
Call for Editorial Board Members

As you are well aware that we are a medical and health sciences publishers; publishing peer-reviewed journals and books since 2004.

We are always looking for dedicated editorial board members for our journals. If you completed your master's degree and must have at least five years experience in teaching and having good publication records in journals and books.

If you are interested to be an editorial board member of the journal; please provide your complete resume and affiliation through e-mail (i.e. info@rfppl.co.in) or visit our website (i.e. www.rfppl.co.in) to register yourself online.

Call for Publication of Conference Papers/Abstracts

We publish pre-conference or post-conference papers and abstracts in our journals, and deliver hard copy and giving online access in a timely fashion to the authors.

For more information, please contact:

For more information, please contact:

A Lal

Publication-in-charge

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091 (India)

Phone: 91-11-79695648

E-mail: info@rfppl.co.in

Free Announcements of your Conferences/Workshops/CMEs

This privilege to all Indian and other countries conferences organizing committee members to publish free announcements of your conferences/workshops. If you are interested, please send your matter in word formats and images or pictures in JPG/JPEG/Tiff formats through e-mail attachments to sales@rfppl.co.in.

Terms & Conditions to publish free announcements:

1. Only conference organizers are eligible up to one full black and white page, but not applicable for the front, inside front, inside back and back cover, however, these pages are paid.
2. Only five pages in every issue are available for free announcements for different conferences.
3. This announcement will come in the next coming issue and no priority will be given.
4. All legal disputes subject to Delhi jurisdiction only.
5. The executive committee of the Red Flower Publication reserve the right to cancel, revise or modify terms and conditions any time without prior notice.

For more information, please contact:

A Lal

Publication-in-charge

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091 (India)

Phone: 91-11-79695648

E-mail: info@rfppl.co.in

Win Free Institutional Subscription!

Simply fill out this form and return scanned copy through e-mail or by post to us.

Name of the Institution_____

Name of the Principal/Chairman_____

Management (Trust/Society/Govt./Company)_____

Address 1_____

Address 2_____

Address 3_____

City_____

Country_____

PIN Code_____

Mobile_____

Email_____

We are regular subscriber of Red Flower Publication journals.

Year of first subscription_____

List of ordered journals (if you subscribed more than 5 titles, please attach separate sheet)

Ordered through

Name of the Vendor	Subscription Year	Direct/subs Yr

Name of the journal for which you wish to be free winner

Terms & Conditions to win free institutional subscription

1. Only institutions can participate in this scheme
2. In group institutions only one institution would be winner
3. Only five institutions will be winner for each journal
4. An institution will be winner only for one journal
5. The free subscription will be valid for one year only (i.e. 1 Jan – 31 Dec)
6. This free subscription is not renewable, however, can be renewed with payment
7. Any institution can again participate after five years
8. All legal disputes subject to Delhi jurisdiction only
9. This scheme will be available to participate throughout year, but draw will be held in last week of August every year
10. The executive committee of the Red Flower Publication reserve the right to cancel, revise or modify terms and conditions any time without prior notice.

I confirm and certify that the above information is true and correct to the best of my knowledge and belief.

Place:

Signature with Seal

Date:

<i>Revised Rates for 2023 (Institutional)</i>					
Title of the Journal	Frequency	India(INR) Print Only	India(INR) Online Only	Outside India(USD) Print Only	Outside India(USD) Online Only
Community and Public Health Nursing	Triannual	6500	6000	507.81	468.75
Indian Journal of Agriculture Business	Semiannual	6500	6000	507.81	468.75
Indian Journal of Anatomy	Quarterly	9500	9000	742.19	703.13
Indian Journal of Ancient Medicine and Yoga	Quarterly	9000	8500	703.13	664.06
Indian Journal of Anesthesia and Analgesia	Bi-monthly	8500	8000	664.06	625
Indian Journal of Biology	Semiannual	6500	6000	507.81	468.75
Indian Journal of Cancer Education and Research	Semiannual	10000	9500	781.25	742.19
Indian Journal of Communicable Diseases	Semiannual	9500	9000	742.19	703.13
Indian Journal of Dental Education	Quarterly	6500	6000	507.81	468.75
Indian Journal of Diabetes and Endocrinology	Semiannual	9000	8500	703.13	664.06
Indian Journal of Emergency Medicine	Quarterly	13500	13000	1054.69	1015.63
Indian Journal of Forensic Medicine and Pathology	Quarterly	17000	16500	1328.13	1289.06
Indian Journal of Forensic Odontology	Semiannual	6500	6000	507.81	468.75
Indian Journal of Genetics and Molecular Research	Semiannual	8000	7500	625	585.94
Indian Journal of Law and Human Behavior	Semiannual	7000	6500	546.88	507.81
Indian Journal of Legal Medicine	Semiannual	9500	9000	742.19	703.13
Indian Journal of Library and Information Science	Triannual	10500	10000	820.31	781.25
Indian Journal of Maternal-Fetal & Neonatal Medicine	Semiannual	10500	10000	820.31	781.25
Indian Journal of Medical and Health Sciences	Semiannual	8000	7500	625	585.94
Indian Journal of Obstetrics and Gynecology	Quarterly	10500	10000	820.31	781.25
Indian Journal of Pathology: Research and Practice	Triannual	13000	12500	1015.63	976.56
Indian Journal of Plant and Soil	Semiannual	7500	7000	585.94	546.88
Indian Journal of Preventive Medicine	Semiannual	8000	7500	625	585.94
Indian Journal of Research in Anthropology	Semiannual	13500	13000	1054.69	1015.63
Indian Journal of Surgical Nursing	Triannual	6500	6000	507.81	468.75
Indian Journal of Trauma and Emergency Pediatrics	Quarterly	10500	10000	820.31	781.25
Indian Journal of Waste Management	Semiannual	10500	10000	820.31	781.25
International Journal of Food, Nutrition & Dietetics	Triannual	6500	6000	507.81	468.75
International Journal of Forensic Science	Semiannual	11000	10500	859.38	820.31
International Journal of Neurology and Neurosurgery	Quarterly	11500	11000	898.44	859.68
International Journal of Pediatric Nursing	Triannual	6500	6000	507.81	468.75
International Journal of Political Science	Semiannual	7000	6500	546.88	507.81
International Journal of Practical Nursing	Triannual	6500	6000	507.81	468.75
International Physiology	Triannual	8500	8000	664.06	625
Journal of Aeronautical Dentistry	Quarterly	8000	7500	625	585.94
Journal of Animal Feed Science and Technology	Semiannual	9000	8500	703.13	664.06
Journal of Cardiovascular Medicine and Surgery	Quarterly	11000	10500	859.38	820.31
Journal of Emergency and Trauma Nursing	Semiannual	6500	6000	507.81	468.75
Journal of Food Additives and Contaminants	Semiannual	6500	6000	507.81	468.75
Journal of Food Technology and Engineering	Semiannual	6000	5500	468.75	429.69
Journal of Forensic Chemistry and Toxicology	Semiannual	10500	10000	820.31	781.25
Journal of Global Medical Education and Research	Semiannual	7000	6500	546.88	507.81
Journal of Global Public Health	Semiannual	13000	12500	1015.63	976.56
Journal of Microbiology and Related Research	Semiannual	9500	9000	742.19	703.13
Journal of Nurse Midwifery and Maternal Health	Triannual	6500	6000	507.81	468.75
Journal of Orthopedic Education	Triannual	6500	6000	507.81	468.75
Journal of Pharmaceutical and Medicinal Chemistry	Semiannual	17500	17000	1367.19	1328.13
Journal of Plastic Surgery and Transplantation	Semiannual	27500	27000	2148.44	2109.38
Journal of Psychiatric Nursing	Triannual	6500	6000	507.81	468.75
Journal of Radiology	Semiannual	9000	8500	703.13	664.06
Journal of Social Welfare and Management	Quarterly	8500	8000	664.06	625
New Indian Journal of Surgery	Quarterly	9000	8500	703.13	664.06
Ophthalmology and Allied Sciences	Triannual	7000	6500	546.88	507.81
Pediatrics Education and Research	Quarterly	8500	8000	664.06	625
Physiotherapy and Occupational Therapy Journal	Quarterly	10000	9500	781.25	742.19
RFP Gastroenterology International	Semiannual	7000	6500	546.88	507.81
RFP Indian Journal of Hospital Infection	Semiannual	13500	13000	1054.69	1015.63
RFP Indian Journal of Medical Psychiatry	Semiannual	9000	8500	703.13	664.06
RFP Journal of Biochemistry and Biophysics	Semiannual	8000	7500	625	585.94
RFP Journal of Dermatology	Semiannual	6500	6000	507.81	468.75
RFP Journal of ENT and Allied Sciences	Semiannual	6500	6000	507.81	468.75
RFP Journal of Gerontology and Geriatric Nursing	Semiannual	6500	6000	507.81	468.75
RFP Journal of Hospital Administration	Semiannual	8000	7500	625	585.94
Urology, Nephrology and Andrology International	Semiannual	8500	8000	664.06	625
Terms of Supply: <ol style="list-style-type: none"> Agency discount 12.5%. Issues will be sent directly to the end user, otherwise foreign rates will be charged. All back volumes of all journals are available at current rates. All journals are available free online with print order within the subscription period. All legal disputes subject to Delhi jurisdiction. Cancellations are not accepted orders once processed. Demand draft/cheque should be issued in favour of "Red Flower Publication Pvt. Ltd." payable at Delhi. Full pre-payment is required. It can be done through online (http://rfppl.co.in/subscribe.php?mid=7). No claims will be entertained if not reported within 6 months of the publishing date. Orders and payments are to be sent to our office address as given below. Postage & Handling is included in the subscription rates. Subscription period is accepted on calendar year basis (i.e. Jan to Dec). However orders may be placed any time throughout the year. 					
Order from Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091 (India) Mobile: 8130750089, Phone: 91-11-79695648 E-mail: sales@rfppl.co.in , Website: www.rfppl.co.in					

Journal of Psychiatric Nursing

Triannual Journal

Editor in Chief

Veena Sharma
Jamia Hamdard University, New Delhi

Managing Editors

A. Lal, Dinesh Kr. Kashyap

National Editorial Board

Anumol Joseph, Hyderabad

Aspin R, Uttar Pradesh

B. Rajesh, Andhrapradesh

Chris Thomas, Sirohi

Donit John, Kerala

Farzana Begum, Ranchi

Pallavi Arjit Rao, Madhyapradesh

Vandana S Thangavel, Nagpur

Velladurai N., Uttar Pradesh

Production - Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091, India. Phone: 91-11-79695648, E-mail: info@rfppl.co.in, Website: www.rfppl.co.in.

Journal of Psychiatric Nursing (pISSN: 2277-9035, eISSN: 2455-8397) publishes peer reviewed original papers that is of interest to psychiatric and mental health care nurses. New Journal of Psychiatric Nursing is committed to keeping the field of psychiatric nursing vibrant and relevant by publishing the latest advances in the psychiatric nursing and its allied fields. Original articles include new developments in diagnosis, treatment, neuroscience, and patient populations. The Journal provides leadership in a diversity of scholarship. JPN publishes preliminary communication, psychological, educational, conference papers, case reports, letter to editor and some other important issue related to its field.

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.

Subscription rates worldwide: Individuals (annual) - Contact us; Institutional (annual)- INR 6500/\$ 507.81 Payment methods: By Demand Draft/cheque should be in the name of **Red Flower Publication Pvt. Ltd.** payable at Delhi. By Bank Transfer/TT: **Complete Bank Account No.** 604320110000467, **Beneficiary Name (As per Bank Pass Book):** Red Flower Publication Pvt. Ltd., 3. **Address:** 41/48, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091, (India), **Bank & Branch Name:** Bank of India; Mayur Vihar, **Bank Address & Phone Number:** 13/14, Sri Balaji Shop, Pocket II, Mayur Vihar Phase- I, New Delhi - 110091 (India); Tel: 22750372, 22753401. **Email:** mayurvihar.newdelhi@bankofindia.co.in, **MICR Code:** 110013045, **Branch Code:** 6043, **IFSC Code:** BKID0006043 (used for RTGS and NEFT transactions), **Beneficiary Contact No. & E-mail ID:** 91-11-79695648, E-mail: sales@rfppl.co.in.

©2022 Red Flower Publication Pvt. Ltd. All rights reserved. The views and opinions expressed are of the authors and not of the **Journal of Psychiatric Nursing**. The **Journal of Psychiatric Nursing** does not guarantee directly or indirectly the quality or efficacy of any product or service featured in the the advertisement in the journal, which are purely commercial.

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

Red Flower Publication (P) Ltd.
Presents its Book Publications for sale

1. Beyond Medicine: A to E for Medical Professionals) (2020)
Kalidas Chavan
INR390/USD31
2. Biostatistical Methods For Medical Research (2019)
Sanjeev Sarmukaddam
3. Breast Cancer: Biology, Prevention And Treatment (2015)
Dr. A. Ramesh Rao
4. Chhotanagpur A Hinterland of Tribes (2020)
Ambrish Gautam
5. Child Intelligence (2004)
Dr. Rajesh Shukla, Md, Dch.
6. Clinical Applied Physiology and Solutions (2020)
Varun Malhotra
7. Comprehensive Medical Pharmacology (2019)
Dr. Ahmad Najmi
8. Critical Care Nursing in Emergency Toxicology (2019)
Vivekanishu Verma
9. Digital Payment (Blue Print For Shining India) (2020)
Dr. Bishnu Prasad Patro
10. Drugs in Anesthesia (2020)
R. Varaprasad
11. Drugs In Anesthesia and Critical Care (2020)
Dr. Bhavna Gupta
12. MCQs in Medical Physiology (2019)
Dr. Bharati Mehta
13. MCQs in Microbiology, Biotechnology and Genetics (2020)
Biswajit Batabyal
14. MCQs in Minimal Access and Bariatric Surgery (2nd Edition) (2020)
Anshuman Kaushal
15. Patient Care Management (2019)
A.K. Mohiuddin
16. Pediatrics Companion (2001)
Rajesh Shukla
17. Pharmacuetics-1 (A Comprehensive Hand Book) (2021)
V. Sandhya
18. Poultry Eggs of India (2020)
Prafulla K. Mohanty
19. Practical Emergency Trauma Toxicology Cases Workbook (2019)
Dr. Vivekanishu Verma, Dr. Shriv Rattam Kochar, Dr. Devendra Richhariya
20. Practical Record Book of Forensic Medicine & Toxicology (2019)
Dr. Akhilesh K. Pathak

21. Recent Advances in Neonatology (2020)
Dr. T.M. Ananda Kesavan
INR 845/USD66
22. Shipping Economics (2018)
Dr. D. Amutha
INR347/USD45
23. Skeletal and Structural Organizations of Human Body (2019)
Dr. D.R. Singh
INR659/USD51
24. Statistics In Genetic Data Analysis (2020)
S.Venkatasubramanian
INR299/USD23
25. Synopsis of Anesthesia (2019)
Dr. Lalit Gupta
INR1195/USD75
26. A Handbook of Outline of Plastic Surgery Exit Examination (2022)
Prof Ravi Kumar Chittoria & Dr. Saurabh Gupta
INR 498/USD 38
27. An Introductory Approach to Human Physiology (2021)
Satyajit Tripathy, Barsha Dassarma, Motlalpula Gilbert Matsabisa
INR 599/USD 46
28. Biochemical and Pharmacological Variations in Venomous Secretion of Toad (Bufo melanostictus)(2021)
Dr. Thirupathi Koila & Dr. Venkataih Yanamala
INR 325/USD26
29. Climate, Prey & Predator Insect Poupulation in Bt Cotton and Non-Bt Cotton Agriculture Feilds of Warangal District (2022)
Dr. Peesari Laxman,Ch. Sammalah
INR 325/USD26
30. Community Health Nursing Record Book Volume – I & II (2022)
Ritika Rocque
INR 999/USD 79
31. Handbook of Forest Terminologies (Volume I & II) (2022)
Dr. C.N.Hari Prasath, Dr. A. Balasubramanian, Dr. M. Sivaprakash, V. Maninaran, Dr. G. Swathiiga
INR 1325/USD 104
32. MCQs of Biochemistry(2022)
Sachin C. Narwadiya, Dr. Irfana Begum
INR 399/USD 49
33. Newborn Care in the State of Uttar Pradesh(2022)
Dr. Tridibesh Tripathy
INR 545/USD 42
34. Osteoporosis: Weak Bone Disease(2022)
Dr. Dondeeti Uday Kumar & Dr. R. B. Uppin
INR 399/USD49
35. Quick Updates in Anesthesia(2022)
Dr. Rupinder Kaur Kaiche, Dr. Vidhyadhar Modak, Dr. Shilpa Sammakki & Dr. Vivek Gupta
INR 599/USD 44
36. Textbook of Practice of Medicine with Homoeopathic Therapeutics(2022)
Dr. Pramod Kumar
INR 1325/USD104
37. Trends in Anthropological Research(2022)
Dr. Iyoti Ratan Ghosh,Dr. Rangya Gachui
INR 399/USD 49

Order from: Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091(India), Mobile: 8130750089, Phone: 91-11-79695648, E-mail: info@rfpl.co.in, Website: www.rfpl.co.in

Journal of Psychiatric Nursing

Triannual Journal

Volume 11

September – December 2022

Number 3

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



Journal of Psychiatric Nursing

Library Recommendation Form

If you would like to recommend this journal to your library, simply complete the form given below and return it to us. Please type or print the information clearly. We will forward a sample copy to your library, along with this recommendation card.

Please send a sample copy to:

Name of Librarian

Name of Library

Address of Library

Recommended by:

Your Name/ Title

Department

Address

Dear Librarian,

I would like to recommend that your library subscribe to the Journal of Psychiatric Nursing. I believe the major future uses of the journal for your library would provide:

1. Useful information for members of my specialty.
2. An excellent research aid.
3. An invaluable student resource.

I have a personal subscription and understand and appreciate the value an institutional subscription would mean to our staff.

Should the journal you're reading right now be a part of your University or institution's library? To have a free sample sent to your librarian, simply fill out and mail this today!

Stock Manager

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091(India)

Phone: 91-11-79695648

Cell: +91-9821671871

E-mail: sales@rfppl.co.in

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

Rajshri Kokate¹, Donit John²

How to cite this article:

Rajshri Kokate, Donit John/A Study to assess Attitude Towards Nursing Research among Nursing Students in Selected Colleges of Aurangabad city/J Psychiatr Nurs. 2022;11(3):81-86.

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.

Author's Affiliation: ¹Assistant Professor, ²Associate Professor, Department of Mental Health Nursing, Aurangabad College of Nursing, Aurangabad 431005, Maharashtra, India.

Correspondence Author: Donit John, Associate Professor, Department of Mental Health Nursing, Aurangabad College of Nursing, Aurangabad 431005, Maharashtra, India.

Email: donitjohn23@gmail.com

Received on: 29.09.2022

Accepted on: 01.11.2022

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.¹ *Swami Vivekananda*

Nursing research is the testing of knowledge that can be used to guide nursing practice.² 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!).³ 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.⁴ 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.⁵

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.⁶ 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.⁷

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.⁸

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.⁹ 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.¹⁰

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 - 21years	11	36.66%
		21 - 23 years	12	40%
		23 & Above	7	23.33%
2.	Gender	Male	6	20%
		Female	24	80%
3.	Marital Status	Married	2	6.66%
		Unmarried	28	93.33%
4.	Course	RGNM	17	56.66%
		B.Sc. nursing	3	10%
		M.Sc. nursing	10	33.33%
5.	Occupation of Mother	House wife	27	90%
		Employed	2	6.66%
		Business	0	0%
		Any other specify	1	3.33%
6.	Occupation of Father	Unemployed	2	6.66%
		Employed	4	13.33%
		Business	2	6.66%
		Any other specify	17	56.66%
7.	Monthly Family Income	Less than 10,000/-	9	30%
		10,000/- to 20,000/-	4	13.33%
		20,00/- to 30,000/-	11	36.66%
		More than 30,00/-	6	20%

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%

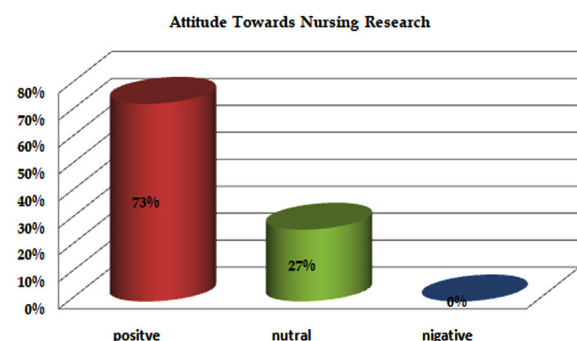


Fig. 1: Attitude towards nursing research among student nurses among nursing students

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.

Section III:

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

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

(N = 30)

Demographic variable	Positive	Neutral	Negative	Chi square value	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		
Course	RGNM	14	3	9.8	5.99
	B.Sc. nursing	3	-		
	M.Sc. nursing	9	1		
Occupation of Mother	House wife	22	5	67.86	7.82
	Employed	2	-		
	Business	-	-		
	Any other	1	-		
	Unemployed	2	-		
Occupation of father	Employed	4	-	2.9	7.82
	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

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 ($p=0.01$).¹¹

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 shown 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 showed association between age, caste, religion, locality, family income, enrollment in nursing with perception of male nursing students towards nursing profession.¹²

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.

REFERENCES

1. American Nurses Association. (2004). Nursing: Scope and standards of practice. Washington DC: author.
2. American Nurses Credentialing Center. (2005). The Magnet Recognition Program®, Recognizing excellence in nursing service, Application manual. Silver Springs: author.

3. American Nurses Credentialing Center. (2006). Magnet Facilities: Health care organizations with magnet-designated nursing services. Retrieved January 22, 2006, from <http://nursingworld.org/ancc/magnet/facilities.html>.
4. Boothe, P. A. (1981). A study to determine the attitude of professional nurses toward nursing research. Unpublished doctoral dissertation, University of Alabama, Tuscaloosa.
5. Bostrom, A., Malnight, M., MacDougall, J., & Hargis, D. (1989). Staff nurses' attitudes toward nursing research: A descriptive survey. *Journal of Advanced Nursing*, 14, 915-922.
6. Donabedian, A. (1988) The quality of care: How can it be assessed? *Journal of American Medical Association*, 260, 1743-1748.
7. Donabedian, A. (1992) The role of outcomes in quality assessment and assurance. *Quality Review Bulletin*, 18, 356-360.
8. Dunn, V., Crichton, N., Roe, B., Seers, K., Williams, K. (1998). Using research for practice: A UK experience of the BARRIERS scale. *Journal of Advanced Nursing*, 27, 1203-1210.
9. Estabrooks, C., Floyd, J., Scott-Findlay, S., O'Leary, K., & Gushta, M. (2003). Individual determinants of research utilization: A systematic review. *Journal of Advanced Nursing*, 43, 506-520.
10. Funk, S., Champagne, M., Wiese, R., & Tomquist, E. (1991). Barriers to using research findings in practice: The clinician's perspective. *Applied Nursing Research*, 4, 90-95.
11. Wangkheimayum Ashalata Devi. *International Journal of Nursing Care*. 1(1):10. January 2013.
12. ShitalParag Tike, Dixit Joshi, Ghanekar Akshataetal. *International Journal of Applied Research* 2020; 6(5): 08-11.



SUBSCRIPTION FORM

I want to renew/subscribe international class journal "Journal of Psychiatric Nursing" of Red Flower Publication Pvt. Ltd.

Subscription Rates:

- Institutional: **INR 6500 / USD 507.81**

Name and complete address (in capitals): _____

Payment detail:

Online payment link: <http://rfppl.co.in/payment.php?mid=15>

Cheque/DD: Please send the US dollar check from outside India and INR check from India made payable to 'Red Flower Publication Private Limited'. Drawn on Delhi branch.

Wire transfer/NEFT/RTGS:

Complete Bank Account No. 604320110000467

Beneficiary Name: Red Flower Publication Pvt. Ltd.

Bank & Branch Name: Bank of India; Mayur Vihar

MICR Code: 110013045

Branch Code: 6043

IFSC Code: BKID0006043 (used for RTGS and NEFT transactions)

Swift Code: BKIDINBBDOS

Term and condition for supply of journals

1. Advance payment required by Demand Draft payable to **Red Flower Publication Pvt. Ltd.** payable at **Delhi**.
2. Cancellation not allowed except for duplicate payment.
3. Agents allowed 12.5% discount.
4. Claim must be made within six months from issue date.

Mail all orders to

Subscription and Marketing Manager

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091 (India)

Phone: 91-11-79695648

Cell: +91-9821671871

E-mail: info@rfppl.co.in

Instructions to Authors

Submission to the journal must comply with the Guidelines for Authors.
Non-compliant submission will be returned to the author for correction.

To access the online submission system and for the most up-to-date version of the Guide for Authors please visit:

<http://www.rfppl.co.in>

Technical problems or general questions on publishing with **JPN** are supported by Red Flower Publication Pvt. Ltd.'s Author Support team (http://rfppl.co.in/article_submission_system.php?mid=5#)

Alternatively, please contact the Journal's Editorial Office for further assistance.

Editorial Manager

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091(India).

Mobile: 9821671871, Phone: 91-11-79695648

E-mail: author@rfppl.co.in

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

B Rajesh

How to cite this article:

B Rajesh/ Assess the Knowledge on Internet Addiction among Adolescents in Selected Colleges of Tirupati/J Psychiatr Nurs. 2022;11(3):89-91.

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.¹ 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.² 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.³ Some College Students suffer from Internet addiction, unable to step away from the

Author's Affiliation: Associate Professor, Maruthi College of Nursing, Bhadrachalam 507111, Khammam, Andhra Pradesh, India.

Correspondence Author: B Rajesh, Associate Professor, Maruthi College of Nursing, Bhadrachalam 507111, Khammam, Andhra Pradesh, India.

Email: gnanraj1986@gmail.com

Received on: 15.10.2022

Accepted on: 18.11.2022

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.⁴ 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.⁵

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.

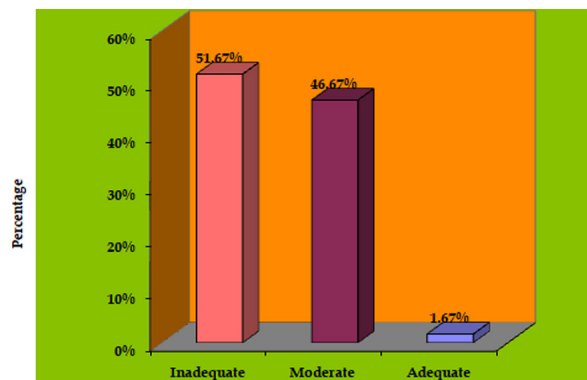


Fig. 1: Percentage distribution of the level of knowledge on internet addiction among adolescents.

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.

REFERENCES

1. Kanwal nalwa, archana preet, anand cyber psychology and behaviour, volume - 6 numbers - 6, 2003.
2. Jennifer. R. Ferris, psychology, virginia Tech, JFerris@vt.edu.in/2009.
3. Jerald. http://urebi.blogspot.in/2012/_archive.html.
4. Wikipedia, the free encyclopedia. Issues for DSM-V: Internet Addiction". March 2008. Retrieved January 31, 2009.
5. Martin fackler American psychology of association Published: November 18, 2007.
6. David Smith, A primary case study on cyber psychology, Sunday 23 March 2008 <http://www.guardian.co.uk/technology/2008/mar/23/news.internet>.
7. China's Cyber Population Hits 457m. Thechinaperspective.com. Retrieved on 16 April 2006.
8. Robin M. Mathy, Marc Schillace, Sarah M. Coleman, Barrie E. Berquis Cyber Psychology & Behaviour. June 2002, 5(3): 253-266.
9. World Psychiatry official journal of psychiatric association 2010 June; 9(2): 85-90.



Journal of Psychiatric Nursing

Library Recommendation Form

If you would like to recommend this journal to your library, simply complete the form given below and return it to us. Please type or print the information clearly. We will forward a sample copy to your library, along with this recommendation card.

Please send a sample copy to:

Name of Librarian

Name of Library

Address of Library

Recommended by:

Your Name/ Title

Department

Address

Dear Librarian,

I would like to recommend that your library subscribe to the Journal of Psychiatric Nursing . I believe the major future uses of the journal for your library would provide:

1. Useful information for members of my specialty.
2. An excellent research aid.
3. An invaluable student resource.

I have a personal subscription and understand and appreciate the value an institutional subscription would mean to our staff.

Should the journal you're reading right now be a part of your University or institution's library? To have a free sample sent to your librarian, simply fill out and mail this today!

Stock Manager

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091(India)

Phone: 91-11-79695648

Cell: +91-9821671871

E-mail: sales@rfppl.co.in

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

Chuneshwari Sahu

How to cite this article:

Chuneshwari Sahu/Effect of Structured Teaching Regarding Childhood Emotional and Behavioral Problems among Parents/J Psychiatr Nurs. 2022;11(3):93–99.

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 ± 6.45 . The post-test mean score is 31.9, the Mean percentage is 79.75, and the standard deviation is ± 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.

Author's Affiliation: M.Sc. Nursing Student, Department of Nursing, The Academy of Nursing Sciences and Hospital, Gwalior 474002, Madhya Pradesh, India.

Correspondence Author: Chuneshwari Sahu, M.Sc. Nursing Student, Department of Nursing, The Academy of Nursing Sciences and Hospital, Gwalior 474002, Madhya Pradesh, India.

Email: chuneshwarisahu1996@gmail.com

Received on: 26.08.2022 **Accepted on:** 28.09.2022

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.¹ 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.¹ 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.² 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.³ 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%.^{4,5} The prevalence rate varied from 13 per thousand to 431 per thousand in the Indian studies.^{6,7} Analysis of the pediatric outpatients' department revealed behavioural and emotional problems in the range of 3.36% to 50%.^{8,9} According to the study of ICMR carried out in 2009, the overall prevalence of behavioural and emotional disorders in Indian children is 12.5%.¹⁰ 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%.¹¹ An epidemiological study by Shoba Srinath suggests a prevalence rate of 12.5 per cent among children aged 0–16 yrs.¹² 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.¹³ A School Based Study of the Western Uttar Pradesh Region expressed that the total prevalence of psychiatric disorders is 11.48%.¹⁴ A cross-sectional study of northeast India among school going adolescents aged between 13 and 19 from private and government schools suggests.¹⁵ 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%).¹⁶ 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%.¹⁰ 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.¹⁷ 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)

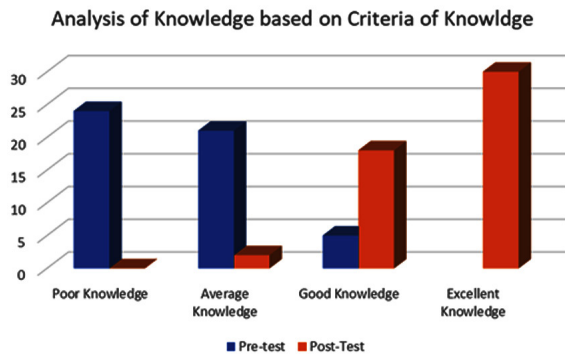


Fig. 1: Comparative analysis of pre-test and post-test knowledge scores.

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 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	99	23.17	1.98	< 0.05 **
Post-test	31.9	4.88				

** *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.

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

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

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 Greater 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.

REFERENCES

1. Ogundele MO. Behavioural and emotional disorders in childhood: A brief overview for paediatricians. *World J Clin Pediatr*. 2018 Feb 8;7(1):9-26. doi: 10.5409/wjcp.v7.i1.9. PMID: 29456928; PMCID: PMC5803568.
2. Blanchard LT, Gurka MJ, Blackman JA. Emotional, developmental, and behavioral health of American children and their families: a report from the 2003 National Survey of Children's Health. *Pediatrics*. 2006 Jun;117(6):e1202-12. doi: 10.1542/peds.2005-2606. PMID: 16740820.
3. Hussein, S. A. (2008). Behavioral problems among children attending private and community schools in Karachi, Pakistan. *Pakistan Journal of Psychological Research*, 23(2). Pp 01 -11.
4. A., V. (1985, Jan). Psychiatric epidemiology in a sample of 1510 ten-year-old children--I. Prevalence. *J Child Psychol Psychiatry*, 26(1), 55-75. doi:10.1111/j.1469-7610.1985.tb01628.x.
5. Shaffer D, F. P.-S. (1996, July). The NIMH Diagnostic Interview Schedule for Children Version 2.3 (DISC-2.3): description, acceptability, prevalence rates, and performance in the MECA Study. *Methods for the Epidemiology of Child and Adolescent Mental Disorders Study*. *J Am Acad Child Adolesc Psychiatry*, 35(7), 865-77. doi:10.1097/00004583-199607000-00012.
6. Elnagar MN, M. P. (1971, May). Mental health in an Indian rural community. *Br J Psychiatry*, 118(546), 499-503. doi:10.1192/bjp.118.546.499.
7. Vardhini, R. P. (1990). Psychosocial problems among rural children-an epidemiological study. Bangalore University.
8. Chacko R. Psychiatric problems in children. *Ind J Psychiatry*. 1964;6:147. [Google Scholar]
9. Rohini D. Psychiatric problems in children with chronic renal diseases (dissertation) Univ of Pune; Pune: 1999. [Google Scholar].
10. Malhotra S, P. B.. Prevalence of child and adolescent psychiatric disorders in India: a systematic review and meta-analysis. *Child Adolesc Psychiatry Ment Health*, 2014, July 21, 8 (22). doi:10.1186/1753-2000-8-22.
11. Prakash J, S. S.. Study of Behaviour Problems in a Paediatric Outpatient Department. *Med J Armed*

- Forces India, 2006, October (62), 339-41. doi:10.1016/S0377-1237(06)80102-4.
12. Srinath S, Girimaji SC, Gururaj G, Seshadri S, Subbakrishna DK, Bhola P, Kumar N. Epidemiological study of child & adolescent psychiatric disorders in urban & rural areas of Bangalore, India. *Indian J Med Res.* 2005 Jul;122(1):67-79. PMID: 16106093.
 13. Faizi N, Azmi SA, Ahmad A, Shah MS. Assessment of psychological problems in schoolgoing adolescents of Aligarh. *Ind Psychiatry J.* 2016 Jul-Dec;25(2):184-188. doi: 10.4103/ipj.ipj_65_14. PMID: 28659698; PMCID: PMC5479092.
 14. Sarda R, K. N. (2013, October-December). Prevalence of Psychiatric Disorders in Western U.P. Region- A School Based Study. *International Journal of Scientific Study*, 1(3), 70-76.
 15. Keyho K, G. N. (2019). Prevalence of mental health status in adolescent school children of Kohima District, Nagaland. *Ann Indian Psychiatry*, 3(1), 39-42. . doi:10.4103/aip.aip_52_18.
 16. Rajpurohit A, H. M. Behavioural disorders amongst children of a rural community of Lucknow, India. *Indian J Community Health*, 28(2), (2016 , June 30, 192-5. Retrieved from www.iapsmupuk.org/journal/index.php/IJCH/article/view/673.
 17. Kunemund, R. (2009). Teacher-child relationships, interactions, and problem behavior: a longitudinal analysis examining bi-directional associations. Teacher-child relationships, interactions, and problem behavior: a longitudinal analysis examining bi-directional associations. Virginia Commonwealth University. Retrieved August 22, 2022, from <https://scholarscompass.vcu.edu/cgi/viewcontent.cgi?article=7075&context=etd>.
 18. Hernández-Alava M, P. G. (2017, April). Children's Development and Parental Input: Evidence From the UK Millennium Cohort Study. *Demography*(2), 485-511. doi:10.1007/s13524-017-0554-6.
 19. Kumari P., S. J. (2018). (Punjab), A Descriptive Study to Assess the Behavioral Problems among Preschool Children at Selected Anganwadi centers of Distt. Roopnagar. *Asian J. Nursing Education and Research*, 8(2), 220-224. doi:10.5958/2349-2996.2018.00045.9.
 20. Vikan A. Psychiatric epidemiology in a sample of 1510 ten-year-old children-I. Prevalence. *J Child Psychol Psychiatry.* 1985 Jan;26(1):55-75. doi: 10.1111/j.1469-7610.1985.tb01628.x.



REDKART.NET

(A product of Red Flower Publication (P) Limited)

(Publications available for purchase: Journals, Books, Articles and Single issues)

(Date range: 1967 to till date)

The Red Kart is an e-commerce and is a product of Red Flower Publication (P) Limited. It covers a broad range of journals, Books, Articles, Single issues (print & Online-PDF) in English and Hindi languages. All these publications are in stock for immediate shipping and online access in case of online.

Benefits of shopping online are better than conventional way of buying.

1. Convenience.
2. Better prices.
3. More variety.
4. Fewer expenses.
5. No crowds.
6. Less compulsive shopping.
7. Buying old or unused items at lower prices.
8. Discreet purchases are easier.

URL: www.redkart.net

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

Manisha Moreshwar Bagde

How to cite this article:

Manisha Moreshwar Bagde/ A Study to assess the Knowledge on Anti-Social Behaviour among Adolescent between Government and Private School of Nagpur, Maharashtra/J Psychiatr Nurs. 2022;11(3):101–103.

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.¹

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.²

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,

Author's Affiliation: M.Sc. Nursing Student, Department of Mental Health Nursing, Central India College of Nursing, Dewada 491441, Chattisgarh, India.

Correspondence Author: Manisha Moreshwar Bagde, M.Sc. Nursing Student, Department of Mental Health Nursing, Central India College of Nursing, Dewada 491441, Chattisgarh, India.

Email: bagde.manisha86@gmail.com

Received on: 26.09.2022

Accepted on: 27.10.2022

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	58	2.14	2.00	P<0.05 signi
Government School	9.7	±3.07				

Table 3: Represent that there is a significant difference between Adolescent of government and privateschool 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.³

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

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

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 schools had excellent knowledge and the comparative study found it

effective.

REFERENCES

1. <https://www.ncbi.nlm.nih.gov/books/NBK545476> Adolescent Development - NCBI Bookshelf. cited on 28/9/2022 at 5 pm.
2. <https://www.ncbi.nlm.nih.gov/articles/PMC3014527> Adolescence: what do Transmission, Transition, and NCBI. Cited on 28/9/2022 at 6 pm.
3. Burney, E. (2005) Making People Behave: Anti-social Behavior, Politics, and Policy. Cullompton, Devon: Willan.



Instructions to Authors

Submission to the journal must comply with the Guidelines for Authors.
Non-compliant submission will be returned to the author for correction.

To access the online submission system and for the most up-to-date version of the Guide for Authors please visit:

<http://www.rfppl.co.in>

Technical problems or general questions on publishing with **JPN** are supported by Red Flower Publication Pvt. Ltd.'s Author Support team (http://rfppl.co.in/article_submission_system.php?mid=5#)

Alternatively, please contact the Journal's Editorial Office for further assistance.

Editorial Manager

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091(India).

Mobile: 9821671871, Phone: 91-11-79695648

E-mail: author@rfppl.co.in

Health Anxiety among Adults Attending Selected Health Centre, At UAE

Fathmah Mohamed Saleh Ahmed Al Saadi¹, Kalthoum Salem Rashed Al Kaabi²,
Aishah Saeed Hamdan Obaid Al Bdouli³, Soney M Varghese⁴, Vimala Varatharajan⁵

How to cite this article:

Fathmah Mohamed Saleh Ahmed Al Saadi, Kalthoum Salem Rashed Al Kaabi, Aishah Saeed Hamdan Obaid Al Bdouli, et al./Health Anxiety among Adults Attending Selected Health Centre, At UAE/J Psychiatr Nurs. 2022;11(3):105–109.

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

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 mild level of anxiety and only (6%) had severe level of health anxiety.

Keyword: Covid 19; Anxiety; Adults.

Author's Affiliation: ^{1,2,&3}B.Sc. Nursing Students,

⁴Assistant Professor, ⁵Lecturer, College of Nursing, Gulf Medical University, Ajman, UAE.

Correspondence Author: Soney M. Varghese, Assistant Professor, College of Nursing, Gulf Medical University, Ajman, UAE.

Email: dr.soney@gmu.ac.ae

Received on: 22.08.2022

Accepted on: 25.09.2022

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.^{6,7} 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 with her 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.¹

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.² Levels of anxiety and depression were not any 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. Convenience 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

(n =100)		
Health Anxiety Level	Frequency (F)	Percentage (%)
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

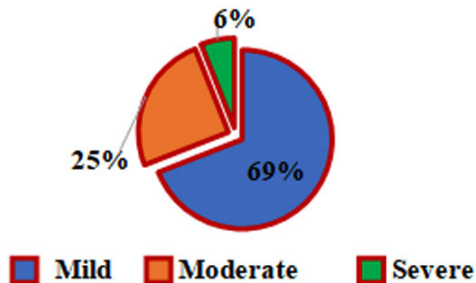


Fig. 1: Frequency and Percentage Distribution of level of health anxiety among adults.

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 at tending 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 hypochondrias is. 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 indifferent 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 : The reiso 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.

REFERENCES

1. Holmes EA, O'Connor RC, Perry VH, Tracey I, Wessely S, Arseneault L, et al. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry*. (2020)7:547–60.doi: 10.1016 /S2215-0366 (20) 30168-1.
2. Shevlin M, McBride O, Murphy J, Miller JG, Hartman TK, Levita L, et al. Anxiety, depression,

- traumatic stress, and COVID-19 related anxiety in the UK General population during the COVID-19 pandemic. *BJ Psych Open.* (2020) 6:e125. doi: 10.1192/bjo.2020.109.
3. Lei L, Huang X, Zhang S, Yang J, Yang L, Xu M. Comparison of prevalence and associated factors of anxiety and depression among people affected by versus people unaffected by quarantine during the COVID-19 epidemic in South western China. *Med Sci Monit.* (2020) 26:e924609. doi: 10.12659/MSM.924609.
 4. Grey I, Arora T, Thomas J, Saneh A, Tomhe P, Abi-Habib R. The role of perceived social support on depression and sleep during the COVID-19 pandemic. *Psychiatry Res.* (2020) 293:113452. doi:10.1016/j.psychres.2020.113452.
 5. Pirutinsky S, Cherniak AD, Rosmarin DH. COVID-19, mental health, and religious coping among American Orthodox Jews. *J Religion Health.* (2020) 2020:1–14. doi: 10.1007/s10943-020-01070-z.
 6. Shi L, Lu Z-A, Que J-Y, Huang X-L, Liu L, Ran M-S, et al. Prevalence of and risk factors associated with mental health symptoms among the general population in China during the corona virus disease 2019 pandemic. *JAMA Network Open.* (2020) 3:e2014053. doi:10.1001/jamanetworkopen.2020.14053.
 7. Chan SM, Chiu FK, Lam CW, Leung PY, Conwell Y. Elderly suicide and the 2003 SARS epidemic in Hong Kong. *Int J Geriatr Psychiatry.* (2006) 21:113–8. doi: 10.1002/gps.1432.
 8. Lee AM, Wong JG, Mc Alonan GM, Cheung V, Cheung C, Sham PC, et al. Stress and psychological distress among SARS survivors 1 year after the outbreak. *Can J Psychiatry.* (2007) 52:233–40. doi: 10.1177/070674370705200405.
 9. Makl W, Chu CM, Pan PC, Yiu MG, Chan VL. Long-term psychiatric morbidities among SARS survivors. *Gen Hosp Psychiatry.* (2009) 31:318–26. doi: 10.1016/j.genhosppsych.2009.03.001.
 10. Hidaka BH. Depression as a disease of modernity: explanations for increasing prevalence. *J Affect Disord.* (2012) 140:205–14. doi:10.1016/j.jad.2011.12.036.
 11. Ferrari AJ, Charlson FJ, Norman RE, Patten SB, Freedman G, Murray CJL, et al. Burden of depression by country, sex, age, and year: findings from the global burden of disease study 2010. *PLoS Med.* (2013) 10:e1001547. doi:10.1371/journal.pmed.1001547.
 12. Abou-Saleh MT, Ghubash R, Daradkeh TK. Al Ain Community Psychiatric Survey. I. Prevalence and socio-demographic correlates. *Social Psychiatry Psychiatric Epidemiol.* (2001) 36:20–8. doi: 10.1007/s001270050286.
 13. Ghubash R, Daradkeh TK, Al-Muzafari SMA, El-Manssori ME, Abou-Saleh MT. Al Ain Community Psychiatric Survey IV: socio-cultural changes (traditionality-liberalism) and prevalence of psychiatric disorders. *Social Psychiatry Psychiatric Epidemiol.* (2001) 36:565–70. doi: 10.1007/s001270170008.
 14. Ghubash R, El-Rufaie OE, Zoubeidi T, Al-Shboul QM, Sabri SM. Profile of mental disorders among the elderly United Arab Emirates population: socio demographic correlates. *Int J Geriatric Psychiatry.* 2004:344–51. doi:10.1002/gps.1101.
 15. Bener A, Ghuloum S, Abou-Saleh MT. Prevalence, symptom patterns and comorbidity of anxiety and depression in primary care in Qatar. *Social Psychiatry Psychiatric Epidemiol.* (2012) 47: 439–46. doi:10.1007/s00127-011-0349-9.
 16. Bristol-Rhys J. Emirati Women. London: C. Hurst & Co. (2010).
 17. House T, Keeling MJ. House hold structure and infectious disease transmission. *Epidemiol Infect.* (2009) 137: 654–61. doi:10.1017/S0950268808001416.
 18. Williams JR, Manfredi P. Ageing populations and childhood infections: the potential impact on epidemic patterns and morbidity. *Int J Epidemiol.* (2004) 33:566–72. doi: 10.1093/ije/dyh098.
 19. Funk S, Salathé M, Jansen VAA. Modelling the influence of human behavior on the spread of infectious diseases: a review. *J Royal Soc Interface.* (2010) 7:1247–56. doi: 10.1098/rsif.2010.0142.
 20. Prince Nelson SL, Ramakrishnan V, Nietert PJ, Kamen DL, Ramos PS, Wolf BJ. An evaluation of common methods for dichotomization of continuous variables to discriminate disease status. *Commun Stat Theory Methods.* (2017) 46:10823–34. doi: 10.1080/03610926.2016.1248783.
 21. Kroenke K, Strine TW, Spitzer RL, Williams JBW, Berry JT, Mokdad AH. The PHQ-8 as a measure of current depression in the general population. *J Affective Disord.* (2009) 114:163–73. doi: 10.1016/j.jad.2008.06.026.
 22. Spitzer RL, Kroenke K, Williams JB, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. *Arch Intern Med.* (2006) 166:1092–7. doi: 10.1001/archinte.166.10.1092.
 23. Löwe B, Decker O, Müller S, Brähler E, Schellberg D, Herzog W, et al. Validation and standardization of the Generalized Anxiety Disorder Screener (GAD-7) in the general population. *Med Care.* (2008) 46:266–74. doi:10.1097/MLR.0b013e318160d093.
 24. R Core Team. R: A Language and Environment for Statistical Computing. Vienna: R Foundation for Statistical Computing (2020). Available online at: <https://www.R-project.org/>.
 25. Cowling BJ, Ng DMW, Ip DKM, Liao Q, Lam WWT, Wu JT, et al. Community psychological and behavioral responses through the first wave of the 2009 influenza A (H1N1) pandemic in Hong Kong. *J Infect Dis.* (2010) 202:867–76. doi: 10.1086/655811.
 26. Hawryluck L, Gold WL, Robinson S, Pogorski S,

Galea S, Styrar R. SARS control and psychological effects of quarantine, Toronto, Canada. *Emerg Infect Dis.* (2004) 10:1206-12. doi: 10.3201/eid1007.030703.

27. Kessler RC. The effects of stress full ifeeventsondepression. *Annu Rev Psychol.* (1997) 48:191-214. doi: 10.1146/annurev.psych.48.1.191.



Red Flower Publication Pvt. Ltd.

CAPTURE YOUR MARKET

For advertising in this journal

Please contact:

International print and online display advertising sales

Advertisement Manager

Phone: 91-11-79695648, Cell: +91-9821671871

E-mail: info@rfppl.co.in

Recruitment and Classified Advertising

Advertisement Manager

Phone: 91-11-79695648, Cell: +91-9821671871

E-mail: info@rfppl.co.in

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 School of 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
Kiran Varyani	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



Guidelines for Authors

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journal" developed by international committee of medical Journal Editors

Types of Manuscripts and Limits

Original articles: Up to 3000 words excluding references and abstract and up to 10 references.

Review articles: Up to 2500 words excluding references and abstract and up to 10 references.

Case reports: Up to 1000 words excluding references and abstract and up to 10 references.

Online Submission of the Manuscripts

Articles can also be submitted online from http://rfppl.co.in/customer_index.php.

1) First Page File: Prepare the title page, covering letter, acknowledgement, etc. using a word processor program. All information which can reveal your identity should be here. use text/rtf/doc/PDF files. Do not zip the files.

2) Article file: The main text of the article, beginning from Abstract till References (including tables) should be in this file. Do not include any information (such as acknowledgement, your name in page headers, etc.) in this file. Use text/rtf/doc/PDF files. Do not zip the files. Limit the file size to 400 Kb. Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file.

3) Images: Submit good quality color images. Each image should be less than 100 Kb in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 400 pixels or 3 inches). All image formats (jpeg, tiff, gif, bmp, png, eps etc.) are acceptable; jpeg is most suitable.

Legends: Legends for the figures/images should be included at the end of the article file.

If the manuscript is submitted online, the contributors' form and copyright transfer form has to be submitted in original with the signatures of all the contributors within two weeks from submission. Hard copies of the images (3 sets), for articles submitted online, should be sent to the journal office at the time of submission of a revised manuscript. Editorial office: Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091, India, Phone: 91-11-22754205, 45796900, 22756995. E-mail: author@rfppl.co.in. Submission page: http://rfppl.co.in/article_submission_system.php?mid=5.

Preparation of the Manuscript

The text of observational and experimental articles should be divided into sections with the headings: Introduction, Methods, Results, Discussion, References, Tables, Figures, Figure legends, and Acknowledgment. Do not make subheadings in these sections.

Title Page

The title page should carry

- 1) Type of manuscript (e.g. Original article, Review article, Case Report)
- 2) The title of the article should be concise and informative;
- 3) Running title or short title not more than 50 characters;
- 4) The name by which each contributor is known (Last name, First name and initials of middle name), with his or her highest academic degree(s) and institutional affiliation;
- 5) The name of the department(s) and institution(s) to which the work should be attributed;
- 6) The name, address, phone numbers, facsimile numbers and e-mail address of the contributor responsible for correspondence about the manuscript; should be mentioned.
- 7) The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references and abstract);
- 8) Source(s) of support in the form of grants, equipment, drugs, or all of these;
- 9) Acknowledgement, if any; and
- 10) If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read.

Abstract Page

The second page should carry the full title of the manuscript and an abstract (of no more than 150 words for case reports, brief reports and 250 words for original articles). The abstract should be structured and state the Context (Background), Aims, Settings and Design, Methods and Materials, Statistical analysis used, Results and Conclusions. Below the abstract should provide 3 to 10 keywords.

Introduction

State the background of the study and purpose of the study and summarize the rationale for the study or observation.

Methods

The methods section should include only information that was available at the time the plan or protocol for the study was written such as study approach, design, type of sample, sample size, sampling technique, setting of the study, description of data collection tools and methods; all information obtained during the conduct of the study belongs in the Results section.

Reports of randomized clinical trials should be based on the CONSORT Statement (<http://www.consort-statement.org>). When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at http://www.wma.net/e/policy/17c_e.html).

Results

Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra or supplementary materials and technical details can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

Discussion

Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); Strengths and limitations of the study (study question, study design, data collection, analysis and interpretation); Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, What this study adds to the available evidence, effects on patient care and health policy, possible mechanisms)? Controversies raised by this study; and Future research directions (for this particular research collaboration, underlying mechanisms, clinical

research). Do not repeat in detail data or other material given in the Introduction or the Results section.

References

List references in alphabetical order. Each listed reference should be cited in text (not in alphabetic order), and each text citation should be listed in the References section. Identify references in text, tables, and legends by Arabic numerals in square bracket (e.g. [10]). Please refer to ICMJE Guidelines (http://www.nlm.nih.gov/bsd/uniform_requirements.html) for more examples.

Standard journal article

[1] Flink H, Tegelberg Å, Thörn M, Lagerlöf F. Effect of oral iron supplementation on unstimulated salivary flow rate: A randomized, double-blind, placebo-controlled trial. *J Oral Pathol Med* 2006; 35: 540–7.

[2] Twetman S, Axelsson S, Dahlgren H, Holm AK, Källestål C, Lagerlöf F, et al. Caries-preventive effect of fluoride toothpaste: A systematic review. *Acta Odontol Scand* 2003; 61: 347–55.

Article in supplement or special issue

[3] Fleischer W, Reimer K. Povidone-iodine antiseptics. State of the art. *Dermatology* 1997; 195 Suppl 2: 3–9.

Corporate (collective) author

[4] American Academy of Periodontology. Sonic and ultrasonic scalers in periodontics. *J Periodontol* 2000; 71: 1792–801.

Unpublished article

[5] Garoushi S, Lassila LV, Tezvergil A, Vallittu PK. Static and fatigue compression test for particulate filler composite resin with fiber-reinforced composite substructure. *Dent Mater* 2006.

Personal author(s)

[6] Hosmer D, Lemeshow S. Applied logistic regression, 2nd edn. New York: Wiley-Interscience; 2000.

Chapter in book

[7] Nauntofte B, Tenovou J, Lagerlöf F. Secretion and composition of saliva. In: Fejerskov O,

Kidd EAM, editors. Dental caries: The disease and its clinical management. Oxford: Blackwell Munksgaard; 2003. pp 7–27.

No author given

[8] World Health Organization. Oral health surveys - basic methods, 4th edn. Geneva: World Health Organization; 1997.

Reference from electronic media

[9] National Statistics Online – Trends in suicide by method in England and Wales, 1979–2001. www.statistics.gov.uk/downloads/theme_health/HSQ20.pdf (accessed Jan 24, 2005): 7–18. Only verified references against the original documents should be cited. Authors are responsible for the accuracy and completeness of their references and for correct text citation. The number of reference should be kept limited to 20 in case of major communications and 10 for short communications.

More information about other reference types is available at www.nlm.nih.gov/bsd/uniform_requirements.html, but observes some minor deviations (no full stop after journal title, no issue or date after volume, etc.).

Tables

Tables should be self-explanatory and should not duplicate textual material.

Tables with more than 10 columns and 25 rows are not acceptable.

Table numbers should be in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.

Explain in footnotes all non-standard abbreviations that are used in each table.

For footnotes use the following symbols, in this sequence: *, †, ‡, §.

Illustrations (Figures)

Graphics files are welcome if supplied as Tiff, EPS, or PowerPoint files of minimum 1200x1600 pixel size. The minimum line weight for line art is 0.5 point for optimal printing.

When possible, please place symbol legends below the figure instead of the side.

Original color figures can be printed in color at the editor's and publisher's discretion provided the author agrees to pay.

Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations.

Sending a revised manuscript

While submitting a revised manuscript, contributors are requested to include, along with single copy of the final revised manuscript, a photocopy of the revised manuscript with the changes underlined in red and copy of the comments with the point-to-point clarification to each comment. The manuscript number should be written on each of these documents. If the manuscript is submitted online, the contributors' form and copyright transfer form has to be submitted in original with the signatures of all the contributors within two weeks of submission. Hard copies of images should be sent to the office of the journal. There is no need to send printed manuscript for articles submitted online.

Reprints

Journal provides no free printed, reprints, however a author copy is sent to the main author and additional copies are available on payment (ask to the journal office).

Copyrights

The whole of the literary matter in the journal is copyright and cannot be reproduced without the written permission.

Declaration

A declaration should be submitted stating that the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under the present authorship has been published or is being considered for publication elsewhere and the authorship of this article will not be contested by any one whose name(s) is/are not listed here, and that the order of authorship as placed in the manuscript is final and accepted by the co-authors. Declarations should be signed by all the authors in the order in which they are mentioned in the original manuscript. Matters appearing in the Journal are covered by copyright but no objection will be made to their reproduction provided permission is obtained from the Editor prior to publication and due acknowledgment of the source is made.

Approval of Ethics Committee

We need the Ethics committee approval letter from an Institutional ethical committee (IEC) or an institutional review board (IRB) to publish your Research article or author should submit a statement that the study does not require ethics approval along with evidence. The evidence could either be consent from patients is available and there are no ethics issues in the paper or a letter from an IRB stating that the study in question does not require ethics approval.

Abbreviations

Standard abbreviations should be used and be spelt out when first used in the text. Abbreviations should not be used in the title or abstract.

Checklist

- Manuscript Title
- Covering letter: Signed by all contributors
- Previous publication/ presentations mentioned, Source of funding mentioned
- Conflicts of interest disclosed

Authors

- Middle name initials provided.
- Author for correspondence, with e-mail address provided.
- Number of contributors restricted as per the instructions.
- Identity not revealed in paper except title page (e.g. name of the institute in Methods, citing previous study as 'our study')

Presentation and Format

- Double spacing
- Margins 2.5 cm from all four sides
- Title page contains all the desired information. Running title provided (not more than 50 characters)
- Abstract page contains the full title of the manuscript
- Abstract provided: Structured abstract provided for an original article.
- Keywords provided (three or more)
- Introduction of 75-100 words

- Headings in title case (not ALL CAPITALS). References cited in square brackets
- References according to the journal's instructions

Language and grammar

- Uniformly American English
- Abbreviations spelt out in full for the first time. Numerals from 1 to 10 spelt out
- Numerals at the beginning of the sentence spelt out

Tables and figures

- No repetition of data in tables and graphs and in text.
- Actual numbers from which graphs drawn, provided.
- Figures necessary and of good quality (color)
- Table and figure numbers in Arabic letters (not Roman).
- Labels pasted on back of the photographs (no names written)
- Figure legends provided (not more than 40 words)
- Patients' privacy maintained, (if not permission taken)
- Credit note for borrowed figures/tables provided
- Manuscript provided on a CDROM (with double spacing)

Submitting the Manuscript

- Is the journal editor's contact information current?
- Is the cover letter included with the manuscript? Does the letter:
 1. Include the author's postal address, e-mail address, telephone number, and fax number for future correspondence?
 2. State that the manuscript is original, not previously published, and not under concurrent consideration elsewhere?
 3. Inform the journal editor of the existence of any similar published manuscripts written by the author?
 4. Mention any supplemental material you are submitting for the online version of your article. Contributors' Form (to be modified as applicable and one signed copy attached with the manuscript)