</th>
<th>Standard deviation</th>
<th>‘t’ value</th>
<th>‘p’ value</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test total knowledge score</td>
<td>44.74</td>
<td>50</td>
<td>10.182</td>
<td>23.849</td>
<td>0.00</td>
<td>**</td>
</tr>
<tr>
<td>Post test knowledge score</td>
<td>74.50</td>
<td>50</td>
<td>7.149</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** = significant at 0.01 level
* = significant at 0.05 level
NS = Not Significant

Table-1 shows that t-value is 23.849 and there is a significant improvement in knowledge on prevention of anaemia at $p<0.01$ level. So the above results shows that there is significance difference in pre-test and post-test knowledge scores among antenatal women. So $H_1$ hypothesis is accepted.

Fig-1: Comparison of mean and standard deviation in pre-test and post test
Table-2: Association of demographic variables with pre-test knowledge scores among Antenatal Women on prevention of Anaemia.

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Chi-Square $\chi^2$</th>
<th>‘P’ value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupation</td>
<td>27.754</td>
<td>0.000**</td>
</tr>
</tbody>
</table>

Table-3: Association of demographic variables with post-test knowledge scores among Antenatal Women on prevention of Anaemia.

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Chi-Square $\chi^2$</th>
<th>‘P’ value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>27.652</td>
<td>0.00**</td>
</tr>
<tr>
<td>Educational status</td>
<td>50.00</td>
<td>0.00**</td>
</tr>
<tr>
<td>Monthly Income</td>
<td>12.604</td>
<td>0.002**</td>
</tr>
<tr>
<td>Source of Information</td>
<td>16.74</td>
<td>0.001**</td>
</tr>
</tbody>
</table>

NS= Not significant
* =Significant at 0.05 level
**=Significant at 0.01 level

Table-3 shows that there is significant association between pre-test and post-test. The knowledge scores regarding prevention of anaemia among antenatal women with their selected demographic variables. So $H_2$ hypothesis was accepted.

CONCLUSION: The present study revealed that antenatal women have inadequate knowledge regarding prevention of anaemia and after structured teaching programme knowledge have improved among antenatal mothers.

REFERENCES:
Effectiveness of planned baby care education on maternal attachment and self-confidence levels among primi mothers.

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INTRODUCTION

Motherhood is a rewarding, but challenging experience. Mothers are expected to balance parenting with multiple roles. How mothers adjust is influenced by their confidence in their role, their mental health, the social support from their partner, family, friends, and their perceptions of their infants. Maternal confidence has been identified in the literature as an essential variable in the adaptation to motherhood and to the maternal role. Low maternal confidence delays the transitioning into the maternal role/identity as well as limits the satisfaction in the mothering role (Mercer, 2012). The connection between mother to be and her unborn baby is perhaps the most important and mysterious relationship. In pregnancy, the expectant mother develops a loving relationship with her fetus, which Muller defines as Maternal-Fetal Attachment (MFA) (Muller, 2013).

NEED FOR THE STUDY

The physical and emotional changes of pregnancy are not just unfortunate side effects of changing hormones and an enlarging uterus. They are changes that help women make the transition to becoming mothers, not just physically but emotionally and psychologically. The hormonal orchestration of pregnancy is as exquisite and deliberate as that of labor, birth, and breastfeeding (Buckley, 2014).

“The undermining and systematic disorientation of women who are becoming mothers starts with prenatal care”. Routine lifestyle restrictions, routine prenatal testing, and exaggerated concerns for safety undermine women’s confidence in their ability to grow their babies and hurl women into a maze of escalating fear. Pregnancy has become a time of rules and worry even for healthy women who have no reason to “expect trouble.” Kitzinger (2014). The investigator has undertaken this present study to assess the effectiveness of planned baby care education on maternal attachment and self-confidence levels among primi mothers.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of planned baby care education on maternal attachment and self-confidence levels among primi mothers in Narayana Medical College Hospital, Nellore.

OBJECTIVES

○ To assess the effectiveness of planned baby care education on maternal attachment.
○ To associate the effectiveness of planned baby care education on maternal attachment among primi mothers with the selected socio-demographic variables.

HYPOTHESES

1. H1 - There is a statistically significant difference on maternal attachment and self-confidence levels after planned baby care education among primi mothers.
2. H2 - There is a statistically significant association between the effectiveness of planned baby care education on maternal attachment with their socio-demographic variables among primi mothers.

MATERIAL AND METHODS

Research approach: Quantitative research approach
Research design: One group pre-test- post test design.
Setting: Obstetrics OPD and Antenatal ward, NMCH, Nellore.
Population: Population includes primi mothers.
Target population: Primi mothers at selected hospital, Nellore.
Accessible population: Primi mothers in NMCH, Nellore.
Sample: Samples of the study are Primi mothers in NMCH, Nellore.
Sampling technique: Non probability- purposive
sampling technique.

**Sample size:** 30 Primigravida mothers who are admitted in NMCH, Nellore.

**SAMPLING CRITERIA:**
**INCLUSION CRITERIA:** the study includes:
- Primigravida mothers.
- Who are admitted in NMCH, Nellore.
- Mothers who understand and speak Telugu.

**EXCLUSION CRITERIA:**
- Multigravida mothers.
- Mothers who are unwilling to participate.

**DESCRIPTION OF TOOL:**
It consists of two parts:
PART- A: It deals with demographic variables such as age, religion, family type, education, marital age, income, present pregnancy.
PART - B: questionnaire related to maternal fetal attachment and baby care.

**Variables of the study Dependent variable:**
Maternal attachment and self confidence levels of primi mothers.

**Independent variable:** planned baby care education.

**RESULTS AND DISCUSSION**
Pretest- Posttest Maternal Confidence Levels on baby care (N=30)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>16.2</td>
<td>18.2</td>
</tr>
<tr>
<td>SD</td>
<td>4.34</td>
<td>5.47</td>
</tr>
</tbody>
</table>

**TABLE 1:** Comparison of mean and standard deviation of pretest and posttest scores of primi mothers. (N=30)

<table>
<thead>
<tr>
<th>S.N</th>
<th>Socio demographic variables</th>
<th>Below average</th>
<th>Average</th>
<th>Above average</th>
<th>Chi-Square value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age in years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a.16-20 years</td>
<td>3</td>
<td>20</td>
<td>13</td>
<td>1 7</td>
</tr>
<tr>
<td></td>
<td>b. 21-25 years</td>
<td>3</td>
<td>20</td>
<td>5</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>c. 26-31 years</td>
<td>1</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Christian</td>
<td>5</td>
<td>33</td>
<td>40</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>b. Hindu</td>
<td>-</td>
<td>-</td>
<td>7</td>
<td>1 7</td>
</tr>
<tr>
<td></td>
<td>c. Muslim</td>
<td>2</td>
<td>13</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. S S C</td>
<td>1</td>
<td>7</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>b. Intermediate</td>
<td>-</td>
<td>-</td>
<td>1 7</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>c. Graduate</td>
<td>7</td>
<td>46</td>
<td>33</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>d. Illiteracy</td>
<td>-</td>
<td>-</td>
<td>1 7</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Present pregnancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Unplanned</td>
<td>6</td>
<td>40</td>
<td>3</td>
<td>20 0</td>
</tr>
<tr>
<td></td>
<td>b. Planned</td>
<td>2</td>
<td>13</td>
<td>3</td>
<td>20 1 7</td>
</tr>
<tr>
<td>5</td>
<td>Monthly income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Rs. &gt; 5000</td>
<td>3</td>
<td>20</td>
<td>13</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>b. &gt; 10,000</td>
<td>2</td>
<td>13</td>
<td>3</td>
<td>20 1 7</td>
</tr>
<tr>
<td></td>
<td>c. 15,000</td>
<td>2</td>
<td>13</td>
<td>2</td>
<td>13 -</td>
</tr>
<tr>
<td>6</td>
<td>Marital age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. 1 yr</td>
<td>5</td>
<td>33</td>
<td>40</td>
<td>1 7</td>
</tr>
<tr>
<td></td>
<td>b. 2-3 yrs</td>
<td>-</td>
<td>2</td>
<td>13</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>c. &gt; 3 yrs</td>
<td>1</td>
<td>7</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>7</td>
<td>Type of family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Nuclear</td>
<td>5</td>
<td>33</td>
<td>4</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>b. Joint</td>
<td>2</td>
<td>13</td>
<td>2</td>
<td>13 1 7</td>
</tr>
<tr>
<td></td>
<td>c. Extended</td>
<td>1</td>
<td>7</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**TABLE 2:** Describes there is a significant association of maternal attachment and self confidence levels with their selected socio demographic variables.

In context with age, the calculated value is 6.815 and table value is 7.76. The calculated value is less than the table value, so there is no statistical significance.

Related with religion, the calculated value is 3.325 and table value is 5.99. The calculated value is less than the table value, so there is no statistical significance.
In association with **education**, the calculated value is 4.91 and table value is 5.99. The calculated value is less than the table value, so there is no statistical significance.

Regarding association with **present pregnancy**, the calculated value is 8.665 and table value is 7.78. The calculated value is more than the table value, so there is a statistical significance.

With context to **income**, the calculated value is 5.23 and table value is 6.54. The calculated value is less than the table value, so there is no statistical significance.

In relation with **Marital age**, the calculated value is 6.425 and table value is 5.59. The calculated value is more than the table value, so there is a statistical significance.

In association with **type of family**, the calculated value is 8.65 and table value is 7.75. The calculated value is more than the table value, so there is a statistical significance.

**Major findings of the study**: Among 30 primi mothers, in pre-test shows that 07% have below average, 63% average and 30% above average levels of maternal confidence. The post-test shows that 07% have average and 93% have above average levels of maternal attachment and self confidence. So, the planned baby care education has proved to promote the maternal attachment and self confidence levels.

In association between the maternal attachment attachment and self confidence levels among primi mothers with the demographic variables like age, marital age and present pregnancy are having significant association. The variables as religion, education, income, type of family are having Non- significant association.

**Implications of study nursing Education**: -

- Nursing curriculum can provide opportunities to the students to plan and conduct health education program for Antenatal mothers and women in reproductive age regarding baby care and maternal and fetal attachment in different settings like communities, hospitals, and other health care agencies.
- The faculty has to motivate the students regarding awareness of baby care and maternal and fetal attachment through seminars, conference and group discussions.

**NURSING ADMINISTRATION**: - The hospital Administrator should plan continuing nursing education programs to nurses and should include such topics to enhance the knowledge of nurses.

**NURSING RESEARCH**: - More research studies stimulate recommended, recognize, and support the professional personnel to estimate the confidence levels of mothers regarding baby care and helps to plan various programmes to bring awareness and its transition into clinical practice.

The study will be valuable reference and pathway for future researcher.

**Community Health Nursing Practice**: - Community health nurse can give awareness programs regarding baby care and maternal and fetal attachment to health personnel’s working in community health centres, public health centres, sub centres, so that they can impart this knowledge to Antenatal mothers in their reach.

**Recommendations for further research**: - On the basis of findings of the study the following recommendations have been made:

- A similar study can be replicated on large sample size, in different settings with in different population as longitudinal study.
- A similar study can be done by using experimental and control group.

**SUMMARY**: Providing information to the primi mothers influenced their confidence in their role, their maternal health and their perception towards the baby, thereby promoting the bonding between herself and the most waited treasure within the womb. Investigator found that the variables having significant relationship of confidence levels and concludes that education to the primi mothers is considered as a predictor for maternal and fetal Quality of life.


**JOURNAL REFERENCE**: 1. The American Journal of Mother and child health, 2013, 88 volume, pp757-764
2. Indian journal of nursing studies , vol 10, issue no., august, 2015 pp130-134
The postmenopausal symptoms among women in selected villages, Nellore.

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Abstract: Menopause is a natural stage of life typically occurs in between the ages of 40 and 60 years. Each year, approximately 25 million women worldwide go through menopause. The World Health Organization (2012) estimates that there are 2 billion in worldwide who suffering from postmenopausal symptoms. This study is conducted to assess the postmenopausal symptoms among women selected villages, Nellore. Quantitative approach and descriptive research design were selected to conduct a study among 30 menopausal women from Saraswathi Nagar village selected by convenient sampling technique. Data was collected by using observational checklist. The study showed that among 30 postmenopausal women 1 (4%) had mild, 27(90%) had moderate and 2(6%) had severe postmenopausal symptoms.

INTRODUCTION
This natural stage of life typically occurs in women between the ages of 40 and 60 years. Each year, approximately 25 million women worldwide go through menopause. The decrease in estrogen levels can also cause bone loss (osteoporosis) and put women at an increased risk of heart disease. And the menopausal symptoms which are seen in women are hot flashes, vaginal atrophy, and relaxation of the pelvic muscles, cardiac effects, hair growth, feeling tense or nervous, panic attacks, crying spells, irritability, loss of memory and mental health. WHO (2013).

NEED FOR THE STUDY
The world health organization (WHO) (2012) estimates that there are 2 billion people in worldwide who suffering from post menopausal symptoms. Among them 76.3 million women are diagnosable with orthopaedic problems in India 62.5 million women are suffering postmenopausal symptoms. The Governmental statistics (2013) shows that In Andhra Pradesh 46% of women are having postmenopausal symptoms. 79.7% of adult women above 50yrs of age women are suffering with postmenopausal symptoms in district wide. As the population ages, the number of postmenopausal women grows. It is estimated that in 1998, there were over 477 million postmenopausal women in the world. That number is projected to rise to rise to 1.1 billion by the year 2025.

PROBLEM STATEMENT
A study to assess the postmenopausal symptoms among women in selected villages, Nellore.
OBJECTIVES
1. To assess the postmenopausal symptoms among women.
2. To associate the postmenopausal symptoms among women with socio demographic variables.

MATERIALS AND METHODS:
Research Approach: Quantitative research.
Design: Descriptive Research Design.
Setting: Menopausal women from saraswathinagar, Nellore.
Sample size: 30 menopausal women.
Sampling Technique: Convenience Sampling Technique.
Inclusion criteria
➢ Menopausal women who are willing to participate in the study.
➢ Menopausal women available at the time of data collection.
Exclusion criteria
➢ Menopausal women who don’t know to read Telugu and English.

➢ Menopausal women who undergone hysterectomy due to any cause.

Description of the Tool:
It consists of two sections.
SECTION I: Demographic data: Age, occupation, education, family income, religion, marital history, weight, menopausal age.
SECTION II: An observational checklist to assess the menopausal symptoms among women.

Research variable:
Post menopausal symptoms among women.

Demographic variable:
These are age, education of woman, occupation of woman, family monthly income, type of family, dietary habits and source of information.

DATA COLLECTION PROCEDURE
Total 30 menopausal women from saraswathinagar had selected by using convenience sampling technique. Data was collected by using observational checklist. It took 15 minutes to collect data from each women and the data was analyzed.

RESULTS AND DISCUSSION
Percentage distribution of postmenopausal symptoms among women.
TABLE: Association between the postmenopausal symptoms among women with their selected socio demographic variables. (N=30)

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Socio demographic variables</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Chi - Square value $\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
<td>%</td>
</tr>
<tr>
<td>1.</td>
<td>Age in years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td>45-48</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>35</td>
</tr>
<tr>
<td>b)</td>
<td>49-53</td>
<td>1</td>
<td>4</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>c)</td>
<td>Above 54</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>2.</td>
<td>Occupation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td>Employed</td>
<td>1</td>
<td>4</td>
<td>10</td>
<td>32</td>
</tr>
<tr>
<td>b)</td>
<td>Unemployed</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>c)</td>
<td>Government emp.</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>d)</td>
<td>Private emp.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3.</td>
<td>Mothers education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td>illiterate</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>b)</td>
<td>primary</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>42</td>
</tr>
<tr>
<td>c)</td>
<td>secondary</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>d)</td>
<td>higher</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4.</td>
<td>Family income for month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td>&lt; Rs.5000</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>b)</td>
<td>Rs. 5001-7000</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>c)</td>
<td>Rs. 7001-9000</td>
<td>1</td>
<td>4</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>d)</td>
<td>Rs. 9001-11000</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>22</td>
</tr>
<tr>
<td>e)</td>
<td>&gt;Rs. 11000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5.</td>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td>Hindu</td>
<td>1</td>
<td>4</td>
<td>8</td>
<td>26</td>
</tr>
<tr>
<td>b)</td>
<td>Muslim</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>29</td>
</tr>
<tr>
<td>c)</td>
<td>Christian</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td>6.</td>
<td>Marital history</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td>23-25 years</td>
<td>1</td>
<td>4</td>
<td>10</td>
<td>32</td>
</tr>
<tr>
<td>b)</td>
<td>26-28 years</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>35</td>
</tr>
<tr>
<td>c)</td>
<td>Above 28 years</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td>7.</td>
<td>weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td>40-50 kg</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b)</td>
<td>51-60 kg</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>c)</td>
<td>61-70 kg</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td>d)</td>
<td>Above 71kg</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>29</td>
</tr>
<tr>
<td>8.</td>
<td>Menopausal age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td>45-50 years</td>
<td>1</td>
<td>4</td>
<td>14</td>
<td>45</td>
</tr>
<tr>
<td>b)</td>
<td>51-55 years</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>22</td>
</tr>
<tr>
<td>c)</td>
<td>56-60 years</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>21</td>
</tr>
</tbody>
</table>

S*-Significant at 0.05 level
NS - Non - significant.
Major Findings of the study:
Among 30 postmenopausal women 1 (4%) had mild, 27 (90%) had moderate and 2(6%) had severe postmenopausal symptoms.
There is a significant association between the postmenopausal symptoms among women with the socio demographic variables of age, education, occupation, and weight.

CONCLUSION
The main conclusion from this present study was postmenopausal symptoms relived that, in 30 women, 1(4%) have mild symptoms, 27(90%) women had moderate symptoms and 2(6%) shows the severe postmenopausal symptoms. So there is a moderate postmenopausal symptoms are present in women. So the investigator provided health education to postmenopausal women. It is helpful to the women to modify their life style, for a better quality of life.

NURSING IMPLICATIONS
The scientific knowledge related to postmenopausal symptoms will help us to support and promote the health of the postmenopausal women.

NURSING PRACTICE
➢ It is the constant endeavor of the postmenopausal women.
➢ Nursing practice should develop proper knowledge on postmenopausal symptoms among women.

NURSING EDUCATION
➢ The nursing curriculum should focus on updating the knowledge on postmenopausal symptoms among women.
➢ The nurses need to have adequate knowledge on postmenopausal symptoms among women.
➢ Nursing education helps the student to develop more insight on new knowledge on postmenopausal symptoms.

NURSING ADMINISTRATION
Nursing administration should develop certain plans and policies to be implemented to improve the knowledge on postmenopausal symptoms.

NURSING RESEARCH
The essence of research is to build up knowledge on postmenopausal symptoms among women. Extensive researches can be carried out to assess the knowledge on postmenopausal symptoms. The findings of the study can be disseminated through the print journals as well as electronic journals. The study can be conducted among postmenopausal women, settings like selected villages, SarasvathiNagar, Nellore.

Recommendations:
➢ A similar study can be done on larger samples to validate and generalize the findings.
➢ A similar study can be conducted with an experimental research approach having a control group.
➢ A similar study can be conducted and evaluating using other teaching strategies like video assisted teaching.

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Impact of television advertisement on perceived knowledge and attitude junk food vs Nutritious food in selected college, Hyderabad.

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Abstract: Life style changes has compelled us so much that one has so little time to really think what we are eating is right. Television food advertising has attracted criticism for its potential role in promoting unhealthy eating is rarely promoted. This study is conducted to assess the impact of television advertisement on junk food Vs nutritious food. Quantitative approach and non experiment descriptive design are selected to conduct the study on 30 junior college students selected by simple random sampling at selected degree colleges, Hyderabad. Data was collected through interview method results showed that 80% had adequate knowledge on nutritious food and 50% had inadequate knowledge on junk food due to an impact of television advertisement.

Need for the study
Healthy nutritious foods have been replaced by the new food mantra - JUNK FOOD! In the context of world economy, junk food is a global phenomenon. According to the National Sample Survey Organization (NSSO) survey in the year 2005 released by the Delhi government, people living in Delhi spend Rs. 371, on an average, on processed food and beverages per month. They spend Rs. 290 on vegetables and around one-third of it on fruits. The total value of junk food consumed in India in 2003 was about Rs.41,000 crore.

Junk foods have certainly carved up the Third World due to It is an integral part of life in the developed and also the developing world, and coming with it is a massive increase in obesity and associated problems.

Statement of problem
A Study To Assess The Impact On Television Advertisement On Junk Food Versus Nutritious Food Perceived Knowledge and Attitude Among College Students, Hyderabad, Andhra Pradesh.

Objectives
❖ To assess the prevalence of nutritious food among young adults.
❖ To identify the prevalence of junk food among young adults.
❖ To assess the perceived knowledge and attitude towards food pattern among young adults.
❖ To find the association of knowledge and attitude towards nutritious food with selected socio demographic variable.
❖ To find the association of knowledge and attitude towards junk food with selected socio demographic variable.
OPERATIONAL DEFINITION

Television
A system for reproducing on a screen visual images transmitted by Radio signals.

Advertisement
A public notice or announcement one advertising about the product through television casts.

Junk Food
A food with low nutritional value and harmful to the body.

Nutritious Food
Efficient as food nourishing, nutritious substance soiled in form taken in to an animal or a plant to maintain life growth and mental status.

RESEARCH METHODOLOGY:-
Research approach - Quantitative Research Approach.
Research design - Non Experimental Descriptive Research Design.
Setting - Selected Colleges, Hyderabad.
Target Population - Students of Junior Colleges, Educational Institutes, Hyderabad.
Sample - 30 Junior college students.
Sampling Technique - Simple random sampling.

ANALYSIS AND INTERPRETATION
The data was collected through interview method Only, multiple choice questionnaire were formulated, regarding Junk vs Nutritious food. Students had 18.62 mean with SD of 2.34 attitude is 9.62 with SD of 1.770. Results shows that (80%) of subjects had adequate knowledge, (20%) had in adequate knowledge nutritious food preferences due to an impact on Television advertisements. 15 (50%) samples had inadequate knowledge on junk foods, 7(24%) had adequate knowledge and 8(26%) moderately adequate knowledge on junk food had preferences due to an impact on Television advertisements. Majority (86.6%) subjects had positive attitude and (13.3%) had negative attitude on Junk food preferences.

Recommendations
1. Consumption of more junk food leads to several health issues like diabetes, hypertension and obesity among young adults. Awareness is to be created which in them as early as possible.
2. Similar study can be conducted with large sample includes teenagers and pediatric age groups.
3. Encourage the Young generation to have choice on food preference of nutritious and low caloric items.
4. Through Mass health education programme, school health education programmes can be initiated on food safety and nutritious food Consumption.
5. Educate the students about the Health hazards on Junk foods.
6. School administration along with parents have a combined responsibility to educate children about avoiding junk foods in school/college premises.

References
6. www.health line .Com
8. Shanty A Bowman and Bryan Conducted cross sectional study “Impact on Energy and Nutritious food Intake.
Effectiveness of STP on Newborn Care among Primi Mothers at Govt. Hospital, Bhadrachalam, Telangana.

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Abstract
Background: Newborns need a special care and intensive monitoring and support during this critical period of adaptation. It is possible to increase perinatal survival and quality of human life through prompt and adequate management of newborn. Objectives: To assess the pre-test and post-test knowledge level of primi mothers by structured teaching programme on newborn care. Methods: The study was conducted by using quantitative approach with quasi-experimental one group pretest-post test design at Govt Area Hospital, Bhadrachalam, Telangana. Data was collected from 30 primi mothers by using purposive sampling technique. Pretest and post test knowledge score was assessed through self structured questionnaire following the structured teaching programme. Results: The pretest, showed that, 23(77%) were had average knowledge, followed by 4(13%) were had below average knowledge and 3(10%) were had above average knowledge regarding newborn care. In post-test, 16(53%) were had average knowledge and 14(47%) had above average knowledge none of them had below average knowledge regarding newborn care. The pre test mean was 15.2 and standard deviation was 3.75. And the post test mean was 20.6 and standard deviation was 2.7. The calculated value was greater than table value. So, it is significant at p<0.05 level. The study showed that there was a significant difference in the knowledge level after STP, Hence, the research hypothesis is accepted. Conclusion: The study showed that, the post test score is significantly higher than the pretest score after the structured teaching program. So, it can be concluded that, the structured teaching program on newborn care was effective in improving the knowledge level of primi mothers. Since, mother plays a vital role in newborn care, they should have necessary knowledge in all the aspects of newborn care, thereby the complications and mortality related to newborn can be effectively prevented.

INTRODUCTION
Any woman can give birth to a child, which is a simple biological process But to be a good other, needs a great art, understanding and compassion.
- Vincent Lanmelli

Newborn care refers to the essential care provided to the newborn baby by the mother or by the care provider such as, breast feeding, maintaining body temperature, care of the cord, care of the eyes, and prevention of infection and injuries. The first week after birth is a time of major metabolic and physiological adaptation for newborn infants. The early life all newborn try to adapt to the external environment. So, newborns need a special care and intensive monitoring and support during this critical period of adaptation. In the developing countries five
million babies and in the world 98% deaths occur in every year. Of these, one million or 24% are contributed by India where 70-80% of all the deliveries still occur at home and are conducted by untrained personnel. 60% of all neonatal deaths and 68% of the world’s burden of perinatal deaths occur in Asia.¹

While considering the high death rate in the newborn period, it is imperative that all efforts should be made to educate the health personnel and the public to improve newborn health. The National Neonatology Forum which is composing of neonatologists, pediatricians, nurses and social scientists with help of the government, UNICEF and NGO’s has undertaken the mission of educating health personnel and public to improve newborn care. National Neonatology Forum in collaboration with the Govt. of India, Ministry of Family Health and Welfare (MOFHW) and UNICEF is celebrating “Newborn Week” between 15th - 21st November, 2001.²

NEED FOR THE STUDY

In India 25 million babies are born every year. The World Health Organization (WHO) estimates that, more than 4 million new born die in their first month of life due to inadequate newborn care. In our country, current infant mortality rate (IMR) is around 45%. World wide it is 26% live birth, and in Karnataka state 62% live birth.

A survey conducted by the Institute of Health and Family Welfare, Hyderabad, reveals that Andhra Pradesh, with 62 infant deaths for every 1,000 births has the highest infant mortality rate among south Indian states. The data collected shows that while states like Kerala and Tamil Nadu have managed to reduce their infant deaths considerably over the last 10 years, the situation in Andhra Pradesh has not changed much.

It is possible to increase prenatal survival and quality of human life through prompt and adequate management of newborn. So the care of newborn is so much important. On account of above stated matters the researcher understood that appropriate care is very important for survival and healthy development of newborn. Thus, it was a motivation for the researcher to undertake this study.

PROBLEM STATEMENT

A Study to Assess the Effectiveness of Structured Teaching Programme on Newborn Care among Primi Mothers at Govt. Hospital Bhadrachalam, Telangana.

OBJECTIVES

1. To assess the pre-test knowledge level regarding newborn care among primi mothers.
2. To evaluate the effectiveness of STP on level of knowledge regarding newborn care among primi mothers.
3. To compare the pre-test and post test level of knowledge regarding newborn care among primi mothers.
4. To associate the level of knowledge on new born care among primi mothers with their selected demographic variables.

HYPOTHESES

H₁: There is a significant difference between pre-test and post test knowledge scores of primi mothers on newborn care.
H₂: There is a significant association between the knowledge score and selected demographic variables of primi mothers on newborn care.

MATERIALS AND METHODS:

Design: Quasi-Experimental with One group pretest-posttest design.
Setting: The study was conducted at Govt. Area Hospital, Bhadrachalam.
Sample size: 30 primi mothers
Sampling Technique: Purposive sampling Technique
Sampling Criteria: Inclusion criteria:
❖ The mothers who had first delivery
❖ The primi mothers who had undergone LSCS or normal delivery.
Exclusion Criteria:
❖ The primi mothers who cannot understand Telugu or English.
❖ The primi mothers who are not willing to participate in the study.

Description of the tool:
It consists of two sections.
❖ Section –I: demographic variables.
❖ Section–II: A structured questionnaire on newborn care.

Variables of the Study:
Dependent variable:
Knowledge level of primi mothers on newborn care.
Independent variable:
Structured teaching programme on newborn care.

RESULTS AND DISCUSSION:
Fig-1: Frequency and Percentage Distribution of Pre-test Post-test Knowledge Score of Primi Mothers on Newborn Care

Fig: 1 reveals that, among all primi mothers, in pre-test, 4(13%) were had below average knowledge, followed by 23(77%) were had average knowledge and 3(10%) were had above average knowledge regarding newborn care. In post-test, none of them had below average knowledge, 16(53%) were had average knowledge and 14(47%) had above average knowledge regarding newborn care.
Table-1: Comparison of Pre-test and Post-test Knowledge Score of Primi Mothers Regarding Newborn Care

<table>
<thead>
<tr>
<th>S. No</th>
<th>Level of knowledge</th>
<th>Mean</th>
<th>S.D</th>
<th>Paired ‘t’ test</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pre test</td>
<td>15.2</td>
<td>3.75</td>
<td>C=19.797</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>t=12.599</td>
</tr>
<tr>
<td>2.</td>
<td>Post test</td>
<td>20.6</td>
<td>2.7</td>
<td>df=6 S**</td>
</tr>
</tbody>
</table>

Note: **Significant at the Level of P<0.05.

Table-1 indicates that, the pre test mean was 15.2 and standard deviation was 3.75. The post test mean was 20.6, and standard deviation was 2.7. The calculated value was greater than table value. So, it is significant at p<0.05 level. The study showed that there was a significant difference in the knowledge level after STP, Hence, the research hypothesis is accepted.

Table-2: Association of Demographic Variables with Post Test Knowledge Score among Primi Mothers Regarding Newborn Care.

<table>
<thead>
<tr>
<th>S. No</th>
<th>Demographic Variables</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Chi-square (χ²)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>1.</td>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) 18-22 years</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>6.66</td>
<td>7</td>
</tr>
<tr>
<td>b) 23-27 years</td>
<td>-</td>
<td>-</td>
<td>14</td>
<td>46.66</td>
<td>6</td>
</tr>
<tr>
<td>c) 28-31 years</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Occupation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) House wife</td>
<td>-</td>
<td>-</td>
<td>10</td>
<td>33.33</td>
<td>9</td>
</tr>
<tr>
<td>b) Govt job</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>c) Private job</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>10</td>
<td>2</td>
</tr>
</tbody>
</table>

Note: * Significant at the level of P<0.05

Table-2 shows that, among all the demographic variables, only age and occupation had significant association with knowledge level of mothers on newborn care.

Conclusion:
The study showed that, the post test score is significantly higher than the pretest score after the teaching program. So, it can be concluded that, the structured teaching program on newborn care was effective in improving the knowledge level of primi mothers. Since, mother plays a vital role in newborn care, they should have necessary knowledge in all the aspects of newborn care, thereby the complications and mortality related to newborn can be effectively prevented.

Recommendations:
1. The same study can be done on larger samples to validate and generalize the findings.
2. A similar study can be conducted with an experimental research approach having a control group.
3. A similar study can be conducted to assess the newborn care practices among postnatal mothers.

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Maternal perceived quality of life following child birth among postnatal mothers in NMCH, Nellore.

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Dr. S. Indira, Ph.d,
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INTRODUCTION

The postnatal period is a critical phase in the lives of mothers and newborn babies. Major changes occur during this period which determines the well-being of mothers and newborns. Lack of appropriate care during this period could result in significant ill health and even death. Rates of provision of skilled care are lower after childbirth when compared to rates before and during childbirth. Most maternal and infant deaths occur during this time. Mothers during the postnatal period, women regularly report a series of physical symptoms such as fatigue, headache, dyspareunia, hemorrhoids and pain at multiple sites. they appear to be associated with functional maternal impairment and with poor emotional status. In fact, the risk of a major depressive disorder may also increase during the postnatal period, these risk will change the quality of life to the mother Acc. to Panchalli Wang et.al (2013)

NEED FOR THE STUDY:-

The woman is most likely to experience depression in her lifetime Approximately 15% of all women will experience postpartum depression following the birth of a child Incidence of postnatal morbidity has been comprehensively described in recent years The focus on obvious morbidity such as anaemia infections and hemorrhaged has been widened to include other areas such as sexual function backache painful perineum and constipation and screening for postnatal depression is well established the mother’s overall quality of life is complex and all-embracing and may be affected by many factors including physical, mental, emotional, social, sexual and spiritual parameters in developing countries, pregnancy and child birth are the leading causes of death among women in reproductive age According to The National Institutes of Obstetrics Health, Studies (2012).

STATEMENT OF THE PROBLEM: a study to assess the maternal perceive quality of life following child birth among postnatal mothers in nmch.

OBJECTIVES OF THE STUDY:
1. To assess the maternal perceive quality of life following child birth among postnatal mothers.
2. To assess the effectiveness of quality of life among postnatal mothers.
3. To associate the effectiveness of maternal perceive quality of life following child birth among postnatal mothers with their selected sociodemographic variable.

ASSUMPTIONS:

Postnatal mothers may have the quality of life following child birth.
Postnatal mother may have a positive attitude with regard to quality of life after child birth.

MATERIALS AND METHODS:

RESEARCH APPROACH
Quantitative research approach was adopted for the present study.

RESEARCH DESIGN:
Descriptive design is adopted for the present study.

SETTING: The study was conducted in postnatal ward, Narayana Medical College Hospital, Nellore.

SAMPLE SIZE: 30 Post natal mothers.

SAMPLING TECHNIQUE:
The subjects were selected by using Non-probability convenience sampling technique.
INCLUSION CRITERIA
1. Post natal mothers admitted at N.M.C.H, Nellore.
2. Mother delivered normally and L.S.C.S.
3. Who can speak and understand Telugu or English.

EXCLUSION CRITERIA:
Mothers who were not willing to participate.

DESCRIPTION OF THE TOOL:
The investigator developed an checklist.

part-i: socio-demographic variables
It contains socio demographic variables like age, family income cast type of family parity how many children’s, type of delivery and source of information

part-ii: consist of maternal perceived quality of life among postnatal mothers
It consist of 30 items on maternal perceived quality of life following child birth among postnatal mothers

VARIABLES:
RESEARCH VARIABLE
Maternal perceived quality of life following child birth.

DEMOGRAPHIC VARIABLES:
Age family income cast type of family parity how many children’s, type of delivery how to get medical information.

METHOD OF DATA COLLECTION:
The data collection procedure was carried for a period of 3 week, after obtaining formal permission from N.M.C.H, the data collection was started The written consent was taken from the study participants. A total 30 postnatal mothers were selected by convenience sampling technique Data were collected by using checklist to identify the maternal perceived quality of life following child birth.

RESULTS AND DISCUSSION:
Frequency and Percentage distribution of quality of life following child birth among mothers (N =30)

<table>
<thead>
<tr>
<th>S.no</th>
<th>Quality of life among postnatal mother</th>
<th>freq (f)</th>
<th>per (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Moderately Satisfied</td>
<td>28</td>
<td>93</td>
</tr>
<tr>
<td>2.</td>
<td>Dissatisfied</td>
<td>2</td>
<td>7</td>
</tr>
</tbody>
</table>

The result indicates that the mean 71.96 the df 2, and t= 5.99 there is no significant and standard deviation is 8.29. the df 2, and t = 5.99 there is no significant. 

MAJOR FINDINGS OF THE STUDY:
In association with mode of delivery calculated value is 1.4 and table value is 5.49. The calculated value is more than the table value, so there is a statistical significance There is a significant association between maternal perceive quality of life among postnatal mother with their selected socio demographic variables like age, type of family, sources of health information ,type of parity, how many children’s, type of delivery and has no significant association with religion, income.

RECOMMENDATIONS:
On the basis of findings of the study the following recommendations have been made:-
A similar study can be replicated on large sample size, in different settings with in different population as longitudinal study.
A comparative study can be done to identify the maternal perceive quality of life among postnatal mother.

BIBLIOGRAPHY:

JOURNAL REFERENCES:

NET REFERENCE:
Prevalence of hypertension among the adults in Indukurpet Vs Vidavalur, Nellore.

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ABSTRACT:
Background: Untreated high blood pressure may damage organs in the body and increase the risk of heart attack, stroke, and brain hemorrhage.
Aim: to assess the prevalence of hypertension.
Setting and Design: The study was conducted in indukur pet (coastal area) and vidavalur (non coastal area) by using a descriptive design.
Materials and Methods: A total of 500 samples were included in this study. Among this, 250 samples belong to coastal area 250 samples belongs to non coastal area by using convenience sampling technique.
Statistical Analysis Used: The collected data was organized, tabulated, analyzed and interpreted by using descriptive and inferential statistics based on the objectives of the study.
Results: In Indukur pet, out of 250 samples, with regard to the category of the blood pressure 33(13.2%) had stage-I hypertension, 14(5.6%) had stage-II hypertension, 2(0.8%) had stage-III hypertension, 40(16%) had grade-I isolated systolic hypertension, and 13(5.2%) had grade-II isolated systolic hypertension, known hypertensive cases are 52(20.8%), newly diagnosed cases are 50(20%). with regard to BMI, among 250 samples 36(14.4%) were overweight and 13(5.2%) were obese.
In Vidavalur, among 250 samples, 92(36.8%) had stage-I hypertension, 11(4.4%) had stage-II hypertension, 2(0.8%) had stage-III hypertension, 54(21.6%) had grade-I hypertension, and 14(5.6%) had grade-II hypertension. Known Hypertensive cases are 146(58.4%). Newly diagnosed cases are 27(10.8%). With regard to BMI among 250 samples 45(18%) were overweight and 21(8.4%) were obese.
Conclusion: The above results shown that blood pressure values are high in the Vidavalur (non coastal area) than Indukur pet (coastal area).
Key words: Hypertension, non coastal area, coastal area, heart attack, stroke.
INTRODUCTION:

One in three adults worldwide has high blood pressure. Hypertension increases the risk of heart attack, stroke, kidney failure and much other associated morbidity. Treating raised blood pressure and maintaining it below 140/90 mmHg is associated with a reduction in cardiovascular complication. The theme for World Health Day (WHD) 2013 is "high blood pressure". The goal of WHD 2013 is to reduce heart attacks and strokes. Keeping in line with the WHO-Government of India, Country Cooperation Strategy, the WHO 2013 events in India are aimed at raising the awareness amongst national policymakers, program managers and other stakeholders on the need to strengthen the Indian health system to make it competent enough to respond to hypertension and related co morbidades. (Anchala R, 2014)

Kantha, K and Indira, A. (2015) conducted a cross sectional study on prevalence of hypertension among the adults in coastal and non coastal areas. A total of 5000 samples were included in the study. In that 2500 samples belongs to coastal areas and 2500 samples belongs to non coastal areas. The prevalence of stage - I hypertension in coastal areas is 460(18.4%) but in non coastal areas it is 1413(56.50%). The results indicate that there is high prevalence of hypertension in non coastal areas than coastal areas. (Kantha, K and Indira, A., 2014)

Arumugam Indira et.al. (2015) conducted a study on prevalence of prehypertension among the adults in coastal and non coastal areas. The study results shown that regarding prehypertension in SBP, in coastal areas 1129(45.16%) and in non coastal areas 971(38.84%). The results indicate that there is high prevalence of pre hypertension in coastal areas than non coastal areas. Further studies are needed to find out the reasons and measures to control high blood pressure is necessary (Arumugam Indira, 2015).

Even today there is scarcity of the studies in coastal and non coastal areas of India. With this background, present study has been undertaken to study the prevalence of hypertension.

OBJECTIVES OF THE STUDY

❖ To assess the prevalence of hypertension among adults of coastal and non coastal areas.
❖ To identify the risk factors of hypertension among adults of coastal and non coastal areas.
❖ To compare the prevalence of hypertension between coastal and non coastal areas.
❖ To find association between the prevalence of hypertension with selected socio demographic variables.

DETAILED RESEARCH PLAN:


Research Design: Descriptive design.

Research Setting: The study was conducted in Indukur pet (coastal area) and Vidavalur (non coastal area) by using a descriptive design.

Coastal area means areas within 2 kms from mean low water mark (MLWM) or mean high water mark (MHWM).

Non coastal area means areas far 2 kms from mean low water mark (MLWM) or mean high water mark (MHWM).

Sampling Technique: Convenience sampling technique.

Sample Size: A total of 500 samples were included in this study. Among this, 250 samples belongs to Indukur pet (coastal area) and 250 samples belongs...
to Vidavalur (non coastal area).

RESULTS AND DISCUSSION:
Comparison of Blood Pressure in Indukurpeta and Vidavaluru.

Table 1. Comparison of Blood pressure in Indukurpeta and Vidavaluru. (N = 250)

<table>
<thead>
<tr>
<th>Blood Pressure Category</th>
<th>Indukurpeta</th>
<th>Vidavaluru</th>
<th>Correlation Coefficient</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
</tr>
<tr>
<td>Optimal</td>
<td>34</td>
<td>13.6</td>
<td>4</td>
<td>1.6</td>
</tr>
<tr>
<td>Norma</td>
<td>50</td>
<td>20</td>
<td>9</td>
<td>3.6</td>
</tr>
<tr>
<td>High Normal</td>
<td>64</td>
<td>25.6</td>
<td>64</td>
<td>25.6</td>
</tr>
<tr>
<td>Stage-I</td>
<td>33</td>
<td>13.2</td>
<td>92</td>
<td>36.8</td>
</tr>
<tr>
<td>Stage-II</td>
<td>14</td>
<td>5.6</td>
<td>11</td>
<td>4.4</td>
</tr>
<tr>
<td>Stage-III</td>
<td>2</td>
<td>0.8</td>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td>Grade-I</td>
<td>40</td>
<td>16</td>
<td>54</td>
<td>21.6</td>
</tr>
</tbody>
</table>

The prevalence of stage - I BP in coastal area is 33(13.2%) but in non coastal areas it is 92(36.8%). The correlation coefficient value is highly significant (0.488) and the standard
deviation is 27.17.

Comparison of Body Mass Index in Indukurupeta and Vidavaluru.

Fig. 2: Comparison of Body Mass Index
The prevalence of overweight samples in coastal area is 36 (14.4%), obesity is 13 (5.2%) but in non coastal areas it is 45 (18%) and 21 (8.4%). The correlation coefficient value is highly significant (0.998) and the standard deviation is 76.29.

Association of socio Demographic data with the blood Pressure in Indukurupeta: There is a significant association of demographic variables with age, exercise, type of oil used for cooking, type of salt used, habits, intake of fish, are you having stress and are you a known hypertensive and remaining are non significant.

Association of socio demographic data with the blood pressure in Vidavaluru: There is a significant association of demographic variables with sleeping pattern, exercise, hotel food, worship of god, are you a known hypertensive and remaining are non significant.

Conclusion:
- The above results shown that blood pressure values are high in the Vidavaluru (non coastal area) than in the Indukurupet (coastal area).
- Among hypertension cases the prevalence of overweight and obesity are more in non coastal areas than coastal areas.
- The variables like age, exercise, type of oil used for cooking, type of salt used, habits, intake of fish, are you having stress and are you a known hypertensive are the influencing risk factors for the development of hypertension among the adults.

Bibliography:


Comparison of the fetal heart rate in left lateral and right lateral position among antenatal mothers.

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BACKGROUND: The pattern of the baby’s Heart beat during labor is often good indicator of the baby’s well being. A normal heart rate suggest that the baby is receiving enough Oxygen from the mother’s Blood steam.

AIM: To compare the fetal heart rate in left lateral and right lateral position among antenatal mothers.

METHODOLOGY: A quantitative research approach was used to compare the fetal heart rate, total 60 pregnant women were selected by simple random sampling technique by lottery method. The investigator monitored fetal heart rate for 60 mothers both in left lateral and in right lateral position. Then, the data was compared between the left lateral and right lateral position among antenatal mothers.

RESULT: In left lateral position mean FHR is 139.98 and standard deviation is 54.79, in right lateral position mean FHR is 138.3 and standard deviation is 53.7 and correlation and coefficient of fetal heart rate in left lateral and right lateral position is negative correlation and coefficient \( r = -0.0170 \)

CONCLUSION: The study concluded that there is no statistical significant difference between fetal heart rate in left lateral and right lateral position of the antenatal mothers.

KEY WORDS: Fetal heart rate, left lateral position, right lateral position, antenatal mother.

INTRODUCTION

The ability to assess the fetus by Auscultation of the fetal Heart was initially described more than 300 years ago with the advent of the fetoscope and stethoscope after the turn of the 20th century, the listener could hear clearly enough to count the fetal Heart rate (FHR) when electronic FHR monitoring made its debut for clinical use in the 1970’s. External monitoring can be done by listening to the baby’s heart beat with a special stethoscope more and often external monitoring is done using two flat device. By positioning the mother in lateral position, Lying on side with mother’s knee bent is properly the most comfortable position to sleep. Many doctors’ specially recommended lying on mother’s left side for improved circulation.
NEED FOR THE STUDY
The maternal position influences uterine umbilical blood flow. The enlarging uterus compresses the inferior vena cava and the lower aorta and decreases the uterine and placental perfusion particularly when the mother is in the maternal supine position. The maternal left lateral position when compared with any other position had the least disturbing effect on left blood supply.

STATEMENT OF THE PROBLEM
A study to compare the fetal heart rate in left lateral and right lateral position among antenatal mothers in NMCH, Nellore.

OBJECTIVES
- To assess the fetal heart rate in left lateral position among antenatal mothers.
- To assess the fetal heart rate in right lateral position among antenatal mothers.
- To compare the fetal heart rate in left lateral position and right lateral position among antenatal mothers.

ASSUMPTIONS: Right lateral or left lateral position has an impact on FHR among antenatal mothers.

METHODOLOGY
Research approach: Quantitative research approach was adopted for the study.
Research design: A descriptive design was adopted to assess the fetal heart rate among antenatal mothers.
Setting: The study was conducted in antenatal ward, Narayana Medical College Hospital, Nellore, located in the urban area, Chinthareddypalem. It is a 1750 bedded hospital with all specialties. Narayana general hospital has a separate department for obstetrics and gynaecology. The OBG department has antenatal OPDs, antenatal ward, labor room, postnatal wards and post operative ward. In the ground floor, antenatal ward is located near to the labor room with the bed strength of 15 each.

Population
Target population: Includes all antenatal mothers above 22 weeks of gestation.
Accessible population: Antenatal mothers admitted in NMCH, Nellore.
Sample: Sample for the present study is pregnant women above 22 weeks of gestation in Narayana Medical College Hospital, Nellore.
Sample size: The sample size of the study is 60 antenatal mothers in Narayana Medical College Hospital, Nellore.

Sampling technique: The subjects were selected by using probability simple random sampling technique.

Sampling criteria
Inclusion criteria: Pregnant women;
- with gestational age of >22 weeks.
- willing to participate in the study.
- both primi para and multi para mothers.

Exclusive Criteria: Pregnant women;
- who do not know telugu and english.
- who have high risk pregnancy and twin pregnancy.
- with Pre mature rupture of membranes.

DESCRIPTION OF THE TOOL
The investigator developed a tool.
Part-1: Sociodemographic variable like age, education, occupation, family income, religion, area of living, type of family, weeks of gestation, source of health information, gravida, height, weight, uterus size and immunization status.
Part-2: Scoring key of fetal heart rate

<table>
<thead>
<tr>
<th>Scoring</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal heart rate</td>
<td>1</td>
</tr>
<tr>
<td>Bradycardia</td>
<td>2</td>
</tr>
<tr>
<td>Tachycardia</td>
<td>3</td>
</tr>
<tr>
<td>Fetal distress</td>
<td>4</td>
</tr>
</tbody>
</table>

VALIDITY: The tool was given for validation to the experts in the nursing field and it was modified based on the conclusions and suggestions.
RELIABILITY: The reliability of tool was established by using Spearman Browns formula (split half method), \( r = \frac{2r}{1 + r} \) and the ‘r’ value was obtained and \( r = 0.58 \)

ETHICAL CLEARANCE: Ethical clearance was obtained from the Institutional ethical committee, Narayana Medical College Hospital, Nellore.

DATA COLLECTION PROCEDURE
A quantitative research approach was used to compare the fetal heart rate. Total 60 pregnant women were selected by simple random sampling technique by lottery method. The investigator monitored fetal heart rate for 60 mothers both in left lateral and in right lateral position. Then, the data was compared between the left lateral and right lateral position among antenatal mothers.

DATA ANALYSIS AND INTERPRETATION
Section I: Distribution of socio demographic variables of the pregnant women.
Section II: Frequency and percentage of fetal heart rate in left lateral position among pregnant women.
Section III: Frequency and percentage of fetal heart rate in right lateral position among pregnant women.
Section IV: Comparison of fetal heart rate in left lateral and right lateral position among pregnant women.

Section-I Frequency and percentage distribution of antenatal mothers.
Among the 60 samples with regard to the age group, 49 (81.6%) belong to 20-25 yrs.
With regard to education, 26(43.3%) studied high school.
With regard to occupation, 50 (83.4%) are house wifes.
With regard to family income, 38(63.3%) belongs to <Rs.5000.
With regard to religion, majority 45(75%) belongs to Hindu.
With regard to area of living, 36(60%) are belongs to rural area.
With regard type of family, 32 (53.4%) live in joint family.
With regard to mothers weeks of gestation, 37(61.8%) were between 36-38 weeks.
With regard to source of information, 31(51.6%) received from health professionals.
With regard to obstetrical score, 35(58.4%) were multi gravid mothers.
With regard to height, 30(50%) were between 151-160cm of height.
With regard to weight, 23(38.3%) were between 45-55kg.
With regard to immunization, 55(91.7%) were immunization.

SECTION-II

Percentage distribution of the fetal heart rate in left lateral position among antenatal mothers.
SECTION-III

![Diagram showing percentage distribution of fetal heart rate in right lateral position among antenatal mothers.]

Percentage distribution of fetal heart rate in right lateral position among antenatal mothers.

SECTION-IV

Compare the fetal heart rate in left lateral position and right lateral position among antenatal mothers.

<table>
<thead>
<tr>
<th>Position</th>
<th>Mean FHR</th>
<th>Standard deviation</th>
<th>Correlation and coefficient(r)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left lateral position</td>
<td>139.98</td>
<td>54.79</td>
<td>-0.01701</td>
</tr>
<tr>
<td>Right lateral position</td>
<td>138.3</td>
<td>53.7</td>
<td></td>
</tr>
</tbody>
</table>

NS=non significant p>0.01

RECOMMENDATIONS FOR FURTHER RESEARCH

- A similar study can be replicated on large sample size.
- A similar study can be done in different settings.
- A similar study can be done by using experimental and control group.

CONCLUSION

The study concluded that there is no statistically significant difference between fetal heart rate in left lateral and right lateral position of the antenatal mothers.

REFERENCES:

6. Decreased cardiac output.2011; available from URL: www.transition toparenthood.com
Knowledge regarding Ebola virus disease and prevention among nursing students in selected colleges at Nellore.

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INTRODUCTION

Ebola virus disease (EVD), formerly known as Ebola hemorrhagic fever, is a severe, often fatal illness, with a case fatality rate of up to 90%. There are no licensed specific treatments or vaccine available for use in people or animals.

The current situation of Ebola virus disease (EVD) in West Africa, the Pan American Health Organization / World Health Organization (PAHO/WHO) advises its Member States to remain vigilant for potential introduction of EVD in the Americas, to raise the awareness and knowledge of health care providers and to strengthen the implementation of standard precautions for infection prevention and control in health care facilities at all levels. Genus Ebola virus is 1 of 3 members of the Filoviridae family (filovirus), along with genus Marburg virus and genus Cuevavirus. Genus Ebola virus comprises 5 distinct species: Bundibugyo ebolavirus (BDBV), Zaire ebolavirus (EBOV), Reston ebolavirus (RESTV), Sudan ebolavirus (SUDV) and Tai Forest ebolavirus (TAFV).

NEED FOR THE STUDY

Ngaliema Hospital, Kinshasa, Zaire, 1976: Ebola virus disease (EVD) is severe, often fatal illnesses in humans. EVD outbreaks have a case fatality rate of up to 90%. Ebola first appeared in 1976 in two simultaneous outbreaks, in Nzara, Sudan, and in Yambuku, Democratic Republic of Congo. The latter was in a village situated near the Ebola River, from which the disease takes its name. It has not been reported in humans in the Asia Pacific region as of 31 July 2012. However, with global travel, it is possible that outbreaks in Africa could result in the spread of the virus to Asia.

Olival KJ, Islam A 2014: There are different species of the Ebola virus. Of these, the Reston ebolavirus was first discover in laboratories in Reston, Virginia, United States of America (USA) in 1989 after some quarantined, crab-eating macaque monkeys originating from the Philippines became ill and died. In 2008, a virus identified in pigs was found to be very similar to the virus identified in monkeys imported into the USA for research from the Philippines in 1989.

STATEMENT OF THE PROBLEM: A study to assess the knowledge on Ebola virus and prevention among nursing students in selected colleges at Nellore.

OBJECTIVES

➢ To assess the level of knowledge on Ebola virus and prevention among nursing students.
To associate the level of knowledge on Ebola virus and prevention with the selected socio demographic variables.

DELIMITATIONS
The study is delimited to:
- The study is limited to nursing students.
- The study conducted for four weeks duration only.
- A sample size is 30.
- The study limited to selected nursing colleges.

MATERIAL AND METHODS
Research approach: Quantitative research approach.
Research design: Descriptive design.
Setting: Narayana Nursing Institutions, Nellore.
Population: Population includes nursing students.
Target population: Nursing students studying in Narayana Nursing Institutions, Nellore.
Accessible population: Nursing students studying in Narayana Nursing Institutions, Nellore.
Sample: Samples of the study are nursing students.
Sampling technique: Non probability convenience sampling technique.
Sample size: 30 nursing students, Nellore.

SAMPLING CRITERIA:
INCLUSION CRITERIA: Nursing students who are
- Available at the time of data collection.
- Studying in Narayana college of nursing
- Willing to participate in the study.
- Able to read or write or speak in Telugu /English.
EXCLUSION CRITERIA: Nursing students who are
- Not available at the time of data collection.
- Not studying in Narayana college of nursing.
- Not willing to participate in the study.
- Not able to read or write or speak in Telugu /English.

DESCRIPTION OF TOOL:
It consists of two sections,
SECTION-I: It consists of socio demographic variables includes Age, Religion, Educational qualification, Source of information.
SECTION-II: Self administered questionnaire to assess the knowledge on Ebola virus and prevention.

RESULTS AND DISCUSSION
Distribution of frequency and percentages of knowledge on Ebola and prevention among nursing students.

<table>
<thead>
<tr>
<th>Level of knowledge</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Adequate</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>a) Moderate</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>b) Inadequate</td>
<td>21</td>
<td>70</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Figure: Frequency and Percentage distribution of knowledge on Ebola and prevention among nursing students.
Table -1: Association between demographic variables and knowledge on Ebola and prevention among nursing students.  

(n=30)

<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>Adequate knowledge</th>
<th>Moderate knowledge</th>
<th>Inadequate knowledge</th>
<th>Chi-square $\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-20 years</td>
<td>1</td>
<td>3.33</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>21-25 years</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>26-30 years</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>31-35 years</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christian</td>
<td>1</td>
<td>3.33</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hindu</td>
<td>1</td>
<td>3.33</td>
<td>2</td>
<td>6.66</td>
</tr>
<tr>
<td>Muslim</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other[if specify]</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Educational qualification</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GNM</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>3.33</td>
</tr>
<tr>
<td>B.Sc nursing</td>
<td>1</td>
<td>3.33</td>
<td>2</td>
<td>6.66</td>
</tr>
<tr>
<td>Post B.sc</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>M.Sc nursing</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Sources of information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>3.33</td>
</tr>
<tr>
<td>Radio</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Television</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Newspaper</td>
<td>1</td>
<td>3.33</td>
<td>2</td>
<td>6.66</td>
</tr>
</tbody>
</table>

Table 1 shows that there is a no significant in association between level of knowledge of nursing students regarding prevention of Ebola virus with their selected socio demographic variables.
Major findings of the study:
❖ With regard to age, 28(93.3%) student nurses are between 15-20 years of age and 2(6.66%) of student nurses are between 21-25 years of age.
❖ With regard to religion, 20(66.6%) student nurses were Christian and 10(33.3%) student nurses were Hindu.
❖ With regard to educational status, 12(40%) student nurses had GNM qualification, 18(60%) student nurses had B.sc Qualification.
❖ With regard to source of information, 9(30%) of student nurses gained information from the internet, 2(6.66%) student nurses gained information from the radio and 3(10%) student nurses gained information from television and 16(53.3%) from news papers.

IMPLICATIONS OF STUDY

NURSING EDUCATION:-

The nursing curriculum should focus on updating the level of the knowledge on Ebola virus and prevention among nursing students. The nurses need to have adequate knowledge on Ebola virus and prevention among nursing students. Nursing education helps the student to develop more insight on new knowledge on Ebola virus and prevention.

NURSING ADMINISTRATION:-

Nursing administration should develop certain plans and policies to be implemented to improve the knowledge on Ebola virus and prevention among nursing students.

NURSING RESEARCH:-

The essence of research is to build up knowledge on Ebola virus and prevention among nursing student. Extensive researches can be carried out to assess the knowledge on Ebola virus and prevention. The findings of the study can be disseminated through the print journals as well as electronic journals. The study can be conducted among nursing students, settings like Narayana College of nursing.

RECOMMENDATIONS FOR FURTHER RESEARCH:-

On the basis of the findings of the study, recommendations are:
❖ A similar study can be replicated as a large sample to generalize findings.
❖ A similar study can be done in different settings.

CONCLUSION

The study shown that the level of knowledge on Ebola virus and prevention relived that, student nurses had inadequate knowledge on Ebola virus and prevention.

BOOK REFERENCES

JOURNAL REFERENCES

NET REFERENCES
Effectiveness of structured teaching programme on road safety measures among primary school children in selected primary schools.

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Nellore, A.P

Abstract: Pre experimental one group pre test- post design was conducted to assess the effectiveness of structured teaching programme on road safety measures among primary school children in selected primary schools at Guntur. 50 children were selected by simple random sampling technique and assessed their knowledge by using structured questionnaire. Structured teaching programme on road safety measures were conducted. After seven days of the structured teaching programme the post-test were conducted by using the same pre-test questionnaire. Out of 50 students 54% (27) had inadequate knowledge and 46% (23) had adequate knowledge towards road safety measures in pretest. 0% (0) had inadequate knowledge and 100% (50) had adequate knowledge towards road safety measures in post test. There were a significant improvement in knowledge on road safety measures. There was a statistical significant association exists between the level of knowledge on road safety measures among primary school children with their religion and education status of mother at 0.05 level. There is no significant difference between demographic variables with post test scores.

INTRODUCTION

School age child develops sense of industry and learns the basic skills need to function in society. During school years, co-ordination improves and a sense of balance and rhythm develops which allows children to ride two-wheeled bicycle without knowing the traffic rules and regulations. This they expose themselves to hazards. They have to be taught, trained and sensitive to traffic rules and accidents.

Nearly 3,500 people die on the world’s roads every day. Tens of millions of people are injured or disabled every year. Children and pedestrians, cyclists and elderly are among the most vulnerable of road users.

Globally 1.2 Million people are killed and more than 50 million are disabled as a result of road traffic crashes every year. While a number of countries have managed to decrease their rates of road traffic crashes in many others. Particularly in low and middle income countries these rates are increasing.
According to the global road safety partnership over seventy five percent of estimated global road causalities occur in developing and transition countries even though these have only 32% of total motor vehicles. Furthermore, according to World Bank 65% of deaths involve Pedestrians and 35% of pedestrian deaths are children in low income and middle income countries children have much higher rates of road traffic death and injury than in high income countries.

According to WHO 80% of all road accident deaths occurs in developing countries and nearly half in the Asia-pacific region. India account for about 10% of road accident fatalities worldwide. As estimated 1,275,000 persons are grievously injured on the road every year.

Developing countries, such as India face the double burden of already existent communicable diseases and increasing burden of non communicable diseases including RTAs. In the South East Asian region of the WHO, India alone accounted for 73% of RTA burden.

In India the incidence rate of accidents in the children studies was found to be 3.13/100 child per month or 0.35/child/year. The total no. of injuries recorded was 135.7 (B.BYULA BAVANA, 2015)

According to a report published by ministry of Road Transport and Highways, 56 accidents occur every hour on Indian roads and at least 14 people are killed in these accidents. Prevention of RTAs thus, becomes very crucial in order to improve the longevity and the quality of life of the individuals concerned.

Education and training of children in school by road-traffic instructors and school teachers and adolescents in the principles of safe driving and in good driving attitudes; by refresher causes for older drivers to bring home safe driving principles and to refresh their knowledge of traffic law, and means of newspaper, radio, television and other publicity to draw the attention of all round users both to dangers and to safe practices on the road.

**OBJECTIVES**

- To compare the pre-test and post-test knowledge scores and to determine the effectiveness of structured teaching programme on road safety measures.
- To find out the association between the knowledge scores of primary school child regarding road safety measures with their selected demographic variables.

**HYPOTHESES**

1. There is a significant difference in the level of knowledge among primary school children regarding road safety measures before and after structure teaching programme.
2. There is a significant association between the pretest and post-test level of knowledge among the primary school children with the demographic variables.

**LIMITATIONS**

- The study is limited to the 4th standard students who are studying in selected government primary
schools at Guntur.
➢ The study is limited to the age between 8-10 years.
➢ The study is limited to the students who can able to read and write Telugu.
➢ The study is limited to the students who all are present at the time of study.

DELIMITATIONS
➢ The students who are studying at 1st, 2nd, 3rd and 5th classes’ are excluded.
➢ The students whose age is less than 8 years and more than 10 years are excluded.
➢ The students who can’t able to read and write Telugu are excluded.
➢ The students who are not present at the time of study are excluded.

RESEARCH METHODOLOGY
Pre experimental one group pre test- post design was conducted to assess the effectiveness of structured teaching programme on road safety measures among elementary school children at Guntur. Cluster random sampling technique each school was considered as a cluster and 50 children were selected by simple random sampling technique and assessed their knowledge by using structured questionnaire. After seven days of the structured teaching programme the post-test were conducted by using the same pre-test questionnaire.

Tool description: The tool consists of III sections.
Section – I: Demographic profile, it includes age, type of family, religion, place of residence, family income per month, occupation of father and mother, education of mother and father, source of Information regarding road safety measures.
Section – II: This consists of 25 multiple choice questions related to knowledge on road safety measures among primary school children in Guntur.
Section III: This consists of 10 didactic questions related to knowledge on practices regarding road safety measures among primary school children in Guntur.

Score interpretation: Scoring key was prepared for, section I by coding the Socio-demographic data. In section II and III each correct answer has a score of one mark and wrong answer scores zero.
The maximum score was 35.
The scores are interpreted in the following manner.
- < 50% inadequate knowledge
- 50-70% moderately adequate knowledge.
- 75% adequate knowledge.

Method of Data collection: Permission was obtained from The Principal, Rangacharya Oriental High School. Investigator introduced herself to the children and explained the significance of the study. Written consent was obtained from them after explaining the purpose of the study. They were divided into five groups. For each group 45 minutes pre-test and 30 minutes for post-test were allotted for structured questionnaire and 45 minutes for structured teaching programme was allotted for each group.

Data analysis
Statistical method used for analysis were descriptive statistics that include Frequency, Percentage, mean distribution and standard deviation are used to analyze the study variables, the knowledge of primary school on road safety measures. Inferential statistics namely Chisquare was used to analyze the association of demographic variables with knowledge scores. Paired’t’ test was used for analyzing the difference between the pre-test and post test.
Table-1: Distribution of level of knowledge and knowledge on practices related to road safety measures among primary school children in pre-test. N=50

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Variable</th>
<th>Inadequate</th>
<th>Moderately Adequate</th>
<th>Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>01.</td>
<td>Knowledge</td>
<td>30</td>
<td>60</td>
<td>19</td>
</tr>
<tr>
<td>02.</td>
<td>Practice</td>
<td>13</td>
<td>26</td>
<td>34</td>
</tr>
</tbody>
</table>

Table-2: Distribution of level of knowledge and knowledge on practices related to road safety measures among primary school children in post-test. N=50

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Variable</th>
<th>Inadequate</th>
<th>Moderately Adequate</th>
<th>Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>01.</td>
<td>Knowledge</td>
<td>3</td>
<td>6</td>
<td>22</td>
</tr>
<tr>
<td>02.</td>
<td>Practice</td>
<td>2</td>
<td>4</td>
<td>21</td>
</tr>
</tbody>
</table>

Table-3: Effectiveness of structured teaching programme on road safety measures among primary school children. N=50

<table>
<thead>
<tr>
<th>Sl.</th>
<th>Variables</th>
<th>Pre - Test</th>
<th>Post Test</th>
<th>Paired 't' value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Standard</td>
<td>Mean</td>
<td>Standard</td>
</tr>
<tr>
<td>1.</td>
<td>Knowledge</td>
<td>5.300</td>
<td>1.063</td>
<td>7.460</td>
</tr>
</tbody>
</table>

Association between demographic variables with the level of knowledge and knowledge on practices on road safety measures in pre-test and post-test

There was a statistical significant association exists between the level of knowledge on road safety measures among primary school children with their religion and education status of mother at 0.05 level in pre-test. There was no statistical significant association exists between the level of knowledge on road safety measures among primary school children in post-test.
IMPLICATIONS OF STUDY

Nursing education:- The nursing curriculum should focus on updating the level of the knowledge on Ebola virus and prevention among nursing students. The nurses need to have adequate knowledge on Ebola virus and prevention among nursing students. Nursing education helps the student to develop more insight on new knowledge on Ebola virus and prevention.

Nursing Administration:- Nursing administration should develop certain plans and policies to be implemented to improve the knowledge on Ebola virus and prevention among nursing students.

Nursing Research:- The essence of research is to build up knowledge on Ebola virus and its prevention among nursing students. Extensive researches can be carried out to assess the knowledge on Ebola virus and its prevention. The findings of the study can be disseminated through the print journals as well as electronic journals. The study can be conducted among nursing students in different settings.

RECOMMENDATIONS

- A longitudinal study could be conducted using the post test after one month, six months and one year to see the retention of knowledge.
- As the structured teaching programme was effective in school children, similar structured teaching programmes could be initiated in all schools.
- A descriptive study on road safety measures among elementary school children could be conducted at rural areas.
- A comparative study could be done between urban and rural areas.

Reference:
Hypothesis testing is a predominant of quantitative health care research. There are two types of hypothesis. Null hypothesis (H₀) proposes no difference or relationship between the variables of interest. Alternate hypothesis (H₁) contradicts H₀. While testing a hypothesis, i.e., while drawing conclusions, we are likely to commit two types of errors.

<table>
<thead>
<tr>
<th>DECISION</th>
<th>ACTUAL SITUATION</th>
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<tbody>
<tr>
<td>Null Hypothesis is rejected</td>
<td>Type 1 Error</td>
</tr>
<tr>
<td>Null Hypothesis is not rejected</td>
<td>No Error</td>
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a. Type 1 Error: (It is discussed in the previous issue)
b. Type 2 Error:
- It is accepting a false null hypothesis.
- Is the incorrect acceptance of the null hypothesis
- If a final verdict is given that the differences are not significant, when in fact there is a real difference between the populations, i.e., the null hypothesis is not rejected when actually it is false.
- It gives the magnitude of risk of failure to detect the difference between the populations when there is a difference.
- The probability of a type II error is designated by the Greek letter beta (β).
- Probability is beta.
- Beta depends upon sample size and alpha.
- Can’t be estimated except as a function of the true population effect.
- Beta gets smaller as the sample size gets larger.
- Beta gets smaller as the number of tests or end points increases.

AVOIDING:-
- To avoid type II error, you could make the level of significance less extreme.
  Eg:- There is a greater chance of finding significant results if you are willing to risk 10 chances in 100 that you are wrong (P=0.10) than there if you are willing to risk only 5 chances in 100 (P=0.05)
- Type II error can be reduce by:
  - Increasing sample size
  - Decrease the sources of extraneous variation.
  - Increasing the effect size.
Effect side is the impact made by independent variable.
Eg:- If group A scored 10 points higher on the Anemia prevention knowledge scale than group B, the effect size would be 10 divided by the SD of the measure.
For Qualifying Examinations
COMMUNITY HEALTH NURSING
Dr. Indira . S, Ph. D,
Principal, Narayana College of Nursing
Answers for Previous Issue Questions

01. All of the following are negative indicator except:
   Ans: d. Life-expectancy of birth

02. The most common cause of blindness is:
   Ans: a. Trachoma

03. The measurement of obesity can be done by the method called:
   Ans: b. Skin fold thickness

04. Pap smear among women is done to detect:
   Ans: a. Cancer of cervix

05. The major cause of MMR in India is:
   Ans: b. Haemorrhage

06. Numerator for neonatal mortality rate is calculated by newborn death within:
   Ans: c. 28 days

07. The major cause of infant mortality rate in India is:
   Ans: c. Diarrhoea

08. One of the following is not a risk factor for cancer of breast:
   Ans: b. Early menopause

09. The earliest clinical sign of vitamin A deficiency is:
   Ans: c. Conjunctival xerosis

10. Tetanus spores can be killed by:
    Ans: c. Ultraviolet rays

11. Typhoid bacilli survive longest in:
    Ans: c. Soil irrigated with sewage

12. Reservoir of infection in plague is spread mainly by:
    Ans: c. Wild rodents

13. Epidemiology is defined as:

14. As per time distribution of epidemic disease occurring every three year is called as:
    Ans: b. Cyclical trend

15. The nurse correctly teaches that the most frequent side effect associated with the use of IUDs is:
    Ans: d. Excessive menstrual flow

16. After ovulation has occurred, the ovum is believed to remain viable for:
    Ans: c. 24 to 36 hours

17. When oral contraceptives are prescribed for a client, the nurse should teach the client about the potential of developing:
    Ans: d. Breakthrough bleeding

18. Most spontaneous abortions are caused by:
    Ans: d. Germ plasm defects

19. The developing cells are called a fetus from the:
    Ans: b. Eighth week to the time of birth

20. During prenatal development, fetal weight gain is greatest in the:
    Ans: b. Third trimester
Questions for qualifying examinations

Medical Surgical Nursing

Dr. Indira S, Ph. D, Narayana College of Nursing, Principal

01) As compared to extracellular fluid, CSF has more concentration of:
   a. Protein
   b. Chloride
   c. Glucose
   d. Potassium

02) Cell membrane:
   a. Plasma cortisol level rises
   b. Urinary excretion of potassium rises
   c. Body goes into negative nitrogen balance
   d. All of the above are true

03) When a person moves from a temperate to a tropical climate:
   a. His basal metabolic rate falls
   b. His cardiac output rises
   c. He is more likely to experience muscle cramps
   d. All of the above

04) During adult life RBC formation occurs in:
   a. Sternum
   b. Bones of skull and pelvis
   c. Vertebra
   d. All of the above

05) Bilirubin:
   a. Is formed after degradation of RBC
   b. Gives colour to urine and faeces
   c. Is conjugated in liver
   d. All of the above

06) Patchal haemorrhages are very common in:
   a. Vitamin K deficiency
   b. Haemophilia
   c. Purpura
   d. Dicumarol overdosage

07) The main function of thymus is to:
   a. Form lymphocytes
   b. Make the lymphocytes immunocompetent
   c. Destroy lymphocytes
   d. Produce immunoglobulins

08) One molecule of haemoglobin is composed of:
   a. 2 of haem plus 1 globin
   b. 2 of haem plus 2 of globin
   c. 4 of haem plus 1 of globin
   d. All of the above

09) The murmurs may be detected using a stethoscope over:
   a. Vessels having turbulent flow
   b. Aneurysmal dilatations in the arteries
   c. Heart region in people suffering from sever anaemia
   d. All of the above

10) Cardiac index is cardiac output:
    a. Per unit surface area
    b. Per unit body weight
    c. Per unit body volume
    d. Per unit time

11) The P wave of ECG occurs:
    a. At the beginning of atrial contraction
    b. After the atrial contraction
    c. At the beginning of ventricular contraction
    d. At the end of ventricular contraction

12) If peripheral chemoreceptor responses are lost:
    a. A person is less able to adapt to life at high altitude
    b. A 75% fall in PO2 will not appreciably alter ventilation
    c. A 10% rise in PCO2 will not appreciably alter ventilation
    d. Ventilation will not increase in exercise

13) Secretin is released from duodenal mucosa and it:
    a. Reduces gastric and duodenal motility
    b. Increases muscus output from Brunner’s glands
    c. Increases output of water and bicarbonate of pancreatic juice.
    d. All of the above

14) The followings are some of the gastrointestinal hormones except:
    a. CCK-PZ
    b. GIP
    c. Motilin
    d. Chymotripsin

15) The percentage of concentration in mg in urine is maximum for:
    a. Glucose
    b. Urea
    c. Uric acid
    d. Inulin

16) Secretion of renin:
    a. Occurs from the juxtaglomerular cells
    b. Leads to increased formation of angiotensin in blood
    c. Leads to rise in aldosterone level in the blood
    d. All of the above

17) The diameter of myelinated nerve fibres is in the order of:
    a. 1-10 mm
    b. 0.1 - 1.0 mm
    c. 1 - 20 um
    d. 20 - 100 um

18) Visceral afferents are present in:
    a. Vagus nerves
    b. Phrenic nerves
    c. Splanchnic nerves
    d. All of the above

19) The basic spinal reflex of the posture is the:
    a. Flexor reflex
    b. Crossed extensor reflex
    c. Stretch reflex
    d. Golgi tendon reflex

20) The followings are the roof nuclei of the cerebellum except:
    a. Fastigius
    b. Globosus
    c. Red nucleus
    d. Emboliformis
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