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Common Respiratory Disorders: A Study on Knowledge and Prevention among Under 5 Mothers

R Karthiga¹, M P Venkatesan²

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Abstract

A pre-experimental research to assess the effectiveness of structure teaching module regarding knowledge on common respiratory disorders and its prevention identified the overall mean knowledge score of mothers of under five children during pre-test was 9.99 ± 5.52 (SD) which is 35.73% of the total mean score, whereas in post-test, the mean score was 22.23 ± 4.55 (SD) which is 76.17% of the total mean score revealing gain of 40.43% in knowledge score. Area wise assessments shows that during post-test mean score was above 67.2% of the total score in all areas, which reveals that mothers of under five children had gained adequate knowledge. It is observed that during pre-test the mothers of under five children had poor overall knowledge whereas it was good after the implementation of structured teaching module. Highly significant difference was found between pre-test and post-test knowledge score ($P < 0.05$) and no association was found between post test knowledge scores of mothers of under five children when compared with selected demographic variables.

Keywords: Under five children; Common respiratory disorder; Knowledge.

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INTRODUCTION

"The childhood shows the man as, morning shows the day" John Milton

Children are an embodiment of our dreams and hopes for the future. They are wet clay in the potter hands. Handle with care they become something beautiful or else they break and become discarded. They are the most vulnerable group in the society. World Health Organization (WHO) focused its activities towards children with the theme "healthy environment for the children"

simply to look forward for healthier children.¹ Health is complex phenomenon “a state of complete physical, mental, social well being not merely an absence of disease or infirmity” In spite of this broad definition health is traditionally assessed by observing mortality and morbidity over a period of time. Therefore the balance between physical, mental, social well being and the presence of disease becomes a prime indicator for health. WHO defines ARI among children to include any combination of the following symptoms: cough with or without fever, blocked or runny nose, sore throat, and/or ear discharge with infection of the lungs and pneumonia being the most serious form.^{2,3}

Moving along with ARI control programme since 1978 the health professionals efforts should be deviated towards charting a better healthier future for humanity a future in which millions of children no longer face death in infancy and childhood. To make such a change, present day our challenge is to gain better understanding that makes a difference in the health of the children. Family members especially the mothers have an important role in preventive aspects and through that health promotion in their children pediatric nurse are in a position to identify the mothers knowledge, attitude and practice towards these challenges problems. This will enable the nurse to plan with specialized service to help the mother to understand about common childhood diseases that will more a significant difference in the prevalence of these diseases affecting the health of the children.²

Incidence of ARI is about 50 times more in developing countries compared to the developed countries compared to the developed countries 1/3d of all deaths in the first year of life. ARI accounts as the main cause for 14.3% of deaths in infancy and 15.9% in children between 1-5 years of age in India.^{4,5} In India, during the year 2008 about 27.4 million cases of acute respiratory tract infection were reported which gives an incidence rate of about 2394 cases per lakh population. Pneumonia cases were about 7.32 lakhs, with incidence rate of about 64 cases per lakh population.¹

The incidence of acute respiratory infection is similar in developed and developing countries, however while the incidence of pneumonia in developed countries may be as low as 3-4%, its incidence in developing countries range between

20-30%.⁶ In India in the states and districts with high infant and child mortality rates, acute respiratory infection is one of the major causes of death, Acute respiratory infections is one of the major reasons for which children are brought to the hospitals and health facilities.⁷

Statement of the problem

Effectiveness of structured teaching module regarding knowledge on common respiratory disorders and its prevention among mothers of under five children at selected rural area, Karaikal.

OBJECTIVES

- To assess the knowledge on common respiratory disorders and its prevention among mothers of under five children.
- To assess the effectiveness of structured teaching module regarding knowledge on common respiratory disorders and its prevention among mothers of under five children.
- To find the association between the post-test knowledge on common respiratory disorders and its prevention among mothers of under five children with selected demographic variables.

METHODOLOGY

In the present study a pre experimental research design with pre-test and post-test without control group was undertaken in Serumavilangai village, Karaikal. The data was collected from 60 mothers of under five children through purposive sampling technique to assess the effectiveness of structure teaching module regarding knowledge on common respiratory disorders and its prevention. Pre-test was conducted among mothers of under five children by using semi structured interview questionnaire. Soon after pre-test, structured teaching module about common respiratory disorders and its prevention was given to the mothers of under five children. Evaluation was done by conducting post-test after the 10th day of pre-test by using the same semi structured interview questionnaire, which was used for the pre-test.

Table 1: Area wise comparison of mean, SD, and mean percentage of pretest knowledge scores about common respiratory disorders and its prevention among mothers of under five children

Area	Max obtainable score	Pre test score		
		Mean	SD	Mean (%)
Knowledge on common respiratory disorders	5	2.46	1.25	49.2
Knowledge on types and causes	6	1.86	1.14	31
Knowledge on spreads and signs/symptoms	7	2.16	1.06	30.85
Knowledge on treatment and prevention	11	3.51	2.07	31.90
Over all	29	9.99	5.52	35.73

Table.no.1 shows that the highest mean score [3.51±2.07(SD)] which is 31.90% of the total score obtained in the area of “Knowledge on treatment and prevention” whereas the lowest mean score [1.86±1.14(SD)] which is 31% of the total score was in the area of “Knowledge on types and its causes”.

It reveals that the mothers of under five children had average knowledge in the area “Knowledge on common respiratory disorders” and below average knowledge in the area “Knowledge on types and causes, spread and signs/symptoms and treatment and prevention”

Table 2:

Area	Max obtainable score	Post test score		
		Mean	SD	Mean (%)
Knowledge on common respiratory disorders	5	4.18	0.82	83.6
Knowledge on types and causes	6	4.31	1.1	71.8
Knowledge on spreads and signs/ symptoms	7	4.71	1.19	67.2
Knowledge on treatment and prevention	11	9.03	1.44	82.09
Over all	29	22.23	4.55	76.17

Table no. 2 shows that the highest mean score [9.03± 1.44 (SD)] which is 82.09% of the total score obtained in the area of “Knowledge on treatment and prevention” whereas the lowest mean score [4.18±0.82 (SD)] which is 83.6 % of the total score was

in the area of “Knowledge on common respiratory disorders”. It reveals that the mothers of under five children had above average knowledge in all the area’s after the implementation of structured teaching module.

Assessment of effectiveness of structured teaching module

Table 3: Comparison of pre-test and post-test level of knowledge on common respiratory disorders and its prevention among mothers of under five children.

Sl. No	Level of knowledge	Pre test scores		Post test scores	
		Number	Percentage	Number	Percentage
1	Adequate (>76%)	-	-	42	70
2	Moderate (51-75%)	11	18.3	18	30
3	Inadequate (<50%)	49	81.6	-	-

Table no. 3 shows that during pre test 18.3% of mothers of under five children had moderately adequate knowledge and 81.6% of mothers of under five children had inadequate knowledge

whereas, during post-test 30% of mothers of under five children had moderately adequate knowledge and 70% of mothers of under five children had adequate knowledge.

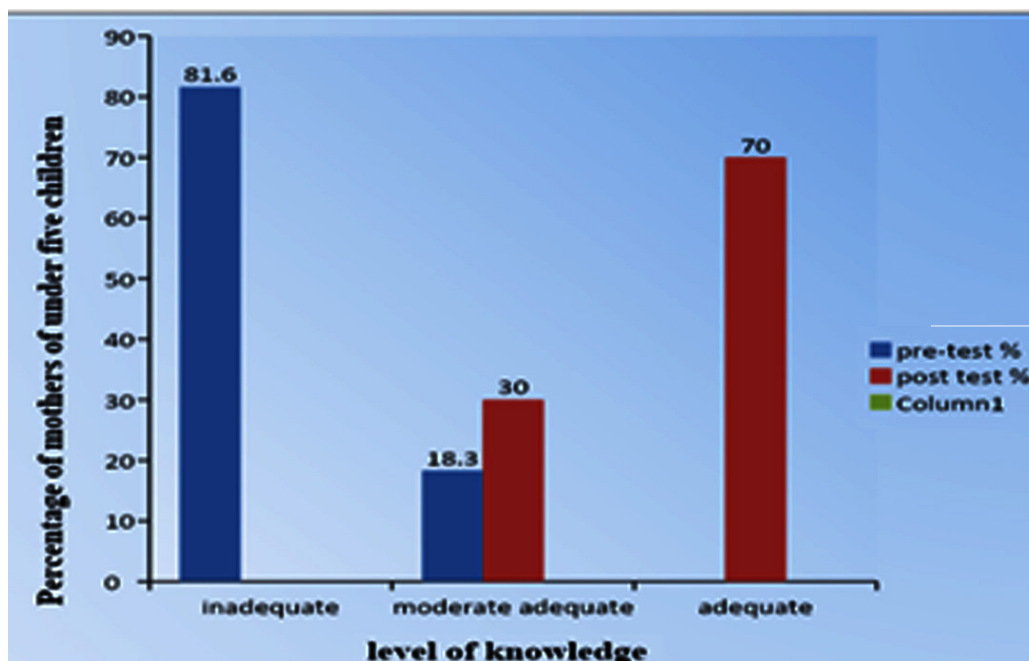


Table 4: Area wise distribution of mean, SD, and mean percentage of pre-test and post- test knowledge scores on common respiratory disorders and its prevention among mothers of under five children.

Area	Max score	Pre test scores			Post test score			Difference in mean (%)
		Mean	SD	Mean%	Mean	SD	Mean %	
Knowledge on common respiratory disorders	5	2.46	1.25	49.2	4.18	0.82	83.6	34.4
Knowledge on types and causes	6	1.86	1.14	31	4.31	1.1	71.8	40.8
Knowledge on spreads and signs/ symptoms	7	2.16	1.06	30.85	4.71	1.19	67.2	36.35
Knowledge on treatment and prevention	11	3.51	2.07	31.90	9.03	1.44	82.09	50.19
Over all	29	9.99	5.52	35.73	22.23	4.55	76.17	40.43

Table 5: Comparison between difference of pre-test and post- test knowledge scores regarding common respiratory disorders and its prevention among mothers of under five children.

Sl. No	Area	't' value	Level of significance
1	Knowledge on common respiratory disorders	11.02***	HS
2	Knowledge on types and causes	15.05***	HS
3	Knowledge on spreads and signs/ symptoms	14.62***	HS
4	Knowledge on treatment and prevention	18.62**	HS
	Over all	59.31	HS

(Degree of freedom (df) = 59, table value=1.98, highly significant (HS))

Table no 5 shows that there is highly significant difference between the area wise score of pre-test and post-test. Hence, stated null hypothesis is

rejected and statistical hypothesis is accepted. Thus the difference observed in the mean score value of pre-test and post-test were true difference.

Table 6: Association between post-test score on common respiratory disorders and its prevention among mothers of under five children with demographic variables.

Sl. no	Demographic variables	Df	Table value	2 value	Level of significant
1	Age	6	12.59	5.53	Not significant
2	Religion	6	12.59	0.29	Not significant
3	Education of the mother	6	12.59	1.89	Not significant
4	Occupation	6	12.59	1.47	Not significant
5	Monthly income	6	12.59	7.37	Not significant
6	Types of family	6	12.59	1.5	Not significant
7	Sex of the baby	2	5.99	1.58	Not significant
8	Development age of child	6	12.59	4.26	Not significant
9	Type of house	6	12.59	1.50	Not significant
10	Type of floor used in house	6	12.59	3.53	Not significant
11	Type of fuel used for cooking	6	12.59	3.59	Not significant
12	Type of air pollution nearer to home	6	12.59	0.97	Not significant

Table 6 shows that there was no significant association between post-test knowledge scores of mothers of under five children when compared with demographic variables. Hence, null hypotheses related to association between post-test knowledge scores and demographic variables are accepted. It can be interpreted that structured teaching module was effective for all mothers of under five children irrespective of their difference in demographic variables.

RESULT

The result of the present study shows the knowledge on common respiratory disorders and its prevention among mothers of under five children in pre test 49 (30%) of the mothers had inadequate knowledge, 11 (18.3%) of them had moderately adequate knowledge and none of them had adequate knowledge, whereas in the post test 18(30%) of the mothers had moderately adequate knowledge, 42(70%) of them had adequate knowledge and none of them found to have inadequate knowledge. Area wise comparison of Mean, SD and mean percentage shows the highest mean difference 50.19% found in Knowledge on treatment and prevention and the lowest mean difference 34.4% found in Knowledge on common respiratory disorders. The demographic profiles were not found having significant association with knowledge on common respiratory disorders and its prevention among mothers of under five children.

DISCUSSION

The aim of the study was to assess the effectiveness of structured teaching module regarding knowledge on common respiratory disorders and its prevention among mothers of under five children. Analysis on the level of knowledge Table no. 6 shows that during pre-test 18.3% of mothers of under five children had moderately adequate knowledge and 81.6% of mothers of under five children had inadequate knowledge. The highest mean score $[3.51 \pm 2.07(\text{SD})]$ which is 31.90% of the total score obtained in the area of "Knowledge on treatment and prevention" whereas the lowest mean score $[1.86 \pm 1.14(\text{SD})]$ which is 31% of the total score was in the area of "Knowledge on types and its causes". It reveals that the mothers of under five children had average knowledge in the area "Knowledge on common respiratory disorders" and below average knowledge in the area "Knowledge on types and causes, spread and signs/symptoms, and treatment and prevention". Further, the overall mean was $9.99; 5.52 (\text{SD})$ which is 35.73% of the total mean score, which reveals that the mothers of under five children had poor knowledge in the area of knowledge on common respiratory disorders, types and causes, spreads and signs symptoms and treatment and prevention. post-test 30% of mothers of under five children has moderately adequate knowledge and 70% of mothers of under five children have adequate knowledge. 20% of the total score obtained in the area of "Knowledge on treatment. Table. no. 5 shows that the highest mean score $[9.03; 1.44 (\text{SD})]$ whereas the lowest mean score $[4.18; 10.82 (\text{SD})]$

which is 83.6% of the total score was in the area of "Knowledge on common respiratory disorders". There was no significant association between post-test knowledge on common respiratory disorders and its prevention among mothers of under five children when compared with selected demographic variables. Hence, null hypotheses related to association between post-test knowledge scores and selected demographic variables are accepted. It can be interpreted that structured teaching module was effective for all mothers of under five children irrespective of their difference in demographic variables.

CONCLUSION

From the findings of the present study it can be concluded that structured teaching module regarding knowledge on common respiratory tract infection and its prevention among mothers of under five children was effective to improve their knowledge. Prior to implementation of structured teaching module the mothers of under the children had mean percentage is 35.93% of the total mean score reveals that the thereof under five children under study had poor knowledge, whereas after giving structured teaching module the mothers of under five children had mean percentage 17% of the total mean score reveals that the mothers of under five children gained knowledge.

Conflict of interest: None to declare

Financial disclosure: There is no financial disclosure

Ethical clearance: Institutional ethical clearance was obtained.

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Managing Nursing Career About Stress Management

K M Moni¹, Bhupender², Bobby³, S P Subashini⁴

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Abstract

Stress has been associated with every human life and is there to stay for all times to come. Right from birth every individual is undoubtedly exposed to various stressful situation. However, stress is not always bad. Some stress is always necessary to motivate and stimulate us.¹ Hence, stress of certain level is very beneficial, stress is a fact of every human life and mostly experienced by the nursing professionals; it has become a great matter of concern for the employee of health organization. The individuals working in the information nursing field face more stress because they have to update their knowledge continuously and care of the patients in every time.² In present paper an attempt is made by the authors to understand the research gap in stress management in nurses.³ Thus, it's necessary that the management of nurse field to take remedial measures to overcome the negative effects of stress on their staffs

Keywords: Stress; Stressors; Types; Effect of Stress; Stress Coping Mechanism.

INTRODUCTION

While there is no doubt that nursing is a wonderful career with many challenges and intensely rewarding experiences, it is also a fact that in their daily work nurses confront emotional

and professional demands that are unimaginable to the wider community.

Let's face it: spending your working life taking responsibility for the quality of people's lives and their deaths is a heavy burden, even for the broadest of shoulders. Nurses have a habit of putting the needs of our patients ahead of our own. The community regards us as tough, able to cope in all situations, resilient, always caring, loyal to our patients, dedicated.

We all talk about stress and feeling stressed, usually when we feel we have too much to do and too much on our minds⁴, or other people are making unreasonable demands on us, or we are dealing with situations that we do not have control over. The situation which makes us to become stress is known

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as Stressors. Signs expression of stress can be seen in people's changing behaviour. Acute responses to stress may be in the areas of feelings (anxiety, depression, irritability, fatigue), behaviour (being withdrawn, aggressive, tearful, unmotivated), thinking (difficulties of concentration and problem solving) or physical symptoms (palpitations, nausea, headaches). If stress persists, there are changes in neuroendocrine, cardiovascular, autonomic and immunological functioning, leading to mental and physical ill health (anxiety, depression, heart disease).⁵ The situations which cause stress are those that are unpredictable or uncontrollable, uncertain, ambiguous or unfamiliar, or involving conflict, loss or performance expectations.

DEFINITION

According to Selye (1956): stress is the defined as the pressure experienced by a person in response to life demands. These demands are referred to as stressors and include a range of life events, physical factors (e.g. cold, hunger, hemorrhage, pain), environmental conditions and personal thoughts.⁶

TYPES OF STRESS

- **Negative Stress:** It is a contributory factor in minor conditions, such as headaches, digestive problems, skin complaint, insomnia and ulcers. Excessive, prolonged and unrelieved stress can have a harmful effects on mental, physical and spiritual health.
- **Positive stress:** Stress can also have a positive effects, spurring motivation and awareness, providing the stimulation to cope with challenging situations. Stress also provide the sense of urgency and alertness needed for survival when confronting threatening situations.
- **Hyper Stress:** If the person pushed beyond what one can handle, which turns in to Hyper-stress. More times it occurs because workload or over worked. This type of stress occurs when constant heavy financial difficulties, work both at home and office, Continuous tension, travelling day and night etc.
- **D) Hypostress:** This is directly opposite to Hyperstress. This type of stress experienced by people when they constantly feel bored, same task over and over again, restless work and lack of Inspiration.

SIGN AND SYMPTOMS OF STRESS:

- Tiredness, fatigue, disrupted sleep patterns
- Increased pulse rate and blood pressure
- Shallow, rapid respirations
- Muscular tension
- Loss of appetite, overeating, indigestion
- Constipation, diarrhoea
- Dry mouth
- Excessive perspiration, clamminess
- Nausea
- Decreased libido
- Nail biting
- Increased use of alcohol or other drugs
- Irritability and impatience
- Frequent worry and anxiety
- Moodiness, feeling sad or upset
- Loss of sense of humour
- Poor concentration, memory lapses
- Ambivalence
- Feeling overwhelmed by even minor problems

Objective of The Study

- To understand the areas of research carried out in connections with stress management.
- To undertake a comparative study on effective stress management in TCS and Infosys.

Methodology of the Study

The study is based on secondary data. In this regard various libraries were visited and some on line journals were also reviewed in this direction.

Review of Literature

- Weiss M. (1983): The author investigated the sources of job stress that is linked to job dissatisfaction, job related tension and anxiety and reduce productivity and effectiveness. He tried to reduce sources of stress so that he can prevent the deleterious health consequences.⁷ Though his study he determined the potential of social support that alleviate the deleterious consequences of stress.

Kavitha (2012)

The article focuses on the organization role stress for the employee in the nursing field. It also highlights that women face more stress than men in the organization to be more specific married women faces more stress than the unmarried women.

Pratibha G. (2010)

The impact of distress level on the quality of life is negative that may result to serious burnout problems in private banks. The distress level in the banks can only be reduced by various stress management programmes or interventions that would also improve the quality of work life.⁸

Karthik R. (2014)

Employee's performance at work is influenced by stress that can be either positive or negative. The employees perform better if they face low to moderate amount of stress.⁹ Hence, it aims at reducing the level of stress rather than eliminating stress completely.

- Rosasa J.H.A, Blevins R.C., Gaoc H., Tengb W.Y. & White J. (2011): It reveals the levels of stress that differ by occupational position, and not by age and gender. The analysis shows that female had higher stress rates than males. The main problems faced by students due to stress are sleeping problems, depression and irritability.¹⁰

A.Y. Tatheer (2013)

- Majority of the bankers of Pakistan claim that they are highly stressed because of their jobs that not only affect their performance in banks but also declare that the organizational politics and bureaucracy are the main reasons of stress in their bank's.
- Li-fang Zhang have conducted a study on titled Occupational stress and teaching approaches among Chinese Academics (2009). Researcher suggested that, controlling the self-rating abilities of the participants, the favorable conceptual changes in teaching approach and their role insufficiency predicated that the conceptual change in teaching strategy is negative.
- Schmidt, Denise Rodrigues Costa; and et al, in their work on- Occupational stress among nursing staff in surgical settings. They aimed at evaluating the presence of occupational

stress among nursing professionals working in surgical settings and investigating the relations between occupational stress and work characteristics.¹¹

CONCLUSION

The important aspect of every organization is, Stress. Stress has become the most common cause of employees in all the industries. Stress can make an individual productive and constructive when it is identified and well managed. Positive attitude and meditation will be helpful for coping the stress. Thinking in a broader perspective of life will definitely change stress. There are many ways for managing stress, such as meditation, yoga etc. The Negative stress or distress kills the employees' positive attitude and it turns to absent, turnover, immoral, anxiety, depression, aggressive and so on. Hence, we will be successful if we make distress into eu-stress, our healthy lifestyle as well as organizational well being will change.

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Awareness about Prevention of COVID-19 among Students Studying in Selected Nursing Colleges of Pune

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Shilpa Baburao Bombarde⁴, Hemalata Dagadu Wayal⁵, Wagh Sanchit Jagannath⁶

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Abstract

Background: WHO has recommended personal hygiene respiratory hygiene, using face masks, washing hands with warm water and soap, use of alcohol based hand sanitizers, avoid touching mouth, eyes & nose, cleanliness, social distancing and careful handling of purchased products as an effective preventive measure for COVID-19 disease. The growing pandemic of COVID-19 disease requires social distancing and personal hygiene measures to protect public health. But this message was not clear and well understood among people specifically among young generation. The aim of this study was to determine the Awareness about prevention of COVID-19 among students studying in selected nursing colleges of Pune.

Adults in the 20-49 years age group more likely to spread COVID 19: Adults are reportedly the only group still spreading the contagious virus. This was concluded after a study carried out by a team of researchers from Imperial College London using cell phone data from more than 10 million individuals of the USA. The findings revealed that adults between 20 to 49 years have been the only ones significantly responsible for the rising COVID cases. Out of 100, about 65 cases of infections were originated from those belonging to this age group. As per another study published in JAMA Network, over half of COVID-19 cases are likely caused by people without symptoms. It revealed that about 59 per cent of all transmission is caused by pre symptomatic and asymptomatic individuals.¹

Method: A cross sectional study was performed during the third week of March among selected nursing college students. Sample size was 186. 10 structured online questionnaire MCQ type was used to obtain data. The demographic parameters were tabulated; Frequency Distribution and percentage were calculated for correct answers of MCQs. Associations were also checked for selected demographic variables of samples i.e. Gender with the help chi square test.

Results: Total 186 samples selected for the study; 109 were females and 77 were males. All were graduate nursing students. Maximum score for each respondent was 10. Item analysis was done for each of the 10 structured questions. Mean score for the respondents was 8.31. Chi Square test used to find association between selected demographic variables of samples i.e. Gender and level of awareness.

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Conclusion: The Awareness about prevention of COVID-19 among participants was good. Mean score for the respondents was 8.31. Deficiencies in knowledge were noted in certain areas. Chi Square test suggested that there is no association between selected demographic variables of samples i.e. Gender and level of awareness about prevention of COVID-19.

Keywords: COVID-19, Respiratory hygiene, Face masks, washing hands, Alcohol-based hand sanitizers.

INTRODUCTION

COVID-19 is a novel respiratory virus emerged from Wuhan City, Hubei, China, reported to be transmitted by animal-to-human and human-to-human interaction.^{2,3}

The viral outbreak is a pandemic resulting in human deaths in enormous numbers.⁴ The development of the epidemic follows an exponential growth in cases.⁵

In the last week of December 2019, the first case of pneumonia caused by a novel corona virus in Wuhan city, China, was diagnosed. Person to person transmission of novel coronavirus was confirmed by china on 21 January 2020 with more than 200 diagnosed cases and 4 deaths.¹² On 30th January 2020, WHO declared the Chinese outbreak of COVID-19 to be a Public Health Emergency of International Concern posing a high risk to countries with the poor health care system.¹³ On 11 March 2020 WHO declared COVID-19 outbreak as a pandemic with more than 11800 cases and 4291 death in 114 countries.¹⁴ The main source of transmission of the corona virus is are the infected patients. It is mainly transmitted by respiratory droplets, contact, or high concentration aerosol exposure in a closed environment.¹⁵ Among 72,314 confirmed SARS-CoV-2 patients in china, 81% had mild symptoms, nearly 14% develop severe symptoms like dyspnoea and hypoxia, 5% became critically ill and 1 to 3% required intubation.¹⁶ It is mainly the patients with mild symptoms that contribute to the spread of disease as they are not picked by the current screening technique.¹⁷ The current outbreak is not going to end very soon and there is a high possibility of the second wave which happened in 1918 Spanish flu.¹⁸ Since it is a new disease, little is known regarding its natural history, pathophysiology, and treatment. This kind of viral pandemic creates a sustained demand for healthcare infrastructure, support staff, and healthcare personnel that is often limited in a developing country.¹⁹ Such demand requires us to use our resources carefully for a better outcome. All the countries of the world that have been affected by the pandemic has already started mobilizing their healthcare resource for combating the disease.

COVID-19 causes a variety of symptoms in people who are infected, and not all people infected with COVID-19 will have the same symptoms. Fever, dry cough, shortness of breath, fatigue or body aches are some of the most common symptoms appearing 2-14 days after the exposure,⁶ however, some people have experienced headache, abdominal

pain, diarrhoea and sore throat as well, although some patients may not develop symptoms until later.⁷

Asymptomatic cases were also found which can be a major issue of concern with respect to being extension into transmission chain of virus.⁸

The present paper is determining the Awareness about prevention of COVID-19 among students studying in selected nursing colleges of Pune. An online questionnaire is conducted keeping in view the essential parameters about the important aspects of disease spread, including causative agent, role of personal hygiene & social distancing in the prevention of disease, pandemic nature of disease.

April 14th 2021 Maharashtra: Pune district reports 7,888 new cases 10,578 recoveries and 94 deaths, in the last 24 hours. Total cases: 6,76,014. The tough new measures announced by the Maharashtra government for the next 15 days to break the Covid-19 transmission chain came into force on Wednesday night with Hon'ble Chief Minister Shri. Uddhav Thackeray directing officials to ensure their strict implementation. The 'lockdown-like' restrictions, which exclude essential services, became operational at 8pm and will remain in force till 7 am on May 1 2021.⁹

APR 16, 2021. Pune's demand for Remdesivir injections not met over last several days: Pune additional collector Vijay Singh Deshmukh said against a demand of 45,000 doses, a consignment of only 600 injections was received. Pune is among several cities facing a shortage of Remdesivir injections. Amid the sudden surge in COVID-19 cases across the country, several states have witnessed shortage of the anti-viral drug Remdesivir and medical oxygen. "The daily demand for Remdesivir in Pune district is about 18,000 injections per day. We have demanded 45,000 doses but we received the first consignment of 600 injections, later (on the next day) we received 300 injections stock, and yesterday we received about 1,200 injections," he said. Meanwhile, Centre is taking various steps to ensure easy access of Remdesivir to patients and hospitals and for that matter it has prohibited exports of Remdesivir injection and Remdesivir active pharmaceutical ingredients till the COVID situation in the country improves. Several states have been witnessing shortage of Remdesivir, as in Pune, relatives of COVID-19 patients staged a sit-in protest outside Collector's office demanding the supply of Remdesivir injections.¹⁰

People ages 20 to 49 are most responsible for the

2020 COVID-19 resurgences, according to a study published in Science Magazine.¹¹

Assessing the Existing Healthcare Capacity

Following a global trend, we can easily say that healthcare needs created by coronavirus pandemic will go beyond our capacity. India has 1154686 registered doctors in the speciality of modern medicine. At present single Government Allopathic Doctor cater to the need of 10926 persons. Currently, 60% of the total of India's population lives in rural India. To provide healthcare facilities to the people living in rural India, the government has established 25743 Primary Health Centers, 158417 Sub Centers, and 5624 Community Health Centers. Currently, 713986 beds are available in government hospitals in India which amounts to 0.55 beds per 1000 population. Some states like Jharkhand, Assam, Haryana, Bihar, Gujrat, Odisha, Madhya Pradesh, Maharashtra and Manipur which is home to more than 70% of the total Indian population has the population to bed ratio even lower than the national average but some states like Kerala, Sikkim, and Tamil Nadu has the better population to bed ratio.²⁰

OBJECTIVES OF THE STUDY

- To assess Awareness about prevention of COVID-19 among students studying in selected nursing colleges of Pune.
- To find association between study findings and selected demographic variables of samples i.e. Gender.

Ethical Aspects

Study is conducted after tool validated from experts in the field.

Reliability and pilot study was conducted on 20 samples with reliability score was found 0.86 with r parsons correlation coefficient formula and test retest method.

The permission wasobtained from the concerned authority.

Informed consent wastaken from the participants.

The Information given by the subjects is kept confidential.

Data Generated during the research process, is used extensively for Benefits of the Profession.

Conceptual Framework

The conceptual framework also enlightens the

investigator regarding relevant questions on the phenomenon under study. The framework is influenced by system model.

RESEARCH METHODOLOGY

A cross sectional study was performed during the third week of March among selected nursing college students. Research approach in this study is Quantitative approach.

Research Design: Quantitative Non-Experimental Exploratory study. Sample size was 186. Sampling Technique: Non Probability Convenient sampling. Setting of the study: selected Nursing Colleges in Pune. 2 colleges were selected for Pilot and Final study Separately. 10 structured online questionnaire MCQ type was usedto obtain data through Google forms. Content Validity of the tool was done by 9 experts. Reliability was conducted on 20 samples with reliability score was found 0.86 with r parsons correlation coefficient formula and test retest method. For pilot study was done in different setting from main study on same samples of reliability and test (First score of test retest method.) score was taken for same. Questionnaire link was shared with the help of a commonly used social media platform of whatsapp account.

Descriptive Statistics: Thedemographic parameters were tabulated; Frequency Distribution and percentage were calculated for correct answers of MCQs.

Inferential Statistics: Associations were also checked for selected demographic variables i.e. Gender of samples and study findings with the help chi square test.

RESULTS

Total 186 samples selected for the study; 109 were females and 77 were males.

All were graduate nursing students. Maximum score for each respondent was 10. Item analysis was done for each of the 10 structured questions. Mean score for the respondents was 8.31. Chi Square test used to find association between selected demographic variables of samples i.e. Gender and level of awareness; at (p=0.05).

Table 1: Demographic characteristics of respondents (n =186)

Demographic Characteristic	Frequency	%
Male	77	41.3978495
Female	109	58.6021505
Total	186	100

Demographic characteristics of respondents

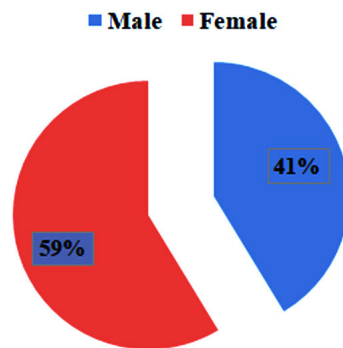


Fig. 1: Demographic characteristics of respondents (n =186)

Item analysis was done for each of the 10 structured questions.

Table 2: Item analysis (n =1860)

Sr. No.	Question	Correct Response		Wrong Response		Total
		Male	Female	Male	Female	
1.	How is COVID-19 passed on?	30	51	47	58	186
2.	What are the common symptoms of COVID-19?	31	45	46	64	186
3.	Can you always tell if someone has COVID-19?	74	107	3	2	186
4.	Can washing your hands protect you from COVID-19?	77	109	0	0	186
5.	Which of the following people is COVID-19 more dangerous for?	77	93	0	16	186
6.	When should fabric face masks be worn?	77	107	0	2	186
7.	Which of the following is an example of physical distancing?	77	109	0	0	186
8.	Following practices are useful to prevention of corona infection Except	77	108	0	1	186
9.	Following action prevent corona virus infection.	77	109	0	0	186
10.	How does Coronavirus transmit?	46	65	31	44	186
Total		643	903	127	187	1860
Grand Total		1546		314		1860

Sample size 186 each sample responded to 10 structured questions so total number of responses were 1860. Total Number of correct responses were 1546 and wrong responses were 314

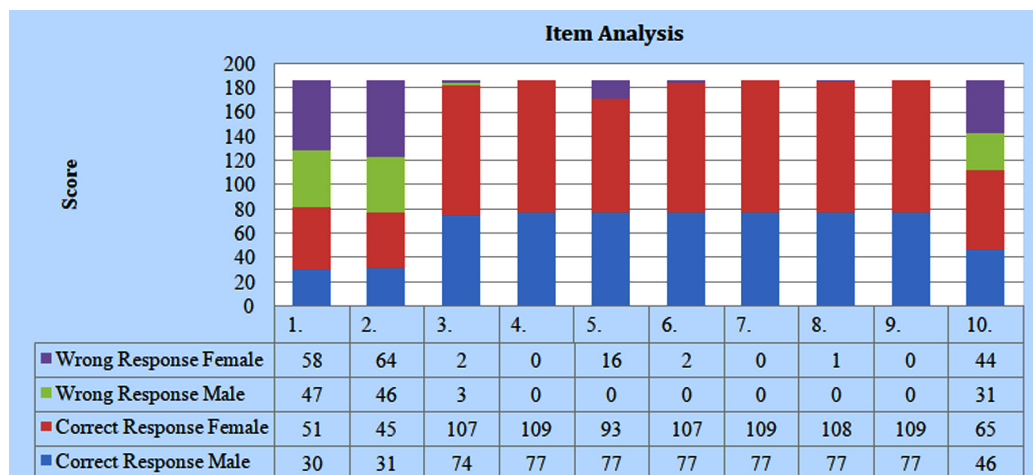


Fig. 2: Item analysis (n =1860)

Comparison between correct and wrong responses

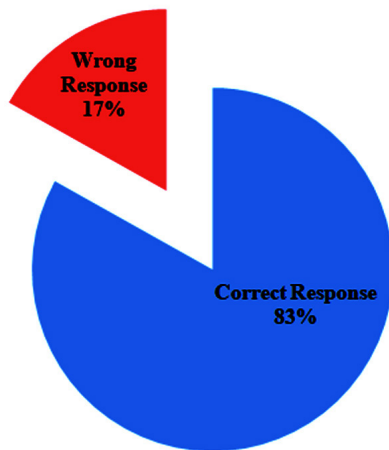


Fig. 3: Comparison between correct and wrong responses (n =1860)

Fig. 3: Mean score for the correct responses for respondents was 8.31.

Chi Square test used to find association between selected demographic variables of samples i.e. Gender and level of awareness; at ($p=0.05$).

Chi-square value: 0.141

Degrees of freedom: 185

p-value: 0.70728889.

CONCLUSION

The Awareness about prevention of COVID-19 among participants was good. Mean score for the respondents was 8.31. Deficiencies in knowledge were noted in certain areas. Chi Square test suggested that there is no association between selected demographic variables of samples i.e. Gender and level of awareness about prevention of COVID-19.

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Effectiveness of Music Therapy on Depressed Patient

Pooja Rani¹, Bhupender², Junaid³, S P Subashini⁴

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Abstract

The aim of the study was to find out the effectiveness of music therapy on depression among depressive patient. the design used for this study was quasi experimental pre test post test with control group design. A purposive sample of 12 patients with depression was recruited for the study. Music therapy was administered to the patients. Zung depression rating scale was used to assess the level of depression before and after music therapy. The data was statistically analyzed to test the hypothesis. The result revealed that there was difference in the level of depression by identifying sign and symptoms before and after music therapy. Hence, the study concluded that the music therapy is found to be an effective therapy in reducing the level of depression.

Keywords: Music Therapy; Depression; Zung depression rating scale; Patients.

OBJECTIVES

- To assess effects of music therapy for depression in people of any age compared with treatment as usual and psychological, pharmacological and other therapies.
- To compare the effects of different forms of music therapy for people of any age with a diagnosis of depression.

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INTRODUCTION

Depression was reported to be a common mental disorder and affected more than 300 million people worldwide, and long lasting depression with moderate or severe intensity may result in serious health problems. Depression has become the leading cause of disability worldwide according to recent World Health Organization (WHO) report. Although its is known for the treatment of depression, more than 3/4 of people in low and middle income countries receive no treatment due to lack of medical resources and social stigma of mental disorders. Considering the continuously increased disease burden of depression, a convenient effective therapeutic measures was needed at community level.

Music based intervention is an non-pharmacological intervention use din the treatment of behavioral disorders, and the obvious curative effect on

depression has been observed. According to American Music Therapy Association (AMTA) "music therapy is the clinical and evidence - based use of music intervention to accomplish individualized goals within a therapeutic relationship by a credentialed profession who has completed approved music therapy program.

Types of Depression

- Major depressive disorder
- Bipolar disorder
- Perinatal or postpartum disorder

CONCLUSION

Depression is the most common depressive disorder. Depression is the state of low mood and aversion to activity that can affect a person's thought, behaviors, feeling and physical wellbeing. Music therapy is one of the innovative non pharmacological therapies that can be administered easily which it is cost effective and do

not compromise with the patient's privacy, hence music therapy is proved to be one of the effective therapies to reduce the level of depression among depressive patients.

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The Thief that Steals the Joy of Motherhood

Bibhas Kumar Sinha¹, Sitwat Naaz², KiranVaryani³, Dipto Sinha⁴

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INTRODUCTION

It was a lazy forenoon of 29th January 2021 as the strong rays of the sun poured into my room from the east facing window that was kept ajar, I sat on my easy chair, happily sipping on my “Chai” with the daily newspaper tightly clenched in my left hand. Through the thick frame of my spectacles, my eyes were continuously trying to look for an interesting article to read. As they say, “expect the unexpected”, I came across an article that shook me in utter disbelief. A young mother who gave birth to a baby hardly few months ago, committed suicide. As per the news agency the lady was suffering from “post pregnancy depression Post-partum depression”. Instantly the psychologist within me kicked in and pointed out that prolonged and sustained form of depression often leads to the generation of suicidal tendencies in an individual.

Depression is a serious mental illness which has many different shades and Post-partum depression is one of them.

A woman experiences the bliss of motherhood upon giving birth to a baby, her own blood and flesh, finally gets physically separated from her body. However, in rare cases a negative feeling swallows this happiness and pushes the mother into a dungeon of darkness filled with depression. Precisely, for this reason, post-partum depression is aptly termed as “the thief that steals the joy of motherhood”. After the birth of the baby the mother experiences something commonly termed as “baby blues”. From the physiological perspective, it is a phase after the delivery of the baby in which the mother’s body undergoes hormonal readjustment. This phase often lasts for a couple of weeks and is marked with mood swings in the mother and it subsides without the need of any medical intervention. Nonetheless, in a few unfortunate cases, the problem lingers and manifests in to a bigger form of depression. There are basically three types of post-partum depression, namely: Baby blues (post-partum blues), Post-partum depression, and Post-partum Psychosis.

Statistics indicate that out of every ten new mothers, post-partum blues turns into the ugly post-partum depression for one of them. The most apparent symptoms include irritation, anxiety, feeling of guilt, inability to care for baby or herself. Psychotherapy and usage of anti-depressants often prove to be handy in this scenario. However, if left untreated, it may lead to disastrous end of life by suicide in worst cases.

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If we go by the popular saying “the good, the bad, and the ugly” then Post-partum psychosis is the worst nightmare of any family with a new-mother suffering from the same. This issue calls for immediate medical attention and the medical science hasn’t been successful in pin pointing at the root cause.

Neurophysiology (precisely Neuroendocrinology), attempts to offer an explanation for the underlying current of emotional roller coaster ride that a new mother goes through when she experiences baby blue depression. While a woman isn’t pregnant, her ovaries synthesize oestrogen and progesterone, the former boosts her chances of getting pregnant and the latter regulates menstrual cycle & promotes pregnancy. However during the phase of pregnancy, placenta (an organ that comes into being in the uterus during pregnancy) secretes the two hormones mentioned earlier (oestrogen & progesterone). The placenta not only provides the much needed oxygen & nutrients to the developing fetus but also removes the waste products from it. Progesterone provides a supportive environment for the proper growth of the fetus and oestrogen promotes formation of new blood vessels in the uterus and placenta to allow easy access of nutrients to the fetus. After the delivery of the baby, there is a sharp drop in the level of progesterone in particular and this doesn’t shoot up till the woman starts to ovulate again post delivery. This, in turn, leads to increase in the level of oestrogen, leading to oestrogen dominance.^{1,2}

Oestrogen dominance is the culprit responsible for following two conditions: Hypothyroidism and Adrenal fatigue. Postpartum Thyroiditis, where in the thyroid gland fails to synthesize thyroid hormones in the appropriate amounts, failing which leads to low metabolism rate, loss of weight, and extreme fatigue. In case of adrenal fatigue,

the drop in the level of progesterone brings about low synthesis of adrenal hormones. This causes feeling of nausea, weight loss, muscle weakness, and depression.^{3,4}

Post-partum depression (PPD) is caused by a range of factors from physiological to emotional changes a new mother experiences. On the other hand, Post-partum psychosis (PPP), involves symptoms like hallucination and state of delusion. This puts the lives of the mother and the baby at risk. PPP occurs rarely effecting 1 out of per 1000 new mothers and the onset of the condition is often abrupt. Apart from classical symptoms of psychosis, the patient can develop signs of paranoia, mood swings and confusion. Some of the investigations indicate that cases with a family history of bipolar disorder or schizo-effective disorder make the new mother more susceptible to the PPP. In rare cases, the new mother becomes suicidal and often ends her life and in extreme tragic cases, the mother attempts infanticide. Like PPD, PPP is also treatable but requires a swift medical attention right after the childbirth and prolonged care is also a needed.

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