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# Journal of Psychiatric Nursing

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## Original Article

A Study to assess Attitude Towards Nursing Research among Nursing Students in Selected Colleges of Aurangabad City	81
Rajshri Kokate, Donit John	
Assess the Knowledge on Internet Addiction among Adolescents in Selected Colleges of Tirupati	89
B Rajesh	
Effect of Structured Teaching Regarding Childhood Emotional and Behavioral Problems among Parents	93
Chuneshwari Sahu	
A Study to assess the Knowledge on Anti-Social Behaviour among Adolescent Between Government and Private School of Nagpur, Maharashtra	101
Manisha Moreshwar Bagde	
Health Anxiety among Adults Attending Selected Health Centre, at UAE	105
Fathmah Mohamed Saleh Ahmed Al Saadi, Kalthoum Salem Rashed Al Kaabi, Aishah Saeed Hamdan Obaid Al Bdouli, Soney M Varghese, Vimala Varatharajan	

## Appendix

Subject Index	111
Author Index	112
Guidelines for Authors	113



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# A Study to assess Attitude Towards Nursing Research among Nursing Students in Selected Colleges of Aurangabad city

Rajshri Kokate<sup>1</sup>, Donit John<sup>2</sup>

## How to cite this article:

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## Abstract

**Research comprises** Creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of humans, culture and society, and the use of this stock of knowledge to devise new applications. It is used to establish or confirm facts, reaffirm the results of previous work, solve new or existing problems, support theorems, or develop new theories. Do research. Feed your talent. Research not only wins the war on cliché, it's the key to victory over fear and its cousin, depression.

**Objectives:** To assess attitude towards nursing research among nursing students in selected colleges and to find out the association between the attitude towards nursing research among nursing students with selected demographic variables.

**Methodology:** A quantitative non experimental descriptive exploratory method was adopted for the present study. Study conducted on nursing students of College of nursing. The study samples are final year nursing students. Non probability purposive sampling technique was used. In this study attitude towards nursing research divided into 3 categories that is Positive attitude (28-40), Neutral attitude (14-27), Negative attitude (0-13) and findings shows that 73% students have positive attitude (28-40), 27% of students have neutral attitude (14-27) and 0% of students have negative attitude (0-13), towards nursing research.

**Keywords:** Attitude; Nursing research; Nursing Students.

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## INTRODUCTION

Take up one idea. Make that one idea your life think of it, dream of it, and live on that idea. Let the brain, muscles, nerves, every part of your body, be full of that idea, and just leave every other idea alone. This is the way to success.<sup>1</sup> *Swami Vivekananda*

Nursing research is the testing of knowledge that can be used to guide nursing practice.<sup>2</sup> It is concerned with examining questions and verifying

interventions based on human experiences."I'm sure you are trying to convince yourself that nursing research is important (or you wouldn't be reading this textbook!).<sup>3</sup> You may be trying to meet the educational requirements for a baccalaureate degree or, as a Registered Nurses, someone has convinced you that you need more knowledge about research. In the research classes that I teach, I try to do a hard sell on the first day of class. Sometimes the folded arms and facial expressions of students indicate that they are not convinced of the importance of learning about research. I try to help them understand that research knowledge will help them to be excellent nurses.<sup>4</sup> They are challenged to question constantly every intervention they perform or see performed.

**Questions to ask include these:** Am I performing this intervention because someone told me to or maybe even because this is the intervention that has always been used? What evidence exists that this is the most effective intervention for the problem? If an intervention is not based on research evidence, there is no way to determine that this intervention is the optimum one. I hope that your instructor or your nurse friends will not have to do a hard sell to convince you that research is of utmost importance to the nursing profession. I promise you that your efforts to learn about nursing research will be rewarded in your nursing career in the future. It shall be the duty of the nurse to undertake nursing and health human resource development training and research which shall include, but not limited to the development of advance nursing practice.<sup>5</sup>

Nurses have relied on several sources of knowledge to guide nursing practice. A great storehouse of knowledge for nurses has been tradition. Tradition involves the handing down of knowledge from one generation to another and leads to actions that occur because "we've always done it that way." Another source of knowledge for nurses has been found in authority. Experts or authorities in a given field often provide knowledge for other people. In the past, nurses looked to physicians for a great deal of their practice knowledge. It has only been in recent years that nurses have begun to build a unique body of nursing knowledge. Nurses have also used trial and error as a means of discovering knowledge. If one approach did not work, another one was used.<sup>6</sup> Finally, when a certain approach was found to be effective, the trial and error process ceased. Frequently, the reasons behind the failure or success of a certain method were not determined. The goal was "*If it works, we'll use it.*" Nursing knowledge has been obtained from many sources, but the most objective and reliable

source of nursing knowledge is scientific research. Our other sources have not been the most reliable sources of nursing knowledge.<sup>7</sup>

## BACKGROUND OF THE STUDY

An article on professional nurses' opinion on research and research utilization for promoting quality nursing care in selected teaching hospital in Nigeria, study investigated nurses' knowledge base for research conduct, attitudes towards research and perceived barriers to research utilization. Data for this descriptive survey were collected through a 41 item structured questionnaire. The sample consisted of 500 nurses purposively selected from three tertiary hospitals in the Southern part of Nigeria. Results show that 73.4% of the respondents received instruction on research methodology, 48.6% attended research workshop previously, 68.0% have conducted research, and 27.6% have collaborated with others. Educational level has a significant effect on knowledge base ( $P < 0.05$ ). Significant difference ( $P < 0.05$ ) was found between the hospitals with respect to conducting research and collaboration. Fifty per cent of the respondents held positive attitudes towards research conduct and utilization, and 40.8% reported utilizing findings frequently. Inability to understand research reports and statistics were identified as barriers. Nursing services managers and educators should promote better research education focusing on practitioners' knowledge/experience and attitudes towards research.<sup>8</sup>

## NEED FOR THE STUDY

Nursing is considered one of the oldest arts, yet finds place among the youngest of profession. It is an evolving profession, which needs a continuously growing and expanding body of knowledge, which can be developed only through research.<sup>9</sup> Research is one of the few ways by which knowledge can be generated, and a discipline can maintain its professional status and growth. Moreover, research provides a solid foundation on which nurses can develop and refine their professional knowledge and practice. Without new knowledge, nursing cannot improve techniques for newer and latest therapies such as infant care, pain management, grief counseling client education, or many more such interventions.<sup>10</sup>

### Problem Statement

A Study to Assess Attitude towards Nursing Research among Nursing Students in Selected

Colleges of Aurangabad city.

## OBJECTIVES

- To assess attitude towards nursing research among nursing students in selected colleges.
- To find out the association between the attitudes towards nursing research among nursing students with selected demographic variables.

## METHODOLOGY

A quantitative non experimental descriptive exploratory method was adopted for the present study. Study was conducted on final year nursing students of selected nursing colleges. The study samples were nursing students selected nursing colleges. Non probability purposive sampling technique was used.

## RESULT

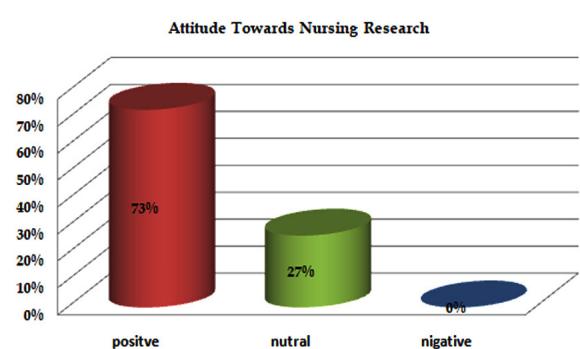
**Table 1:** Frequency and percentage distribution of demographic variables among nursing students.

Sr. No	Demographic Variables	Frequency	Percentage
1.	Age	20 - 21 years	11
		21 - 23 years	12
		23 & Above	7
2.	Gender	Male	6
		Female	24
3.	Marital Status	Married	2
		Unmarried	28
4.	Course	RGNM	17
		B.Sc. nursing	3
		M.Sc. nursing	10
5.	Occupation of Mother	House wife	27
		Employed	2
		Business	0
		Any other specify	1
6.	Occupation of Father	Unemployed	2
		Employed	4
		Business	2
		Any other specify	17
7.	Monthly Family Income	Less than 10,000/-	9
		10,000/- to 20,000/-	4
		20,00/- to 30,000/-	11
		More than 30,00/-	6

**Section II:** Frequency and percentage distribution of the attitude towards nursing research among student nurses.

**Table 2:** Attitude towards nursing research among student nurses

Attitude Towards Nursing Research	Frequency	%
Positive attitude (28-40)	22	73.33%
Neutral attitude (14-27)	8	26.66%
Negative attitude (0-13)	17	0%



**Fig. 1:** Attitude towards nursing research among student nurses among nursing students

Table no 2 and figure 61 shows that 73% students have positive attitude (28-40), 27% of students have neutral attitude (14-27) and 0% of students have negative attitude (0-13), towards nursing research.

**Table 3:** Association of attitude towards nursing research among student nurses and selected demographic variables

Demographic variable		Positive	Neutral	Negative	Chi square value	(N = 30) p-value
Age	21 - 22 years	11	3	-	12.92	7.82
	23 - 24 years	9	1	-		
	25-26	4	1	-		
	26 and above	-	1	-		
Gender	Male	5	1	-	10.8	3.84
	Female	20	4	-		
Marital status	Married	1	1	-	22.52	3.84
	Unmarried	24	4	-		
	RGNM	14	3	-		
Course	B.Sc. nursing	3	-	-	9.8	5.99
	M.Sc. nursing	9	1	-		
	House wife	22	5	-		
Occupation of Mother	Employed	2	-	-	67.86	7.82
	Business	-	-	-		
	Any other	1	-	-		
Occupation of father	Unemployed	2	-	-	2.9	7.82
	Employed	4	-	-		
	Business	10	1	-		
	Any other	6				

Table No. 3 shows that there is significant association between attitude towards nursing research and age, gender, marital status, occupation of mother and the course of the student nurses at 5% level of significant.

## DISCUSSION

To assess the knowledge of nursing students towards nursing profession, to assess the attitude of nursing students towards nursing profession, to find the association between the knowledge and the selected variables, to find the relationship between the knowledge and attitude on nursing profession.

**Materials and Methods:** A survey conducted among 183 nursing students of Manipal College of Medical Sciences (Nursing Programme), Pokhara, Kaski District, Nepal.

**Results:** Regarding knowledge about nursing profession, 91.8% of the nursing students had fair knowledge towards nursing profession. Regarding attitude towards nursing profession, out of 183 students, 98.4% of the student showed positive

## Section III:

Analysis of data related to association between study findings and selected demographic variables.

attitude towards the statements on the scope of nursing is very broad and highly demanded, 81.4% on a nurse is a professional liaison between the physician and the patient, 77.6% on nurses work with high technology, 74.9% on nurses are capable of independent practice, 96.1% on the service given by nurses is as important as that given by physicians, 84.7% on nurses with advanced degrees make important contributions to patient care, 86.9% on nurses feel good about what they do, 98.36% on a healthy nurse will be able to organize her work properly and confidently, 99.4% on a nurse must have a friendly and helpful nature and behaviour towards patient, 99.4% on a nurse should be able to cope with any kind of difficult situation, 71% on there is no clear cut written policy for nursing profession in most of the nursing institutions and hospitals, 56.8% on media concealed the role of nurse to the public, 90.7% on the public does not know the different cadres of nurses with different qualifications, 66.1% on nurses have limited voices with administrators, and 57.3% on nurses receive little respect from other health care providers and society. Out of 183 students, 92.9% had negative

attitude towards the statements on anyone can be a nurse easily, 75.9% on nurses follow the physician's orders without any questions, 55.7% on nurses make decisions for themselves, 97.3% on nurses' work is just giving injection and care to patient, and 68.3% showed negative attitude on career ladder of nursing profession is limited. There was no significant association between the knowledge score and selected variables like age, educational qualification, professional qualification, and type of family, residence, occupation of father and occupation of mother. There was significant relationship between the knowledge and attitude ( $p = 0.01$ )

**Conclusion:** The study was conducted aiming to find out the levels of knowledge, and attitude of the nursing students towards nursing profession. The study findings revealed that majority 91.8% of the nursing students were having fair knowledge towards nursing profession while 2.2% of the students had poor knowledge. Majority 96.2% of the students had good attitude towards nursing profession and none of the students were with poor attitude. There was no significant association between the knowledge score and selected variables but there was significant relationship between the knowledge and attitude ( $p=0.01$ ).<sup>11</sup>

A study to assess attitude and perception towards nursing profession among male nursing students of selected nursing colleges in Navi Mumbai. To assess the attitude towards nursing profession among male nursing students, to assess the perception towards nursing profession among male nursing students, to find out significance association between the attitude and perception with selected demographic variables among male nursing students towards nursing profession. Exploratory survey design is used in this study.

**Sample:** In this study, samples are male nursing students of 1st year to 4th year B.Sc. Nursing of selected nursing colleges where sample size is 90 male nursing students. This study concludes that male nursing students have an average attitude and perception towards the nursing profession. This also concludes that there is significant association between some demographic variables with attitude and perception. Chi square statistics show association between age, religion, marital status and enrollment in nursing with the attitude of male nursing students. Where the statistical evidence from the study did not show association between caste, education, locality and family income with attitude of male nursing students. Statistical data also showed association between marital status

and education with perception of male nursing students. Where the statistical evidence from the study did not show association between age, caste, religion, locality, family income, enrollment in nursing with perception of male nursing students towards nursing profession.<sup>12</sup>

## CONCLUSION

The data was collected from 30 samples. Both descriptive and inferential statistics The result of the study helped the investigator to assess attitude of student nurses towards nursing research of selected nursing colleges, and result shows that majority of the students has positive attitude towards nursing students. Positive attitude of nursing students towards nursing research optimistic for nursing research. It is important to foster positive attitude towards nursing research among nursing students who will assume the role of the registered nurses after graduation.

## RECOMMENDATIONS

On the basis of the findings of the study following recommendations have been made for further study.

1. Research can be conducted to assess nursing students utilization of nursing research in nursing curricula.
2. Similar study can be conducted on large subject to generalize the result.
3. A study can be conducted to assess attitude and practice among student nurses in depth.
4. The same study can be conducted for a longer period to get more reliable result.
5. The qualitative study to assess attitude among student nurses towards nursing research in depth.
6. The study can be done in various settings eg. College, hospitals, Work places, community area etc.

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## Assess the Knowledge on Internet Addiction among Adolescents in Selected Colleges of Tirupati

B Rajesh

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### Abstract

This study was aimed to assess the knowledge on internet addiction among adolescents in selected colleges of Tirupathi. Descriptive research approach with non-experimental research design was adopted for this study. Non-probability convenient sampling technique was used to select the participants (n=60). Intermediate students from Sri Chaitanya College, Tirupati were selected. Self structured questionnaire was administered as a tool and the collected data was analyzed. The study result shown that among 60 students, 31 (51.67%) Had inadequate knowledge, 28 (46.67%) Had moderate knowledge and 1 (1.67%) Had adequate knowledge regarding consequences of internet addiction. There is no statistically significant association between the levels of knowledge of adolescents on internet addiction with their demographic variables.

**Keywords:** Internet addiction; Adolescents; Consequences; Social media; Health education. Quality of life; Technology.

### INTRODUCTION

The Internet is an exciting new medium that is evolving into an essential part of everyday life all over the World. It has opened a new domain in social interactivity with the promise of increasing

efficiency and worldwide understanding.<sup>1</sup> Though device primarily facilitates research, information seeking, interpersonal communication and business interactions, for some internet users it has become the central focus for their lives and a temptation that is hard to resist.<sup>2</sup> Students appear to be most vulnerable to develop a dependence on the Internet. It would be difficult to find a college campus that does not have internet. College students use the Internet for research, communication and other educational activities. Of-course the students also use the internet for social media, news and even on-line gambling, activities that can be fun and even enriching, but when over used, become a real problem.<sup>3</sup> Some College Students suffer from Internet addiction, unable to step away from the

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computer or put down mobile devices even for a day. The result falling grades, physical problems and even clinical addiction. So internet addiction is a real problem for adolescents.<sup>4</sup> At present days the Internet has become the source for all the sorts of information. As a result people have addicted to the Internet and refer to it as though it were their second brain. No doubt, the Internet can be helpful in the sense that you can get just about any information you desire.<sup>5</sup>

By the above information and literature, the researcher felt that this study is useful to do and also to know the knowledge on internet addiction among adolescents.

## MATERIALS AND METHODS

The objectives of the study were to assess the knowledge on internet addiction among adolescents. Descriptive research approach with Non-experimental research design was adopted for this study. Non-probability convenient sampling technique was used to select the participants (n=60). Intermediate students from Sri Chaitanya College, Tirupati were selected. The tool used for the study is self structured questionnaire, it is organized as Section-I Socio demographic data, Section II- Questionnaire on internet addiction. The Section-II consists of four parts Part-I: Items related to Internet (Q. No. 1-4), Part-II: Items related to Internet addiction (Q. No.5-9), Part-III: Items related to consequences of Internet Addiction (Q. No. 10-22), Part-IV: Items related to preventive measures of internet addiction (Q. No. 23-30). All the items were prepared by the researcher based on reviews, previous studies, journals, magazines, and research article on internet addiction. Ten experts constituting of three psychiatrists, two psychologists, and six mental health nursing personnel validated the Tool. The reliability was assessed by using Karl Pearson's Correlation coefficient. The obtained reliability was 0.97 which indicates that the tool which is taken by the researcher is reliable, valid, and predictable of the desired objective. The data were analyzed by using descriptive and inferential statistics.

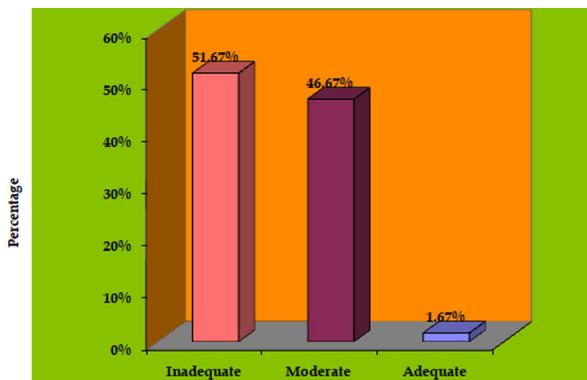
## RESULTS

**Table 1:** Percentage distribution of the level of knowledge on internet addiction among adolescents.

*n=60*

Levels of knowledge	Frequency	Percentage
Inadequate	31	51.67%
Moderate	28	46.67%
Adequate	1	1.67%

Table 1 Shows that among 60 adolescents, 31 (51.67%) had Inadequate knowledge, 28 (46.67%) had moderate knowledge and 1(1.67%) had adequate knowledge regarding Internet addiction.



**Fig. 1:** Percentage distribution of the level of knowledge on internet addiction among adolescents.

**Table 2:** Mean and standard deviation value of knowledge on internet addiction among adolescents.

*n=60*

Knowledge on Internet addiction among Adolescents.	Mean	Standard Deviation
	14.75	3.5873

Table II shows that the Mean value of the knowledge on internet addiction among adolescents was 14.75 and Standard deviation was 3.5873. It revealed that there is no statistically significant association between the levels of knowledge of adolescents with their demographical variables.

## DISCUSSION

Among 60 adolescents, 31(51.67%) had Inadequate knowledge, 28(46.67%) had moderate knowledge and 1(1.67%) had adequate knowledge regarding Internet addiction.

The Mean value of the knowledge on internet addiction among adolescents was 14.75 and the Standard deviation was 3.5873. It revealed that there is no statistically significant association between the level of knowledge of adolescents with their demographical variables like age, gender, father's education, mother's education, father's occupation, mother's occupation, family income, area of living, and availability of internet.

The implications have been drawn from the present study were of vital concern to adolescents in order to prevent internet addiction and the healthy ways of using the internet and close supervision of parents regarding using the internet in homes. There is a need for the provision of a Health

education program. The findings of the study have implications in various areas like nursing service, nursing education, nursing administration, and nursing research. It is recommended to do the same study in different areas like large samples in different settings.

An informational booklet is a strong weapon in preventing internet addiction. Hence nurses who were working in the hospital or community will have the opportunity to give appropriate health education to the individuals and public in preventing internet addiction. In the community, nurses should take part in a health education program on the prevention of internet addiction by bringing awareness through different health education methods like psychodrama, role play, mime shows, etc. Nurses can play a key role in preventing and reducing internet addiction and are encouraged to provide patients with information about internet addiction which assists them with quitting internet addiction and thereby improving their quality of life.

Nursing students should be trained in planning and implementing health education programs depending on the need with good communication skills. In-service and continuing medical education programs will be organized for nurses regarding internet addiction and should be updated on a regular basis to incorporate new evidence and technologies. In nursing schools and colleges, the curriculum should include a detailed chapter on internet addiction, health hazards, and ways to prevent internet addiction. Appropriate in-service training for health personnel to be planned make provisions to conduct periodic surveys on internet addiction. It helps to identify the adolescents who were addicted and take appropriate measures for prevention of it. Efforts should be taken to prevent them along with those of relevant government programs.

To conduct these programs efficient teamwork strategies for optimum utilization of resources and focus on cost-effective methods are to be planned properly.

Nursing research should focus on their behavioral modifications, attitudes, and skills in resisting internet addiction and awareness of the health hazards of internet addiction.

## CONCLUSION

The present study revealed that 51.67% had inadequate knowledge, 46.67% had moderately adequate knowledge and 1.67% had inadequate knowledge. There is no significant association between knowledge and consequences of internet addiction among adolescents and their demographic variables. The implications have been drawn from the present study were of a vital concern to the adolescents in order to prevent the internet addiction and the healthy ways of using internet and close supervision of parents regarding using of internet in homes. There is a need for the provision of Health education program. The findings of the study have implications in various areas like nursing service, nursing education, nursing administration and nursing research. It is recommended to do same study at different areas like large sample in different settings.

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# Effect of Structured Teaching Regarding Childhood Emotional and Behavioral Problems among Parents

Chuneshwari Sahu

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## Abstract

**Background of Study:** Emotional and behavioural problems are a common concern for guardians and family members. Emotional and behavioural problems in early childhood tend to continue into middle childhood and adolescence and can predict later social and academic problems or other difficulties such as substance use.

**Objectives:** Assess the knowledge regarding Childhood Emotional and Behavioral Problems before the structured teaching program. Assess the knowledge regarding Childhood Emotional and Behavioral Problems after the structured teaching program. Assess the effectiveness of structured teaching on knowledge regarding childhood emotional and behavioural problems among parents. To find the association between knowledge with selected socio-demographic variables.

**Research Methodology:** This research was a quantitative evaluatory study. A Pre-experimental study design was used to obtain an accurate and meaningful description of the study. The study population was parents of children. The setting for the present study is three villages. The nonprobability purposive sampling technique approach was brought to be most appropriate for the study. The sample size included in the study consist of 100 parents of children Parents having children age group 5-18 years were enrolled as study participants.

**Result:** The pre-test mean score is 11.6, the Mean percentage is 29, and the standard deviation is  $\pm 6.45$ . The post-test mean score is 31.9, the Mean percentage is 79.75, and the standard deviation is  $\pm 4.88$ . the majority of subjects, 48% (48) had poor knowledge regarding childhood emotional and behavioural disorders in the pre-test, 42% (42) had an average of knowledge, and only 10% (10) subjects had good knowledge in the pre-test. After one week of the planned teaching program, 60% (60) of the subject had excellent knowledge, 36% (36) had good knowledge, and 4% (4) had average knowledge. There is significant association between sociodemographic variable and knowledge score as the calculated chi-square value is greater than the table values at 0.05 level of significance.

**Conclusion:** In our study, we found that the majority of subjects, 48%, had poor knowledge regarding childhood emotional and behavioural disorders in the pre-test, and 42% had an average of knowledge. Only 10% of subjects had good knowledge in the pre-test, and none of

them had excellent knowledge regarding childhood emotional and behavioural disorders in the pre-test. After one week of the planned teaching program, 60% of the subject had excellent knowledge, 36% had good knowledge, and 4% had average knowledge. In this study, we found that parents gain knowledge about emotional and behavioural disorders.

**Keyword:** Emotional disorder; Behavioural disorder; Childhood mental problems.

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## INTRODUCTION

### *Background of Study*

Emotional and behavioural problems are a common concern for guardians and family members. The variety of problems sometimes differ based on the child's age and include various issues such as behaviour problems, aggression, antisocial behaviour, anxiety, depression and drug use. A study result shows that emotional and behavioural problems in early childhood may continue into middle childhood and adolescence and can predict later social and academic problems or other difficulties such as substance use.<sup>1</sup> Emotional and behavioural problems increase the risk of substance use, high-risk sexual activity, poor academic performance, and suicide. Research has shown that family relationships and parenting play a key role in child development.<sup>1</sup> Family processes, particularly parent child relationships, appear to be an essential part of developing emotional and behavioural problems in young children and predicting emotional and behavioural problems in later childhood and adolescence. It is clear that the family is an important focus for the prevention and treatment of emotional and behavioural problems in children. Indeed, interventions targeting parenting have had the most consistent success in treating these disorders. Parenting interventions targeting families have shown positive effects on parenting skills and, subsequently, on adolescent mental health and substance use. Recognizing behavioural problems and treating them earlier goes a long way in improving the quality of life of children. All parents have stressed the importance of home in the child's early education. The quality and type of parenting that brings a child to life profoundly impact its future development.

Recent child health surveys have documented a high prevalence of emotional, developmental, and behavioural problems in children in America.<sup>2</sup> The most commonly diagnosed problems among children 6–17 years of age were learning disabilities (11.5%), attention deficit/hyperactivity disorder (8.8%), and behavioural problems (6.3%); among preschoolers, speech problems (5.8%) and developmental delay (3.2%) were most common. A study in Karachi, Pakistan, concluded that children attending private schools are more likely to be normal than community school children.<sup>3</sup> In younger children, behavioural and emotional problems are more common in boys, but during adolescence, it occurs as often in boys and girls. A recent study has shown that the prevalence of

behavioural and emotional problems in preschool children has increased over the past two decades to more than 10%.

In the studies conducted over the last fifty years, the prevalence rate of behavioural and emotional problems varied from 5% to 51%.<sup>4,5</sup> The prevalence rate varied from 13 per thousand to 431 per thousand in the Indian studies.<sup>6,7</sup> Analysis of the pediatric outpatients' department revealed behavioural and emotional problems in the range of 3.36% to 50%.<sup>8,9</sup> According to the study of ICMR carried out in 2009, the overall prevalence of behavioural and emotional disorders in Indian children is 12.5%.<sup>10</sup> Studies conducted in rural and urban areas of different parts of India suggest the prevalence of behavioural and emotional disorders ranges from 1.6%–41.3%.<sup>11</sup> An epidemiological study by Shoba Srinath suggests a prevalence rate of 12.5 per cent among children aged 0–16 yrs.<sup>12</sup> The psychiatric morbidity among 0–3-year-old children was 13.8 per cent, with the most common diagnoses being breath holding spells, pica, behaviour disorder NOS, expressive language disorder, and mental retardation.

Another cross-sectional analytical study suggests that the prevalence of psychological morbidity based on the total difficulties score is 9.75% (95% confidence interval 8.33–11.39) in the 13–15 age group. The prevalence of emotional, conduct, hyperactivity, peer, and prosocial problems was 5.42%, 5.56%, 3.78%, 4.40%, and 4.26%, respectively.<sup>13</sup> A School Based Study of the Western Uttar Pradesh Region expressed that the total prevalence of psychiatric disorders is 11.48%.<sup>14</sup> A cross-sectional study of northeast India among school going adolescents aged between 13 and 19 from private and government schools suggests.<sup>15</sup> The prevalence of mental health status based on the total difficulties score is 17.2% at the abnormal level, whereas 28.8% was at the borderline level. The study results also revealed that in the adolescent population, the emotional problem was present in 17.1%, hyperactivity in 16.1%, conduct problem in 15.2%, peer problem in 5.6%, and prosocial behaviour in 5.1%. A cross-sectional study of the rural community of Lucknow, India, 16.9% showed one or the other behavioural disorders. The prevalence of disorders did not differ much in boys (16.2%) and girls (17.6%).<sup>16</sup> A meta-analysis result suggests the prevalence rate of child and adolescent psychiatric disorders in the community is 6.46%, and in the school, it is 23.33%.<sup>10</sup> A longitudinal analysis of teacher-child relationships indicates that higher levels of problem behaviour in the first part of the school

year predicted lower levels of closeness. Next, when looking at the association between teacher-child conflict and problem behaviour, results also indicated that higher levels of conflict predicted increased levels of problem behaviour later in the same school year.<sup>17</sup> In many studies, low parental education was found regarding emotional and behaviour disorders. Many investigators felt that parents with behavioural and emotional problems child should acquire proper knowledge to take care of their children. The aim of conducting this study was to upgrade parents' knowledge regarding emotional and behavioural disorders and evaluate the effect of structured training sessions.

## OBJECTIVES

1. Assess the knowledge regarding Childhood Emotional and Behavioral Problems before the structured teaching program.
2. Assess the knowledge regarding Childhood Emotional and Behavioral Problems after the structured teaching program.
3. Assess the effectiveness of structured teaching on knowledge regarding childhood emotional and behavioural problems among parents.
4. To find the association between knowledge with selected socio-demographic variables.

## RESEARCH METHODOLOGY

This research was a quantitative Evaluatory study. A Pre-experimental study design was used to obtain an accurate and meaningful description of the study. The study population was parents of children. The setting for the present study is three villages. The non probability purposive sampling technique approach was brought to be most appropriate for the study. The sample size included in the study consist of 100 parents of children

### Section-I Distribution of subjects according to socio-demographic variables

**Table 1:** Distribution of subjects according to age in years

(N = 100)

Variables	Category	Frequency	Percentage (%)
Age in Years	20-25	24	24%
	26-30	44	44%
	31-35	26	26%
	36-40	6	6%
Sex	Male	36	36 %
	Female	64	64%
Religion	Hindu	76	76%

Parents having children age group 5–18 years were enrolled as study participants.

### Research Tool

The self-structured knowledge questionnaires were prepared. Data collection was made up of two sections: Section A Included Socio-demographic data, and Section-B included Self Structure knowledge Questionnaires related to parents' emotional and behavioural problems. Tools are constituted with 40 questions to assess the knowledge level with one mark for correct answer and 0 mark for the wrong answer, respectively, with maximum marks of 40.

The score was categorized into four subdivisions. Poor knowledge (0–10 score) Upto 25%, Average knowledge (11–20 Score) Above 25–50%, Good knowledge (21–30 score) Above 50–75%, and Excellent knowledge (31–40 score) Above 75%.

The reliability was calculated by using 'the split-half method. The reliability was - 0.9', which is significant for applying tools to collect the main study data.

## RESULT

*The result is organized and Presented under the following section*

- i. Description of socio-demographic variables in frequency and percentage.
- ii. Analysis of Knowledge through the mean, mean score, mean %, and standard deviation.
- iii. "t" test assesses the difference between pre and post-test knowledge scores.
- iv. Chi-square for an association between knowledge with selected socio-demographic variables.

	Muslim	14	14%
	Christian	6	6%
	Sikh	4	4%
Education qualification	High school	4	4%
	High secondary school	38	38%
	Graduation	44	44%
	Post-graduation	14	14%
Family income in INR	Below rs. 10,000	44	44%
	Rs.10,001-20,000	18	18%
	Rs. 20,001 - 40,000	24	24%
	Above rs. 40,000	14	14 %
Family type	Nuclear Family	48	48%
	Joint Family	52	52%
Occupation	Government job	38	38 %
	Private Job	14	14 %
	Agriculture	32	32 %
	Self-Occupation	16	16 %
Source of information	Television and Internet	24	24 %
	Newspaper/magazine	26	26 %
	Health professional	16	16 %
	Friends/relatives	34	34 %

Table 1 represents that the majority of parents, 44% (44) belong to the age group 26-30 year, 26% (26) belongs to 31-35 years, 24% (24) was 20-25 years, 6% (6) belong to age group 36-40. In terms of gender majority of parents, 64% (64) were female, whereas 36% (36) were male. Regarding 76% (76) subjects were Hindus, 14% (14) were Muslim, 6% (6) were Christian, and 4% (4) were Sikh. In terms of Educational qualifications, the majority of parents, 44 (44) were Graduates, 38% (38) were higher secondary school certificate passes, 14% (14) were post-graduates, and 4% (4) were high school passes. Regarding family income majority of parents, 44% (44) have income below 10000 rupees, 24% (24) have family income between 20001-30000 Rs. 18% (18) have income between 10001 - 20000 Rs, and only 14% (14) subject having income more than 40000 Rs. In terms of family types majority of parents, 52% (52) belong to a Joint family, and 48% (48) belong to a Nuclear family. Regarding occupation majority of parents, 38% (38) were govt. Employees, 32% (32) were farmers, 14% (14) were

private firm employees, and 16% (16) subjects were self-employed. Regarding the source of information majority of parents, 34% (34) got knowledge from Friends and relatives, 26 % (26) from Newspapers, 24% (24) got information from television and the Internet, and 16% (16) got knowledge from Healthcare workers.

## Section-II: Knowledge Analysis

**Table 2:** Knowledge Analysis using mean, Mean% and Standard Deviation

(N = 100)

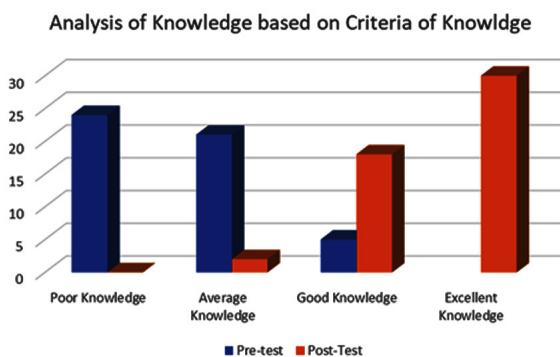
Analysis	Mean	Mean %	Standard deviation
Pre-test	11.6	29	± 6.45
Post-test	31.9	79.75	± 4.88

Table 2 depicts the analysis of knowledge score through mean, Standard Deviation, and Mean percentage, where the pre-test mean score is 11.6, the Mean percentage is 29, and the standard deviation is ±6.45. The post-test mean score is 31.9, the Mean percentage is 79.75, and the standard deviation is ± 4.88.

**Table 3:** Analysis of knowledge according to criteria of knowledge level

(N = 100)

Grade	Poor Knowledge	Average Knowledge	Good Knowledge	Excellent Knowledge
Score Percentage	(0 - 10 score) 0- 25 %	(11- 20 Score) 26 - 50 %	(21 - 30 score) 51 - 75 %	(31 - 40 score) Above 75 %
Pre-test	48 % (48)	42 % (42)	10 % (10)	—
Post test	—	4 % (4)	36 % (36)	60 % (60)



**Fig. 1:** Comparative analysis of pre-test and post-test knowledge scores.

**Table 4:** T" test for assessing the difference between pre-test and post-test knowledge.

(N = 100)						
"T" test	Mean	Standard deviation	D.F	Calculated 't' value	Table 't' value	Significance
Pre-test	11.6	6.45				
Post-test	31.9	4.88	99	23.17	1.98	< 0.05 **

\*\* Significant at 0.05 level.

the calculated t value of 23.17 is greater than the table value (1.98) at D.F (99) at the 0.05 level.

Fig. 1: and Table 3 represent that majority of subjects, 48% (48) had poor knowledge regarding childhood emotional and behavioural disorders in the pre-test, 42% (42) had an average of knowledge, and only 10% (10) subjects had good knowledge in the pre-test. After one week of the planned teaching program, 60% (60) of the subject had excellent knowledge, 36% (36) had good knowledge, and 4% (4) had average knowledge.

### Section-III: Evaluation of Effectiveness of Teaching

Table 4: represent that a significant difference exists between pre-test and post-test knowledge score as

**Table 5:** Chi-square analysis for the association between the knowledge score with selected socio-demographic variables.

(N = 100)				
Socio-demographic data	D.F.	Calculated Chi-square	Critical Chi-Square Value	Significance at 0.05 Level
Age group	6	8.21	12.59	Not significant
Gender	2	3.84	5.99	Not significant
Religion	6	4.88	12.59	Not significant
Educational Status	6	22.76	12.59	Significant
Family Monthly Income	6	30.09	12.59	Significant
Family type	2	4.02	5.99	Not significant
Occupation	6	31.35	12.59	Significant
Source of information	6	14.49	12.59	Significant

### Table 5 Depicts that

1. There is no significant association between age and knowledge score as the calculated chi-square value is 8.21 (df 6) is less than the table value of 12.59 at 0.05 level of significance.
2. There is no significant association between gender and knowledge score as the calculated chi-square value is 3.84 (df 2) is less than table value 5.99 at 0.05 level of significance.
3. There is no significant association between religion and knowledge score as the calculated chi-square value is 4.88 (df 6) is less than table value 12.59 at 0.05 level of significance.
4. There is significant association between

### Section IV: Analysis of Association between the knowledge score with selected demographic variables.

educational status and knowledge score as the calculated chi-square value is 22.76 (df 6) is greater than the table value 12.59 at 0.05 level of significance.

5. There is a significant association between family monthly income and knowledge score as the calculated chi-square value is 30.09 (df 6) is less than the table value 12.59 at 0.05 level of significance.
6. There is no significant association between family type and knowledge score as the calculated chi-square value is 4.02 (df 2) is less than the table value 5.99 at 0.05 level of significance.

7. There is a significant association between occupation and knowledge score as the calculated chi-square value is 31.35 (df 6) is less than the table value 12.59 at 0.05 level of significance.
8. There is a significant association between source of information and knowledge score as the calculated chi-square value is 14.49 (df 6) is less than the table value 12.59 at 0.05 level of significance.

## DISCUSSION

Our study revealed that the majority of subjects, 48% had poor knowledge regarding childhood emotional and behavioural disorders, 42% had an average knowledge, and only 10% subject good knowledge and none of them had excellent knowledge regarding childhood emotional and behavioural disorders in the pre-test in the pre-test which is similar to other Indian studies. Teaching was effective where 60% of the subject had excellent knowledge, 36% had good knowledge, and 4% had average knowledge. Our study found that knowledge level is associated with Education status, family monthly income, occupation, source of information and post-test knowledge level. Based on the finding, we recommend that regular structured training is required for parents to upgrade their knowledge. This study was limited to selected villages of Gwalior for more awareness; the training can be conducted by mass media to upgrade the knowledge of parents. The study includes only parents who have children aged between 5-12 years. In the light of the study, the following recommendations were made; A similar study can be undertaken with a large sample size for wider generalization, A similar study can be done by comparing urban and rural areas, and A similar study can be done by giving some interventions to reduce the burden.

## CONCLUSION

The primary aim of the study is to evaluate the effectiveness of a planned teaching program on Childhood Emotional and Behavioural Problems in terms of knowledge among Parents living in the selected area of Gwalior district, Madhya Pradesh. In our study, we found that the majority of subjects, 48%, had poor knowledge regarding childhood emotional and behavioural disorders in the pre-test, and 42% had an average of knowledge. Only 10% of subjects had good knowledge in the pre-test, and

none of them had excellent knowledge regarding childhood emotional and behavioural disorders in the pre-test. After one week of the planned teaching program, 60% of the subject had excellent knowledge, 36% had good knowledge, and 4% had average knowledge. In this study, we found that parents gain knowledge about emotional and behavioural disorders.

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# A Study to assess the Knowledge on Anti-Social Behaviour among Adolescent between Government and Private School of Nagpur, Maharashtra

Manisha Moreshwar Bagde

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## Abstract

Adolescence is the transitional period between childhood and adulthood, characterized by a complex series of biopsychosocial changes, so the study is selected to assess the level of knowledge on antisocial behavior among adolescents in government and private schools. A comparative study was done among 60 boys of 15 to 18 years adolescents. Data was collected using a Self structured multiple choice questionnaire. The research analysis is done in four sections. Ultimately, the conclusion is that private school adolescents have more excellent knowledge than government school adolescents.

**Keyword:** Antisocial behavior; Adolescent boys.

## INTRODUCTION

From the very origins of psychiatry, adolescence has been considered a difficult stage in the process of development into adulthood. It has been seen as a period of crisis characterized by profound change. In recent times some empirical studies have shown that in reality, the majority of adolescents go through this stage successfully without experiencing particular traumas, reporting

a level of relative wellbeing.<sup>1</sup>

Adolescence is the transitional period between childhood and adulthood, characterized by a complex series of bio-psychosocial changes. Good overall adjustment and a sense of psychological well being are very crucial factors for the adolescent's positive contribution to society.<sup>2</sup>

## MATERIAL & METHOD

Ethical approval was taken from both the government and private schools of Nagpur. Adolescents were informed about the purpose of participation in the study and verbal consent was obtained. It was a comparative study. A total number of 60 adolescent boys. The data was collected through demographic data and a Self-structured multiple choice questionnaire. The independent variables in the questionnaire were categorized as socio-demographic factors (age,

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religion, father's education, mother's education, father's occupation, mother's occupation, type of residence, type of family, monthly income) related variables (knowledge of antisocial behavior). Collected data were verified, coded as required, and entered in MS Excel. Descriptive statistics were presented with frequency tables. Association between various attributes was tested using chi-square statistics.

**Table 1:** Chi-square analysis for the association between the knowledge regarding antisocial behavior of adolescents in Private schools with selected demographic variables.

S. No	Socio-demographic data	DF	Calculated Chi-square	Critical Chi-Square Value	Significance
1.	Age group	6	4.63	12.59	P>0.05 NS
2.	Father Education	4	5.78	9.49	P>0.05 NS
3.	Mother Education	4	4.34	9.49	P>0.05 NS
4.	Father occupation	6	7.87	12.59	P>0.05 NS
5.	Mother Occupation	2	2.46	5.99	P>0.05 NS
6.	Types of family	4	6.78	9.49	P>0.05 NS
7.	Family Income	6	10.32	12.59	P>0.05 NS
8.	Exposure to source	8	15.62	15.51	P<0.05 signi

According to the socio-demographic characteristics of the study sample, the age of students ranges from

**Table 2:** Comparison of Private and Government Knowledge score levels according to criteria of behavior changes  
(N = 60, n1= 30, n2 = 30)

Knowledge criteria	Need for Improvement	Good	Excellent
Private School	3 (10%)	9 (30%)	18(60%)
Government School	2(6.7%)	15(50%)	13(43.3%)

**Table 3:** Unpaired T-test to compare the knowledge regarding antisocial behavior among Adolescents in government and private school

(N = 60, n1= 30, n2 = 30)

"T" test	Mean	Standard Deviation	D.F	Calculated 't' value	Table 't' value	Significance
Private School	11.2	±3.06				
Government School	9.7	±3.07	58	2.14	2.00	P<0.05 signi

Table 3: Represent that there is a significant difference between Adolescent of government and private school on knowledge score regarding antisocial behavior as calculated t value 2.14, D.F (58) is greater than table value (2.00) at the 0.05 level of significance

## RECOMMENDATIONS

In the light of the study the following recommendations were made;

- A similar study can be undertaken with a large sample size for wider generalization.
- A similar study can be conducted among college students also.
- A similar study can be done by comparing two districts.
- A similar study can be done by comparing adolescent boys and girls.

## RESULT & DISCUSSION

This comparative study was conducted to compare adolescents' level of knowledge and attitude in government and private schools. Data were collected by questionnaire on 60 adolescents and analyzed using MS Excel.<sup>3</sup>

## CONCLUSION

After a detailed analysis, this study leads to the following conclusion:

The adolescents have excellent scores, and good scores, and need to improve their level of knowledge regarding antisocial behavior in government and private schools of Nagpur, Maharashtra. There was a significant increase in the knowledge of

- A similar study can be done by giving some interventions to improve their knowledge and attitude.

adolescents after the introduction of the self-structured questionnaire. There will be a significant association between socio-demographic variables and knowledge scores.

It reveals that 73.3%-100% (11-15 score) of the private school adolescents had excellent antisocial behavior, 37.3%-66.6% (6-10 score) of them had a good score and 33% (1-5 score) of them had a need to improve.

Thus, it was concluded that a self-structured questionnaire of knowledge on antisocial behavior among adolescents in private school had excellent knowledge and the comparative study found it

effective.

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# Health Anxiety among Adults Attending Selected Health Centre, At UAE

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## Abstract

**Introduction:** As countries introduce measures to restrict movement as part of efforts to reduce the number of people infected with COVID-19, more and more of us are making huge changes to our daily routines. The new realities of working from home, temporary unemployment, home schooling of children, and lack of physical contact with other family members, friends and colleagues take time to get used to strated to develop anxiety among people. Considering the current trend conducted a study to assess health anxiety among adults attending selected hospitals in UAE. Objectives were to assess health anxiety among the adults and to associate level of health anxiety with selected demographic variables

**Materials and Methods:** A Quantitative Research approach with a Cross sectional descriptive survey was used to assess the health anxiety among adults. Data were obtained from the adults using a structured questionnaire to elicit demographic profile of the adults along with a standardized questionnaire to assess level of health anxiety among the adults. Sample participation was voluntary, complying with the consent procedure in force, ensuring confidentiality and anonymity and the right to withdraw from the study at any given point during the study. A total of 100 valid responses were received. Descriptive statistics was used to analyse the frequency and percentage distribution of socio-demographic variables. Inferential statistics like chi square and Fishersexact test of association was used to associate anxiety with selected demographic variable of adults.

**Conclusion and Major Findings of the Study:** The result relieved that Majority (56%) of the adults were between 31 to 40 years. Only (1%) of the adults were above 50 years. Majority (59%) of the adults were male and (41%) were females. Most of the adults (33%) were completed high school. Majority (62) of the adults were working in ministry job and few (22%) were unemployed

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and only (12%) were private company. Most of the adults (74%) were married. Few (19%) were unmarried and only (1%) were divorced. Majority (88%) were sleeping (6-10 hrs). Few (10%) were sleeping Less than 5hrs and only (2%) were sleeping more than 10hrs. Most of the adults (86%) were having history of chronic illness. Majority (69%) of the adults had mildlevel of anxiety and only (6%) had severe level of health anxiety.

**Keyword:** Covid 19; Anxiety; Adults.

## INTRODUCTION

The COVID-19 pandemic has had a major effect on our lives. Many of us are facing challenges that can be stressful, overwhelming, and cause strong emotions in adults and children. Fear, worry, and stress are normal responses to perceived or real threats, and at times when we are faced with uncertainty or the unknown.<sup>6,7</sup> So, it is normal and understandable that people are experiencing fear in the context of the COVID-19 pandemic.

As countries introduce measures to restrict movement as part of efforts to reduce the number of people infected with COVID-19, more and more of us are making huge changes to our daily routines. The new realities of working from home, temporary unemployment, home schooling of children, and lack of physical contact without family members, friends and colleagues take time to get used to. Adapting to lifestyle changes such as these and managing the fear of contracting the virus and worry about people close to us who are particularly vulnerable, are challenging for all of us. They can be particularly difficult for people with mental health conditions.<sup>1</sup>

Online survey explored generalized anxiety and depression symptoms in a community sample of adults (N = 1,039) in the United Arab Emirates (UAE) between April 18th and April 22nd, 2020. Respondents completed symptom measures of depression (PHQ8) and generalized anxiety (GAD7), along with psychosocial and demographic variables that might potentially influence such symptoms.<sup>2</sup> Levels of anxiety and depression were not ably higher than those reported in previous (pre-pandemic) national studies.

## METHODOLOGY

A Quantitative approach with cross sectional descriptive survey design was used to assess the level of health anxiety among adults attending health center. The study was conducted in selected hospitals at UAE. Adults in the age group of 20 and above were included in the study. Objectives of the study were (1) To assess the health anxiety among adults attending selected hospitals in UAE and (2) To determine the association of health anxiety with selected baseline variables. Inclusion Criteria included the age Above 20 years of age and both female and male. Sample size was 100. Convenient sampling technique was used. The research tool consisted of two sections, Section A: Base line variables like age, gender, occupation,

marital status, health status and Section B: Tool to assess the health anxiety. Pilot study was carried out on 10% of the sample. Permission from IRU and respective hospital and PHC was obtained. Consent was obtained from the samples. Data was collected by interview technique using a baseline proforma, and health anxiety assessment tool. Each subject took around 15-20 minutes to answer the questionnaire. Collected data were analyzed by using descriptive statistics to describe profile of the adults and levels of anxiety. Inferential statistics like Chi square and Fischer's exact test was used to find the association between the level of anxiety and selected demographic variables.

## DATA ANALYSIS AND INTERPRETATION

*Study findings are organized and presented under following sections*

**Section A:** Demographic characteristics of adults attended health center.

**Section B:** Assessment of health anxiety among the adults.

**Section C:** Association of health anxiety with selected demographic variables.

**Section A:** Demographic distribution of the adults attended Hayawa covid Health Centre health in UAE Majority (56%) of the adults were between 31 to 40 years. Only (1%) of the adults were above 50 years. Most (59%) of the adults were male and (41%) were females. Most of the adults (33%) were completed high school. Few (13% & 14%) had completed diploma and post-graduation respectively. Majority (62) of the adults were working in ministry job and few (22%) were unemployed and only (12%) were private company. Most of the adults (74%) were married. Few (19%) were unmarried and only (1%) were divorced. Majority (88%) were sleeping (6-10hrs). Few (10%) were sleeping Less than 5 hrs and only (2%) were sleeping More than 10 hrs. Most of the adults (86%) were having history of chronic illness. Few (14%) had no history of chronic illness.

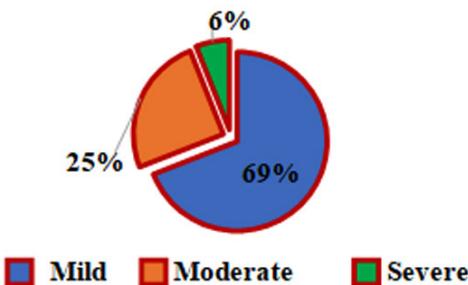
**Section B:** Frequency and Percentage Distribution of level of health anxiety among adults

Frequency and Percentage Distribution of level of health anxiety among adults

Health Anxiety Level	Frequency (F)	Percentage (%)	(n = 100)
Mild (1-27)	69	69	
Moderate (28-41)	25	25	
Severe (41-54)	06	06	

As per the table two, majority (69%) of the adults had mild level of anxiety and only (6%) had severe level of health anxiety.

### Level of Health Anxiety among Adults



**Fig. 1:** Frequency and Percentage Distribution of level of health anxiety among adults.

### Section C: Association of health anxiety with selected demographic variables.

As per the above table there is statistically significant association between gender and educational status with health anxiety  $p < 0.05$ . Hence the Hypothesis,  $H_0$ : There is no significant association between health anxiety and selected demographic variables is rejected.

## DISCUSSION

**Objective 1:** To assess the health anxiety among people attending selected hospitals in UAE.

The results showed that out of 100 samples, (69%) of the adults had mild level of anxiety, (25%) of the adults had mild level of anxiety and only (6%) had severe level of health anxiety. similar study was conducted in European island country, about 41% reported symptoms associated with mild anxiety; 23.1% reported moderate severe anxiety symptoms.

The study findings were supported by the study conducted on *Jehan S. Al - Rahimi et, al* regarding Levels and predictors of fear and health anxiety during the current outbreak of COVID-19 descriptive data on health anxiety, reveals that 33.8% of the sample reported moderate symptomatology, while 8.1% reached severe levels associated with a higher probability of meeting DSM-IV criteria for hypochondriasis. COVID-19 not only causes physical health concerns but also results in a number of psychological disorders. The spread of the new corona virus can impact the mental health of people in different communities.

**Objective 2:** Determine the association of health anxiety with selected base line variables among.

In the present study there is statistically significant association between gender and educational status with health anxiety  $p < 0.05$ . Hence the Hypothesis,  $H_0$ : There is no significant association between health anxiety and selected demographic variables is rejected.

The study findings were supported by a study conducted Out of 1215 subjects that completed the survey, 20.2% ( $n = 245$ ) exhibited significant anxiety symptoms. Several factors, such as age ( $AOR = 0.933 CI 95\% = 0.907-0.96$ ), sex ( $AOR = 1.612 CI 95\% = 1.097-2.369$ ), medical workers ( $AOR = 0.209 CI 95\% = 0.061-0.721$ ), suspected case of COVID-19 ( $AOR = 1.786 CI 95\% = 1.001-3.186$ ), satisfaction level of family support ( $AOR = 3.052 CI 95\% = 1.883-4.946$ ), and satisfaction level of co-workers ( $AOR = 2.523 CI 95\% = 1.395-4.562$ ), were associated with anxiety.

Another study conducted by *Unni Ringberget*. Alshowed an exponential distribution among the participants with a median score of 2 points out of 24 points. In total, 75% had a total score of 5 points or less, whereas 1% had a score  $>14$  points. Education, household income, quality of friendship and participation in organized activity were significantly associated with HA. The variable quality of friendship demonstrated the strongest association with HA.

## CONCLUSION

COVID-19 not only causes physical health concerns but also results in a number of psychological disorders. The spread of the new corona virus can impact the mental health of people in different communities. Thus, it is essential to preserve the mental health of individuals and to develop psychological interventions that can improve the mental health of vulnerable groups during the COVID-19 pandemic.

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## Subject Index

TITLE	PAGE NO
A Study to Assess Attitude towards Nursing Research among Nursing Students in Selected Colleges of Aurangabad city	81
A Study to Assess the Knowledge on Anti-Social Behaviour among Adolescent between Government and Private Schoolof Nagpur, Maharashtra	101
Assess the Knowledge on Internet Addiction among Adolescents in Selected Colleges of Tirupati	89
Awareness about Prevention of COVID-19 among Students Studying in Selected Nursing Colleges of Pune	53
Common Respiratory Disorders: A Study on Knowledge and Prevention among Under 5 Mothers	41
COVID-19 (Coronavirus Disease 2019)	21
Effect of Structured Teaching Regarding Childhood Emotional and Behavioral Problems among Parents	93
Effectiveness of Music Therapy on Depressed Patient	61
Health Anxiety among Adults Attending Selected Health Centre, at UAE	105
Influence of Social Media on Health of Youth	17
Intervention Related to Anxiety Disorder	13
Managing Nursing Career about Stress Management	49
Nurses Knowledge on Standards Precautions	9
The Thief that Steals the Joy of Motherhood	65



## Author Index

NAME	PAGE NO	NAME	PAGE NO
Aishah Saeed Hamdan Obaid Al Bdouli	105	Nancy Thakur	17
B Rajesh	89	Pallavi Biswas	9
Bhupender	49	Pooja Rani	61
Bhupender	61	Priyanka Thakur	21
Bibhas Kumar Sinha	65	R Karthiga	41
Boby	49	Rahim Owais	17
Chuneshwari Sahu	93	Rajshri Kokate	81
Dipto Sinha	65	S P Subashini	49
Donit John	81	S P Subashini	61
Fathmah Mohamed Saleh Ahmed Al Saadi	105	S P Subhashni	21
Gaurvi Dixit	21	Sadhana Sudhir Shinde	53
Hemalata Dagadu Wayal	53	Shilpa Baburao Bombarde	53
Junaid	61	Sitwat Naaz	65
K M Moni	49	Soney M Varghese	105
Kalthoum Salem Rashed Al Kaabi	105	Soniya Anil Shinde	53
KiranVaryani	65	Subashini SP	17
M P Venkatesan	41	Swati Tiwari	13
Manisha Moreshwar Bagde	101	Vimala Varatharajan	105
Nagma	13	Vishal Raghunath Naikare	53
Nancy Thakur	13	Wagh Sanchit Jagannath	53



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