Courses Offered
M.Sc (N) - 2 Years Degree Course
1. Medical Surgical Nursing
2. Obstetrics & Gynaecology Nursing
3. Psychiatric Nursing
4. Community Health Nursing
5. Paediatric Nursing

Eligibility
A. Pass in B.Sc. (N) with First Class marks and 1 Years Experience after registration Post Basic Diploma Courses
   > Post Basic Diploma in Critical care Nursing
   > Post Basic Diploma in Emergency and Disaster Nursing
   > Post Basic Diploma in Psychiatric / Mental Health Nursing
   > Post Basic Diploma in Orthopedic Nursing
   > Post Basic Diploma in Neonatal Nursing
   > Post Basic Diploma in Cardiothoracic Nursing
GNM / B.Sc.(N) :- 1 Year Experience after registration
P.B.B.Sc.(N) :- 2 Year Course Eligibility :- GNM Pass
B.Sc. (N) :- 4 Years Course
A. Pass in Intermediate Examination with Biology, English, Physics and Chemistry
   (or) Intermediate
   Vocational (Nursing) Examination conducted by the board of Intermediate Examination, A.P.
   (or) Any Examination recognised as equivalent thereto..
B. Should have scored more than 45% of marks in PCBE.

GNM :-
A. Pass in Intermediate Examination any group
B. Should have secured more than 40% of marks in the optional subjects.
As nursing profession is strive more to prepare more doctorate nurses in India, the nursing colleges should have their own ethical committee for ethical clearance for conducting research on human behaviour or trials. Registering an ethical committee with Govt of India is mandatory as Nursing is a caring profession.

Caring encompasses empathy for and connection with people. ... Core nursing values essential to baccalaureate education include human dignity, integrity, autonomy, altruism, and social justice. The caring professional nurse integrates these values in clinical practice.

The core values are the guiding principles that dictate behaviour and action. Core values can help people to know what is right from wrong:

- Honesty, respect for others, loyalty, responsibility for personal actions, generosity and kindness are all examples of moral values. They are defined as the ideals and principles that guide how people act.

Nursing ethical values include: Human dignity, privacy, justice, autonomy in decision making, precision and accuracy in caring, commitment, human relationship, sympathy, honesty, and individual and professional competency.

Common values in nursing protect human dignity and respect to the patients. Recognizing and definition of ethical values can help to improve nursing practice and develop codes of ethics.

To register the ethical committee the committee members should be undergone a course on ethics. Now it is the time for nursing leaders, academicians and eminent persons to uplift our research to generate new knowledge which can be done with proper research only.
 CONTENT

❖ "Prevalence of scabies among residential school, children, Nellore."
   Mrs. B. Vanaja Kumari

❖ A study to assess knowledge regarding blood donation among adolescent students at a selected college at Chinakakani, Mangalagiri, Guntur, A.P.
   Ms. S. Jasmindeboora,

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❖ Assessment of the knowledge on diabetic foot care among staff nurses in Narayana Medical College and Hospital, Nellore.
   Mrs. K. Padma,

❖ "Knowledge on micro teaching among the second year B.Sc Nursing in Narayana College of Nursing, Nellore."
   Mrs. S. Suchitra
PREVALENCE OF SCABIES AMONG RESIDENTIAL SCHOOL CHILDREN, NELLORE.”

Ms. Emi Mathai,
Staff Nursing

*Mrs. B. Vanaja Kumari,
Professor and HOD,
Community Health Nursing,
Narayana College of Nursing,
Nellore.

Abstract: The study was conducted to assess the prevalence of scabies among residential school children, Nellore. Scabies known colloquially as the seven-year itch is a contagious skin infection that occur among human and other animals. Normally the skin harbors a variety of bacterial, viral and fungal infections. The degree of pathogenicity of the organism depends on its invasiveness and toxicity, the integrity of the skin, the immune and cellular defenses of the host. Quantitative approach and Descriptive research design were selected to conduct study among 30 School children from residential schools in Nellore. Subjects were selected by using Non -Probability convenience sampling technique. The data collection procedure was carried out in residential school at Nellore. The observational checklist was used to assess the scabies consent was taken and good interpersonal relationship was established. The study results shows that, prevalence of scabies among 30 samples, 18(60%) had mild scabies, 11(36.6%) had moderate scabbies and 1(3.33%) had severe scabies. Based on the study, majority of residential school children having mild scabies. Researcher suggested that the educational programme can be organized to create awareness among residential school children regarding prevention of scabies.

Keywords: scabies, children, residential schools, prevalence.

BACKGROUND: Scabies (‘to scratch’) known colloquially as the seven-year itch, is a contagious skin infection that occur among human and other animals. Scabies is an itchy, highly contagious skin disease caused by an infestation by the itch mite Sarcoptes scabiei. Skin infection caused by Sarcoptes scabiei varhominis a mite (Acarus) specific for humans. The infection is caused by the burrowing action of a female parasite resulting in irritation and vesicle or pustule formation. Impetigo, contagiosa, pyoderma, folliculitis, cellulitis are the skin diseases which caused by bacterial infections. Warts, plantaris, Molluscum contagiosum etc are caused by viral infections.

The disease can infect any human who comes in contact with the mites. The only known risk factor is, direct skin contact with someone who is infected. Primarily via skin contact with all infected person, children playing, hugging, health care providers, less commonly via contact with towels, bed clothes, undergarments. The condition does appear in clusters, so out threat may occur within a given community. Mites can live for about 2-3 days in clothing, bedding or dust, making it possible to catch scabies from
people who share the same infected bed, linen or towels.

**OPERATIONAL DEFINITION:**

**Assess:** It refers to devotion of time and attention of acquiring information or knowledge.

**Prevalence:** It refers total the current cases (old and new) existing at given point of time.

**Scabies:** It is a parasitic skin infection which is transmitted by direct Skin-to-skin contact, caused by the itch mite Sarcoptes Scabies.

**Children:** A young human being the age of puberty or below the age of majority.

**OBJECTIVES:** To assess the prevalence of scabies among school children.

- To find out the association between the prevalence of scabies and with their selected socio-demographic variables of school children.

**MATERIALS AND METHODS:**

**RESEARCH APPROACH:** Quantitative research approach was used to assess the prevalence of scabies among residential school children, Nellore.

**RESEARCH DESIGN:** The research design used for this study was descriptive method.

**SETTING OF THE STUDY:** The study was conducted in residential school, Nellore.

**SAMPLE:** The sample for the present study includes school children age of 8-12 years who fulfill the inclusion criteria.

**SAMPLING TECHNIQUE:** Non probability convenience sampling technique.

**SAMPLE SIZE:** The sample size for the study was 30 residential school children between the age group of 8-12 years.

**DESCRIPTION OF TOOL:**

With the help of extensive review from various text books and journals.

The tool is divided into two parts.

Part-I: Deals with demographic data including age, religion, education, medium of instruction in school, father’s education, mother’s education, family’s income and history of any skin diseases/allergy.

Part-II: Deals with observational checklist including signs and symptoms of scabies.

**RESULTS:**

Table – 1: Frequency and Percentage distribution of residential school children based on prevalence of scabies.

<table>
<thead>
<tr>
<th>Prevalence of Scabies</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>18</td>
<td>60</td>
</tr>
<tr>
<td>Moderate</td>
<td>11</td>
<td>36.67</td>
</tr>
<tr>
<td>Severe</td>
<td>1</td>
<td>3.33</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Table-2: Association between prevalence of scabies among residential school children with demographic variables.

<table>
<thead>
<tr>
<th>History of any skin disease allergy</th>
<th>1</th>
<th>3</th>
<th>10</th>
<th>5</th>
<th>16.67</th>
<th>CV=8.41</th>
<th>T=5.99</th>
<th>df=2</th>
<th>S*</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Yes</td>
<td>3.3</td>
<td>5</td>
<td>13</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) No</td>
<td>-</td>
<td>8</td>
<td>26.67</td>
<td>13</td>
<td>43.33</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table - 2: shows that there is a significant association between level of prevalence and demographic variables such as history of any skin disease/ allergy.

**NURSING IMPLICATIONS:** The most effective way to improve the health condition is to provide the subject regarding the need of adherence to treatment regimen. Educate the children about the scabies, its transmission, management and prevention.

**NURSING PRACTICE:** Nurses have the responsibility to educate the children regarding the
prevalence of scabies.

- The nurses as a member of the health care team should be aware of the causes and transmission of scabies.

**NURSING EDUCATION:** It includes awareness programme, discussion, health camps, seminars and role play it can be conducted for improving the knowledge, attitude and practice regarding scabies among children.

**NURSING ADMINISTRATION:** The local health departments that have establish competent health promotions and scabies prevalence programme.

- Appropriate in service training to all health personal is to be assured.

- The number of health care organization that provides family education on prevention of scabies.

**NURSING RESEARCH:** Researcher should aims to assess the type of scabies among residential school children and more studies can be done identifying the prevalence of scabies among residential school children.

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A study to assess knowledge regarding blood donation among adolescent students at selected college in Chinakakani, Mangalagiri, Guntur, A.P.

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Abstract: Introduction: Blood donation refers to the process of collecting, testing, preparing and storing blood and blood components, donors are most commonly unpaid volunteers. The shortage of voluntary blood donors is a problem in many countries including India. Many precious lives are lost because of lack of voluntary blood donors. Immediate measures are required to eliminate myths in the community regarding blood donation in order to encourage voluntary donation. Objectives: To assess the knowledge about blood donation and its benefits among adolescent college students. To find out the association between knowledge of blood donation and selected demographic variables Methodology: After obtaining formal permission from principle and ethical committee the study was conducted in NRI College of Nursing, Chinakakani, Guntur. Sample were selected by using Non probability purposive sampling technique. The study included 100 adolescents who fulfilled inclusion criteria and 20 questions it took 30 minutes to complete the tool. The data collection procedure was done for a period of 1 week and the data was analyzed by using descriptive and inferential statistics. Results: The knowledge regarding blood donation among adolescent college students 3 (3%) had adequate knowledge, 26(26%) had moderately adequate knowledge and 71(71%) students had inadequate knowledge. Conclusion: The study concluded that, majority of adolescent college students had inadequate knowledge regarding blood donation. Hence future researchers encourage the public education and programme which enable public to have accurate knowledge and positive attitude about blood donation. Keywords: Blood donation, knowledge, adolescent college students.

Introduction

Blood is described as a connective tissue. It provides one of the means of communication between the cells of different parts of the body and it is composed of a fluid part called plasma and a cellular mass called Corpuscles. The cell mass is also called as formed elements. Blood maintains the internal equilibrium; the excess heat produced is taken up by the blood and distributed throughout the body. Thus body helps in the regulation of body temperature. The different food substances like glucose, proteins, fats, minerals, enzymes etc are stored in a great extent in the blood. The dead cells formed due to confrontation between the WBC and the foreign organisms are taken to sites of disposal.
Health benefits of donating blood are like this reduces the chance of heart disease. It has been observed that increase in blood iron level enhances the production of new red blood cells. As the blood is withdrawn from the donors body there will be a decreased blood cells, to replenish it immediately new cells will be produced by marrow and this way blood gets refreshed, and helps in fighting Hemochromitosis (genetic disorder), wherein iron accumulates in the body tissue because of improper iron metabolism, this condition may lead to organ damage. Though this problem is uncommon in Indians, people with little iron overload also can easily donate blood and reduce their iron content. One point of blood (450 ml) when donated burns 650 calories in donor’s body.

Blood donation refers to the process of collecting, testing, preparing and storing blood and blood components, donors are most commonly unpaid volunteers. But they may also be paid by commercial enterprises. Blood registry refers to the collection and sharing of the data about donated blood. Knowledge and attitude towards voluntary blood donation among adolescent students in India is eighty two percent of students show positive attitude towards blood donation. However, only 16% of respondents actually ever donated blood voluntarily, among the non donor respondents, physical harm and fear were found to be common reasons for not donating blood.

The results showing that high number of respondents (93%) had a negative attitude towards blood donation. It is suggested that appropriate motivational campaign should be launched immediately among the young section of the population to convert this favorable “attitude” towards blood donation into a regular “practice” in order to increase the voluntary blood donation in India.

NEED FOR THE STUDY:

The heart of all hospitals is the blood bank. No hospital can run without a blood bank and there cannot be a blood bank without blood donors. Human blood is a precious and scarce resource so it should never go waste. There is a need of management program to strike a balance between the demand and supply of blood.

The shortage of voluntary blood donors is a problem in many countries including India. Many precious lives are lost because of lack of voluntary blood donors. Immediate measures are required to eliminate myths in the community regarding blood donation in order to encourage voluntary donation.

Today, 62 countries have blood transfusion services based entirely on voluntary blood donation, there were 39 in 2002, according to Melbourne declaration, which calls on countries to achieve 100 % voluntary blood donation by the year 2020, which aims at increasing the voluntary blood donors.

Almost 10,000 deaths were attributed to blood disease in 2008 in India. This include the following, 4800 due to anaemia, 1800 due to coagulation defects, 800 due to purpura, 2500 due to other disease, in 2008 blood disease cost the nations economy $10 billion.

Blood Donation Statistics shows, in the year 2010, Karnataka Only 52% of voluntary blood donation is achieved. In every 100 patients entering the hospital, 7 patients needs blood. Females are receiving about 53% and males are receiving about 45% of blood transfusion. About 15% of non-donors have never thought of donating. Everyday more than 38,000 blood donations are needed. If all blood donors donate blood thrice in a year, then blood shortages would be a rare event. A single victim of a car accident would require about 100 units of blood. Most of the cancer patients need blood on a daily basis during their treatment. The need of blood comes at an interval
Need of Blood Donation: Many people consider the right to receive blood when needed, but don’t often consider the responsibility of giving blood to meet patient need. Some areas of the country need more blood than the actual requirement. Most large medical centers transfuse more blood than what is donated by the local residents. Areas with major medical centers and hospitals which serve patients from all over the world always need blood. Why do blood shortages occasionally happen? Unfortunately, people do not donate enough blood to keep up with the needs of patients.

Facts about blood needs: More than 38,000 blood donations are needed every day and one out of every 10 people admitted in a hospital needs blood. Sickle cell disease affects more than 80,000 people in the U.S, 98% of whom are African American. Sickle cell patients require frequent blood transfusions throughout their lives. More than 1 million new people are diagnosed with cancer each year, many of them will be in need of blood, sometimes daily, during their chemotherapy treatment.

A single car accident victim require as many as 100 units of blood. The demand for blood transfusions is growing faster than donations. Blood cannot be manufactured – it can only come from generous donors. Shortages of all blood types usually occur during the summer and winter holidays. All donated blood is tested for HIV, Hepatitis B and Hepatitis C, syphilis and other infectious diseases, before it is released to hospitals. Most donated red blood cells must be used within 42 days of collection. One donation can help save the lives of up to 3 people. Type O-blood is often used in emergencies before the patient’s blood type is known, and with newborns who are in need of blood.

In India less focus is paid on adolescents knowledge regarding blood donation. Adolescence is the period where there is transition from childhood to adulthood inculcating good attitude and knowledge towards blood donation. So the researcher felt to take this study to assess the knowledge and attitude of adolescents regarding blood donation and its benefits to provide essential information regarding blood donation there by encouraging voluntary blood donation among adolescents.

OBJECTIVES OF THE STUDY:
The study objectives are,
1. To assess the knowledge about blood donation and its benefits among adolescent college students.
2. To find out association between knowledge of blood donation and selected demographic variables

HYPOTHESIS:

H$_1$: There will be significant association between knowledge regarding Blood Donation and selected demographic variables.

DELIMITATIONS: The study is delimited
- To adolescent students, studying in selected college.
- Students who know Telugu and English.
- The data collection period of one week only.
- To 100 subjects
- Available at the time of data collection

Materials and Methods

RESEARCH APPROACH: A quantitative research approach was used for the present study.

RESEARCH DESIGN: The descriptive design was adopted to conduct the present study.

Setting of the study: The study was conducted in C.K Junior College, Mangalagiri, Guntur.

Target Population: In this study target population was adolescent students aged between 16-18 years.

Accessible population: In this study population was adolescent students with ages between 16-18 years studying at C.K Junior college both males and females.

Sample: The sample for the present study include
100 adolescent students with ages between 16 to 18 years.

**Sampling technique:** Non probability purposive sampling technique was adopted to assess the level of knowledge regarding blood donation among adolescent students.

**Sample size:** Sample comprises of 100 adolescent students who fulfill inclusive criteria.

**Criteria for sample selection -Inclusion criteria:**
- Between ages 16 to 18 years both male and female
- Studying in the C.K Junior College.
- Able to understand, read & write English.
- Willing to participate.
- Available at the time of data collection.

**Exclusion criteria:** The study excludes the adolescent students who are
- With ages below 16 years above 18 years
- Transgender
- Not studying in C.K Junior College
- Unable to understand, read & write English.
- Not willing for participation
- Not available at the time of data collection.

**Description of tool:** Based on the objectives of the study, the assessment tool was prepared to gather information from the adolescent students. The tool consist of two sections.

**Section-I:** It consists of Demographic characteristics of adolescent students which include the variables of age, sex, Religion, Course of study, Year of study, Total family income per month, Type of family, Place of residence, Fathers Occupation, Type of house and Source of information.

**Section-II:** Included 20 structured questions on knowledge regarding blood donation.

**SCORE INTERPRETATION:**
Total score was 20 each question carries 1 mark for correct answer and zero for wrong answer.

In the present study categorization of knowledge was done based on the scores by classify the subjects in to 3 groups.
- 0 – 50% : Inadequate knowledge
- 51 – 75% : Moderately adequate knowledge
- >75% : Adequate knowledge

**CONTENT VALIDITY:**
The content validity of the tool was obtained from Nursing and Medical experts. The experts were requested to give their opinions and suggestions regarding “adequacy” and “appropriateness” of the study. After obtaining suggestions from the experts, necessary modification was made in the tool. The modified tool was used for the study.

**RELIABILITY OF THE TOOL:**
The reliability of the tool was established by split half method. Obtained ‘r’ value is 0.834. Hence it was statistically determined to be reliable.

**PILOT STUDY:**
Pilot study was conducted among adolescent students (1 year B.Sc Nursing students) at NRI College of nursing, Chinakakani, Mangalagiri. Randomly 10 subjects were selected and assessed for the knowledge with help of questionnaire. Pilot study concluded that it is feasible to conduct on large sample.

**PROCEDURE FOR DATA COLLECTION:**
The data collection procedure was done for a period of 1 week after obtaining formal permission from the head master of junior college, data collection was started. Hundred subjects were selected by using purposive sampling technique. Adolescent students who fulfilled the inclusion criteria were included in this study after obtaining informed consent from them and the confidentiality of shared information was assured. For the present study structured questionnaire was used to collect data, 30 minutes was given to complete the questionnaire. Data collection was closed by thanking the participants.
Results: The data was tabulated analyzed and interpreted. The data obtained was mainly classified into sections;

**SECTION - I:** It deals with frequency and percentage distribution of Demographic characteristics of the adolescent students.

**Section - II:** Level of knowledge regarding blood donation among adolescent.

**SECTION - III:** It consists of Mean and standard deviation of knowledge scores of adolescent students regarding blood donation.

**SECTION - IV:** The association between knowledge scores regarding blood donation with the selected variables.

**Socio Demographic:** In relation to age, 37 (37%) are between 17 - 18 years and 21 (21%) are between 16 - 17 years of age. In relation to sex 63 (63%) were females. In relation to religion, 46 (46%) were Hindus, 29 (29%) were Muslims.; regarding Course of study 70 (70%) were in Bi.PC and, 14 (14%) were in M.P.C and pertaining to family income per month 57 (57%) earn Rs.3000/- per month and 28 (28%) earn Rs 3001-6000/- per month and 62(62%) belong to nuclear family and 38 (38%) belong to joint family and pertaining to place of residence 67 (67%) reside in urban area and 33 (33%) reside in rural area and regarding occupation 33(33%) were government employees and 29 (29%) were business men and regarding source of information 70 (70%) obtained from mass media, 14 (14%) from magazines.

**Section II:**

**TABLE-1: KNOWLEDGE SCORES OF ADOLESCENT STUDENTS ON BLOOD DONATION.**

<table>
<thead>
<tr>
<th>Knowledge Score</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Average</td>
<td>71</td>
<td>71</td>
</tr>
<tr>
<td>Average</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>Above Average</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

**TABLE- 2**

**MEAN AND STANDARD DEVIATION**

Mean and standard deviation were used to analyze knowledge on blood donation among the adolescent students studying in selected college, Mangalagiri, Guntur district, Andhra Pradesh.

<table>
<thead>
<tr>
<th>S.No</th>
<th>Variable</th>
<th>Mean (X)</th>
<th>Standard Deviation (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Knowledge</td>
<td>15.52</td>
<td>6.8</td>
</tr>
</tbody>
</table>

The data presented in the table 2 shows that mean knowledge is 15.52 and Standard deviation is 6.8.

**TABLE-3: Association of demographic variables of adolescent students with the knowledge on blood donation.**

<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</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</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>16-17 yrs</td>
<td>21</td>
<td>21</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>b)</td>
<td>17-18 yrs</td>
<td>37</td>
<td>37</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>c)</td>
<td>18-19 yrs</td>
<td>11</td>
<td>11</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>d)</td>
<td>19-20 yrs</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.</td>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td>Male</td>
<td>8</td>
<td>8</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>b)</td>
<td>Female</td>
<td>63</td>
<td>63</td>
<td>23</td>
<td>23</td>
</tr>
</tbody>
</table>

Narayana Nursing Journal (Vol-6; Issue-1)  Love For Care
TABLE-3 reveals that there was no significant association between level of knowledge and demographic variable such as age, sex, year of study, and however the demographic variable course of study showed significant association with level of significance p<0.05.

RECOMMENDATIONS:
Based on the findings, the following recommendations are proposed for future research.
- The study can be conducted in a large sample.
- A study can be done to assess the effectiveness of structured teaching programme on blood donation.

CONCLUSION:
- The following conclusion are drawn from the study majority (71%) of adolescent students had inadequate knowledge and 26% had moderately adequate knowledge and 3% had adequate knowledge. The level of knowledge was influenced by background variable i.e., course of the study. Hence the research hypothesis was rejected.

BIBLIOGRAPHY:
A study to assess the psychological problems of mothers with mentally challenged children in selected special schools at Tirupati

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Assistant Professor,  
Dept. of OBG,  
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ABSTRACT:  
Background: All parents wish for a healthy baby but some parents through not by their choice are gifted with mentally retarded child. Some are able to cope up with such a situation and some experience psychological stress. Mothers of mentally challenged children showed more psychological distress like (denial, shock, anger, grief, guilt, embarrassment, depression, with drawl, ambivalence and fear of stigma) than other member in their families, as they are the primary caregivers for their children.  
Aim: The present study was aimed to assess the psychological problems of mothers with mentally challenged children in selected special schools at Tirupati.  
Methodology: A descriptive survey approach was adopted for the present study. The samples were selected by using Non-Probability purposive sampling. 100 mothers of mentally challenged were selected for the present study. Data was collected with the help of following tool Proforma for demogrophic variables and self administered rating scale to assess the psychological problems.  
Results: Collected data was analyzed by using descriptive and inferential statistics. The results of the present study revealed that majority of the mothers were having moderate psychological problem. There was a significant association between the level of hopelessness and their age at PL 0.05 had and it was found not significant with other variables. There as no significant association found between the level of helplessness, sadness, social isolation and agitation of mothers with mentally challenged children and their selected personal variables.  
Conclusion: Mothers with mentally challenged children were having moderate psychological problems. Caring a mentally challenged child can produce great stress and a sense of imbalance in the mental health especially for mothers. Thus these mothers are in need of a wide range of support and educational programs that offer broad information about mental retardation along with therapeutic and effective strategies to address these stressors, improve their mental health and prevention of psychological problems.  
KEYWORDS: Mothers with mentally challenged children and Psychological problems.
BACKGROUND OF THE STUDY: Mentally challenged condition of a child is not a disease. It is a condition of mental deficiency, a state of incomplete mental development of such a kind and degree that the individual is incapable of adapting himself to the normal environment of his fellows in such a way as to maintain existence independently of supervision, control or external support (Tredgold, 1937).

Raising a child who is mentally challenged requires emotional strength and flexibility. The child has special needs in addition to the regular needs of all children, and parents can find themselves overwhelmed by various medical, care giving and educational responsibilities. Whether the special needs of the child are minimal or complex, the parents are inevitably affected. Support from family, friends and the community or paid caregivers is critical to maintaining balance in the home.

Parents of mentally challenged children commonly experience a gamut of emotions over the years. They often struggle with guilt. Parents may feel as though they some how caused the child to be disabled, whether from genetics, alcohol use, stress, and other logical or illogical reasons. This guilt can harm the parent’s emotional health if it is not dealt with. Some parents struggle with “why” and experience a spiritual crisis or blame the other parent. Most parents have aspirations for their child from the time of her birth and can experience severe disappointment that she will not be president, these parents must deal with the “death” of the perfect child who existed in their minds and learn to love and accept the child they have. Occasionally, parent feels embarrassed or ashamed that their child is mentally disabled.

Research has shown that the best place for children with mentally challenged to grow in their own families, where they can be nurtured with appropriate stimulation. Therefore services should be organized so that the families are supported, strengthened & empowered to look after their affected member. It should also be recognized that families are not just recipients of services but care-providers as well. In other words, they are partners in care.

NEED FOR THE STUDY
Nearly 83 million of the world’s population is estimated to be mentally challenged, with 41 million having longterm or permanent disability. It Ranks fourth in the list of leading causes of disability. The overall prevalence of mentally challenged children is between 1-3%. It is more common in developing countries because of the higher incidence of injuries and anoxia around birth, and early childhood brain infections. Population studies have shown that overall prevalence of mild to severe mentally challenged ranges from 2.5 to 5 per thousand.

In a survey in the general population in India, it is found that around 2% are mentally challenged whereas it is estimated about 3% among children under 18yrs of age. Mild mentally challenged are much more common than severe. Mentally challenged accounts for 65-75% of all cases. It has been found that mild mentally challenged is more common in rural areas, & in low income groups.

M. R. Ali, Adnan Al-Shatti, A. Khaleque (1994) conducted a study to assess the personality characteristics and psychological problems of parents of mentally retarded children. Seventy six parents, whose mean age was 42.12 yr with SD 10.15, 38 of
mentally retarded and 38 of normal children were investigated. Personality Questionnaire was used to measure the psychoticism, neuroticism and extraversion-introversion responses of the parents. Results showed that parents of mentally retarded children had significantly higher scores only on the neuroticism scale, indicating that they were more emotionally unstable than the parents of normal children. The findings were discussed in terms of certain constraining factors associated with having a mentally retarded child. After the study the researchers concluded that the parents of mentally challenged children have some disability which indicate the need of some psychotherapy programmes which is helpful for giving good care to the mentally challenged children and also to reduce the stress.

Grove N., Pring T (2007) conducted a study on evaluation of an intervention system for parents of children with intellectual disability and challenging behavior, among 115 families in Japan. During educational program signpost material such as information booklets, a workbook, videotape for parents and a series of educational programs were delivered to the parents. On post-test 80% of the subjects reported that they felt more efficacious about managing their child’s behavior and reported high levels of satisfaction with the delivery of the material and educational programmes. So it is concluded that the education for the parents of mentally challenged children who is having disabilities in managing their child is more effective.

From above studies it is clear that there is need of some therapies or concealing programmes in heightening the parent’s knowledge on mental health issues and their impacts. Special psychotherapy should be given to the parents of mentally challenged children who are having disability in management of their children regarding the factors which contributes to mental illness. It is being the crucial period of life they are in need of awareness about the triggers which may lead to mental illness.

The global burden of diseases indicate that by the year 2020 childhood neuropsychiatric disorder will increase by more than 50% internationally become one of the 5th most common causes of morbidity, mortality and disability among children in the world. Every year more than 1,25,000 infants are born who will be diagnosed as mental retardation.

OBJECTIVES:
1. To assess the psychological problems of mothers with mentally challenged children.
2. To find the association between the level of helplessness, hopelessness, sadness, social isolation and agitation of mothers with mentally challenged children and their selected personal variables.

HYPOTHESES:
H1: There will be significant association between the level of helplessness, hopelessness, sadness, social isolation and agitation of mothers with mentally challenged children and their selected personal variable.

MATERIAL AND METHODS:
Research approach:
Quantitative approach.
Research design:
Descriptive research design
Variables of the study:
Research variable: Psychological problems
Selected Personal variables:
Age, religion, education, type of family, family monthly income, duration of disability of child and place of residence.

Sources of data:

Setting of the study:
The study was conducted in Institute of Hearing and Speech in Tirupathi.

Population of the study:
In the present study population comprises of mothers with mentally challenged children.

Sample and Sampling:
The sample of present study comprised with mentally challenged children. In the present study 100 samples were selected.

Sampling technique:
Non propability purposive sampling technique was used for the selection of the sample.

DATA COLLECTION TECHNIQUES AND INSTRUMENTS:

Description of tool:
Based on the review of literature the following tool were developed:

Section A: proforma for selected personal variables of mothers with mentally challenged children:
It includes age, religion, education, type of marriage, occupation, number of children, type of family, family monthly income, duration of disability of child and place of residence.

Section B: Self administered rating scale to assess the psychological problems of mothers with mentally challenged children:
Psychological problems rating scale was used to assess the psychological problems of mothers with mentally challenged children. The rating scale includes feeling of helplessness, hopelessness, sadness, social isolation, and agitation. Three point rating scale consists of 50 questions and each are having three options and the participants are requested to choose one among the options out of 50 items (2, 4, 5, 6, 7, 8, 9, 11, 16, 17, 18, 21, 22, 23, 25, 29, 33, 35, 37) were positive items were graded as follows most of times (0), sometimes (1) and never (2) and remaining 31 items (1, 3, 10, 12, 13, 14, 15, 19, 20, 24, 26, 27, 28, 30, 31, 32, 34, 36, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50) were negative items were graded as follows Most of the times (2), sometimes (1) and never (0).

The total score was 100, which is further divided arbitrarily as follows:

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 25</td>
<td>No psychological problem</td>
</tr>
<tr>
<td>26 – 50</td>
<td>Mild psychological problem</td>
</tr>
<tr>
<td>51 – 75</td>
<td>Moderate psychological problem</td>
</tr>
<tr>
<td>76 – 100</td>
<td>Severe psychological problem</td>
</tr>
</tbody>
</table>

RESULTS:

Section – 1
Description of selected personal variables of mothers with mentally challenged children:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Sample characteristics</th>
<th>Fre</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age in years</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. 20 – 30</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>b. 31 – 40</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>c. 41 – 50</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>2.</td>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Hindu</td>
<td>73</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>b. Muslim</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>c. Christian</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>d. Others</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
The data presented in Table 2 shows that majority 53(53%) mothers of mentally challenged children were having moderate psychological problem and 32(32%) were having mild psychological problem and 15(15%) mothers of mentally challenged were having severe psychological problem.

**Table – 3: Association between the level of hopelessness of mothers with mentally challenged children and their selected personal variables.**

<table>
<thead>
<tr>
<th>Sample characteristics</th>
<th>Mild hopelessness</th>
<th>Moderate/severe hopelessness</th>
<th>Chi square value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age in years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. 20 – 30</td>
<td>29</td>
<td>31</td>
<td>4.430*</td>
</tr>
<tr>
<td>b. 31 – 50</td>
<td>11</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>2. Religion</td>
<td></td>
<td></td>
<td>0.008</td>
</tr>
<tr>
<td>a. Hindu</td>
<td>29</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>b. Others</td>
<td>11</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>3. Education</td>
<td></td>
<td></td>
<td>0.027</td>
</tr>
<tr>
<td>a. Primary</td>
<td>18</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>b. SSLC and above</td>
<td>22</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>4. Type of marriage</td>
<td></td>
<td></td>
<td>0.429</td>
</tr>
<tr>
<td>a. Consanguineous</td>
<td>20</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>b. Non Consanguineous</td>
<td>20</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>5. Occupation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. House wife</td>
<td>36</td>
<td>58</td>
<td>1.891#</td>
</tr>
<tr>
<td>b. Private/Government</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>6. Number of children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. 1</td>
<td>21</td>
<td>20</td>
<td>3.645</td>
</tr>
<tr>
<td>b. 2 and above</td>
<td>19</td>
<td>40</td>
<td></td>
</tr>
</tbody>
</table>
The data represented in the Table 3 shows that the computed chi-square value is found to have significant association between age and level of hopelessness at 0.05 level of significance and it was found to be non significant for other variables. Hence research hypothesis $H_{01}$ is partially accepted.

There is no significant association between the level of helplessness, sadness, social isolation and agitation of mothers with mentally challenged children and their selected personal variables.

**CONCLUSION:**

The results of the study revealed that majority of the mothers were having high helplessness, moderate hopelessness, mild sadness, high social isolated and severe agitation. Computed chi-square values were found significant association between the level of hopelessness and their age at 0.005 level of significance and it found not significant with other variables. there is helplessness, sadness, social isolation and agitation of mothers with mentally challenged children and their selected personal variables.

Thus it was concluded that mothers with mentally challenged children were having moderate psychological problems.

**REFERENCES**

Effectiveness of structured teaching programme on level of knowledge regarding dengue fever among women at selected rural areas, Nellore.

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**Abstract:** Dengue is a mosquito-borne viral infection, transmitted to humans by the bite of infected females of the main vector Aedes aegypti and to lesser extent Aedes albopictus mosquitoes. Severe dengue is a potentially deadly complication due to plasma leaking, fluid accumulation, respiratory distress, severe bleeding, or organ impairment. For the effective health education strategy the present study was conducted to assess the effectiveness of structured teaching programme on dengue fever among women. **objectives:**

1. To assess the Pre and post test level of knowledge on Dengue fever among women 2. To determine the effectiveness of Structured teaching programme on level of knowledge regarding Dengue fever among women 3. To associate the Pre test and Post test level of knowledge on Dengue fever among women with their selected socio demographic variables. **Methodology:** An Evaluative study by using pre experimental one group pre test and post test design was used, a sample size of 100 women’s were selected by using simple random Sampling technique, Semi structured questionnaire were used to assess the pre test level of knowledge among women on Dengue fever and an Structured teaching programme was given and post test level of knowledge was assessed. **Results:** – Paired ‘t’ test value was 40.125 at p<0.05. **Conclusion:** The study revealed that women were improved their knowledge with Structured teaching programme on dengue fever so the research hypothesis was accepted and null hypothesis was rejected. **Key words:** Dengue fever, knowledge, women, structured teaching programme.

**Background of the study**

Mosquito borne diseases are the wide spread existing among all races and in all part of the world. It is found in any location where the disease bearing mosquitoes exist. And it is no respecter of age, race, and color. Its incidence is highest in regions favoring the development of mosquitoes. Dengue is a mosquito-borne viral infection, transmitted to humans by the bite of infected females of the main vector Aedes aegypti and to lesser extent Aedes albopictus mosquitoes. Severe dengue is a potentially deadly complication due to plasma leaking, fluid accumulation, respiratory distress, severe bleeding, or organ impairment. There is no specific treatment for dengue/ severe dengue, but early detection and access to proper medical care lowers fatality rates. Dengue prevention and control depends on effective vector control measures. A dengue vaccine has been
licensed by several National Regulatory Authorities for use in people 9-45 years of age living in endemic settings. In 2013, India’s national vector borne diseases control programme reported that the country had experienced an annual average of 20,474 dengue cases and 132 dengue-related deaths since 2007.

According to A.P Sharma (2010), Sri Sai Chaitanya Hospital, Andhra Pradesh, in a cluster study of 113 patients, 52 cases (46%) were malaria, 26 cases (26.6%) were dengue and 35 cases (30.9%) other mosquito borne disease. The prevalence rate was increased fourfold since 1970. The SPR has also known a decline in the country from 3.51 in 2001 to 1.60 in 2010. The cases has gradually increased from 38.8% in 2001 to nearly 50% in 2010 and about 41.9 per cent of the 1.3 billion people at risk.

According to WHO (2014) The incidence of dengue has grown dramatically around the world in recent decades. One recent estimate indicates 390 million dengue infections per year (95% credible interval 284–528 million), of which 96 million (67–136 million) manifest clinically (with any severity of disease).

Daude e, Mazumdar S, Solanki V (2015) conducted study on knowledge and practices related to dengue fever among the poor population living in Delhi’s slums. A household survey was conducted in 2013 among 3,350 households. The households were stratified by a number of variables related to socio-economic status and health events such as hospitalization. The data collection was completed through face-to-face interviews conducted with the help of 25 field investigators. The results shows that About 8% of the households had at least one diagnosed dengue case. In comparison to the population surveyed, teenagers (15-19 years) and women (30-34 years) were more affected whereas children under four years of age were underrepresented. Housewives are more affected by dengue (24%) compared to their share of the population surveyed (17%). Despite the fact that 77% of the respondents are worried about mosquitoes, only 43% of them monitor environment to avoid the presence of breeding sites.

So the researcher interested to conduct present study to determine the effectiveness of structured teaching programme on level of knowledge on dengue fever among women in selected villages, Nellore.

Statement of the problem
A study to assess effectiveness of structured teaching programme on level of knowledge regarding dengue fever among women at selected rural areas, Nellore

Objectives
1. To assess the pre test and post test level of knowledge on dengue fever among women.
2. To determine the effectiveness of structured teaching programme on level of knowledge regarding dengue fever among women.
3. To associate the pre test and post test level of knowledge on dengue fever among women with their selected socio demographic variables.

Operational definitions
Dengue fever: Refers to the mosquito borne disease caused by mosquito bite, it is a self-limiting, nonspecific illness characterized by fever, headache, myalgia.

Women: refers to the women between the age group of 20-35 years.

Effectiveness: refers to gain the knowledge as determined by significant difference in pre test and post test knowledge score on dengue fever.

Structured teaching programme: Refers to a material used for teaching for women on dengue fever
which is prepared and intended to provide information (or) knowledge.

**Materials and Methods:** An evaluative study by using pre experimental one group pre test and post test design was used to conduct the study in selected rural areas Dakkilivaripalem, Thotapalli guduru, Kamakshinagar in Nellore District, Andhra pradesh. A sample size of 100 women was selected by using simple random Sampling technique. Permission was obtained from the research committee of Narayana Medical College. The informed consent was taken from the women who are willing to participate in this study. Semi structured questionnaire were used to assess the pre test level of knowledge among women on Dengue fever and an Structured teaching programme was provided and post test level of knowledge was assessed.

**Data Analysis:**

**Plan for Data Analysis** was done based on the objectives of the study by using Descriptive and Inferential Statistics.

**Table.1 Plan for data analysis**

<table>
<thead>
<tr>
<th>SNo</th>
<th>Data Analysis</th>
<th>Method</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Descriptive statistics</td>
<td>❖ frequency and percentage distribution</td>
<td>❖ Distribution based on demographic variables of women.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>❖ Mean and standard deviation</td>
<td>❖ To assess the Pre and post test level of knowledge on Dengue fever among women.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❖ To determine the effectiveness of Structured teaching programme on Dengue fever among women.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>❖ Paired t-test</td>
<td>❖ To associate Pre test level of knowledge on Dengue fever among women with their selected socio demographic variables</td>
</tr>
<tr>
<td></td>
<td></td>
<td>❖ chi-square test</td>
<td></td>
</tr>
</tbody>
</table>

**Criteria for selection of the sample:**

**Inclusion criteria:** The women who are in selected villages. The women who are willing to participate in the study.

**Exclusion criteria:** The women who does not know Telugu or English. The women who are not available at the time of data collection.

**Tool for data collection**

The tool consists of 3 parts

**Part-1:** Demographic variables of women like Age, Marital status, Education, Occupation, Family Income per Month, Religion, Source of Information.

**Part-2:** Semi structured questionnaire to assess the level of knowledge among Women on Dengue fever it consist of 39 items.

**Part-3** Structured teaching programme on Dengue fever.
### Results

Table - 2: Demographic characteristics of women by frequency and percentage distribution

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Demographic variables</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age of women</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a 20-25 Years</td>
<td>52</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>b 26-30 Years</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>c 31-35 Years</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>2</td>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Married</td>
<td>86</td>
<td>86</td>
</tr>
<tr>
<td></td>
<td>b Separated</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>3</td>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Primary Education</td>
<td>72</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>b Secondary Education</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>c Graduate and above</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>Occupation status</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Housewife</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>b employee</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>c Self employee</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>d Professional</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Family income per month</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Rs. &lt;5000</td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>b Rs. 5001-7000</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>c Rs. 7001-9000</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>d Rs. &gt;9000</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>6</td>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Hindu</td>
<td>62</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>b Muslim</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>c Christian</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>7</td>
<td>Source of Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Mass Media</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>b Anganwadi</td>
<td>48</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>c Health personal</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>d Family and Relatives</td>
<td>22</td>
<td>22</td>
</tr>
</tbody>
</table>

The presented data in Table 2 shows that among 100 women majority of the women 52(52%) belong are between 20-25years, majority completed their primary education 72(72%), 86(86%) were got married and 14(14%) were separated. 76(76 %) were House wives, 46(46%) women’s Family monthly income was < Rs 5000. Majority of women belong to Hinduism 62(62%), Out of 100 women 78(78%) belong to nuclear family. 48(48 %) heard about Dengue fever from Anganwadi workers.

Table-3. Frequency and percentage distribution of pre test and post test level of knowledge among women on Dengue fever

<table>
<thead>
<tr>
<th>Knowledge Level</th>
<th>Knowledge Scores</th>
<th>Pretest</th>
<th>Post test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate</td>
<td>50 %</td>
<td>68</td>
<td>05</td>
</tr>
<tr>
<td>Moderate</td>
<td>51-75 %</td>
<td>32</td>
<td>36</td>
</tr>
<tr>
<td>Adequate</td>
<td>&gt; 75 %</td>
<td>0</td>
<td>59</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 3 revealed that out of 100 women in pre test 68 (68%) women had inadequate knowledge regarding Dengue fever, 32 (32%) women had moderately adequate knowledge where as in post test 59 (59%) women had adequate knowledge and 36(36%) women had moderately adequate knowledge.

![Figure 1: Frequency and percentage distribution of pre and post test level of knowledge among women on Dengue fever](image-url)

Frequency and percentage distribution of pre and post test level of knowledge among women.
Table: 4 Comparison of Mean and Standard Deviation with paired t test in pre and post test knowledge on Dengue fever among women.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Test</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>Paired ‘t’ test</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pre test</td>
<td>13.64</td>
<td>3.07</td>
<td>40.125</td>
</tr>
<tr>
<td>2</td>
<td>Post test</td>
<td>38.5</td>
<td>4.34</td>
<td>Table value 2.00 d.f. 59 Sign at p&lt;0.05 level</td>
</tr>
</tbody>
</table>

Table 4 Shows that the pre test and post test data analysis revealed that the mean post score (38.5) was higher than the mean pre test score (13.64). Paired ‘t’ test value was 40.125 at p<0.05. The study results revealed that women were improved their knowledge with Structured teaching programme.

There was a statistically significant association between pre test level of knowledge and demographic variables of women such as age, educational status, monthly income and type of family and there was no statistically significant association with marital status, Occupation, religion and source of health information at 0.05 level.

**Discussion:** The study was conducted to determine the effectiveness of structured teaching programme on dengue fever among 100 women in selected villages Nellore. Majority of the women 52(52%) are between 20-25 years, majority of women completed their primary education 72(72%), 86(86%) were got married and 14(14%) were separated. 76(76 %) were House wives. 100 women in pre test 68 (68%) women had inadequate knowledge where as in post test 59 (59%) women had adequate knowledge. The study revealed that women were improved their knowledge with Structured teaching programme. So the research hypothesis was accepted and null hypothesis was rejected.

**Implication of the study**
- Health education program can be used to reinforce learning needs of the women on dengue fever.
- Students can be motivated to teach women about the control and prevention of dengue fever in the wards and community settings.
- Varied type of audio-visual aids regarding dengue fever should be prepared for teaching purpose.
- In-service and continuing education programs may be conducted for the staff to enhance the knowledge on dengue fever.

**References**
Knowledge regarding changes during pregnancy among husbands in Narayana Medical College Hospital, Nellore.

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ABSTRACT

Background: Pregnancy is the biggest physiological heaven in women’s life from the moment of conception, significant physiological changes occur in the expectant mother’s body that are necessary to support and nourish the fetus, to prepare her for child birth and lactation and maintain her health. Husbands of pregnant mothers should possess adequate knowledge regarding pregnancy changes so as to effectively manage the pregnancy and to prevent the complications. Aim: The aim of the study was to assess the knowledge regarding Changes during Pregnancy among Husbands. Objectives: 1. To assess the knowledge regarding changes during pregnancy among husbands. 2. To associate the level of knowledge regarding changes during pregnancy among husbands with their selected socio-demographic variables. Methods: A quantitative approach with descriptive design, 30 antenatal mother’s husbands were selected by using Non-probability convenience sampling technique. Results: Study revealed that, among 30 samples, 1(3.3%) had A+ grade, 1(3.3%) had A grade, 2(6.7%) had B+ grade, 2(6.7%) had B grade, 10(33.3%) had C grade and 14(46.7%) had D grade. Conclusion: This study concluded that, majority of antenatal mothers husbands were had inadequate knowledge regarding Changes during Pregnancy. Key Words: Changes during Pregnancy, Husbands of pregnant mothers.

INTRODUCTION

“Pregnancy itself is a healthy, normal occurrence. Humans unfortunately are the only species with the ability to worry about it”

Pregnancy is the biggest physiological heaven in women’s life from the moment of conception, significant physiological changes occur in the expectant mother’s body that are necessary to support and nourish the fetus, to prepare her for child birth and lactation and maintain her health. Early changes are due to the metabolic demands brought by the fetus, placenta and uterus and due to the increasing levels of pregnancy hormones such as progesterone and estrogen. Although physiological changes that occur with pregnancy are extensive they are also temporary when pregnancy ends, the woman’s body returns virtually to its pre-pregnant state from a physiologic stand point. It is fortunate that the pregnancy is nine months long because this gives fetus time to mature and be prepared for life outside the protective uterine environment.
NEED FOR THE STUDY

According to World Health Organization (2012) approximately 44% million pregnancy occurs in each year in the world. In 2012 699,202 legal pregnancies were reported. The worldwide 23 million pregnancies that occurs in developing countries.

KANTA BUMARI (2012): Conducted a cross sectional study to determine the knowledge and participation of men in maternal health care and assess their attitude towards the pregnant women in Madurai. The structured questionnaires methods were to update the data. The sample size is 232 husbands of pregnant mothers. These study concludes that 61% of participants had not aware of the changes in pregnancy, 44% of the men are knew that the changes during pregnancy.

STATEMENT OF THE PROBLEM

A Study to Assess the Knowledge Regarding Changes during Pregnancy among Husbands in Narayana Medical College Hospital, Nellore.

OBJECTIVES

❖ To assess the knowledge regarding changes during pregnancy among husbands.
❖ To associate the level of knowledge regarding changes during pregnancy among husbands with their selected socio- demographic variables.

ASSUMPTIONS

The husbands of pregnant mothers may have some knowledge regarding changes during pregnancy.

DELIMITATIONS

❖ The husbands of pregnant mothers who are admitted in Narayana Medical College Hospital.
❖ One week data collection period only.
❖ A sample of 30 husbands of pregnant mothers.

MATERIALS and METHODS

Research Approach:

A quantitative research approach was utilized to assess the knowledge regarding changes during pregnancy among husbands in NMCH, Nellore.

Research Design:

The descriptive research design was chosen as appropriate method for this study.

Setting of The Study:

The study was conducted in NMCH, Nellore.

Target Population:

The target population of the study includes all the husbands of pregnant mothers.

Accessible Population:

The population for the present study includes the husbands of pregnant mother in NMCH, Nellore.

Sample:

The sample for the present study includes all the husbands of pregnant mothers who fulfill the inclusion criteria in NMCH, Nellore.

Sampling Technique:

Non probability convenience sampling technique was used to select the samples.

Sample Size;

The sample size for the present study was 30 husbands of pregnant mothers admitted in NMCH, Nellore.

Criteria For Sample Selection:

Inclusion Criteria:

❖ Husbands of pregnant mothers who are willing to participate in the study.
❖ Husbands of pregnant mothers who knows to read and write Telugu or English.

Exclusion Criteria:

❖ Husbands of pregnant mothers who are not willing to participate in the study.
❖ Husbands of pregnant mothers who do not know to read and write Telugu or English.

Variables of the Study:

Research variables: Knowledge regarding changes during pregnancy.
Demographic variables: The demographic variables such as age, educational status of husbands, occupation, family income, type of family, place of residence, source of information regarding changes during pregnancy.

RESULTS & DISCUSSION
Table -1: Frequency and percentage distribution of level of knowledge regarding changes during pregnancy among husbands. (n=30)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>A</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>B+</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>B</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>C</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>D</td>
<td>14</td>
<td>46.7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Table-1: shows that level of knowledge regarding changes during pregnancy. Among 30 husbands, 1(3.3%) had A+ grade, 1(3.3%) had A grade, 2(6.7%) had B+ grade, 2(6.7%) had B grade, 10(33.3%) had C grade and 14(46.7%) had D grade.

Fig -1: Percentage distribution knowledge regarding changes during pregnancy among husbands.

Table -2: Mean and standard deviation of knowledge regarding changes during pregnancy among husbands. (N=30)

<table>
<thead>
<tr>
<th>Category</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of knowledge</td>
<td>15.4</td>
<td>3.55</td>
</tr>
</tbody>
</table>

Table - 2: shows that the mean knowledge score of husbands is 15.4 and standard deviation is 2.95.

Table -3: Association between the levels of knowledge regarding changes during pregnancy and the selected demographic variables of husbands. (n=30)

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>A+</th>
<th>A</th>
<th>B+</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>Chi square</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
<td>%</td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>Family income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. &lt;5000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>b. 5001-7000</td>
<td>1</td>
<td>3.3</td>
<td>1</td>
<td>3.3</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>c. 7001-9000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>d. 9001-11000</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>3.3</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>e. &gt;11000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>3.3</td>
<td>1</td>
</tr>
</tbody>
</table>

Regarding family income in rupees the calculated value is 31.74 and the table value is 31.41. The calculated value is greater than the table value. Hence there is significant association between family income and level of knowledge.

MAJOR FINDINGS OF THE STUDY
Description of socio demographic variables among husbands:

Among all the participants, 50% of them were in 20-25 years of age, 36.7% of them were graduates, 50% were private employees, 33.3% of them earns Rs>11000, 66.7% are living in urban area, 56.7% are from joint families and 50% of them got information from health care professionals regarding changes during pregnancy.
Knowledge level regarding changes during pregnancy among husbands of pregnant mothers.

- The study showed that, among 30 husbands of pregnant mothers 1(3.3%) had A+ grade, 1(3.3%) had A grade, 2(6.7%) had B+ grade, 2(6.7%) had B grade, 10(33.3%) had C grade and 14(46.7%) had D grade.

- Husbands of pregnant mothers mean knowledge score is 15.4 and standard deviation is 3.55.

Association between the Level of Knowledge and Socio Demographic Variables among Husbands.

The study revealed that, among all the demographic variables, only Family income had significant association between level of knowledge at P<0.05 level. Whereas the other variables like Age, Education, Occupation, Residence, and Source of information had no significant association with level of knowledge.

RECOMMENDATIONS: On the basis of the findings of the study recommendations are,

- A similar study can be replicated as a large sample to generalize findings in different settings.
- An experimental study can be conducted to assess the knowledge regarding changes during pregnancy.
- Health education, booklets, leaflets can be given to the husbands of pregnant mothers who are able to read in local language regarding changes during pregnancy.

CONCLUSION: The study revealed that, majority of husband's of pregnant mother had inadequate knowledge regarding changing during pregnancy.

BIBLIOGRAPHY


JOURNALS REFERENCE

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COLOR THERAPY – AN OUTLINE

“All forms of matter are really light waves in motion”.
-Albert Einstein.

In Color there is life. To understand this power, is living. Color would very well be the most magnificent experience we take for granted. Look around, it is everywhere, surrounding and embracing us. We interpret life as much through color as we do shape, texture and sound. The truth is, the power of color is the very essence of life.

Color Therapy is a Complementary therapy for which there is evidence dating back thousands of years to the ancient cultures of Egypt, China and India. Color is simply light of varying wavelengths, thus each color has its own particular wavelength and energy.

COLOR THERAPY MEANING: Color therapy and healing also known as chromotherapy or light therapy is a type of holistic healing that uses the visible spectrum of light color to affect a person's mood and Physical or mental health. Each color falls into a specific frequency and Vibration, which many believe contribute to specific properties that can be used to affect the energy and Frequency within our bodies.

WHAT IS COLOUR THERAPY USED FOR?
Color Therapy is an area of holistic methodology that uses light and color to:

- Treat illness and disorder.
- Alleviate Physical ailments and Pain.
- Address Mental and Emotional conditions.
- Prevent and Illness and maintain good health.

As well as being used for those specific problems, color therapy balances energy and restores vitality throughout the body, helps relaxation and meditation, aids awareness, Inspiration and Protection; lifts spiritual awareness; and helps one to understand their needs for certain colors. By absorbing and altering the color that surround us, we can alter our state of health & imbalances. The attributes and qualities of each color cause a shift in energy and this aids in restoring the body to good health.

HOW COLOR AFFECT US?

- Color is one of the language of the soul, just look at inspired or meditative painting.
- They influence our mood & emotions.
- They have their impact on our sense of well being or un-easiness.
- Using and avoiding certain color is a way of self-expression, it sheds light on our personality.
- Colors affect our way of perception (light color make a space look big, a high ceiling looks less high when painted in a dark Color etc.,)
- Color have a symbolic meaning which is immediately recognized by our subconscious. It must be said that not all colors mean the same to all persons and all cultures.
- They influence the flow and amount of energy in our bodies.
- Colors tell something about biological attraction and sexual availability.
Using Colours in the home
When using colour in the home environment, we all have our own personal choice. Particular colour choice though can help towards providing a specific ‘feeling’ for a space. Below we have put together some suggested uses of colour in the home, workplace and other various environments, and the effects these colours can produce.

Violet colour effects:-
- Calming for body and mind.
- Good for meditation and prayer.
- Enhances purpose and dignity.
- Heightens our awareness and helps us to give of our very best.
- Purifying.

Suggested Areas of Use for the colour Violet
- Places of worship
- Entry areas to clinics and hospitals
- Festival areas
- Pale violet in bedrooms

Indigo colour effects:-
- Sedative
- Helps to open up our intuition
- The colour of divine knowledge and the higher mind.

Suggested Areas of Use
- Not suitable for areas for entertainment but for more ‘quiet’ places
- Bedrooms
- Treatment rooms
- Some people find indigo is helpful for studying so this colour could be used as part of the decor of a library or study.

Blue colour effects:-
- Calming, relaxing and healing.
- Not as sedating as indigo. Also the colour of communication.

Suggested Areas of Use
- Any rooms except those used for physical activity or play.

Green colour effects:-
- Balancing, harmonising and encourages tolerance and understanding.

Suggested Areas of Use
- Depending upon the shade, can be used for most areas
- Use with other colours/colour as well to avoid the balance and harmony becoming more like total inactivity and indecision.

Yellow colour effects:-
- Stimulates mental activity
- Promotes feeling of confidence
- Helpful for study as it helps us to stay alert.

Suggested Areas of Use
- Activity rooms
- Entrance halls
- Not for bedrooms as yellow can interfere with sleep since it tends to keep our minds “switched on”.
- Not ideal for areas of possible stress.

Orange colour effects
- Warming and energizing
- Can stimulate creativity
- Orange is the colour of fun and sociability.
Suggested Areas of Use
- Any activity area and creative areas
- Not ideal for bedrooms or areas of possible stress.

Red colour effects
- Energizing, exciting the emotions
- Stimulates appetite.

Suggested Areas of Use
- Any activity area but red needs careful choice of tone and depth and the space in which it is to be used as it can make a space look smaller and can be claustrophobic or oppressive. However, used well, red and its variations can make a space feel warm and cosy. Often used in restaurants.

Magenta colour effects
- Magenta is the eighth colour in the colour spectrum and is a combination of red and violet, thus it combines our earthly self and spiritual self, thus balancing spirit and matter.

- It is uplifting and helps us to gain a feeling of completeness and fulfillment.

Suggested Areas of Use
- Lecture spaces
- Chapels halls etc
- Not ideal for play rooms or activity rooms

Suggested Areas of Use
- Any room except it is not ideal for activity areas.

Pink colour effects
- This colour soothes and nurtures
- It helps to dissolve anger and encourages unconditional love.

Suggested Areas of Use
- Ideal for a baby’s or child’s bedroom.

Black colour effects
- Black used with another colour enhances the energy of that second colour
- Black gives us the space for reflection and inner searching.

Suggested Areas of Use
- Not ideal as a single colour, but when used with care, can enhance and complement other colours in almost any situation.

White colour effects
- White contains all the colours. It emphasizes purity and illuminates our thoughts, giving us clarity.

Conclusions: Color therapy is a totally holistic and non-invasive therapy and, really, Color should be a part of our everyday life, not just something we experience for an hour or two with a therapist. Color is all around us everywhere. This wonderful Planet does not contain all the beautiful colors of the rainbow for no reason. Nothing on this earth is just by chance; everything in nature is here for a purpose. Color is no exception. All we need to do is to heighten our awareness of the energy of color and how it can transform our lives. A professional therapist will help you to do this. The Capacity for health and wellbeing is within us all.

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6) https://www.naturalwellbeing.com > blog
The effectiveness of structured teaching program on respiratory exercises after cardiothoracic surgery among cardiothoracic surgery patients at selected Hospitals, Bangalore.

Author: Mr. Rahul, Staff Nurse, Apollo Hospitals, Bangalore.

Guide: Mrs. V.R. Saritha Reddy, Professor, Dept. of MSN, Sree Narayana Nursing College, Stonehousepet, Nellore.

Abstract:
Introduction: Respiratory exercises are the fundamental intervention for the prevention or comprehensive management of acute and chronic respiratory disorders. The immediate post operative respiratory exercises to be performed by cardiothoracic patients at hospital setup are diaphragmatic breathing exercise, pursed lip breathing, coughing with splinting, turning and incentive spirometry exercises. Objective: To evaluate the effectiveness of structured teaching program on respiratory exercises after cardiothoracic surgery among cardiac patients at selected hospital, Bangalore, Karnataka. Materials and methods: A quasi-experimental design and evaluative approach was used in the study which included 40 samples through convenience sampling technique Data was collected using structured questionnaire. Data analysis was done with SPSS. Results: mean knowledge scores at pre-test were 11.82 (45.46%) found to have inadequate knowledge regarding respiratory exercises after cardiothoracic surgery. After administration of structured teaching program, mean knowledge scores was 20.25 (77.88%) found to have adequate knowledge among cardiothoracic surgery patients. Conclusions: The study concluded that the structured teaching program was effective in improving the level of knowledge of cardiothoracic surgery patients. Key words: cardiothoracic surgery patients, respiratory exercises, cardiothoracic surgery, structured teaching programme.

INTRODUCTION: Pulmonary complications occurring after cardiac surgery is a major problem and a significant cause of post operative morbidity. Patients undergoing CABG often develop atelectasis and service reductions in lung volumes and oxygenation in the early post operative period. The first day after surgery is the most vulnerable period, but decrease in pulmonary function is still present several months after surgery.

Respiratory exercises are the fundamental intervention for the prevention or comprehensive management of acute and chronic respiratory disorders. The immediate post operative respiratory exercises to be performed by cardiothoracic patients at hospital setup are diaphragmatic breathing exercise, pursed lip breathing, coughing with splinting, turning and incentive spirometry exercises. This exercise can be practiced from 4-6 hours or as soon as the patient weaned from the mechanical ventilator. Aerobic excercise at home can be performed after 6 weeks of surgery. Post operative deep breathing exercises is used to restore lung volume and avert the restrictive post operative ventilatory pattern.
NEED FOR THE STUDY: The post operative cardiothoracic patients after recovery from anesthesia feel pain due to the presence of chest tubes, IV lines; oxygen masks. These patients are prone to develop respiratory complications if they fail to practice respiratory exercise after surgery. These exercise help in the expansion of the collapsed lungs and prevent postoperative pneumonia. Immediate post operative period is the crucial period for a patient who undergone cardiothoracic surgery that is for the first 24 hours. Exercises are resumed early in the post operative periods to facilitate lung ventilation.

The rate of respiratory complications after cardiac surgery is directly proportional to the knowledge of nurses who will be caring that patient. Lack of knowledge or mistake can be fatal. Thus highly delegant nursing care is a crucial link between cardiothoracic surgery and patients survival. Intelligently executed and comprehensive nursing care can improve the outcome dramatically.

Effective preoperative teaching has a positive impact on the first 24 hours after surgery. If patients understand that they must perform respiratory exercise to prevent pneumonia, and the movement is imperative for preventing blood clots, encouraging circulation to the extremities, and keep the lungs clear; they will be much more likely to perform these tasks.

STATEMENT OF THE PROBLEM: “A study to assess the effectiveness of structured teaching programme on respiratory exercise after cardiothoracic surgery among cardiac patients at selected hospitals, Bangalore”.

OBJECTIVES OF THE STUDY:
1. To assess the knowledge of cardiothoracic surgery patients regarding respiratory exercises after cardio thoracic surgery.
2. To assess the effectiveness of structured teaching programme among cardiothoracic surgery patients regarding respiratory exercise.
3. To find out an association between the knowledge scores with the demographic variables among cardiothoracic surgery patients regarding respiratory exercise after cardiothoracic surgery.

MATERIALS AND METHODS
Sampling and data collection: A quasi-experimental design and evaluative approach was used in the study. Non-probability convenient sampling was used. Cardiothoracic surgery patients, who were eligible, can understand regional language, who were available during data collection and voluntarily willing to participate in the study were included in the study and the patients. Who were critically ill, were excluded. Prior Permission was obtained from ethical clearance committee Participants signed an informed consent and were told they could withdraw from the study at any time for any reason.

Description of the tool: Structured knowledge questionnaires, which contains items on the following aspects Part- I: Demographic Data consisted of 15 items such as age, sex, education status, occupation, religion, marital status, monthly family income, habit of smoking and duration, habit of drinking alcohol and quantity, habit of doing exercises and frequency and source of information. Part - II: Knowledge questionnaires consisted of 26 items on four knowledge aspects such as Introduction and purposes of respiratory exercises, Diaphragmatic and pursed lip breathing exercises, coughing and turning exercises and Incentive spirometry exercises.

Score interpretation
   Inadequate knowledge : 1-9
   Moderately adequate : 10-18
   Adequate adequate : 19-26

Data analysis: Data was analysed by using descriptive and inferential statistics. Frequency, percentage, mean, standard deviation and chi-square test were done.

Results: In the study 32.5% of them were aged between 46-55 years and 20% were aged more than 56 years. Majority 55% were males and 45% were females. 25% had primary education and only 12.5% were graduates. Majority 45% of subjects were
private employees, Majority 82.5% subjects belong to Hindu religion, Majority 50% of subjects had income between Rs. 10001-15000. Majority 37.5% of subjects had the habit of smoking since 1-5 years, Majority 45% of subjects had the habit of taking 100-200 ml of alcohol. Majority 32.5% of subjects never had the habit of doing exercises, Majority of the participants 7.5% had no information.

**Overall pretest and post test knowledge scores of the cardiac patients**  
\[ n=40 \]

<table>
<thead>
<tr>
<th>Knowledge level</th>
<th>Pre test</th>
<th>Post test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fre</td>
<td>%</td>
</tr>
<tr>
<td>a. Inadequate knowledge</td>
<td>37</td>
<td>92.5</td>
</tr>
<tr>
<td>b. Moderately knowledge</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>c. Adequate knowledge</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100</td>
</tr>
</tbody>
</table>

**Overall pre test and post test knowledge level of cardiothoracic surgery patients**

The overall mean pre test knowledge score obtained from the cardiothoracic surgery patients was 11.82 (45.46%) with standard deviation 4.613. The overall post test mean knowledge score obtained from the cardiothoracic surgery patients was 20.25 (77.88%) with standard deviation 4.908.

**DISCUSSION:** The discussion of the present study was based on the findings obtained from the descriptive and inferential statistical analysis of collected data. It is presented in the view of the objectives of the study. Majority 92.5% of the cardiac patients had inadequate knowledge and 7.5% had moderate knowledge in the pretest. After conducting structured teaching program 27.5% of the subjects had adequate knowledge, 65% had moderate knowledge and only 7.5% had inadequate knowledge regarding respiratory exercise. Variables such as age, gender, education, occupation, marital status, family income, habit of smoking, type of exercises performing and source of information were significant at 0.05 level. Thus the hypothesis stated there will be significant association between knowledge level of the cardiothoracic surgery patients and selected demographic variables is accepted.

**CONCLUSION:** The study concluded that majority 27.5% of the subjects had adequate knowledge, 65% had moderate knowledge and only 7.5% had inadequate knowledge regarding respiratory exercise. Variables such as age, gender, education, occupation, marital status, family income, habit of smoking, type of exercises performing and source of information were significant at 0.05 level.

**RECOMMENDATIONS:** On the basis of the findings of the study following recommendations have been made:

1. A similar study can be replicated on large sample to generalize the findings.
2. A similar study can be conducted in different setting.
3. A study can be conducted to assess the effectiveness of innovative teaching methods.

**REFERENCES**

The knowledge regarding new born care among staff nurses and nursing students in Narayana Medical College Hospital, Nellore.

Author: Ms. J. Usha Rani, Staff Nurse, NMCH, Nellore.

Guide: Ms. N. Subhashini, Asst. Professor, Sree Narayana Nursing College, Stonehousepet, Nellore.

INTRODUCTION:
The essential care of newborn for normal healthy neonate can be best provided by the mother under supervision of nursing personnel or basic primary health care providers. The normal term babies should be kept with their mothers rather than in a separate nursery. Bedding in or rooming in promotes better emotional bondage, prevents cross infection and establishes breast feeding easily. Mother participates in the nursing care of the baby and develops self confidence. Immediate basic care of neonates includes that maintenance of temperature, establishment of open airway, initiation of breathing and maintenance of circulation.

NEED FOR THE STUDY:
Worldwide approximately 4 million newborn babies are dying every year before completing the one month of life. In the United States each year approximately 6 million pregnancies, 4 million live births, 18,000 neonatal deaths and 28,000 infant deaths occurring out of these 12% births by teenage women between the age of 15 and 19 years. In India neonatal mortality rate was estimated to be 50 per 1000 live births. The main originating causes for Neonatal mortality rate was, 30% difficulty labour 6% unhygienic birth practices, 15% respiratory distress ,6% others and 6% unknown.

PROBLEM STATEMENT
A Study to Assess The Knowledge Regarding New Born Care Among Staff Nurses And Nursing Students In Narayana Medical College Hospital, Nellore.

OBJECTIVES:
- To assess the level of knowledge regarding newborn care among staff nurses.
- To assess the level of knowledge regarding newborn care among nursing Students
- To find out the association between the knowledge regarding newborn care among staff nurses with selected socio demographic variables.
- To find out the association between the knowledge regarding newborn care among nursing students with selected socio demographic variables.

ASSUMPTION:
The staff nurses and nursing students may have some knowledge regarding newborn care.

MATERIALS AND METHODS:
Research approach: Quantitative approach.
Research design: Non-experimental descriptive.
Setting: The study was conducted in Narayana Medical College Hospital and Narayana Nursing institutions.
Population: All the nurses and student nurses.

Sample: Includes the staff nurses and nursing students in Narayana medical college hospital and Narayana Nursing institutions who met the inclusion criteria.

Sampling Technique: Non probability convenience sampling technique.

Sample Size: The sample size of the study was 15 staff nurses and 15 nursing students.

Criteria for Sample Selection:

Inclusion Criteria:
- Both male and female nurses in NMCH.
- The nursing students who are studying in NNI.

Exclusion Criteria:
- On leave during the time of data collection.
- Not willing to participate in the study.

Method of Data Collection:
For the study, structured questionnaire was used.

Plan for Data Analysis:

The data was analyzed in terms of objectives of the study by using descriptive and inferential statistics.

Frequency and Percentage distribution of socio demographic variables.

Mean and Standard Deviation.

Chi-Square was done to find the association between the level of knowledge and socio demographic variables.

RESULTS:

Description of socio demographic variables among staff nurses:

The demographic variables data explain that out of 15 staff nurses, on the basis of age majority of 8(53.4%) staff nurses are between the age group of 21-23 years, 8(46.6%) staff nurses are between 24-46 years, on the basis of gender 11 (73.3%) staff nurses are females and remaining 4(26.7%) are male staff nurses, on the basis of education 12(80%) staff nurses completed B.Sc (N) and 3(20%) staff nurses completed GNM, on the basis of working experience, 9(60%) are having 1-3 years of experience 5(33.4%) had <1 year of experience and only 1(6.7%) staff nurse had 4-6 years of experience On the basis of source of information, 10(66.6%) got information through CNE programme, 3(20%) got from all the above (mass media, practical experience, and curriculum), 1(6.7%) got information from curriculum, 1(6.7%) got information from mass media.

Description of socio demographic variables among student nurses:
The demographic variables of 15 student nurses, on the basis of age 12 (80%) are between the age group of 18-20 years and 3(20%) are between 21-23 years with regard to educational qualification of nursing students all 15(100%) are studying B.Sc (N), with regard to year of course, 9(60%) nursing students are studying Third year and 6(40%) are studying Fourth year, with regard to source of information, 7(46.7%) nursing students got information from practical experience, 7(46.7%) got from All the above (TV/Radio, journal publications.
internet, practical experience) and 1(6.6%) is got from curriculum.

Knowledge regarding new born care among staff nurses and nursing students.

![Chart showing level of knowledge among staff nurses and nursing students.]

**Association between the level of knowledge regarding newborn care among staff nurses with selected socio demographic variables.**

In association with level of knowledge with socio demographic variables such as source of information has obtained chi-square value of 19.77 with table value of 12.592 shows significant at p=<0.05.

The socio demographic variables like Age, gender, educational qualification, work experience and source of information shows no significant association with level of knowledge regarding newborn care.

**Association between the levels of knowledge regarding newborn care among nursing students with selected socio demographic variables:**

In association with level of knowledge with socio demographic variables such as Age has obtained chi-square value of 9.07 with table value of 5.991 shows significant at p=<0.05, year of course has obtained chi-square value of 11.52 with table value of 5.991 shows significant at p=<0.05, attending any CNE programme has obtained chi-square value of 6.19 with table value of 5.991 shows significant at p=<0.05. The socio demographic variables like source of information shows no significant association with level of knowledge regarding newborn care.

**CONCLUSION:**

The Study findings concluded that majority of staff nurses and nursing students have adequate knowledge regarding new born care. Furthermore practice to nursing students required for delivery of quality new born care.

**REFERENCES:**

A study to assess the knowledge of women regarding dysfunctional uterine bleeding in selected area of Raichur.

Ms. Latha Theresa. P,
Associate Professor,
NRI College of Nursing,
Chinakakani, Guntur.

ABSTRACT
Aim: A Descriptive study was conducted to assess the women’s knowledge on Dysfunctional uterine bleeding (DUB). The study was conducted among the women between 21 to 51 years and above from selected rural area of Raichur (Dt), Karnataka. Methodology: Sample size for this study was 100 sample from selected rural area, participants was selected by simple random sampling technique self structured questionnaire was prepared with seven demographic variables such as age, education, occupation, income, age at menarche, marital status and parity. Woman answered questionnaire on knowledge item on Dysfunctional uterine bleeding. Their responses were tabulated, organized analyzed and interpreted by using descriptive and internal statistics based on the objectives of the study. Results: The study showed that majority of the women (38%) following in age group of 41-50 years, 4% of women’s monthly income is Rs.1000 to 3000 and 43% of woman having 3-4 children in the family. The mean and S.D of age (41to50years) is 15.36 and 2.00 and mean of family monthly income mean S.D for Rs.1001 to Rs.3000 is (12.95 S.D=1.28) parity (x=13.112 S.D=2.33) age, family monthly income parity got significant in Chi-Square test. Conclusion: The study Conclusion that mass awareness programmes are required for women residing in rural area regarding Dysfunctional uterine bleeding.

INTRODUCTION
“A Woman is one of god’s greatest and complex creations.”

Women’s health is one of the most highest priority. A healthy woman makes a happy family which builds up happy Nation.

In concern to the woman menstruation Dysfuncional uterine bleeding is a common gynecological disorder that affect any women during her reproductive years.

The earliest reference to the problem of Dysfunctional uterine bleeding are in ancient works (1400B.C). Hippocrates (460-377B.C) wrote on the subject and suggested cupping applied to the breast as a cure from bleeding.

NEED FOR THE STUDY: The most important period in the life span of woman is the reproductive period which extends from menarche to menopause. Reproductive health is an important part of general health that needs universal concern. Woman have
many reproductive health problems that have added up to maternal mortality rate. Hormonal imbalance in the body leads to menstrual irregularities or abnormal uterine bleeding. A gynecological saying is that ‘control bleeding and restore you health’.

In India Dysfunctional uterine bleeding constitutes about 15 to 20% of all gynecological admissions in an institution out of these 24% are below 20 years, 43% are between 20 to 40 years and 33% are above 40 years. The DUB woman may have ovulatory and aovulatory bleeding because of intensive stress of professional working women, obesity and excessive exercises. This condition is getting more worse because of high prevalence of anaemia among Indian woman.

The woman who are suffering with DUB should be treated individually according to the age, emotional and social back ground and also to the nature by underlying defect. These are various modalities of treatments available i.e., normal therapy, Dilatation and curettage, endometrial ablation and hysterectomy. Globally the prevalence of DUB is frequently increasing and majority of the women have myths and misconception regarding DUB. So as a knowledge is power instead of the women lie under the shadows of myths as misconception, the researcher has choosen the study on topic.

Statement of the problem:
“A study to assess the knowledge of women regarding Dysfunctional uterine bleeding in selected area of Raichur.”

Objectives:
1. To assess the existing level of knowledge with regard to Dysfunctional uterine bleeding.
2. To analyze the relationship between knowledge of the women with regard to Dysfunctional uterine bleeding and selected variables.

Literature Review:
S. Hunte Dc, 2004 conducted a descriptive study to assess the knowledge of women with regard to DUB and its management in selected hospital of lucknow. They had selected 4372 women by simple random sampling technique. Date were collected by interview method. The study results shows that 30% women answered its correct meaning, 12.2% know the causes of it and 22.8% recognized the management techniques. The majority of respondents do not know about DUB.

Research Methodology:
In this study non-experimental descriptive research design was used to assess the knowledge of women regarding DUB. The setting of the study was at yeregera village at Raichur (Dt). The population of the study were consisted of women age group of 21 years and above Non Probability simple random sampling technique was used to select sample size of 100. Data were collected by structured questionnaire. The results of the study showed that nearly half of women (48 i.e. 48%) identified that heavy work will increase the chance of DUB. Thirty nine respondents (39%) know that copper - T increases the chance of DUB. Only 20 participants (20%) identified correctly that hypo and hyper hybridism can lead to DUB. Nearly one fourth of the subjects (24 i.e. 24%) ware that premenopausal women are more prone for DUB.
Results

Percentage distribution of women according to the Age

Twenty eight participants (28%) knew that blood clots during vaginal bleeding, a palpable abdominal mass are signs of DUB. Only 27 respondents (27%) identified that vaginal pain, irregular weight gain are the symptoms of DUB. Only 15% of respondents knew that oral contraceptives are the initial drug of choice for DUB. Fifty seven respondents recognized that removal of uterus is the surgical treatment for DUB. And thirty one respondents answered correctly that hot application will relieve vaginal pain in DUB. Thirty three participants knew that by hormonal replacement and iron rich foods can prevent DUB.

Chi square value showing the relationship between the knowledge of the women regarding DUB and selected variables.

<table>
<thead>
<tr>
<th>S.No</th>
<th>Variables</th>
<th>Chi-Square Value of knowledge</th>
<th>Chi-square table value</th>
<th>D.F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age</td>
<td>5.692</td>
<td>3.84146</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Income</td>
<td>7.7244</td>
<td>3.84146</td>
<td>1</td>
</tr>
<tr>
<td>3.</td>
<td>Parity</td>
<td>7.412</td>
<td>3.8416</td>
<td>1</td>
</tr>
</tbody>
</table>

There was a significant relationship between woman’s knowledge on DUB and their age (x=5.692), income (x = 7.7244) and parity (x = 7.412) hence the research hypothesis were retained.

Discussion: This study was carried out to assess the knowledge of women regarding DUB. Findings of the study as discussed above. Majority of the respondents (97 i.e. 97%) correctly about the meaning of menstruation, 89 participants (89%) answered correctly for the organ responsible for menstruation, only 60 women (60%) answered correctly known for opening of menstrual flow, 86 respondents (86%) identified the common age to get menstruation for the first time, 70 participants (70%) had given correct

Forty six women (46%) identified correctly that once in 10 days DUB women gets menstruation.
response for frequency of menstruation, 62 respondents (62%) given correct response for normal duration of menstruation and 40 respondents (40%) answered correctly for the meaning of Dysfunctional uterine bleeding it is evident from the above findings that majority of the respondents had adequate knowledge regarding basic terminology. But they had below average knowledge regarding the meaning of Dysfunctional uterine bleeding.

The findings are supported by the study conducted by Warner. P in 2001. The study results showed that majority of the respondents (37%) had adequate knowledge regarding Dysfunctional uterine bleeding.

A study conducted by Demir SC in 2000, revealed that only 46.6% young adults had adequate knowledge regarding menstruation and 71.4% discuss their menstrual problem with their mother.

Thirty seven (37%) respondents answered correctly for the main course of DUB, 39 participants (39%) knew that use of copper-T will increase the chance of DUB, 48 (48%) women know that heavy work load will give rise to DUB, 37 (37%) respondents answered correctly that the women who have obese body is one of the risk factors for DUB, 41 participants 41% knew correctly that emotional stress will lead to DUB, only 20 women (20%) recognized that hypo and hyperthyroidism can lead to DUB and 24 respondents (24%) identified that premenstrual women are more prone for DUB. The findings are supported by Alison Chapple, in 2004 revealed that 40% of women had adequate knowledge regarding risk factors of DUB Half of the respondents (50%) answered correctly that DUB women will have more bleeding for 8 days and above, 46 participants (46%) knew that the frequency of DUB is once in 10 days, only 15 women (15%) identified that women need to change the pad hourly, 23 respondents (23%) recognized that blood clots during vaginal bleeding, a palpable abdominal mass is a sign of DUB and only 27 participants (27%) knew that vaginal pain, irregular weight gain is a symptom of DUB. This is supported by the study conducted by Strine TW, in 2005 revealed that only 19% women had knowledge regarding signs and symptoms of DUB. A study conducted by someervicle NJ in 2004 revealed that 75% of the women had knowledge regarding signs and symptoms of DUB.

One fourth (25%) of the subjects had knowledge regarding routine investigation for Dysfunctional uterine Bleeding, and half of the respondents (50%) knew the meaning of endometrial scrapping. A study conducted by Ash SJ in 1996 revealed that only 21% know that about endometrial biopsy is routine gynaec investigation for DUB women. A study conducted by Ashkelon, in 2005 revealed that only 10% of women know that hysteroscopic endometrial ablation.

Only fifteen respondents (15%) had knowledge regarding initial drug of choice for DUB, 39 participants (39%) knew that surgery is the alternative treatment for DUB, 57 women (57%) identified the meaning of hysterectomy only 21 subjects (21%) recognized that the women who reached to perimenopausal period can undergo hysterectomy and 31 respondents (31%) were answered correctly for hot application will receive vaginal pain. It is evident from the above findings that
only 20% of participants had adequate knowledge regarding treatment options of DUB. This is supported by a study conducted by Gupta B. in 2000, revealed that 80% of women preferred contraceptive pills as a best treatment option for DUB. A study conducted by Tagesklinik, in 2002 showed that 65% of women preferred endometrial ablation and by Bongers MY in 2004, study results revealed that hysterectomy is the traditional and standard of care for DUB.

Thirty percent (30%) of the subjects answered correctly the measures to relieve stress in DUB, 31 respondents (31%) knew that Iron rich diet food like ground nuts and green leaves are advisable diet, 24 participants (24%) had answered correctly for the type of activity advised, 33 women (33%) recognized that the hormone replacement & Iron rich food is the preventive measure for DUB, only 20 respondents (20%) answered correctly for maintaining menstrual cycle calendar is the most important measure for women with DUB, and 84 participants (84%) answered correctly for the best action if a member of family has DUB. It is evident that 30% had adequate knowledge regarding preventive measures of DUB. This is supported by a study conducted by Bongers MY in 2005 showed that 30% of women identified that Iron rich food and green leafy vegetables will prevent DUB.

**Conclusion**

In Indian context, women’s ability is recognized by her ability and responsibility in rearing children. Healthy mother can fulfill it so, it evident from the above findings women who are having children, acquired more knowledge in DUB thinking of the consequences if the disease occurs. Finally the study concluded that the women had inadequate knowledge regarding DUB.

Nurses have to play a multi dimensional role and skills have to be combined with a specialized knowledge base to ensure improved health status of the women with DUB. The nurses could participate in public awareness programmes, mass health educations regarding DUB and make the public to accept the healthy practices.

**Acknowledgement:**

First I thank Lord Almighty who blessed and guided me through out my life. I owe my gratitude to all the experts and presided constructive and valuable opinions.

**Conflict of Interest:** Nil

**Ethical Clearance:** Taken from institutional review board.

**References:**

3. Gynecological case is crucial for health and survival, 1994:(13):4-5
Assessment of the knowledge on diabetic foot care among staff nurses in Narayana Medical College and Hospital, Nellore

*Mrs. P. Mogileeswari,
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The term diabetes mellitus is derived from a Greek word which means to go through or a siphon and the word Mellitus is derived from a Latin word Me (honey) describes the sweet odour of the urine. Diabetes Mellitus is a silent disease and now recognized as one of the fastest growing threat to public health in almost all countries of the World. It is also called the disease of prosperities. Prevention is better than cure.

Diabetes is an ‘ice berg disease. Although it increases in both the prevalence and incidence of non insulin dependent diabetes occurred globally, they have been especially dramatic in societies in newly industrialized countries and in developing countries.

Diabetes mellitus is a group of metabolic disorder arising either due to relative or absolute deficiency of a digestive hormone called insulin or inability or resistance of body cells to use the available insulin. Risk factors are family history, obesity, impaired glucose intolerance, hypertension, history of gestational diabetes mellitus. Clinical manifestations include 3 P’s- polyuria, polyphagia, polydipsia, fatigue, weakness, sudden vision changes, tingling or numbness of hands and foot, dry skin. Patients with Diabetes mellitus cannot be cured, but they can control it with proper care, regular exercise, diet, and drug. Proper care, regular administration of drug can provide desired outcome, control diabetes, and prevent its complications. Undiagnosed or inadequately treated diabetes mellitus patients develop multiple complications leading to hospital admission. The complications include hyperglycemia, hypoglycemia, kidney problems, retinopathy, neuropathy, associated vasculopathies like atherosclerosis, coronary artery disease, micro vascular disorders, foot problems and ulcers.

Currently the number of cases a diabetes world wide is estimated to around 150 million. This number is predicted to be doubled by the year 2025. A prevalence rate of about 5.4% with the greatest number of cases being expected in China and India. By 2030 as much as 9% of the population would be diabetic. More than 23 million people in the United States (U.S.) are believed to have diabetes. It is estimated that by 2025, 300 million people worldwide will have diabetes and by 2030, 360 million people. Thus, by 2030, worldwide prevalence will approach 5 percent. 1-4 In general, the incidence of nontraumatic lower extremity amputations (LEAs) has been reported to be at least 15 times greater in those with diabetes than with any other concomitant medical illness. It has been reported that annually, about 1 to 4 percent of those with diabetes develop a foot ulcer; 10 to 15 percent of those with diabetes will have at least one foot ulcer during their lifetime.

Around 150 Million peoples suffered from diabetes in the World, out of that above 35 million are Indians are the highest in the world, so it is called...
Diabetic capital of world. Every fifth person who suffer from diabetes in the world today is an Indian. By 2030 Indian will have 79.4 Million diabetic projects of WHO (World Health Organization) that’s more than twice the current number over 35 million cases. No wonder India is the “Diabetic Capital of the World”. Foot infection was common among Indian diabetic patients (52%). A lesser prevalence of peripheral vascular disease (13%) among Indians was noted when compared with those in western countries (48%) smoking increases the risk by reducing blood circulation in the legs and reducing sensation in the feet. People with diabetes can develop a variety of foot complaints are the leading cause of hospitalization. It is estimated that 15% of all diabetes will develop a serious foot complaints. Two hundred and fifty three people were recruited. There were 40 deaths (15.8%) 36 amputations (15.5%) and 99 recurrences (43.2%) at 18 months our main findings were that being older (hazard Ratio (HR) 1.07, 95%. 

**PROBLEM STATEMENT:**

A Study To Assess The Knowledge On Diabetic Foot Care Among Staff Nurses In Narayana Medical College And Hospital, Nellore.

**OBJECTIVES OF THE STUDY:**

- To assess the level of knowledge on diabetic foot care among staff nurses.
- To determine the association between selected demographic variables with the level of knowledge on diabetic foot care among staff nurses.

**MATERIALS AND METHODS:**

- **Sampling and data collection:** Descriptive cross sectional design, used to assess the level of knowledge regarding diabetic foot care among staff nurses in Narayana medical college hospital. Non-probability convenience sampling was used. Staff nurses who were available during data collection and voluntarily willing to participate in the study. Who are not willing to participate, not interested and not co-operative were excluded. Prior Permission was obtained from ethical clearance committee. Participants signed an informed consent and were told they could withdraw from the study at any time for any reason.

**DESCRIPTION OF TOOL**

PART I: It includes demographic variables like Age, Sex, Religion, Educational qualification, Marital Status, designation, area of work, Monthly income and source of Information.

PART II: Structured questionnaire which consists of 13 questions to assess the knowledge regarding general information of Diabetes mellitus – each question has 4 options, one right answer and 3 wrong. Each right answers carries ‘1’ mark and each wrong answer carries “0”.

PART III: Structured questionnaire which consists of 24 questions to assess the knowledge regarding Diabetic foot care among Diabetic clients. Each question has 4 options, one right answer and 3 wrong. Each right answer carries “1” mark and each wrong answer carries “0”.

**Score Interpretation:** The score was interpreted as follows:

<table>
<thead>
<tr>
<th>Knowledge Level</th>
<th>Score Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate knowledge</td>
<td>&lt;50%</td>
</tr>
<tr>
<td>Moderately adequate</td>
<td>50-75%</td>
</tr>
<tr>
<td>Adequate knowledge</td>
<td>&gt;75%</td>
</tr>
</tbody>
</table>

**Data analysis:** Data was analysed by using descriptive and inferential statistics. Frequency, percentage, mean, standard deviation and chi-square test were done. With regard to age majority 43% are between to 26-30 yrs, consider to sex 76% are females, with context to religion 71% belongs to Hindus, considering
educational qualification 80% belongs to B.sc Nursing, with context to designation 75% completed to staff nurses, regarding marital status 67% are married and with source of information majority 67% gained from textbooks.

SECTION - 2: Distribution of level of knowledge among staff nurses regarding diabetes mellitus

Table No-02: Frequency and percentage distribution on level of knowledge. n=100

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Demographic variables</th>
<th>Fre</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.</td>
<td>Level of knowledge on diabetics</td>
<td>Inadequate</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderate</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adequate</td>
<td>36</td>
</tr>
</tbody>
</table>

Table No-02: Frequency and percentage distribution of level of knowledge among staff nurses regarding diabetes foot care. n=100

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Demographic variables</th>
<th>Fre</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.</td>
<td>Level of knowledge on diabetics foot care</td>
<td>Inadequate</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderate</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adequate</td>
<td>15</td>
</tr>
</tbody>
</table>

Table No-04: Mean and standard deviation for level of knowledge among staff nurses. n=100

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Demographic variables</th>
<th>Fre</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.</td>
<td>Level of knowledge on diabetics foot care among staff nurses</td>
<td>Mean</td>
<td>22.51</td>
</tr>
</tbody>
</table>

There is significant association between the demographic variables like age, educational status, designation and area of work and level of knowledge at P>0.01 level.

DISCUSSION:

The discussion of the present study was based on the findings obtained from the descriptive and inferential statistical analysis of collected data. It is presented in the view of the objectives of the study. The study related to level of knowledge regarding diabetic foot care, out of 100 staff nurses 32 (32%) had inadequate knowledge, 53 (53%) had moderate knowledge and 15 (15%) had adequate knowledge.

CONCLUSION:

In this study most of the staff nurses had inadequate and moderate knowledge regarding Diabetic foot care and adequate knowledge is low level.

ACKNOWLEDGEMENT:

The authors express their sincere thanks to Dr. Subramanyam, Director, NMCH and all participants for their cooperation during data collection.

REFERENCES:

5) K.Padma, Arundathi, Dr.Indira.S; A study to assess the knowledge on foot care among diabetic clients attending endocrinology OPD, in Narayana medical college and hospital, Nellore; International Journal of Medicine Research; volume 1; Issue 2; May 2016; Page no:87- 90.
KNOWLEDGE ON MICRO TEACHING AMONG THE SECOND YEAR B.Sc NURSING STUDENTS IN NARAYANA COLLEGE OF NURSING, NELLORE.”

INTRODUCTION: “Teaching is a distinctively human activity imparting knowledge” and the learning process means by which the student assimilates the information and share the content.

Teaching is stimulating and challenging the student to learn enhancing, realization of the values of a subject and helping them to know their own resources in formulating and pursuing a methods of attack learning in their subject. The teaching method appeal through sensory perception to enhance, the understanding of learning progressive method of teaching provide suitable opportunities for learning by doing ‘co-operation’ and experimentation.

The methods of teaching are demonstration method, lecture method, laboratory method, role play, programmed instruction, discussion method, simulated teaching and micro teaching.

Micro teaching has been widely used in pre service teacher education programme to enhance prospective teachers instructional experiences. The use of microteaching offers valuable opportunities for trainee. Teachers to develop effective teaching strategies. Understanding the perceptions and concern of student teachers is crucial for promoting teacher education programmes out comes.

STATEMENT OF THE PROBLEM: “A study to assess the knowledge on micro teaching among the second year B.Sc Nursing students in Narayana college of nursing, Nellore.”

OBJECTIVES:

❖ To assess the knowledge regarding micro teaching among the second year B.Sc Nursing students.
❖ To find out the association between the level of knowledge on micro teaching practice among the second year B.Sc nursing students with their selected socio demographic variables.

ASSUMPTIONS: Second year B.Sc nursing students have some knowledge regarding micro teaching.

METHODOLOGY:

RESEARCH APPROACH: Quantitative research approach.

RESEARCH DESIGN: A non experimental descriptive research design.

SETTING OF THE STUDY: The study was conducted in Narayana College of Nursing, Nellore.

POPULATION:

Target population: It consist of all the nursing students in Nursing college.

Accessible population: The nursing students those who are studying in second year B.Sc (N) in Narayana College of Nursing.

SAMPLE: Second year B.Sc (N) students those who are studying in Narayana College of Nursing and who fulfill the inclusion criteria.
SAMPLING TECHNIQUE: Non-probability Convenience sampling technique.

SAMPLE SIZE: The sample size was 30 second year B.Sc Nursing students.

SAMPLING CRITERIA:

Inclusion criteria: Students those who are:
- Studying second year B.Sc (N) in Narayana College of Nursing.
- Who are available at the time of data collection.
- Who are willing to participate in the study.

Exclusion criteria:
Students those who are:
- Studying other courses of nursing including GNM, PB.B.Sc (N) and M.Sc (N).
- Studying First year, Third year, Fourth year B.Sc Nursing.

DESCRIPTION OF TOOL:

Part-A: It consists of socio-demographic variables of students which include age, medium of education in intermediate.

Part-B: It consists of structured questionnaire to assess the knowledge of second year B.Sc (N) regarding microteaching.

DATA ANALYSIS AND INTERPRETATION:

SECTION-I: Frequency and percentage distribution of demographic data of second year B.Sc (N) students.

SECTION-II: The level of knowledge regarding microteaching among second year B.Sc (N) students.

SECTION-III: Mean and standard deviation of knowledge score among second year B.Sc Nursing students.

SECTION IV: Association between the level of knowledge regarding microteaching among second year B.Sc nursing students with their selected socio-demographic variables.

The level of knowledge regarding microteaching among the second year B.Sc (N) students.

<table>
<thead>
<tr>
<th>Level of knowledge</th>
<th>II year BSC (N) students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fre (f)</td>
</tr>
<tr>
<td>A+</td>
<td>3</td>
</tr>
<tr>
<td>A</td>
<td>3</td>
</tr>
<tr>
<td>B+</td>
<td>8</td>
</tr>
<tr>
<td>B</td>
<td>12</td>
</tr>
<tr>
<td>C</td>
<td>2</td>
</tr>
<tr>
<td>D</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
</tr>
</tbody>
</table>

Mean and standard deviation of knowledge regarding microteaching among second year B.Sc Nursing students.

<table>
<thead>
<tr>
<th>Sample categories</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student nurses</td>
<td>22.47</td>
<td>4.09</td>
</tr>
</tbody>
</table>

ASSOCIATION: There is no association between the knowledge on microteaching among second year B.Sc (N) students with their selected socio-demographic variables.

MAJOR FINDINGS IN THE STUDY

- In context to age of the students, 30(100%) were 18-20 years age.
- In referred to medium of education in intermediate of nursing students 30(100%) were studied in English medium.

The results shows that regarding level of knowledge on micro teaching, 3 (10%) students had A+ grade knowledge, 3 (10%) students had A grade knowledge 8(26%) students had B+ grade knowledge, 12 (40%) students had B grade knowledge.
knowledge, 2(7%) students had C grade knowledge and 2 (7%) students had D grade knowledge.

**NURSING IMPLICATIONS**

- The scientific knowledge of microteaching helps to improve the knowledge. The findings of the study have implications to nursing education, nursing administration and nursing research.

**NURSING PRACTICE**

- Nursing students can utilize the knowledge regarding microteaching for nursing practice.
- Nursing students can plan accurate and effective nursing interventions based on the knowledge regarding microteaching.

**NURSING EDUCATION**

- Education program should emphasize more on teaching of nursing students to improve their knowledge regarding microteaching.
- The nursing curriculum should include microteaching practice to improve the nursing education.

**NURSING ADMINISTRATION**

- Nursing administration should organize in-service education/workshop/simulation/CNE/seminar on microteaching to improve the knowledge regarding microteaching among second year B.Sc (N) students.
- The nursing administration should develop certain plans and policies to be implemented to improve the knowledge on microteaching.
- Nursing administration also should undergo in-service education program on microteaching.

**NURSING RESEARCH**

- Extensive research can be carried out to assess the knowledge regarding microteaching.
- Research on knowledge regarding microteaching can be conducted in college setting.

**NURSING RECOMMENDATIONS FOR FUTURE RESEARCH**

- A similar study can be replicated on a large sample to generalize the findings.
- An experimental study can be conducted to assess the effectiveness on teaching program on microteaching.
- Similar study can be done on different college settings.

**CONCLUSION:** The study concluded that majority of second year B.Sc (N) students had more than 40% (B grade) of knowledge (12 out of 30).

**BIBLIOGRAPHY**

**BOOK REFERANCE**

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1. Which symptoms helps differentiate preeclampsia from eclampsia?
   **Ans:** a. Seizures

2. While caring for the neonate, the nurse is careful to palpate the clavicles because:
   **Ans:** d. LGA neonates have glucose deposits on their clavicles.

3. When caring for a neonate receiving phototherapy, the nurse should remember to:
   **Ans:** c. Massage the neonate's skin with lotion

4. Which of the following is a major complication of a fetus in the breech position?
   **Ans:** d. Uterine inversion

5. Which finding in a pregnant patient's history places her at risk for toxoplasmosis?
   **Ans:** b. She is responsible for emptying her cat's litter box

6. The nurse is caring for a full-term neonate. Which finding is considered abnormal?
   **Ans:** c. Cross eyes

7. The purpose of administering vitamin K to a newborn infant is:
   **Ans:** b. Decrease the risk of developing pernicious anemia

8. A primigravida in active labor is receiving an epidural anesthetic. Which action should the nurse take?
   **Ans:** d. Keep the foot of the bed slightly elevated

9. A pregnant client in the last trimester has been admitted to the hospital with a diagnosis of severe preeclampsia. A nurse monitors for complications associated with the diagnosis and assesses the client for:
   **Ans:** a. Any bleeding, such as in the gums, petechiae, and purpura

10. During the intrapartum period, a nurse is caring for a laboring client with sickle cell disease. The nurse ensures that the client with sickle cell disease. The nurse ensures that the client receives appropriate intravenous fluid intake and oxygen consumption primarily to
    **Ans:** c. Prevent dehydration and hypoxemia.

12. Which assessment finding would indicate to the nurse that the infusion of oxytocin needs to be discontinued?
    **Ans:** a. Three contractions occurring within a 10-minute period

13. A client in labor is dilated 10 cm. At this time during labor, the nurse would plan to assess and document the fetal heart rate at least.
    **Ans:** b. Every 15 minutes.

14. The client is experiencing uterine contractions every 2 minutes and cries out in pain with each contraction being second stage. The nurse recognizes this behavior as.
    **Ans:** a. Exhaustion

15. Which of the following assessment findings would alert the nurse to a maternal compromise?
    **Ans:** a. Persistent nonreassuring fetal heart rate

16. The priority nursing intervention in caring for the client is hypertonic uterine dysfunction to
    **Ans:** a. Monitor the oxytocin (Pitocin) infusion closely

17. The nurse monitors the fetal heart rates by placing the external fetal monitor.
    **Ans:** d. So that each one fetus is monitored for a 15-minute period followed by a 15-minute fetal monitoring period for the second fetus.

18. In the immediate postpartum period the nurse plans to take the woman's vital signs.
    **Ans:** a. Every 30 minutes during the first hour and then every hour for the next 2 hours.

19. Which of the following signs or symptoms would the nurse note if superficial venous thrombosis were present?
    **Ans:** b. Enlarged, hardened veins

20. A postpartum client is being treated for deep venous thrombophlebitis. A nurse understands that the client's response to treatment will be evaluated by regularly assessing the client for
    **Ans:** c. Hematuria, ecchymosis, and dysuria
Questions for Qualifying Examinations

Department of Child Health Nursing

01. Which of the following would indicate a late sign of increased ICP in this child? ( )
   a. Bulging fontanel  
   b. Dilated scalp veins 
   c. Nausea  
   d. Widened pulse pressure

02. Which assessment data obtained by the nurse most likely would support above this suspicion? ( )
   a. Poor hygiene  
   b. Bald spots on the scalp  
   c. Fear of the parents  
   d. Difficulty walking

03. The nurse assesses which of the following knowing that it is the most reliable method of determining fluid loss? ( )
   a. The child is learning backward, supporting himself with the hands and arms. 
   b. The child has a low-grade fever and complains of a sore throat. 
   c. The child is leaning forward with the chin thrust out. 
   d. The child exhibits nasal flaring and bradycardia.

04. The nurse prepares to administer Ribavirin (Virazole) medication via which of the following route? ( )
   a. Subcutaneous  
   b. Intramuscular  
   c. Oxygen tent  
   d. Oral

05. The nurse reviews the test results and determines that which of the following is a positive result for cystic fibrosis? ( )
   a. Chloride level of 20 mEq/L  
   b. Chloride level of 30 mEq/L  
   c. Chloride level of 40 mEq/L  
   d. Chloride level of 70 mEq/L

06. The nurse tells the mother that INH will need to be taken for a. 4 months  
   b. 6 months  
   c. 9 months  
   d. 12 months

07. The nurse uses which most appropriate method to assess the urine output? ( )
   a. Inserting a foley catheter  
   b. Weighing the diapers  
   c. Comparing intake with output  
   d. Measuring the amount of water added to formula

08. Which of the following alerts the nurse to suspect fluid accumulation and the need to call the physician? ( )
   a. Bradypnea  
   b. Diaphoresis  
   c. Decreased blood pressure  
   d. A weight gain of 1 lb in 1 day

09. The nurse reviews the laboratory results, knowing that which laboratory study would assist in confirming the diagnosis of rheumatic fever? ( )
   a. White blood cell count  
   b. Red blood cell count  
   c. Immunoglobulin  
   d. Antistreptolysin O titer

10. A 3-year-old child is hospitalized because of persistent vomiting. A nurse monitors the child closely for ( )
    a. Diarrhea  
    b. Metabolic acidosis  
    c. Metabolic alkalosis  
    d. Hyperactive bowel sounds

11. The nurse teaches the parents to include which of the following food items in the child's diet? ( )
    a. Rice  
    b. Rye toast  
    c. Oatmeal  
    d. Wheat bread

12. The nurse monitors the infant, knowing that which of the following is a clinical manifestation associated with this imperforate anus? ( )
    a. Sausage-shaped mass palpated in the upper right abdominal quadrant  
    b. Bile-stained fecal emesis  
    c. Failure to pass meconium stool in the first 24 hours after birth  
    d. The passage of currant jelly-like stools

13. The nurse prepares to assist the physician to examine the client's skin with a Wood's light? ( )
    a. Obtain an informed consent  
    b. Darken the room for the examination  
    c. Shave the skin and scrub with povidone-iodine  
    d. Prepare a local anesthetic

14. Which of the following if stated by the client would indicate a need for further teaching? ( )
    a. "I should drink 8 to 10 glasses of water a day."  
    b. "I need to avoid using astringents on my skin."  
    c. "I should limit myself to one shower a day and apply emollient to my skin after the shower."  
    d. "I should use a dehumidifier especially during the winter months."

15. A child with rubella (measles) is being admitted to the hospital. In preparing for the admission of the child, a nurse plans to place the child on which precautions? ( )
    a. Contact  
    b. Enteric  
    c. Respiratory  
    d. Protective

16. A home health nurse performs as assessment on the child, knowing that which of the following is not a clinical manifestation associated with scarlet fever? ( )
    a. Pastia's sign  
    b. White strawberry tongue  
    c. Edematous and beefy-red pharynx  
    d. Koplik's spots

17. The best position for the delivery room nurse to place a newborn with myelomeningocele at the lumbosacral area in is: ( )
    a. Prone  
    b. Supine  
    c. Side-lying  
    d. Trendelenburg

18. In doing a child's admission history, the nurse notes all the following signs of hemophilia. The hallmark, or classic sign, of hemophilia is: ( )
    a. Excessive hematoma formation  
    b. Hemarthrosis  
    c. Prolonged bleeding from lacerations  
    d. Intracranial bleeding

19. Before giving a child digoxin, which pulse would the nurse be most correct in assessing? ( )
    a. Apical  
    b. Brachial  
    c. Pedal  
    d. Radial

20. Long-term follow-up care is being planned for a school-age child with rheumatic fever before discharge from the hospital. This must include. ( )
    a. Indefinite antibiotic therapy  
    b. Immunization against future attacks  
    c. Cardiac rehabilitation program  
    d. Home-bound tutoring
CHI-SQUARE TEST FOR INDEPENDENCE

Expected frequencies. The expected frequency counts are computed separately for each level of one categorical variable at each level of the other categorical variable. Compute r * c expected frequencies, according to the following formula.

\[ E_{r,c} = \frac{(n_r \times n_c)}{n} \]

where \( E_{r,c} \) is the expected frequency count for level \( r \) of Variable A and level \( c \) of Variable B, \( n_r \) is the total number of sample observations at level \( r \) of Variable A, \( n_c \) is the total number of sample observations at level \( c \) of Variable B, and \( n \) is the total sample size.

Test statistic. The test statistic is a chi-square random variable (\( \chi^2 \)) defined by the following equation.

\[ X^2 = \sum \left[ \frac{(O_{r,c} - E_{r,c})^2}{E_{r,c}} \right] \]

where \( O_{r,c} \) is the observed frequency count at level \( r \) of Variable A and level \( c \) of Variable B, and \( E_{r,c} \) is the expected frequency count at level \( r \) of Variable A and level \( c \) of Variable B.

P-value. The P-value is the probability of observing a sample statistic as extreme as the test statistic. Since the test statistic is a chi-square, use the Chi-Square Distribution Calculator to assess the probability associated with the test statistic. Use the degrees of freedom computed above.

Interpret Results

If the sample findings are unlikely, given the null hypothesis, the researcher rejects the null hypothesis. Typically, this involves comparing the P-value to the significance level, and rejecting the null hypothesis when the P-value is less than the significance level.

Test Your Understanding

Problem

A public opinion poll surveyed a simple random sample of 1000 voters. Respondents were classified by gender (male or female) and by voting preference (Republican, Democrat, or Independent). Results are shown in the contingency table below.

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Is there a gender gap? Do the men’s voting preferences differ significantly from the women’s preferences? Use a 0.05 level of significance.
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