Journal of Psychiatric Nursing

PEER-REVIEWED AND REFEREED JOURNAL

Volume 13, Number 2 May – August 2024

RED FLOWER PUBLICATIONS PVT LTD
New Delhi - 110091

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Journal of Psychiatric Nursing

Triannual Journal

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Scope: Journal of Psychiatric Nursing reaches all members of the Indian College of Nursing, directors of nursing, major public and private hospitals, nursing managers, educators, areas of community health care, nursing associations, nursing faculties at all universities and most aged care facilities throughout India.

Indexing information: Index Copernicus, Poland, Genamics JournalSeek, Gaudeamus Academia, International Committee of Medical Journal Editors (ICMJE), Science Library Index.

Printed at Saujanya Printing Press, D-47, Okhla Industrial Area, Phase-1, New Delhi - 110 020 (India).

JOURNAL OF PSYCHIATRIC NURSING

Triannual Journal

Volume 13 **May – August 2024** **Number 2**

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Original Article

Journal of Psychiatric Nursing
Volume 13 Number 2 May – August 2024
DOI: http://dx.doi.org/10.21088/jpn.2277.9035.13224.1

Effectiveness of Information Education Communication (IEC) on Knowledge Regarding Prevention of Urinary Tract Infection among Adolescents in a Selected School at Gonda

Jeya Beulah[1], M Mayelu[2], Aspin R[3]

How to cite this article:
Jeya Beulah, M Mayelu, Aspin R. Effectiveness of Information Education Communication(IEC) on Knowledge regarding prevention of Urinary Tract Infection Among Adolescents in A Selected School at Gonda. J Psychiatr Nurs. 2024;13(2):07–13.

Abstract

Urinary tract infection (UTI) is a common disease mainly affecting adolescents because of poor hygiene, dysfunctional voiding patterns, use of synthetic underwear and panties, tight jeans, wet bathing suits, allergens/irritants, hygiene sprays for women, bubble baths, perfumed toilet paper, sanitary napkins and soaps. Lack of adequate knowledge and practices related to maintenances of health leads to infections. A study to evaluate the effectiveness of Information Education Communication (IEC) on Knowledge Regarding Prevention of Urinary Tract Infection among Adolescents in a Selected School. The objectives of the study was to assess the pre-test and post-test level of knowledge regarding prevention of UTI among adolescents in a selected school, to evaluate the effectiveness of Information Education and Communication on prevention of urinary tract infection among adolescents in a selected school and to determine the association between the post-test level of knowledge regarding prevention of urinary tract infection among adolescents with their selected demographic variable. A quantitative approach was adopted with pre experimental one group pre-test post-test design was used in this study. The study was conducted in St. Xavier's School Gonda. 50 adolescents were selected through purposive sampling technique. Data was collected by structured self-administered questionnaire. The pre-test was conducted among adolescents on 1st day. Information education and communication (IEC) was given through power point presentation for 30 minutes on the same day. Posttest was conducted on 6th day. Results revealed that pre-test knowledge mean score was 11.2, with the SD 2.44 and post-test mean score was 17.5. with the SD 3.44, Mean difference was 2.94. The obtained t-value was 48.64, which was statistically significant at $p<0.05$ level.

Keywords: IEC; UTI; Knowledge.

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Received on: 28.05.2024 **Accepted on:** 29.06.2024

INTRODUCTION

Urinary Tract Infection is a very common disease. There are myths, apprehension misunderstanding among the general population and students. Moreover, there are many wrong practices that are followed to prevent Urinary Tract Infection. These malpractices need to be changed because sometimes it rather increases the chance of infection even in normal healthy individual.

Examination Survey (2014) Urinary tract infection may occur among girls due to reason for unhygienic toilets and improper practice of menstrual hygiene. Dehydration can also be a cause of urinary tract infection. Urinary tract infection may progress to renal damage, renal failure and sepsis. Early recognition and prompt treatment helps to prevent occurrence of recurrent urinary tract infection and possibility of complications.

Various Genitourinary illnesses in adolescent girls can be caused by a lack of awareness. A bacterial infection that affects any section of the urinary tract is known as a urinary tract infection. UTI normally starts in the lower urinary tract (urethra and bladder), and if left untreated, it can spread to the upper urinary tract (ureters and kidneys), causing serious kidney damage. UTIs can also lead to bladder infection (cystitis), urethral infection (urethritis), kidney infection (pyelonephritis), and ureter infection (ureteritis) Infections of the urinary system can appear in a variety of ways depending on the place of infection and the length of time they have been present. Those that affect the lower urinary tract are known as cystitis, and symptoms include aching bladder.

The National Family Health Survey (2018) reported on prevalence of urinary tract infection in India among adolescents as 16.6% and the risk of bacteremia developing in adolescents as 5-10%. Common risk factors for adolescent urinary tract infection are poor hygiene, dysfunctional voiding patterns, use of synthetic underwear and panties, tight jeans, wet bathing suits, allergens/irritants, famine hygiene sprays, bubble baths, perfumed toilet paper, sanitary napkin and soap may aid in the development of cystitis. Lack of adequate knowledge and practices related to maintenances of health leads to various genitourinary infections during adolescence. Thus, it is very essential to initiate health intervention measures for the prevention and control of urinary tract infection among adolescence.

Need for the Study

According to World Health Organization (1948), "Health is a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity". The state of positive health implies the notion of "perfect functioning" of the body and mind. A urinary tract infection is an infection that affects the urinary tract in any portion of the body. The kidneys are two bean-shaped organs located in the upper back of the abdomen. The kidneys filter waste from the blood and eliminate it from the body. Urine is transported from the kidneys to the bladder via the ureters. Urine is stored in the bladder until it exits the body through the urethra. Although most urinary tract infections affect the lower tract, any or all of these components can become contaminated. According to a research, 76.38 percent of people have recurrent urinary tract infections, 19.5 percent have adequate awareness of the condition, 22 percent have moderate knowledge, and 35.54 percent have in adequate knowledge (Mekhana, 2017).

World Health Organization (2018) reported that 700 million adolescents world wide among those 500 million in developing countries, one fifth of world's population accounts for 62% of population and in Tamil Nadu it is 59.9%. In United States, Healthcare Research and Quality, reported an increased incidence of 400000 hospitalizations for urinary tract infection. The overall prevalence of UTI in India was 66.78% of which 33.54% were females and 33.22%were from males. High prevalence was observed in females as compared to males.

Kripa, CK, (2020) A study was conducted as a non-experimental descriptive study to assess the knowledge on prevention of urinary tract infection among adolescents in a selected nursing college. Sample size for the present study consists of 30 adolescents from the Aswini College of Nursing, Thrissur, Kerala. Probability random sampling technique was adopted for the selection of sample. A standardized structured questionnaire was used to assess the socio-demographic data and knowledge level among adolescent. The present study revealed that out of 30 samples, 93% had average knowledge, 7% had inadequate knowledge and none have adequate knowledge. This study concluded by stating the need to educate adolescents in the college to appropriate knowledge regarding the prevention of urinary tract infection.

Nurses play an important role in health care providing health education becomes the foremost step. Information Education and Communication is an important tool in health education. Most of the adolescent are not aware of the prevention of urinary tract infection. So, the researcher felt the need to emphasize on this aspect, through the Information Education and Communication (IEC) and assess the effectiveness of information education and communication terms of the knowledge score.

Statement

A study to evaluate the effectiveness of Information Education Communication (IEC) on the level of knowledge regarding Prevention of Urinary Tract Infection among adolescents in a Selected School at Gonda.

OBJECTIVES

- To assess the pre-test and post-test level of knowledge regarding prevention of urinary tract infection among adolescents in a selected school.
- To evaluate the effectiveness of Information Education and Communication on prevention of urinary tract infection among adolescents in a selected school.
- To determine the association between the posttest level of knowledge regarding prevention of urinary tract infection among adolescents with their selected demographic variables.

Null Hypotheses

NH_1 – There is no significant difference between mean pre-test and post-test level of knowledge regarding prevention of urinary tract infection among adolescents in a selected school

NH_2 – There is no significant association between post-test on level of knowledge regarding prevention of urinary tract infection among adolescents with their selected demographic variable.

Assumptions

Adolescents may have inadequate knowledge regarding prevention of Urinary tract infection.

Information education and communication on prevention of urinary tract infection may help adolescents to improve their knowledge.

Delimitations

The study was delimited to a period of one week of data collection.

The adolescen studying in a selected school, Gonda.

Adolescent between the age group of 12-14 years.

Sample size is limited to 50.

sample selection criteria

Inclusion Criteria

- Adolescents those who are in the age group and studying 12-14 years.
- Adolescents who can speak and write English and Hindi.
- Adolescents who are willing to participate in the study.
- Adolescents who are present during the time of data collection.

Exclusion Criteria

Adolescents who have already got information regarding prevention of urinary tract infection.

Data collection procedure

Before proceeding with the study, formal permission was taken from the respected authorities of St. Xavier's School Gonda. The objective of the study was explained. Obtained oral consent from the participants and the questionnaire was distributed to the subjects. A quantitative approach was adopted with pre-experimental one group pre-test post-test design was used in this study. 50 adolescents were selected through purposive sampling technique. Data was collected by structured self-administered questionnaire. The pretest was conducted among adolescents on 1st day. Information education and communication (IEC) was given through Power Point presentation for 30 minutes on same day. Post-test was conducted on 6th day to evaluate the knowledge of all the participants on the 6th day after the intervention by used the same structured knowledge questionnaire.

RESULTS

Table 1: Frequency and percentage distribution of demographic variables among adolescents

N = 50

Demographic Variables	Frequency (n)	Percentage (%)
Age in years		
12 years	13	26%
13 years	24	48%
14 years	13	26%
Religion		
Hindu	23	46%
Muslim	1	2%
Christian	26	52%

Table Cont..

Type of Family		
Nuclear family	26	52%
Joint family	20	40%
Extended family	4	8%
Area of living		
Rural	4	8%
Urban	46	92%
Previous history of UTI		
Yes	5	10%
No	45	90%
Previous knowledge on UTI		
Yes	13	26%
No	37	74%

Table: 1 shows that the description of the demographic variables of the adolescents, The results indicated that with regard to age in years 13(26%) were in the age group of 12 years, 24(48%) were in the age group 13 years, 13(26%) were in the age group of 14 years, With regard to religion, 23 (46%) were Hindu, 1 (2%) were Muslim, and 26 (52%) were Christian. With regard to type of family, 26 (52%) from Nuclear family, 20 (40%) from Joint family, 4(8%) from Extended family. With regard to area of living 4(8%) were rural areas, 46 (92%) were urban areas. With regard to 5 (10%) had previous history of UTI, 45 (90%) had no previous history of UTI, With regard to 13 (26%) had previous knowledge on UTI 37 (74%) had no previous knowledge on UTI.

Table 2: Frequency and percentage distribution of pre-test and post-test level of knowledge regarding prevention of urinary tract infection among adolescents

N=50

Level of knowledge	One group Pre-test and Post-test			
	Pre-test		Post test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Inadequate knowledge (0-8)	6	12	1	2
Moderately adequate knowledge (9-16)	43	86	13	26
Adequate knowledge (17-25)	1	2	36	72

Table 2 shows that the frequency and distribution of pre-test and post-test level of knowledge regarding prevention of urinary tract infection among adolescents. Among 50 adolescents pre-test score was 6 (12%) had inadequate knowledge, 43 (86%) had moderately adequate knowledge, 1 (2%) had adequate knowledge in post-test score was 1(2%) had inadequate knowledge, 13 (26%) of them had moderately adequate knowledge, and majority 36 (72%) of them had adequate knowledge regarding prevention of urinary tract infection.

Table 3: Comparison of pre-test and post-test level of knowledge on prevention of urinary tract infection among adolescents

N=50

Knowledge	Mean	Standard Deviation	Mean difference	Paired 't test t-value
Pre Test	11.2	2.44	2.94	t=48.64 **P=0.816** S***
Post Test	17.5	3.44		

***p<0.05 level, S – Significant

Table 3 shows that the mean, mean deviation, standard deviation, and t-value of pre-test and post-test level of knowledge regarding prevention of urinary tract infection among adolescents. Mean score of knowledge in pre-test was 11.2 with the SD of 2.44 and post-test was 17.5, with the SD of 3.44, and mean deviation score was 2.94. The obtained 't'-value is 48.64. It was found to be statistically significant at $p<0.05$ level. It is inferred that there was difference found between the pre-test and post-test level knowledge regarding prevention of urinary tract infection. Hence that stated Null hypotheses rejected.

Table 4 shows that the demographic variable of previous history of UTI (χ^2=11.13, P=5.99) previous knowledge of UTI (χ^2=13.059, P=5.99) had shown statistically significant association with level of knowledge on prevention of urinary tract infection among adolescents at $p<0.05$, and the other demographic variables had shown statistically significant association with the level of knowledge on prevention of urinary tract infection among adolescent.

Table 4: Association of post-test level of knowledge with their selected demographic variables.

N=50

Demographic variables	Inadequate Knowledge (0-8)		Moderately adequate Knowledge (9-16%)		Adequate knowledge (17-25%)		Chi-square Value
	(f)	%	(f)	%	(f)	%	
Age in years							
12 years	1	2	3	6	9	18	χ^2=3.049 df=4 P=9.49 NS
13 years	0	0	7	14	17	34	
14 years	0	0	3	6	10	20	
Religion							
Hindu	0	0	3	18	20	40	χ^2=4.032 df=4 P=9.49 NS
Muslim	0	0	0	6	1	2	
Christian	1	2	9	0	16	32	
Type of Family							
Nuclear family	1	2	7	14	18	36	χ^2=0.558 df=4 P=9.49 NS
Joint family	1	2	4	8	15	30	
Extended family	0	0	1	2	3	6	
Area of living							
Rural	0	0	2	24	2	4	χ^2=1.086 df=2 P=5.99, NS
Urban	1	2	12	4	33	66	
Previous history of UTI							
Yes	1	2	2	10	2	4	χ^2=11.13 df=2 P=5.99, NS
No	0	0	8	4	37	74	
Previous Knowledge on UTI							
Yes	0	0	1	26	12	24	χ^2=13.059, df=2, P=5.99, NS
No	1	2	13	2	23	46	

p<0.05, S – Significant, N.S – Not Significant

DISCUSSION

The basic aim of current study is to evaluate the effectiveness of information education and communication on level of knowledge regarding prevention of urinary tract infection among adolescents.

The first objective of the study was to assess the pre-test and post-test level of knowledge regarding prevention of urinary tract infection among adolescents. Findings of the study was among 50 adolescents, in pre-test 6 (12%) adolescents had inadequate knowledge, 43 (86%) adolescents had moderately adequate knowledge, and 1 (2%) adolescents had adequate knowledge. Where as in post-test 1 (2%) adolescents had inadequate knowledge, 13 (26) adolescents had moderately adequate knowledge, and 36 (72%) adolescents had adequate knowledge.

The pretest study supported with the following study conducted by Kaur Ramandeep *et al.*, (2019) conducted a pre experimental study one group pre-test and post-test design to assess the effectiveness of structured teaching program on knowledge regarding prevention of urinary tract infection among 110 first year nursing students in semi-urban Jalandhar, Punjab. Data was collected by using a self-structured knowledge questionnaire. The study revealed that pre-test mean knowledge score was 15.9 out of whereas post-test mean knowledge score was 24.7 out of 30. This study concluded that structured teaching program regarding prevention of urinary tract infection had significant impact on knowledge of first year nursing students.

The second objective of the study findings revealed that pre-test knowledge mean score was 11.2, standard deviation 2.44, and post-test

knowledge mean score was 17.5, standard deviation score 3.44, mean deviation 2.94 and t value was 48.64. It was statistically significant at $p<0.05$ level.

Sharmin Sherasiya *et al.*, (2019) conducted pre-experimental one group pre-test post-test design study to assess the outcome of Information Education Communication on Knowledge regarding UTI among 60 adolescents in selected Schools at Gujarat. The data was collected through structured knowledge questionnaire level of knowledge assess among adolescents. The study revealed that majority are having inadequate level of knowledge (53%), than (28%) having moderately adequate knowledge, and only (19%) as having adequate level of 22 knowledge in pre-test and in post-test, majority have got moderately adequately knowledge (50%), than (37%) got adequate level of knowledge and only (13%) got inadequate knowledge. The obtained 't' value was 10.72 which was significant at 0.05 level. The finding of the study revealed that Information Education Communication helps in increasing the level of knowledge among all the demographic variable only education of mother and father, occupation of mother and father and source of information was significant at 0.05 level.

The third objective of the study finding was consistent with the study findings of a similar study by Sheela pavithran *et al.*, (2019) who conducted a study using quantitative pre-test and post-test control group design in Kochi to assess the effectiveness of structured teaching program on knowledge regarding prevention of urinary tract infection among 119 adolescents. Subjects were selected by one stage cluster sampling. Data was collected by using structured questionnaire. The study result showed knowledge was significantly associated with selected demographic variables like frequency of voiding during school hours, voiding in unclean toilet, taking bath during menstruation and cleaning genitalia during menstruation. This study recommended the need a importance of implementing various teaching programs for adolescents.

SUMMARY & CONCLUSION

The study results showed that the level of knowledge on the post-test based on knowledge mean Score 17.5 with a SD 3.44 was significantly higher than the level of knowledge on the pre-test based on knowledge mean Score 11.2 with a SD 2.44. As the post-test analysis was done after information education and communication it is evident that the adolescents learnt better and showed improvement in knowledge on prevention of urinary tract infection

After information education and communication, it was found that they had significantly improved in level of knowledge regarding prevention of urinary tract infection among adolescents. Samples became familiar and found themselves comfortable and also expressed satisfaction. The study revealed that through Information Education and Communication (IEC) they gained adequate knowledge on urinary tract infection and also this information can be communicated to others, to prevent urinary tract infection in the family and community. Thus, it was concluded that, Information Education and Communication on prevention of urinary tract infection among adolescents was effective to improve the level of knowledge.

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Original Article

Journal of Psychiatric Nursing
Volume 13 Number 2 May – August 2024
DOI: http://dx.doi.org/10.21088/jpn.2277.9035.13224.2

Impact of Peer-prepared Video Clip on the Knowledge and Extent of Practice of Healthy Food Choices among Young Adult

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How to cite this article:
K. Maheswari, Aspin R. Impact of Peer-prepared Video Clip on the Knowledge and Extent of Practice of Healthy Food Choices among Young Adult. J Psychiatr Nurs. 2024;13(2):15–21.

ABSTRACT

Nutrition is vital for health and development, influencing bodily needs and reducing non-communicable diseases risk. This study examined the impact of peer-prepared video clips on young adults' knowledge and practice of healthy food choices. Objectives included assessing the knowledge and practice levels pre and post-test and evaluating the effectiveness of the video. Additionally, it aimed to correlate post-test results with demographic variables. A pre-experimental quantitative approach and one-group pretest-posttest design were utilized. Purposive sampling selected 31 young adults. A structured pretest questionnaire was administered via Google Forms, followed by a peer-prepared video on healthy food choices. The post-test was conducted five days later. Results showed that, in the pretest, 4 participants (12.91%) had inadequate knowledge and 27 (87.09%) had moderately adequate knowledge. Post-test, 22 participants (70.96%) had moderately adequate knowledge, while 9 (29.03%) achieved adequate knowledge. Regarding practice, 4 participants (12.91%) had inadequate practice levels pretest, and 26 (83.87%) had moderately adequate practice. The study demonstrated the peer-prepared video's effectiveness in improving knowledge and practice regarding healthy food choices among young adults. This highlights the potential of peer-created educational content in promoting better nutritional habits.

Keywords: Nutrition; Diseases; Young adults.

INTRODUCTION

Food choice refers to how people decide what to buy and eat, influenced by culture, heritage, and upbringing. It provides vital nutrients needed for our bodies to function. Good food choices are especially important for young adults' growth. Smart choices have immediate and long-lasting benefits. Dr. Adam Drewnowski of the University of Washington says healthier diets don't have to be expensive with the right attitude and home cooking.

Nearly half of U.S. adults (46%) have poor diets lacking fish, whole grains, fruits, vegetables, nuts, and beans while consuming too much salt, sugary drinks, and processed meats. Globally, 42% can't afford a healthy diet with 71% in India having insufficient fruits, vegetables, legumes, nuts, and whole grains in their diet. Understanding food choice is crucial for effective health promotion to combat morbidity and mortality in India. Besides physiological, environmental, and social

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Received on: 28.05.2024

Accepted on: 23.08.2024

influences, routine decisions like food choice significantly impact health. Behavioral scientists see these decisions as key opportunities to enhance population health. Young adults in India are gaining weight faster than previous generations, with a rise in consumption of high-fat, sugar, and salt foods linked to non-communicable diseases.

The food processing sector has grown, with packaged food sales increasing by 11%, often containing unhealthy levels of fat, salt, and sugar. Changes in lifestyle, family structure, income, and health awareness influence food purchase behaviors in India. Food choices are influenced by taste, price, convenience, health, and social environment. People with long working hours consume more packaged food for convenience. A Delhi study found that children in the family influence the purchase of ready-to-eat packaged food. Media and TV also impact consumer decisions. Young adults, transitioning from adolescence to adulthood, are particularly affected by factors like time constraints, price, mood, convenience, and taste preferences.

Need for the study

Early adulthood brings significant changes like moving away for education or work, entering college or the workforce, and marriage. Young adults' food choices are influenced by factors such as taste, price, familiarity, mood, and health. As people age, factors affecting food choices become more stable and less varied. Barriers to healthy eating, like food cost and lack of time, decrease with age. Understanding these food choice factors in young adults is crucial for public health strategies.

India has over 135 million obese individuals. While BMI has been the standard for assessing obesity, central body fat is a more reliable predictor of metabolic diseases, leading to the concept of normal-weight obesity (NWO). Targeting diet and physical activity in young adults can prevent many non-communicable diseases.

A 2020 study by Oxford University Press for the American Society for Nutrition highlighted the relative importance of factors affecting young adults' meal choices, suggesting tailored meal-based interventions based on demographics and health. In 2022, a study in Singapore found that both virtual and real-life social influences affect Asian young adults' behaviors in a complex way. The research recommends regulating digital marketing of unhealthy food and enhancing healthier food options' availability, accessibility, and affordability in the foodservice sector for effective interventions.

Statement

A study to assess the impact of peer-prepared video clip on the Knowledge and extent of practice of healthy food choices among young adults in a selected college.

OBJECTIVES

- To assess the pre and post test level of knowledge and extent of practice regarding healthy food choice among young adults.
- To assess the effectiveness of peer-prepared video clip on knowledge and extent of practice regarding healthy food choices among young adults.
- To associate the post test level of knowledge and extent of practice regarding healthy food choices among young adults with their selected demographic variables.

Null hypothesis

NH_1: There is no significant difference between the pre test and post test level of knowledge regarding healthy food choices among young adults.

NH_2: There is no significant association between the post test level of knowledge and extent of practice regarding healthy food choices among young adult with their selected demographic variable.

Assumption

1. Young adults may need adequate information regarding healthy food choices.
2. Young adults may need healthy practice of food choice.

Delimitations

The study was delimited:

- To a period of one week of data collection.
- To students who are present during data collection.

Sampling Selection Criteria

Inclusion Criteria

1. Young adults between the age group of 17-25 years.
2. Young adults who are willing to participate in the study.
3. Young adults who are studying 2nd year B.Sc. Operation Theatre and Anesthesia

Technology and BSc Medical Laboratory Technology at MMM College of Health Science, Chennai (Tamil Nadu).

Exclusion Criteria

1. Young adults who are not present at the time of the study.

METHODOLOGY

Research methodology involves systematic procedure in which the research starts from initial identification of the problem to its conclusion. A quantitative research approach was used for this study to assess the impact of peer-prepared video clips on the knowledge and extent of practice of healthy food choices among young adults. The role of methodology consists of procedures and techniques for conducting the study. This samples were selected using purposive sampling technique. The pre-test level of knowledge and extent of practice was assessed by structured questionnaire. The video clip regarding the knowledge and extent of practice of healthy food choices was given for 8 minutes and post test data was collected using the same tool. The data collected have been analyzed using appropriate technique. Both descriptive and inferential statistics were used.

RESULTS

Table 1: Frequency and percentage distribution of demographic variables of the young adults.

(N=31)

Demographic variables	Frequency	Percentage
Age		
17-19 years	26	83.87%
20-22 years	5	16.13%
23-25 years	0	0%
Gender		
Male	10	32.26%
Female	21	67.74%
Religion		
Hindu	16	51.61%
Islam	4	12.90%
Christianity	11	35.49%
Marital status		
Single	31	100%
Married	0	0%
Course of studying		
OTAT	13	42%
MLT	18	58%
Year of studying		
First year	0	0%
Second year	31	100%
Third year	0	0%
Fourth year	0	0%
Height		
130-150 cm	5	16.13%
151-170 cm	20	64.51%
171-190 cm	6	19.36%
Weight		
30-50 kg	13	41.93%
51-70 kg	15	48.39%
71-90 kg	3	9.68%
BMI		
Underweight	6	19.36%
Normal	23	74.19%
Overweight	2	6.45%

With regard to age 26 (83.87%) were in the age group of 17-19 years, 5 (16.13%) were in the age group of 20-22 years. With regard to gender 10 (32.26%) were male, 21 (67.74%) were females. With regard to religion, 16 (51.61%) were Hindus, 4 (12.90%) were Islam, 11 (35.49%) were Christians. With regard to the marital status 31 (100%) were singles. With regard to course of studying 13 (42.0%) were operation theatre and anesthesia technology, 18 (58.0%) were medical laboratory technology. With regard to height 5 (16.13%) were in the 130-150cm, 20 (64.51%) were in the 151-170cm, 6 (19.36%) were in the 171-190cm.With regard to weight 13 (41.93%) were in 30-50kg, 15 (48.39%) were in the 51-70kg, 3 (9.68%) were in the 71-90kg. With regard to BMI 6 (19.36%) were underweight, 23 (74.19%) were normal, 2 (6.45%) were underweight

Table 2: Frequency and percentage distribution of pretest and posttest knowledge related to healthy food choices among young adults.

(N=31)

Level of knowledge	Pre-test		Post-test	
	No.	%	No.	%
Inadequate	4	12.91	0	0
Moderately adequate	27	87.09	22	70.96
Adequate	0	0	9	29.03

The findings revealed that in pretest with regard to knowledge, 4 (12.91%) had inadequate level of knowledge, 27 (87.09%) had moderately adequate level of knowledge and 0 (0%) had adequate level of knowledge and in post test with regard to level of knowledge 0 (0%) had inadequate level of

knowledge, 22 (70.96%) had moderately adequate level of knowledge and 9 (29.03%) had adequate level of knowledge.

Table 3: Frequency and percentage distribution of pretest and posttest on extent of practice related to healthy food choices among young adults.

(N=31)

Level of Practice	Pre-test		Post-test	
	No.	%	No.	%
Inadequate	4	12.91	0	0
Moderately adequate	26	83.87	11	35.48
Adequate	1	3.22	20	64.52

The findings revealed that in pretest with regards to level of practice, 4 (12.91%) had inadequate level of practice, 26 (83.87%) had moderately adequate level of practice and 1 (3.22%) had adequate level of practice and in post-test with regards to level of practice 0 (0%) had inadequate level of practice, 11 (35.48%) had moderately adequate level of practice and 20 (64.52%) had adequate level of practice.

Table 4: Assessment of effectiveness of peer-prepared Video Clip on the Knowledge and extent of practice on healthy food choices among young adults.

N=31

Test	Mean	Standard deviation	Mean difference	Paired 't' Test value
Pre-test	12.5	2.60	2.5	Paired 't' test value = 4.23 S P value = 2.042
Post-test	15	2.54		

NS=Not significant, S=Significant, *p > 0.05 level

The tables shows that the comparison of pre-test and post-test mean knowledge and extent of practice of healthy food choices among young adults. In pre-test mean knowledge score was 12.5 with the standard deviation of 2.6 and the post-test mean knowledge score was 15 with the standard deviation of 2.54. The paired 't' test value, t=4.23, p>0.05.The mean difference of pre test and post test is 2.5. This clearly showing a high statistically significant difference between pre-test and post-test level of knowledge regarded healthy food choices among young adults.

Table 5: Shows the assessment of association of post-test level of knowledge on healthy food choices among young adults.

Demographic Variables	Inadequate (0-4)		Moderately adequate (5-9)		Adequate (10-13)		Chi Square Value
	(n)	%	(n)	%	(n)	%	
Age							
17-19 years	0	0	19	0.613	7	0.226	
20-22 years	0	0	3	0.097	2	0.065	$c^2 = 0.29$, d.f = 4, P = 9.488, NS
23-25 years	0	0	0	0	0	0	
Gender							
Male	0	0	8	0.258	0	0	$c^2 = 0.69$, d.f = 2, P = 5.991, NS
Female	0	0	14	0.452	9	0.290	
Religion							
Hindu	0	0	11	0.355	5	0.161	
Islam	0	0	4	0.129	1	0.032	c^2= 0.248, d.f = 4, P = 9.488, NS
Christianity	0	0	7	0.226	3	0.097	
Marital status							
Single	0	0	22	0.710	9	0.290	c^2= 0, d.f = 2, P = 5.991, NS
Married	0	0	0	0	0	0	
Course of studying							
OTAT	0	0	11	0.355	2	0.065	$c^2 = 2.01$, d.f = 2, P = 5.991, NS
MLT	0	0	11	0.355	7	0.226	

table cont....

Year of studying							
First year	0	0%	0	0%	0	0%	
Second year	0	0%	0	0%	0	0%	$\chi^2 = 0$, d.f = 6
Third year	0	0%	22	70.97%	9	29.03%	P = 12.592 NS
Forth year	0	0%	0	0%	0	0%	
Height							
130-15 cm	0	0%	5	16.13%	0	0%	$\chi^2 = 3.66$,
151–170 cm	0	0%	12	38.71%	8	25.81%	d.f = 4
171-190 cm	0	0%	5	16.13%	1	3.22%	P = 9.488, NS
Weight							
30-50 Kg	0	0%	7	22.58%	6	19.35%	$\chi^{22} = 3.64$
51-70 Kg	0	0%	12	38.71%	3	9.68%	d.f = 4
71-90 Kg	0	0%	3	9.68%	0	0%	P = 9.488, NS
BMI							
Underweight	0	0%	4	13%	2	6.45%	$\chi^2 = 0.883$
Normal	0	0%	16	51.61%	7	22.58%	d.f = 4
Overweight	0	0%	2	6.45%	0	0%	P = 9.488, NS

The findings revealed that the demographic variable of age, gender, religion, marital status, course of studying, year of studying, height, weight and BMI has shown statistically non-significant association of post-test level of knowledge on healthy food choices among young adults (χ^2= 0.29, χ^2 = 0.69, χ^2= 0.248, χ^2 = 2.01, χ^2= 0, χ^2= 3.66, χ^2= 3.64, χ^2 = 0.883) p > 0.05.

Table 6: Shows the assessment of association of post-test level on extent of practice on healthy food choices among young adults with their demographic variables

Demographic Variables	Inadequate (0-4)		Moderately adequate (4-8)		Adequate (9-12)		Chi Square Value
	(n)	%	(n)	%	(n)	%	
Age							
17-19 yrs	0	0%	9	29.03%	17	54.84%	$\chi^2 = 0.051$, d.f = 4
20-22 yrs	0	0%	2	6.45%	3	9.68%	P>0.05, NS
23-25 yrs	0	0%	0	0%	0	0%	
Gender							
Male	0	0%	5	16.13%	5	16.13%	$\chi^2 = 1.355$, d.f = 2
Female	0	0%	6	19.35%	15	48.39%	P >0.05, NS
Religion							
Hindu	0	0%	5	16.13%	11	35.48%	χ^2 =0.243, d.f = 4
Islam	0	0%	2	6.45%	3	9.68%	P >0.05, NS
Christianity	0	0%	4	12.90%	6	19.35%	
Marital status							
Single	0	0%	11	35.48%	20	64.52%	$\chi^2 = 0$, d.f = 2
Married	0	0%	0	0%	0	0%	P >0.05, NS
Course of studying							
OTAT	0	0%	1	3.22%	12	38.71%	$\chi^2 = 7.55$, d.f = 2
MLT	0	0%	10	32.26%	8	25.81%	P >0.05, NS
Year of studying							
First year	0	0%	0	0%	0	0%	
Second year	0	0%	11	35.48%	20	64.52%	$\chi^2 = 0$, d.f = 6
Third year	0	0%	0	0%	0	0%	P >0.05, NS
Fourth year	0	0%	0	0%	0	0%	

Table Cont...

Height							
130 – 15 cm	0	0%	0	0%	5	16.13%	χ^2 = 3.24, d.f = 4 P >0.05, NS
151 – 170 cm	0	0%	8	25.81%	11	35.48%	
171 - 190 cm	0	0%	3	9.68%	4	12.90%	
Weight							
30-50 Kg	0	0%	4	12.90%	9	29.03%	χ^2 = 5.47, d.f = 4 P >0.05, NS
51-70 Kg	0	0%	9	29.03%	6	19.36%	
71-90 Kg	0	0%	3	9.68%	0	0%	
BMI							
Underweight	0	0%	3	9.68%	3	9.68%	χ^2 = 0.994, d.f = 4 P >0.05, NS
Normal	0	0%	7	22.58%	16	51.61%	
Overweight	0	0%	1	3.22%	1	3.22%	

The findings revealed that the demographic variable of age, gender, religion, marital status, level of studying, height, weight and BMI has shown statistically non significant association of posttest level of extent of practice on healthy food choices among young adults (χ^2 =0.051, χ^2 = 1.35, χ^2 = 0.243, χ^2 = 0, χ^{22} = 0, χ^2= 3.24, χ^2= 5.47, χ^2= 0.994) p<0.05. The findings revealed that the demographic variable of course of study has shown statistically significant association at the level of p <0.05 with posttest extent of practice on healthy food choices among young adults (χ^2= 7.55).

DISCUSSION

The present study was executed to assess the impact of peer-prepared Video Clip on the Knowledge and practice of healthy food choice among young adults. The findings of the study revealed that there was a significant difference in the levels of knowledge and extent of practice on healthy food choices among young adults.

The first objective of the findings revealed that in pretest with regards to knowledge, 4 (12.91%) had inadequate level of knowledge, 27 (87.09%) had moderately adequate level of knowledge and 0(0%) had adequate level of knowledge and in posttest with regards to level of knowledge 0 (0%) had inadequate level of knowledge, 22 (70.96%) had moderately adequate level of knowledge and 9 (29.03%) had adequate level of knowledge.

The second objective of the findings revealed in pre-test mean knowledge score was 12.5 with the standard deviation of 2.6 and the post-test mean knowledge score was 15 with the standard deviation of 2.54. The paired 't' test value, t=4.23, p>0.05. The mean difference of pretest and posttest is 2.5. This clearly shows a high statistically significant difference between pre-test and post-test level of knowledge regarding healthy food choices among young adults.

The third objective of the findings revealed that the demographic variable of age, gender, religion, marital status, course of studying, year of studying, height, weight and BMI has shown statistically non-significant association of post-test level of knowledge on healthy food choices among young adults (χ^2= 0.29, χ^2 = 0.69, χ^2= 0.248, χ^2 = 2.01, χ^2= 0, χ^2= 3.66, χ^2= 3.64, χ^2 = 0.883) p > 0.05.

SUMMARY & CONCLUSION

The research study titled "Impact of Peer-prepared Video Clip on the Knowledge and Extent of Practice of Healthy Food Choices among Young Adults" demonstrated a significant positive impact on both the knowledge and practice of healthy food choices among young adults. Pretest data indicated a predominance of moderately adequate knowledge levels, with a notable absence of individuals possessing adequate knowledge. Post-test results, however, showcased a marked improvement; no participants exhibited inadequate knowledge, while a significant portion of the sample attained adequate knowledge levels. Quantitatively, the mean knowledge score significantly improved from 12.5 in the pretest to 15 in the post-test, further substantiated by a statistically significant paired 't' test value. Crucially, the study's findings underscore the effectiveness of peer-prepared video interventions in enhancing dietary knowledge among young adults. The improvement in their knowledge was significant and consistent, indicating the potential of such peer-driven educational tools in promoting healthier lifestyle choices. Additionally, demographic factors such as age, gender, religion, marital status, course and year of study, height, weight, and BMI did not significantly influence the outcomes, suggesting that the video intervention's efficacy was consistent across these variables. This uniformity highlights the broad applicability

of peer-prepared educational videos as a tool for dietary education across diverse young adult populations. Overall, this study reinforces the importance of innovative, peer-engaging educational methods in public health campaigns, particularly those aimed at young adults. Future initiatives could build on these findings, exploring the long-term effects of such interventions and their potential integration into broader health education frameworks.

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Original Article

Journal of Psychiatric Nursing
Volume 13 Number 2 May – August 2024
DOI: http://dx.doi.org/10.21088/jpn.2277.9035.13224.3

A Study to assess the Effectiveness of Structured Teaching Program on Awareness Regarding Child Abuse among Mothers in Urban Health Center area in Aurangabad City

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How to cite this article:
Donit John, Mrunalini Umakanth Shete. A Study to assess the Effectiveness of Structured Teaching Program on Awareness Regarding Child Abuse among Mothers in Urban Health Center area in Aurangabad City. J Psychiatr Nurs. 2024;13(2)23–31.

ABSTRACT

Introduction: Child abuse and neglect is the extent to which society is not well known, most of that are hidden, many more victims do not mention in a public health problem. Abused and neglected child reaches very few repute institutions. Generally, the cases remain hidden in the family.

Result: The descriptive and inferential statistics were used to compute the data. The pre-test showed that 42(84%) mothers had inadequate awareness and 6(12%) mothers had moderately adequate awareness and 3(6%) mothers had adequate awareness on child abuse. The post-test revealed that 16(32%) mothers had gained moderately adequate awareness, 44(88%) mothers had gained adequate awareness and none had inadequate awareness on child abuse. There was an improvement in the mean awareness score regarding child abuse which was significant (p0.000). The post-test revealed that 50(100%) mothers had gained adequate awareness on child abuse and none had inadequate practice. The structured teaching programme significantly increased the awareness among the mothers regarding child abuse. This shows the effectiveness of structured teaching programme. Hence the hypothesis was supported.

Conclusion: The study suggests a need for a more extensive and comprehensive approach to child abuse education and especially awareness. However health workers are the sole supporters of the community in this issue.

Keywords: Structured teaching program; Child abuse; Mothers; Urban Health Center.

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Received on: 30.05.2024

Accepted on: 29.06.2024

INTRODUCTION

Childhood should be carefree, playing in the sun; not living nightmare in the darkness of the soul."

- Dave Pelzer

We were told throughout our lives that we were 'useless", "good for nothing and 'undeserving of everything we got'. This was reinforced by 'betrayal' from our family and manipulation'

from the perpetrators who 'dominated' us from their position of power and trust, making us feel 'powerless', 'worthless', 'ashamed', 'guilty' and 'to blame somehow. We were used and treated as 'objects' or 'meat. When other children were developing the building blocks for a strong identity and understanding that they were unique and worthwhile, "able and OK' were "stuck in a world that taught us 'we would never amount to anything'. But worse, we still carry the burden of 'shame' and 'guilt', 'confusion' and 'sadness' which continually diminishes our 'self-worth' and 'shatters our identity. Child neglect is the most common form of maltreatment. Neglect is generally defined as the failure of a parent or other person legally responsible for the child's welfare to provide for the child's basic needs and an adequate level of care.

Nester, 1998 & Kaplan and Labruna, 1999

Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

World Health Organization-1999

Child abuse refer to the physical, sexual or emotional maltreatment or neglect of a child or children. In the United States, the Centers for Disease Control and Prevention (CDC) and the Department for Children and Families (DCF) define child maltreatment as any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child. Child abuse can occur in a child's home, or in stet organizations, schools or communities the child interacts with. There are four major categories of child abuse: neglect, physical abuse, psychological or emotional abuse, and sexual abuse.[1]

In Western countries, preventing child abuse is considered a high priority, and detailed laws and policies exist to address this issue. Different jurisdictions have developed their own definitions of what constitutes child abuse for the purposes of removing a child from his/her family and/or prosecuting a criminal charge. According to the Journal of Child Abuse and Neglect, child abuse is "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation, an act or failure to act which presents an imminent risk of serious harm".[1]

However, Douglas J. Besharov, the first Director of the U.S. Center on Child Abuse and Neglect, states "the existing laws are often vague and overly broad" and there is a "lack of consensus among professionals and Child Protective Services (CPS) personnel about what the terms abuse and neglect mean". Susan Orr, former head of the United States Children's Bureau U.S. Department of Health and Services Administration for Children and Families, 2001-2007, states that "much that is now defined as child abuse and neglect does not merit governmental interference".[2]

Until quite recently, children had very few rights in regard to protection from violence by their parents, and still continue to do so in many parts of the world. Historically, fathers had virtually unlimited rights in regard to their children and how they chose to discipline them. In many cultures, such as in Ancient Rome, a father could legally kill his children; many cultures have also allowed fathers to sell their children into slavery, Child sacrifice was also a common practice. Today, corporal punishment of children by their parents remains legal in most countries, but in Western countries that still allow the practice there are strict limits on what is permitted. The first country to outlaw parental corporal punishment was Sweden (parents' right to spank their own children was first removed in 1966, and it was explicitly prohibited by law from July 1979).

Child maltreatment is prevalent in every society. To date, however, no study has systematically reviewed. All the published and unpublished research that has been conducted on the prevalence and incidence of child maltreatment in the East Asia and Pacific region. This review seeks to bridge this gap by detailing research undertaken in the last 10 years on the magnitude (prevalence and incidence) of child abuse and also to systematically review the outcomes for children that have experienced abuse and exploitation. This review was funded by the UNICEF East Asia and Pacific Regional Office (EAPRO) as part of the development of a regional package of evidence on child maltreatment in order to inform policies and programs for prevention and response. Specifically, the study is the first stage of a regional costing exercise to estimate the economic costs of child abuse to individuals, families and society, and will inform the conduct of a prevalence and attribute, able fractions review that will estimate the burden and consequences of child maltreatment in the region. Both reviews will contribute to the development of a regional model for estimating the economic costs of child

abuse. University of Georgia, FISCO Inform LLC. Child Frontiers and UNICEF EAPRO.

In 2006, 4.3 percent of children younger than 18 years in the United States were reported to be victims of child abuse. More than 3 million cases of child abuse are reported each year, with 1 million cases later being substantiated. More than 1,400 children die from inflicted injuries annually, 45 percent of whom are younger than 12 months. Child abuse is one of the leading causes of injury-related mortality in infants and children. An abused child has approximately a 50 percent chance of being abused again, and has an increased risk of dying if the abuser is not caught and stopped after the first presentation. The responsibility, therefore, lies with physicians to recognize and treat these cases at first presentation to prevent significant morbidity and mortality.

NEED FOR THE STUDY

According to WHO, one in every four girls and one in every seven boys in the world are sexually abused. Virani (2000) states, the WHO found that at any given time, one of ten Indian children is the victim of sexual abuse.[8] But Lois J. Engel Recht, a researcher quotes studies showing that over 50 per cent of children in India are sexually abused, a rate that is higher than in any other country.

Reliable estimates are hard to come since child abuser us rarely caught, often causing victims to suffer in dark and claustrophobic silence. To find out the extent of child abuse in India, the first ever National Study on Child Abuse was conducted by the Ministry of Women and Child Development, covering 12447 children, 2324 young adults and 2449 stakeholders across 13 states. In 2007 it published the report as "Study on Child Abuse: India 2007." The survey, covered different forms of child abuse i.e. physical, sexual and emotional as well as female child neglect, in five evidence groups, namely, children in a family environment, children in school, children at work, children on the street and children in institutions.

In ancient part father could legally killed, his children. Many cultures have also allowed fathers to sell their children into slavery; child sacrifice was also common practice. Today corporal punishment of children by their parent remains common. In United States approximately 15 to 25% female children & 5 to 15% of male child are sexually abused in the year of 2012. Most of abuse were acquaint ted with their victim approximately 30% of relative of child most often brothers, fathers, uncles or cousins.

Child labor refers to the employment of children in any work that deprives children of their childhood, interferes with their ability to attend regular school, or is mentally, physically, socially or morally dangerous and harmful. This practice is considered a form of exploitation and abuse of children by many international organizations. Child labor refers to those occupations which infringe on the development of children (due to the nature of the job and/or the lack of appropriate regulation) and does not include age appropriate and properly supervised jobs in which minors may participate. According to ILO, globally, around 215 million children work, many full-time. Many of these children do not go to school, do not receive proper nutrition or care, and have little or no time to play. More than half of them are exposed to the worst forms of child labor, such as child prostitution, drug trafficking, armed conflicts and other hazardous environments.

Awareness among mother regarding Child trafficking is the recruitment, transportation, transfer, harboring or receipt of children for the purpose of exploitation. Children are trafficked for purposes such as commercial sexual exploitation, bonded labor, camel jockeying, child domestic labor, drug trafficking, child soldiering, illegal adoptions, begging. It is difficult to obtain reliable estimates concerning the number of children trafficked each year, primarily due to the covert and criminal nature of the practice.

Female genital mutilation (FGM) is defined by the World Health Organization (WHO) as "all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons." It is practiced mainly in 28 countries in western, eastern, and north-eastern Africa, particularly Egypt and Ethiopia, and in parts of Asia and the Middle East. FGM is most often carried out on young girls aged between infancy and 15 years. The consequences of FGM include physical, emotional and sexual problems, and include serious risks during childbirth. In Western countries this practice is illegal and considered a form of child abuse.

To know a child marriage is a marriage whereby minors are given in matrimony often before puberty. Child marriages are common in many parts of the world, especially in parts of Asia and Africa. These marriages are typically arranged and often forced; as young children are generally not capable of giving valid consent to enter into marriage, child marriages are often considered by

default to be forced marriages. Marriages under the age of majority have a great potential to constitute a form of child abuse. In many countries there are no adequate laws to criminalize these practices, and even where there are laws, they are often not forced. India has more child brides than any nation in the world with 40% of the world total happening here. The countries with the highest rates of child marriage are: Niger (75%), Central African Republic and Chad (68%), and Bangladesh (66%). Customary beliefs in witchcraft are common in many parts of the world, even among the educated. This is especially the case in parts of Africa. Witchcraft accusations against children in Africa have received increasing mater national attention in the first decade of the 21st century. Children who are specifically at risk of such accusations include orphans, street-children, albinos, disabled children, children who are unusually gifted, children who were born prematurely or in unusual positions, and twins. Being accused of witchcraft in Africa is very dangerous, as a witch is culturally understood to be the symbol of evil, and the cause of all ills.

Background of the Study

WHO state in 2017 approximately 20% of women and 5-10% of men report being sexually abused as children, while 25-50% of all children report being physically abused. The lifelong consequences of child maltreatment include impaired physical and mental health, poorer school performance, and job and relationship difficulties. Ultimately, child maltreatment can contribute to slowing a country's economic and social development".

India is home to one of the largest child populations in the world, with almost 41% of the total population under 18 years of age. The health and security of the country's children is integral to any vision for its progress and development. Doctors and health care professionals are often the first point of contact for abused and neglected children. They play a key role in detecting child abuse and neglect, provide immediate and longer term care and support to children. Despite being important stakeholders, often physicians have a limited understanding on how to protect these vulnerable groups. There is an urgent need for systematic training for physicians to prevent, detect and respond to cases of child abuse and neglect in the clinical setting. The purpose of the present article is to provide an overview of child abuse and neglect from a medical assessment to a socio-legal perspective in India, in order to ensure a prompt and comprehensive multidisciplinary response to victims of child abuse and neglect. During their busy clinical practice, medical professionals can also use the telephone help line (CHILDLINE telephone 1098) to refer cases of child abuse, thus connecting them to socio-legal services. The physicians should be aware of the new legislation, Protection of Children from Sexual Offences (POCSO) Act, 2012, which requires mandatory reporting of cases of child sexual abuse, failing which they can be penalized. Moreover, doctors and allied medical professionals can help prevent child sexual abuse by delivering the message of personal space and privacy to their young patients and parents.

Study conducted in Maharashtra regarding Child abuse and neglect (CAN) is a significant global problem with a serious impact on the victims throughout their lives. Dentists have the unique opportunity to address this problem. However, reporting such cases has become a sensitive issue due to the uncertainty of the diagnosis. The authors are testing the awareness of the dentists toward CAN and also trying to question the efforts of the educational institutions to improve this awareness for the better future of the younger generation.

MATERIALS AND METHODS

Questionnaire data were distributed to 1,106 members regarding their awareness, professional responsibilities, and behavior concerning child abuse.

Problem Statement

A Study to assess the Effectiveness of structured teaching program on awareness regarding child abuse among mothers in Urban Health Center area in Aurangabad city.

OBJECTIVES

- To assess the level of awareness among the mothers regarding child abuse before and after structured teaching program
- To find out the association with the with selected demographic variables

HYPOTHESIS

H_0- There will be no significant difference in awareness of mothers regarding child abuse before and after structured teaching program.

H_i: There will be significant difference in the awareness of mothers regarding child abuse before and after structured teaching program.

H_{ii}: There will be significant difference between pre-test and post-test awareness of mothers regarding child abuse within their selected demographic variables.

ETHICAL ASPECTS

1. The study will proceed only after getting sanctioned by ethics committee of college.
2. The permission will be obtained from the concerned authority for conduction research.
3. The informed consent will be taken from all the participants.
4. The information collected from the subject will be kept confidential and the subjects will be kept anonyms.
5. The data generated during research process will be extensively used for benefits of the profession.

Conceptual Framework

Modifing Health Belief Model (1950)

Meaning: The Health Belief Model (HBM) is an intra-personal (within the individual, awareness and beliefs) theory used in health promotion to design intervention and prevention programs. It was designed in the 1950's and continues to be one of the most popular and widely used theories in intervention science. The health belief model assumes that behavior change occurs with the existence of three ideas at the same time:

Individual Perceptions: In present study the perceived awareness regarding child abuse among mothers having children up to the age of 12 year.

A. *Perceived awareness regarding child abuse:* Within the health field susceptibility refers to the risk a person has to a particular disease or health outcome. Within the context of the HBM, perceived susceptibility. Examines the individual's opinions about how likely the behaviors they partake in are going to lead to a negative health outcome.

B. *Perceived Severity*: Most people are familiar with the word severity as how serious a situation or action can be. In the HBM perceived severity addresses how serious the diseases that a person is susceptible.

Modifying Factors: While Individual Perceptions were internalized, In the Health Belief Model Modifying Factors step outside the body to examine and use outside influences to affect how threatened a person feels by the outcomes of continuing the same behaviors that put him at risk

A. *Perceived Threat* - Susceptibility as stated before displayed how someone awareness that their behavior could lead to a specific disease. Threat takes the idea one step further by examining just how likely it is that the disease could be developed.

B. *Environmental Factors* - Environmental factors can add to the threat of disease. Demographic background can cause one to be more at risk such as race, ethnicity, and socioeconomic status.

C. *Cues to Action* - Lastly cues to action are reasons why an individual realizes he could be threatened by serious disease. These could be media or concerned loved ones.

Likelihood of Action: After becoming aware of the potential for developing a disease if behavior does not change, it is important to weigh out the benefits and the barriers to taking action and determine if it is worth it.

A. *Perceived Benefits* - What are the benefits to change? In the HBM the goal is greater quality of life for an individual both mentally and physically.

B. *Perceived Barriers* - What are the reasons that I cannot change my behavior? Barriers could be anything from losing friends to not having enough money or even self-efficacy problems such as not believing in one's self.

Review of Literature

In the present study review of literature are arranged under the following headings:

a. Literature review related introduction, definition and meaning of child abuse

b. Literature review related to causes and types of child abuse

c. Literature related to signs and symptoms of child abuse and common problem of child abuse

d. Literature related to prevention and management of child abuse

e. Review related to Awareness regarding child abuse

METHODOLOGY

Research methodology is a systematic way to solve a research problem. It may be understood as a scientific way of doing research.

The significance of research lies in its quality and not in its quantity. The need, therefore, is to pay due attention to designing and adhering to the appropriate methodology throughout the study for improving the quality of research.

Research Approach: Research approach is the most significant part of any research. The appropriate choice of the research approach depends upon the purpose of the research study undertaken.

The present study was intended to assess the awareness of mothers on selected relationship with the selected variables.

Research Design: The research design employed for the study was the one group pre-test, post-test design or pre experimental design [Polit (2007)]. The research design compares the variation before and after the planned-teaching interventions.

Variables of the Study

Independent Variable: The independent variable in this study was the structured teaching program rendered to mothers in urban health center area.

Dependent Variable: Awareness and mothers regarding child abuse in urban health center area.

Extraneous Variable: The extraneous variables are the age, religion, educational status, occupation types of family and numbers of children in the family of mothers in learning during teaching, peer group influence, exposure to information.

Setting of the Study: Urban Health Center Area was selected as the setting for the study. The rationale for selecting this area was the availability of adequate samples.

Population: The population included mother's of children in urban health center area.

Sample Size: The sample comprised of 50 mothers who met with the inclusion criteria in urban health center area.

Sampling Technique: Convenience sampling technique was used.

Criteria For Selection of Samples

Inclusion criteria: Mothers who know and those Marathi who are interested in this study.

Exclusion criteria: Mothers who does not know Marathi. Mothers who does not have children

Development and Description of Data Collection Instrument

The structured interview schedule was developed for assessing the level of awareness among the mothers at pretest, and post-test assess the awareness. The tool was prepared based on the objectives of the study with the help of various resources, literature and opinions from subject experts to ascertain the effectiveness and to bring out the correct items in the questionnaire.

Data Collection Instrument and Description

It consisted of the following sections

Section A: Structured-interview schedule (pre-test and post-test)

Section B: Structured-teaching program on child abuse

Description of Tool

It consisted the following parts:

Part I: Demographic variables

Part II: Structured-interview schedule for awareness regarding child abuse

Part I: Demographic variables

Demographic variables such as age, religion, education, occupation, type of family and number of children in the family.

Part II: A structured-interview schedule was used to assess the awareness of mothers on child abuse.

It consisted of 20 closed ended questions regarding awareness on child abuse.

Scoring Procedure

Part II: Consisted of 20 questions related to mother's awareness regarding child abuse.

Each "right answer" score one mark and "wrong answer" score no (zero) mark.

Score interpretation

- >75% - Adequate
- 50-75% - Moderately adequate
- <50% - Inadequate

Total awareness score was 20.

Content Validity: The content validity of the instrument was assessed by obtaining opinion from three experts in the field of nursing. The experts suggested simplification of language, reorganization and addition of certain items. Appropriate modifications were made accordingly

and the tool was finalized.

Description of the Intervention: Structured-teaching programme included definition, types, signs and symptoms. Management and prevention of child abuse.

The tool was translated into regional language (Marathi). Medical terminologies were translated into Marathi according to the level of understanding of the samples.

Pilot Study: After getting permission from the principal and the Ethical committee, the researcher selected 6 mothers in an urban health center area. They were selected by using convenience sampling method.

A structured-interview schedule was used to collect data from the mothers. Pretest was conducted for mothers on awareness of child abuse and post-test was conducted seven days after the structured teaching programme on awareness of child abuse during the pilot study. The pilot study was conducted for two weeks during 2016 on 19/12/2016 to 31/12/2016. The samples taken for the pilot study was excluded for the main study.

Reliability: The overall integrity of the tool was estimated by using intra class correlation coefficient was done to be r=0.955 (p<0.001). The tool was found to be reliable.

Reliability calculated through test retest method used to find out the reliability of mothers intra class correlation coefficient for agreement was calculated using 2 way random effect model and it was found to be r=0.833 which is statistically significant.

Data Collection Procedure: Written permission was obtained from the principal and urban health center area. Mothers who fulfilled the criteria were selected by using convenience sampling. The researcher introduced herself to the mother and developed a good rapport with the mother. The researcher assured the participants of the confidentiality of their responses.

The purpose of this study was explained to every sample, so as to get their full co-operation. Adequate privacy was provided and consent was taken. The main study was conducted for a period of 4 weeks. Samples of 50 mothers were selected by using convenience sampling technique. Data collection was done for a period of four weeks. Every day 3-4 mothers were selected. A pre-test was conducted by using the structured-interview schedule for a period of 25 to 30 minutes. After the pre-test a structured teaching programme on postnatal exercises was given for 40-45 minutes using flash cards by the researcher.

Seven days after the structured-teaching programme the post-test was conducted child abuse using the same structured-interview schedule for a period of 25-30 minutes to each mother. For the 5th day was assessed for 25-30 minutes by using the additional practice statements.

RESULT

There were 762 responses to the questionnaire, yielding a response rate of 68.9%. Although dentists consider themselves able to identify suspicious cases, only a small percentage of the participants correctly identified all signs of abuse and 76.8% knew the indicators of child abuse. Most of them were willing to get involved in detecting a case and about 90% believed that it is their duty to report child abuse. Only 7.2% suspected an abuse in the past. The numbers indicate a lack of awareness about CAN in these participants. No differences were observed between sexes, year of graduation.[13] So there searcher is taken interest to this topic to conduct awareness among mothers regarding the child abuse in this selected setting.

Section I

Table 1: Distribution of Demographic variables of mothers

Variables	Frequency	Percentage
Age of the mother		
a) <20 years	2	4
b) 20 years - 25 years	18	36
c) 26 years - 30 years	10	20
d) Above - 30 years	20	40
Religion		
a) Hindu	32	64
b) Christian	5	10
c) Muslim	9	18
d) Other	4	8
Educational status		
a) Illiterate	21	42
b) Primary & Middle School	15	30
c) High school & Higher secondary	8	16
d) Graduate	6	12
Occupation		
a) House wife	30	60
b) Un-employed	6	12
c) Self-employed	0	0

Table Cont...

d) Private employee	8	16
e) Government employee	6	12
Type of family		
a) Nuclear family	18	36
b) Joint family	32	64
Number of children		
a) 1 Children	22	41.7
b) 2 children	18	36
c) 3 children	8	16
d) four children and above	2	4

Section II:

Assessment effectiveness of health teaching programme

Table 2: Frequency and percentage distribution pre-test and post-test level of awareness regarding child abuse before and after structure teaching programme

Maximum Score-20

Level of Awareness	Pre-test		Post-test	
		%		%
In-adequate	42	84	-	-
Moderate	6	12	16	32
Adequate	3	6	44	88

Statistical significant difference between the pre-test and post-test level awareness regarding child abuse among mothers, so research hypothesis accepted and null hypothesis rejected.

Section III

Table 3: Range, Mean, Standard deviation and Mean score percentage of pre-test and post-test level of awareness regarding child abuse among mothers before and after structured aching programme

Area	Mean Value	Sd		'Z' Value	Level of Significance
Pre-test	6.76	2.36	0.28	2.02	HS
Post-test	15.68	4.42	1.42		

S-Significant Maximum Score-20

The average pre-test awareness score among the mothers regarding child was found to be 6.76 After the structured teaching programme the mean post awareness score has increased to 15.68 Thus, the difference in level of the awareness was confirmed by the 2 value (2.02), which was significant (p. 1.96) and The structured teaching programme was effective.

Section IV

Table 4: Association of Post-test Awareness of the Mothers with their Demographic Variables

N-50

Demographic Variables	Df	Table Value	X^2 Value	Level of Significant
Age	4	7.82	6.66	HS
Religion	4	7.82	28.12	HS
Educational Status	4	7.82	8.26	HS
Occupation	6	9.42	12.55	HS
Type of family	2	3.8	6.35	HS
Number of Children	4	7.82	54.20	HS

Table shows that there was significant association between post-test awareness regarding child abuse with their selected demographic variables such as age religion, educational status, occupation types of family and number of children. Hence, research hypotheses accepted and null hypotheses rejected related to association between post-test awareness scores and demographic variables are accepted.

It can be interpreted that health teaching was effective for all mothers Irrespective of their difference in demographic variables.

Recommendations

1. The study can be replicated with larger sample to generalize the findings.
2. A study can be conducted to understand the awareness of mothers about the health care service and facilities given by govt.
3. A study can be done to understand the child abuse in the overall sector.
4. A study can conducted to school teacher regarding awareness about the child abuse.
5. The same study can be conducted for a longer period to get more reliable result.
6. The study can be done in various settings.

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Original Article

Journal of Psychiatric Nursing
Volume 13 Number 2 May – August 2024
DOI: http://dx.doi.org/10.21088/jpn.2277.9035.13224.4

A Study to assess the Effectiveness of Isometric Exercises on Cervical Spondylitis Patients in Selected Hospital at Kanpur, U.P.

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How to cite this article:
Mandeep Kumar Singh, Niladrita Deb. A Study to assess the Effectiveness of Isometric Exercises on Cervical Spondylitis Patients in Selected Hospital at Kanpur, U.P. J Psychiatr Nurs. 2024;13(2)33–38.

ABSTRACT

This study, titled "A Study to assess the Effectiveness of isometric exercises on cervical spondylitis patients in selected hospital at Kanpur, UP" aimed to determine the impact of isometric exercises on patients. A pre-experimental, one-group pretest-post-test design was employed, involving 60 cervical spondylitis patients meeting inclusion criteria, selected through purposive sampling. The study utilized structured socio-demographic variables and a numeric pain assessment scale. The results showed a significant reduction in pain levels after isometric exercises, with an overall mean difference of 15.8. Initially, 41 patients (68.3%) reported moderate pain, 12 (20%) severe and 7 (11.7%) mild pain. Post-intervention, 51 patients (85%) reported mild pain, and 9 (15%) moderate pain, with no cases of severe pain. The 't' test value exceeded the tabulated value at a 0.05 significance level, leading to the acceptance of the H1 hypothesis. The study concluded that isometric exercises were effective in reducing pain levels among cervical spondylitis patients.

Keywords: Cervical spondylitis; Pain; Patients.

INTRODUCTION

Any deterioration of the spinal column is known as spondylosis. The most prevalent cause of spondylosis, spinal osteoarthritis, is the age-related deterioration of the spinal column. In a more restricted sense, it refers to this condition. The spinal column, neural foramina, and facet joints are the primary targets of osteoarthritis' degenerative process (facet syndrome). In its most severe form, it may compress spinal cord or nerve roots, leading to a cascade of the sensory or motor problems such numbness, paresthesia, imbalance, and weakened limb muscles.[1]

Compression of a nerve root originating from the spinal cord may cause radiculopathy (sensory and motor abnormalities, including acute pain in the neck, shoulder, arm, back, or leg, along with muscular weakness) when the space between two neighboring vertebrae narrows. Myelopathy, a condition defined by weakness, gait dysfunction, imbalance, and loss of control over one's bowels or bladder, may occur less often as a consequence of direct pressure on the spinal cord, usually in the

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Received on: 28.05.2024 **Accepted on:** 23.08.2024

cervical spine. Shocks (paresthesia) in the limbs are a possible symptom of nerve compression and reduced blood flow that the patient may encounter. A condition known as cervical spondylosis occurs when the neck vertebrae are affected. The condition known as lumbar spondylosis affects the lower back.[2]

Initially, a patient with cervical spondylosis may appear with diffuse of neck discomfort and stiffness. The illness may worsen over time, causing symptoms including radiculopathy (when the exiting spinal nerve is compressed by a shortened intervertebral foramen) or myelopathy (when the spinal cord is compressed). Upon physical examination, the most common objective finding is a decreased neck range of motion.[3]

The gold standard for diagnosing radiculopathy and myelopathy is magnetic resonance imaging (MRI). Spinal ligaments, intervertebral foramen, spinal canal, disc degeneration/herniation, spinal alignment, and spinal cord alterations may all be clearly seen using MRI. Many cervical spondylosis therapies lack enough evidence from randomized, controlled studies. When conservative treatment for cervical radiculopathy fails to alleviate persistent discomfort, worsening symptoms, or weakness, surgical intervention may be considered. Although opinions vary on whether surgery is necessary for cervical spondylosis with my elopathy (CSM), "the majority of clinicians advise surgical intervention rather than conservative treatment for moderate to severe myelopathy."[4]

Restoring mobility, flexibility, and core strength may be possible with physical therapy. Potentially helpful in pain relief are decompressive treatments, such as mechanical traction and manual mobilization. Despite this, osteopathy and physical therapy cannot "cure" degeneration, and others believe that in order to get the most out of decompression, adjustments, and flexibility rehabilitation, one must strictly adhere to postural correction. The current surgical treatments for spondylosis try to lower spinal canal pressure (decompression surgery) or control spine movement (fusion surgery) in order to alleviate symptoms, but there isn't a ton of evidence to back up all of these claims.[5]

Need for study

Degenerative alterations begin in the intervertebral discs of cervical spondylosis, which may lead to the production of osteophytes and the involvement of nearby soft tissue structures. The line between normal ageing and illness is difficult to determine since many persons over the age of 30 exhibit comparable anomalies on plain radiographs of the cervical spine.w4 Neck discomfort, stiffness, or neurological problems may result from even the most severe degenerative changes, which are often asymptomatic. Cervical spondylosis diagnosis and the existing data for various therapies will be my main points. I will also touch on a few doable steps that are crucial in theory but have received little academic attention. While some individuals may have been included in therapeutic research, specific diseases such as fibromyalgia, disc prolapse, and whiplash will not be taken into consideration.[6]

The course of action for neck pain depends upon its origin; nevertheless, in most cases, the discomfort subsides within a few days or weeks; still, it is possible for the pain to return or even become chronic, lasting more than three months. Eleven percent of the persons surveyed in the United Kingdom reported experiencing neck discomfort; when queried again a year later, fifty-eight percent of those with symptoms said that they were still in pain. w11 Once pain becomes chronic, the outcome is difficult to predict since prognosis and the variables that affect it vary significantly.w1 The quality of most research is low, and reports on the relevance of characteristics such as age, sex, profession, psychological factors, and radiological results are contradicting. The intensity of the initial pain and the presence of concurrent back pain were the strongest indicators of an unfavorable outcome one year following presentation with neck pain, according to three recent studies (1535 patients) w11-w13. Although other studies have shown much higher rates, at least 10% of those who are impacted have persistent neck discomfort. 13 w11w Neck problems cause just as much lost productivity in certain fields as low back discomfort does.w14 Five percent of those who have neck discomfort will be severely disabled as a result. The researcher chose to test an intervention for cervical spondylosis pain relief based on the aforementioned and on personal experience gained during clinical posting.[7]

Problem Statement

A Study to assess the Effectiveness of isometric exercises on cervical spondylitis patients in selected hospital at Kanpur, U.P.

OBJECTIVES

Objectives of the study are:

1. To assess the pain before practicing isometric exercises on cervical spondylitis patients.
2. To teach isometric exercises to cervical spondylitis patients.
3. To assess the pain after practicing isometric exercises on cervical spondylitis patients.
4. To find the effectiveness of isometric exercises on cervical spondylitis patients.
5. To find the significant association between pretest pain and their socio-demographic variables.

Hypothesis

H_1: There will be a significant difference between pretest pain and the posttest pain.

H_2: There will be a significant association between pretest pain and their socio-demographic variables.

Assumptions

This study assumes that:

1. Isometric exercises help to reduce the pain caused by the cervical spondylitis.
2. Patients has poor knowledge on Isometric exercises.

Operational Definitions

Assess: In this study it explains that to find the level of pain due to cervical spondylitis.

Effectiveness: In this study it implies that the outcome of the isometric exercises on cervical spondylitis.

Cervical spondylitis: In this study it is a general term for age-related wear and tear affecting the spinal disks in the neck among the patients in selected hospital at Kanpur.

METHODOLOGY

This study adopted a quantitative research approach, utilizing a pre-experimental one-group pre-test and post-test design relevant to naturally occurring situations, carried out at Madhuraj Hospital (P) Ltd., Kanpur, accommodating over 500 patients. The research assessed the impact of isometric exercises (independent variable) on pain among Cervical Spondylitis patients (dependent variable). Cervical Spondylitis patients at the hospital formed the population, with purposive sampling selecting 60 patients meeting inclusion criteria - understanding Hindi/English, willingness to participate, and presence on the data collection day - excluding those who participated in similar studies or had other health issues. Data collection tools included socio-demographic sections with items covering age, gender, education, occupation, illness duration, family history of cervical spondylitis, and hospitalization duration. Ethical considerations involved obtaining prior permission from the hospital and participants, with no ethical issues arising during the study. A pilot study assessed the feasibility and provided information for project improvement, conducted from 05-04-2023 to 20-04-2023, showing that the tool was feasible and understandable for participants. Formal written permission was obtained from Madhuraj Hospital (P) Ltd., Kanpur, for data collection.

RESULTS

Table 1: Frequency and percentage distribution of sociodemographic variables of the respondents

n=60

Socio-demographic Data	Frequency	Percentage
Age in years		
41 to 45 years	25	41.7%
46 to 50 years	13	21.7%
50 to 60 years	22	36.7%
Gender		
Male	30	50.0%
Female	30	50.0%
Education		
Illiterate	10	16.7%
Basic education	16	26.7%
Secondary educaion	10	16.7%
Higher education	14	23.3%
Graduate	10	16.7%
Occupation		
No job	14	23.3%
Private job	16	26.7%
Government job	8	13.3%
Daily wages	15	25.0%
Business	7	11.7%
Duration of illness		
Less than one year	15	25.0%

Table Cont...

One year to 3 years	25	41.7%
More than 3 years	20	33.3%
Family history of cervical spondylitis		
Yes	19	31.7%
No	41	68.3%
Duration of hospitalization		
Less than one day	39	65.0%
One day to three days	15	25.0%
More than three days	6	10.0%

The above table implies the following

The age distribution among the samples shows that 41.7% are aged between 41-45 years, 36.7% are between 50-60 years, and 21.7% are between 46-50 years. There is an equal gender distribution with 50% male and 50% female. Educational levels include Basic education for 26.7%, Higher education for 23.3%, while Illiterate, Secondary, and Graduate education each account for 16.7%. Regarding occupation, 26.7% work privately, 25.0% are on daily wages, 23.3% have no job, 13.3% hold government jobs, and 11.7% are in business. The duration of illness varies, with 41.7% affected for 1-3 years, 33.3% for more than 3 years, and 25.0% for less than 1 year. A family history of cervical spondylitis is absent in 68.3% of the samples, and present in 31.7%. Hospitalization duration is less than 1 day for 65.0%, between 1-3 days for 25.0%, and more than 3 days for 10.0%.

Table 2: Comparison of maximum score, mean, standard deviation and mean percentage of pain before and after practicing isometric exercises scores of samples

n=60

Knowledge aspects	No of items	Pre-test				Post-test				Mean difference
		Max. Score	Mean	SD	Mean %	Max. Score	Mean	SD	Mean %	
Pain level	1.0	10.0	5.4	2.1	53.8	6.0	2.3	1.4	38.1	15.8

The overall mean difference in the pain level before and after practicing isometric exercises scores of samples is 15.8.

Table 3: Comparison of pain level before and after practicing isometric exercises scores of samples

n=60

Knowledge levels	Pre-test		Post-test	
	Frequency	Percentage	Frequency	Percentage
Mild pain	7	11.7	51	85.0
Moderate pain	41	68.3	9	15.0
Severe pain	12	20.0	0	0.0

Before practicing isometric exercises due to cervical spondylitis, 68.3% of samples experienced moderate pain, 20.0% had severe pain, and 11.7% reported mild pain. After practicing isometric exercises, 85.0% of samples reported mild pain, 15.0% had moderate pain, and none experienced severe pain. Notably, the number of samples with mild pain increased from 11.7% in the pretest to 85% in the post-test.

Section 3: Analyses the effectiveness of isometric exercises on cervical spondylitis patients

Table 4: Effectiveness of isometric exercises on cervical spondylitis patients

n=60

Knowledge aspects	Test	Mean	SD	t-value	Significance
Pain level	Pre-test	5.38	2.08	9.42	P<0.05; NS
Pain level	Post-test	2.30	1.40		

S=Significant

The above table depicts that the calculated 't' value is higher than the tabulated value at 0.05 level of significance. So, the H_1 hypothesis is accepted. The researcher concluded that the isometric exercises was effective.

Section 4: Analysis of the association between pretest pain and their socio-demographic variables

Table 9: Association between pre-test pain and their sociodemographic variables

n=60

Sociodemographic Data	<median	>median	Total	df	Chi-Square	Table Value	Inference
Age in years							
41 to 45 years	15	10	25				
46 to 50 years	8	5	13	2	12.16	5.991	P<0.05 S
50 to 60 years	9	13	22				
Gender							
Male	12	18	30	1	4.29	3.841	P<0.05 S
Female	20	10	30				
Education							
Illiterate	5	5	10				
Basic education	7	9	16				
Secondary education	6	4	10	4	0.88	9.488	P>0.05 NS
Higher education	7	7	14				
Graduate	7	3	10				
Occupation							
No job	7	7	14				
Private job	9	7	16				
Government job	3	5	8	4	0.92	9.488	P>0.05 NS
Daily wages	8	7	15				
Business	5	2	7				
Duration of illness							
Less than one year	5	10	15				
One year to 3 years	15	10	25	2	3.21	5.991	P>0.05 NS
More than 3 years	12	8	20				
Family history of cervical spondylitis							
Yes	9	10	19	1	0.40	3.841	P>0.05 NS
No	23	18	41				
Duration of hospitalization							
Less than one day	23	16	39				
One day to three days	5	10	15	2	3.34	5.991	P>0.05 NS
More than three days	4	2	6				

The above chi-square table explains that there is a significant association between pain level and the sociodemographic variables such as age in years and gender as the chi-square value are higher than the table value at 0.05 level of significance.

DISCUSSION

The findings of this study provide compelling evidence on the efficacy of isometric exercises in managing pain among cervical spondylitis patients. The significant reduction in pain levels observed post-intervention underscores the potential of such non-pharmacological interventions in improving patient outcomes. The results align with previous studies suggesting that isometric exercises can strengthen neck muscles, enhance stability, and reduce pain levels. For instance, a study by [Author *et al.*, Year] demonstrated similar outcomes, highlighting the role of muscle strengthening in alleviating cervical spine-related pain. Given the high prevalence of cervical spondylitis and the chronic nature of the pain associated with it, this study's findings are particularly valuable. Health practitioners may consider incorporating isometric exercises into routine treatment plans for cervical spondylitis patients. This could help reduce reliance on

medications and their associated side effects. A significant point of the study is the use of a structured pretest-posttest design, which offers robust evidence of the effectiveness of the intervention. However, the study's limitations should be acknowledged. The sample size was relatively small and confined to a single hospital, potentially limiting the generalizability of the findings. Additionally, the lack of a control group means that other factors influencing pain reduction cannot be entirely ruled out. Future studies with larger, randomized samples and control groups would provide more definitive evidence.

CONCLUSION

The study concluded that isometric exercises significantly reduced pain levels in cervical spondylitis patients at a selected hospital in Kanpur, U.P. This finding supports the effectiveness of isometric exercises as a treatment for managing pain in cervical spondylitis, as evidenced by the substantial decrease in pain levels post-intervention. The statistical analysis affirmed the validity of these results, indicating the potential benefits of incorporating isometric exercises into the treatment regimen for cervical spondylitis patients.

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