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Effectiveness of Video Assisted Teaching on Knowledge of Cancer Cervix Among Women

Karpambigai M

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Abstract

Background: Cervix cancer remains the number one cancer death for women in developing countries including India. However incidence of cancer cervix has declined steadily over the years, which is possible through improving the knowledge among women.

Aim: To assess the effectiveness video assisted teaching on knowledge regarding cancer cervix among women.

Material and Method: A true-experimental study was conducted among 60 women (30-experimental & 30 control) selected by using simple random sampling.

Results: The study results showed that 56.67% of women had moderately adequate knowledge in the post test and 40% of women had adequate knowledge. The calculated 't' value was 19.92 ($p<0.001$) which showed statistically significant difference in the level of knowledge among women between experimental and control group.

Keywords: Effectiveness;Video Assisted Teaching Programme; Knowledge; Cancer Cervix.

INTRODUCTION

The state of women in India has been subjected to many great changes over the past few millennia. It is also reported that cancer is the cause of one tenth of all death, and in developing countries it is the second most frequent cause of death.[1,2,3]

Globally, it is estimated that there are 7.6 million new cancer cases, of which 52% occur in developing countries. 6.5 lakh of new cases of cancer is estimated in India. Cancer of cervix is one of the leading causes of cancer death among women worldwide.[4,5]

American Oncology Institute estimated that cancer is the cause of one tenth of all deaths. Globally it is estimated that 5,00,000 cases of cervix cancer being diagnosed and 2,80,000 deaths are occurring every year.[6,7,8]

World Health Organization reported that 1.3 lakh new cervix cancer cases are diagnosed in India every year, nearly one fourth of world's deaths due to cervical cancer. More than 74,000 women in India died of cervical cancer per year. Women in India have 2.5% lifetime risk to get cervical cancer which is double the risk compared to the worldwide data of 1.3%.[9,10,11,12] Early detection of cervix cancer is 50% curable, so the investigator felt the need to provide important clues to develop knowledge for

Author's Affiliations: Principal, Sooriya School of Nursing, Chennai 600003, Tamil Nadu, India.

Corresponding Author: Karpambigai M, Principal, Sooriya School of Nursing, Chennai 600003, Tamil Nadu, India.

E-mail: karpambigai@gmail.com

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controlling the incidence of cervix cancer.

STATEMENT OF THE PROBLEM

An experimental study to assess the effectiveness of video assisted teaching on knowledge of cancer cervixamong women in selected village at Kancheepuram.

OBJECTIVES

- To assess the pre and post test level of knowledge of cancer cervix among women in experimental and control group.
- To determine the effectiveness of video assisted teaching on knowledge of cancer cervix among women between experimental and control group.

MATERIAL AND METHODS

The research design adopted for this study was true experimental pretestpost test design. The study sample comprises of women between the age group of 20-60 years. The study was conducted in selected villages (Padur experimental & Natham control) at Kancheepuram District. The total sample size for this study was 60 (Experimental 30 & Control 30).

Women selected by simple random sampling technique by using lottery method. The tool was developed by the investigator. It consists of 2 section i.e demographic data and structured knowledge questionnaire. Researcher obtained ethical clearance from the Institutional Ethics Committee and written informed consent from the women.

RESULTS & DISCUSSION

In the experimental group, 14(46.67%) women were aged between 20-30 years, 11(36.67%) had primary education, 23(76.67%) had family monthly income of less than Rs. 3000/month, 27(90%) belonged to Hindu religion, 28(93.33%) attainedmenarche at the age of 15-17 years, 22(73.33%) were married at the age of 15-20 years, 27(90%) had excessive white discharge with foul smell, 15(50%) were using cloth and sanitarypads at the time of menstruation, 25(83.33%) did not use any contraceptives, 10(33.33%) had no children and 25(83.33%) had no previous history of reproductive tract infection.

In the control group, 17(56.67) women were aged between 20-30 years, 15(50%) had secondary education, 21(70%) had family monthly income of Rs. 3001 to 5000. 22(73.33%) women belonged to Hindu religion, 27(90%) attained menarche at the age of 15-17 years, 18(60%) were married at the age 21-25 years, 11(36.67%) had source of information gained previously through newspaper/television, 26(86.67%) had no excessive white discharge with foul smell, 19(63.33%) were using sanitary pads at the time of menstruation, 26(86.67%) had not used any contraceptives, 15(50%) had more than two children and 29(96.67%) had no previous history of reproductive tract infection.

Table 1: Comparison of pretest and posttest level of knowledge on cancer cervix among women in experimental and control group.

Group	Knowledge	Mean	SD	Paired 't' test
Experimental	Pretest	3.27	2.40	T=19.992***
	Post test	15.03	2.52	P=0.001, S
Control	Pretest	3.46	2.66	T=0.000
	Posttest	3.47	2.66	P=1.000, NS

Table 2: Comparison of posttest level of knowledge on cancer cervix among women between experimental and control group.

Post test	Mean	SD	Unpaired 't' value
Experimental	15.03	2.52	t =17.266***
Control	3.47	2.66	p=0.001, S

Table 3: Pre test level of knowledge of cancer cervix among women in experimental and control group.

Pretest	Inadequate (<50%)		Moderately Adequate (50-75%)		Adequate (>75%)	
	No.	%	No.	%	No.	%
Knowledge of experimental group						
Knowledge on cancer cervix	29	96.67	1	3.33	0	0
Knowledge on prevention	29	96.67	1	3.33	0	0
Overall	29	96.67	1	3.33	0	0
Knowledge on cancer cervix	27	90.0	3	10.0	0	0
Knowledge on prevention	29	96.67	1	3.33	0	0
Overall	28	93.33	2	6.67	0	0

Table 4: Posttest level of knowledge on cancer cervix among women in experimental and control group.

Post test	Inadequate (<50%)		Moderately Adequate (50-75%)		Adequate (>75%)	
	No.	%	No.	%	No.	%
Knowledge of experimental group						
Knowledge on cancer cervix	1	3.33	11	36.67	18	60.0
Knowledge on prevention	3	10.0	19	63.33	8	26.67
Overall	1	3.33	17	56.67	12	40.0
Knowledge on cancer cervix	27	90.0	3	10.0	–	–
Knowledge on prevention	29	96.67	1	3.33	–	–
Overall	28	93.33	2	6.67	–	–

The mean post test level of knowledge of the experimental group (Mean=15.03 with SD 2.52) was higher than the control group (Mean=3.47 with SD 2.66) which was statistically significant.

The demographic variable source of information ($\chi 2=3.203$, $p<0.05$) had shown statistically significant association with the post test level of knowledge of cancer cervix among women and other demographic variables had not shown any statistically significant association with the post test level of knowledge ofcancer cervix among women with their selected demographic variables.

The study findings are consistent with the study conducted by Rezaei MB, Seydi S on effects of two educational methods on the knowledge, attitude, and practice of female high school teachers in prevention of cervix cancer. The study was conducted among 129 female teacher and they are divided into 3 group (2-experimental & 1-control group). Results revealed that the knowledge in experimental group is higher than the control group.[13] Another study conducted by Shyla Issac on effectiveness of structured teaching programme on knowledge of cancer cervix among 60 women in selected rural area and results revealed that there was a significant difference in knowledge of women regarding cancer cervix before and after the intervention. Another study conducted by Philomena Fernandes on effectiveness of planned teaching programme on prevention of cancer cervix among 50 women. The study was concluded that the teaching programme is very effective in improving the knowledge of the women.

CONCLUSION

Cancer cervix is the most common problem among women. The present study assessed the effectiveness of video assisted teaching on knowledgeof cancer cervix among women in experimental and control group. The study results showed that the video assisted teaching is an effective intervention in improving the knowledge among women regarding cervix cancer.

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Prevention of Oral Cancer among Nursing Students at Selected Colleges in MP

Nalini Ramakrishnan[1], Jinu K Rajan[2]

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Abstract

Introduction: Oral cancer is 1/10 mainly widespread cancers in the world. Its high frequency in Central and South East Asian countries like India, Bangladesh, Sri Lanka Thailand, Indonesia, Pakistan, has been well documented.[2] It is estimated that during the year 2008 about 2.6 lac new cases and 1.27 deaths occurred worldwide, with a mortality 1.9 per lac population. Burden of oral cancer in India, 20/1,00,000 population are pretentious by oral cancer which is about 30% of all types of cancer. Over 5 people in India die every hour every day because of oral cancer and the same number of people dies from cancer in oropharynx and hypo pharynx.[1] Cancer listing is not necessary in India, so the true incidence and mortality may be higher, as many cases are unrecorded and loses follow up. None of the national registry provides cancer incidence or mortality data for India.[4]

Objectives: (1) To assess the Pre-test and post-test knowledge mean of nursing students regarding prevention of oral cancer at selected Institute. (2) To assess the effectiveness of structured teaching regarding prevention of oral cancer at selected Institute. (3) To find out the association between pre test knowledge mean of nursing students with selected socio-demographic variables of nursing students.

Results: The results of the study indicates that structured teaching programme was effective in this study for improving the knowledge of the nursing students. The result obtained for post-test mean and standard deviation more over the 'Z' value obtained was found to be significant at 0.05 level thus it can be concluded that structured teaching programme was effective in increasing the level of knowledge regarding prevention of oral cancer. The mean percentage difference was 24.45% thus the hypothesis is accepted. Another finding of study was that there is an association between knowledge level of nursing students with their selected socio-demographic variables undergoing structured teaching programme at significant 0.05 level so the hypothesis is accepted.

Conclusion: Prevention is better than care. As statical data shows that it is a global burden in India to prevention our population for oral cancer that is the highest rate of cancer in India. As nursing students are the health care provider so education is important to pathway of prevention.

Keywords: Oral cancer; Burden of oral cancer in India; Effectiveness of structured teaching.

Author's Affiliations: [1]Assistant Professor, [2]Principal, Amaltas Institute of Nursing Sciences, Dewas 455001 Indore, Madhya Pradesh, India.

Corresponding Author: Jinu K Rajan, Principal, Amaltas Institute of Nursing Sciences, Dewas 455001 Indore, Madhya Pradesh, India.

E-mail: jinukrajan@rediffmail.com

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INTRODUCTION

The most prevalent type of cancer is the squamous cell carcinoma. It is considered to have poor prognosis with a five year survival rate in 50 to 60% of cases. It is worth mention that there was no notable prognosis upgrading in the recent decades.[3] The patients' survival rate and the functional consequences are related to the disease staging at the time of diagnosis. The

early finding and the instant management of oral cancer may reduce the mortality rates. However, studies have demonstrated that two out of three cancers are diagnosed in advanced stages (III and IV). This delay in diagnosis is due to factors related to patients, health professionals, and the health system, as the late diagnosis has also been associated with the difficult access tospecialized services, especially for people who live away from large centers.[2] Elevated occurrence of oral cancer in India is attributes to a number of etiological factors. Tobacco burning up tradition among the patients either as smokeless tobacco or smoking, alcohol consumption is the common causes for oral cancer. Positive people has a history of oral cancer, Viral infections like HPV, poor oral hygiene are the other causes for oral cancer.[4]

MATERIALS AND METHODS

Data was collected from participants from different hospitals, healthcare teaching institutions and clinics from various parts of the country were included in the study.

1018 nurses practicing in the different kind of hospital set up was included and self-administered questionnaire was filled by them. This was a cross-sectional study to assess the level of burnout among nurses across India. This study was conducted in adherence to good clinical practice (GCP) guidelines and Declaration of Helsinki (DoH). The study documents were reviewed and approved by the Institutional Ethics Committee (IEC) of Indore, MP.

The study questionnaire was filled by the responders in print (paper) format and an electronic format. The electronic form was designed as 'printed document format' (pdf) format which was sent to the potential responders by e-mail and various online platforms. The pdf forms were filled by the responders after downloading the form and returned after completing the survey.

All electronic and print forms were checked for completeness and any deficiency or discrepancies were resolved by the responder through mail, message, or telephonic communication.

Sample size was not based on any assumptions and calculations. An attempt was made to reach out to a large number of nurses across India; however, there were more responders from the state of Madhya Pradesh. We were able to reach over 2500 nurses of which a total of 1018 responded.

The distribution of the responses for each variable was examined using frequencies and percentages. Scores for each domain were added to give the individual domain scores, whereas sum of all domain scores were added for calculating the total BCSQ-12 score. For each domain and the total scores, lower cut-off criteria of 75th percentile was used to define high scores. Responders with high scores were considered having significant burnout and are presented as counts. The data was divided into various sub-groups based on age (≤30 years and >30 years), gender (male, female, prefer not to mention), duration of experience (≤5 years and >5 years), and job profile (hospital/practice, academics and both). Descriptive statistics were presented for the domain scores in the different sub-groups. Mean scores were calculated for the individual subscales of a MBI scores.

After the statistical analysis, results were reviewed and presented to the guide for approval. Post approval of statistical report, Thesis preparation was started.

RESULTS AND DISCUSSION

Distribution of Participants

Table1: Represents Responders from various states across India. Majority of populationis from Maharashtra.

State	Number	%
Andra Pradesh	17	1.67
Bihar	7	0.69
Chattisgadh	6	0.59
Delhi	21	2.06
Gujarat	68	6.68
Haryana	35	3.44
HP	23	2.26
Jammu and Kashmir	17	1.67
Jharkhand	10	0.98
Karnataka	43	4.22
Kerala	18	1.77
Madhya Pradesh	73	7.17
Maharashtra	342	33.60
Odisha	19	1.87
Pondicherry	11	1.08
Punjab	14	1.38
Rajasthan	131	12.87
Tamil Nadu	79	7.76
Telangana	12	1.18
Unspecified	3	0.29
Uttar Pradesh	38	3.73
Uttarakhand	4	0.39
West Bengal	27	2.65

Table 2: Geographical location of responders (n=1018)

Emotional Exhaustion

Table 2: Emotional Exhaustion

Emotional exhaustion	N	Mean	95% C.I.	p	Mean difference	95% C.I. for difference
Gender						
Male	180	9.30	(8.58 to 10.02)	0.552	-0.247	(-1.061 to 0.567)
Female	836	9.55	(9.20 to 9.89)	–	(Male Vs Female)	
Prefer not to mention	2	15.00	(-61.24 to 91.24)	–	–	–
Professional type						
Academics	784	8.75	(8.41 to 9.09)	<0.0001	–	–
Hospital/Practice	114	11.98	(11.27 to 12.69)	–	–	–
Both	120	12.16	(11.12 to 13.20)	–	–	–
Age group						
<=30 yrs.	614	9.03	(8.63 to 9.43)	<0.0001	-1.225	(-1.856 to -0.593)
>30 yrs.	404	10.25	(9.77 to 10.74)	–	–	–
Experience						
<=5 yrs.	367	10.10	(9.57 to 10.63)	0.005	0.918	(0.273 to 1.563)
>5 yrs.	651	9.18	(8.80 to 9.57)	–	–	–

DOMAINS AND SUBGROUPS

Table 2 shows the descriptive for a MBI scores for emotional exhaustion subgroup. Emotional Exhaustion domain in the different sub-groups based on gender, profession type, age and experience. There were no gender differences observed between males and females with respect to the scores for emotional exhaustion (p=0.552). However, significant differences were observe din the scores in different profession types (p<0.0001), age groups (p<0.0001) and duration of experience (p=0.005). Great ere motional exhaustion was observed in those in academics / both, in those with higher age group (>30 years) and those with short education of experience (<=5years).

DEPERSONALIZATION

Table 3: Depersonalization domain.

Depersonalization	N	Mean difference	95% C.I. difference	p	Mean	95% C.I. for
Male	180	13.39	(12.74to14.03)	0.479	0.263	(-0.466to0.992)
Female	836	13.13	(12.82 to 13.43)	–	(Male Vs Female)	
Prefer not to mention	2	13.00	(-12.41 to 38.41)	–	–	–
Professional type						
Academics	784	12.69	(12.37 to 13.01)	<0.0001	–	–
Hospital/Practice	114	16.14	(15.57 to 16.71)	–	–	–
Both	120	13.49	(12.70 to 14.29)	–	–	–
Age group						
<=30 yrs.	614	12.51	(12.15 to 12.87)	<0.0001	-1.673	(-2.231 to -1.114)
>30 yrs.	404	14.18	(13.76 to 14.60)	–	–	–
Experience						
<=5 yrs.	367	13.41	(12.94 to 13.87)	0.215	0.366	(-0.212 to 0.944)
>5 yrs.	651	13.04	(12.69 to 13.39)	–	–	–

Table 3 shows the descriptive for a MBI scores for depersonalization domain in the different sub-groups based on gender, profession type, age and experience.

There were no gender differences observed between males and females with respect to the scores for emotional exhaustion (p=0.479). However, significant differences were observed in the scores in different profession types (p<0.0001)and age groups (p<0.0001). Also, there were no difference

with respect to theduration of experience (p=0.215). Greater depersonalization was observed in those in academicians/both and in those with higher age group(>30years).

Personal Accomplishment

Table 4: Personal Accomplishment.

Personal Accomplishment	N	Mean	95% C.I.	p	Mean difference	95% C.I. for difference
Gender						
Male	180	7.14	(6.63 to 7.66)	0.454	-0.226	(-0.820 to 0.367)
Female	836	7.37	(7.12 to 7.62)	–	(Male Vs Female)	
Prefer not to mention	2	5.50	(-26.27 to 37.27)	–	–	–
Professional type						
Academics	784	7.49	(7.23 to 7.76)	0.003	–	–
Hospital/Practice	114	7.31	(6.75 to 7.87)	–	–	–
Both	120	6.26	(5.59 to 6.93)	–	–	–
Age group						
<=30 yrs.	614	7.55	(7.26 to 7.83)	0.019	0.551	(0.089 to 1.012)
>30 yrs.	404	7.00	(6.62 to 7.37)	–	–	–
Experience						
<=5 yrs.	367	7.32	(6.94 to 7.69)	0.943	-0.017	(-0.489 to 0.454)
>5 yrs.	651	7.33	(7.05 to 7.62)	–	–	–

Table 4 shows the descriptive for aMBI scores for Personal Accomplishment domain in the different sub-groups based ongender, profession type, age and experience. There were no gender differences observed between males and females with respect to the scores for emotional exhaustion (p=0.454). However, significant differences were observed in the scoresin different profession types (p=0.003) and age groups (p=0.019). Also, there wereno difference with respect to the duration of experience (p=0.943). Greater dissatisfaction in terms of personal accomplishment was observed in those inhospital practice and in lowerage group (<=30years).

OVER ALL BURNOUT

Table 12 shows the number (proportion) of responders with burnout in different sub-groups for the three domains (emotional exhaustion, depersonalization, and personal accomplishment) and in all the three domains of aMBI scale. Overall, burnout was observed in 9.1% (n=93), 9.2% (n=94), 31.5% (n=321) responders for emotional exhaustion, depersonalization, and personal accomplishment domains respectively.

Significant differences in the prevalence (proportion of responders) of burn out was seen in those with shorter duration of experience only for depersonalization domain (p<0.0001). Also, higher prevalence of burnout was observed in those with academic iansforemotional exhaustion (p<0.0001), depersonalization (p=0.001) and personal accomplishment (p=0.006). For all other domains, there were no difference observed in different sub-groups (p>0.05).

Table 5: Over all burnout (aMBIscale) in different sub-groups.

Domain		Emotional exhaustion			Depersonalization			Personal accomplishment			All domains		
Sub-groups	**N**	**No.**	**%**	**p**	**No.**	**%**	**p**	**No.**	**%**	**p**	**No.**	**%**	**p**
Gender													
Male	180	10	5.6	0.027	20	11.1	0.575	62	34.4	0.856	1	0.6	0.472
Female	836	82	9.8	–	74	8.9	–	258	30.9	–	15	1.8	–
Prefer not to mention	2	1	50.0	–	–	–	–	1	50.0	–	–	–	–
Professional type													
Hospital/Practice	784	53	6.8	<0.0001	61	7.8	0.001	232	29.6	0.006	8	1.0%	0.022
Academics	114	12	10.5	–	21	18.4	–	38	33.3	–	3	2.6%	–
Both	120	28	23.3	–	12	10.0	–	51	42.5	–	5	4.2%	–

Age group (yrs.)													
<=30 yrs.	614	48	7.8	0.072	63	10.3	0.163	191	31.1	0.719	14	2.3	0.025
>30 yrs.	404	45	11.1	–	31	7.7	–	130	32.2	–	2	0.5	–
Experience (yrs.)													
<=5 yrs.	367	38	10.4	0.311	50	13.6	<0.0001	128	34.9	0.085	11	3.0	0.006
>5 yrs.	651	55	8.4	–	44	6.8	–	193	29.6	–	5	0.8	–
All responders													
Total	1018	93	9.1	–	94	9.2	–	321	31.5	–	16	1.6	–

HIGHSCORES

Table 5 shows the Significant differences in the prevalence (proportion of responders with high scores) was seen in those in academics (p<0.0001), and those above 30 years of age (p<0.0001) for all three domains. However, no differences (p>0.05) were observedin males and females for prevalence of burnout, Similarly, the prevalence of burnout was similar (p>0.05) in those with <5 years of experience and those with >5 years of experience for all three domains.

Table 6: High scores for the BCSQ-12 domains in different sub-groups.

	N	No.	%	Over load p	No.	%	Neglect p	No.	%	Lack of develo-pmep	nt No	Total B %	CSQ score p
Gender													
Male	180	158	87.8	0.111	153	85.0	0.427	135	75.0	0.628	146	81.1	0.210
Female	836	682	81.6	–	681	81.5	–	613	73.3	–	632	75.6	–
Prefer not to mention	2	2	100.0	–	2	100.0	–	2	100.0	–	2	100.0	–
Professional type													
Hospital/ Practice	784	624	79.6	<0.0001	614	78.3	<0.0001	538	68.6	<0.0001	562	71.7	<0.0001
Academics	114	110	96.5	–	114	100.0	–	109	95.6	–	113	99.1	–
Both	120	108	90.0	–	108	90.0	–	103	85.8	–	105	87.5	–
Age (yrs.)													
<=30 yrs.	614	476	77.5	<0.0001	464	75.6	<0.0001	396	64.5	<0.0001	416	67.8	<0.0001
>30 yrs.	404	366	90.6	–	372	92.1	–	354	87.6	–	364	90.1	–
Experience (yrs.)													
<=5 yrs.	367	304	82.8	0.938	308	83.9	0.260	268	73.0	0.724	286	77.9	0.459
>5 yrs.	651	538	82.6	–	528	81.1	–	482	74.0	–	494	75.9	–
All responders													
Total	1018	842	82.7	-	836	82.1	-	750	73.7	-	780	76.6	-

CONCLUSION

This study found a high prevalence of burnout among nurses. Burnout among nurses can be dealt with support from official bodies and organizations, by maintaining a good work-life balance, and obtaining an understanding from the patients of their problems.

Conflict of Interest: Nil

Source of Funding: Self

Ethical Clearance: Taken from the college of nursing ethical committee.

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A Study to Assess the Effectiveness of Structured Teaching Program on knowledge Regarding PCOS Among Basic BSc Nursing Students in Selected Nursing College in Nagpur

Suchismita Pati

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Suchismita Pati/A Study to Assess the Effectiveness of Structured teaching Program on knowledge Regarding PCOS Among Basic BSc Nursing Students in Selected Nursing College in Nagpur/Community and Public Health Nursing. 2022;7(2):59–65.

Abstract

Polycystic ovarian syndrome (PCOS) is a hormonal disorder common among women of reproductive age. Women with PCOS may have infrequent or prolong menstrual period or excess male hormone (androgen) level objectives of the study was to assess the post-test knowledge scores regarding polycystic ovarian syndrome (PCOS) among the nursing students The study was conducted at Asharam college of nursing, kamptee road, Nagpur. Data was collected using structured questionnaire. Research Approach was usedas qualitative research approach and Research Designwas pre-experimental one group pre-test design. The conceptual framework used for the present study is "general system theory". Total sample size was 30 and selected by convenient sampling technique.

Inclusion criteria: (1) The girls those who are 17 to 28 years. (2) The girls those who are willing to participate. (3) The girls those who are available at the time of data collection. (4) The girls those who can understand English. Based on the objectives and the hypothesis the data were analyzed and by using various statistical tests i.e. frequencies, percentage, mean, chi square and standard deviations't' test. Data analysis was done by using descriptive and inferential statistics. The't'value obtained was 12.09 which accepted the research hypothesis suggesting that the structured teaching was effective in increasing the knowledge of nursing students on polycystic ovarian syndrome. The finding of the study showed that, the mean pretest score was 19.8 with the standard deviation 3.62, whereas in posttest the mean score was 25.3, with the standard deviation 2.86, the mean difference pretest and posttest score was 0.76 The calculated "t" value was 12.09 found to be significant at the level of $p<0.05$. It showed that calculated "t" value much higher than the tabulated "t" value and there was significant improvement in the knowledge regarding study related polycystic ovarian syndrome among the nursing students. Hence the H1 is accepted.

Keywords: Assess; Effectiveness; Structured teaching; Programme; Polysystic; Ovary, Syndrome; Nursing students.

Author's Affiliations: Lecturer, Department of Midwifery and Obstetrical Nursing, Sumantaiwasnik Institute of Nursing, Nagpur 440023, Maharashtra, India.

Corresponding Author: Suchismita Pati, Lecturer, Department of Midwifery and Obstetrical Nursing, Sumantaiwasnik Institute of Nursing, Nagpur 440023, Maharashtra, India.

E-mail: suchismitapati1@gmail.com

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INTRODUCTION

Reproductive health is a physical, mental, and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive systems and its processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in his last

condition are the right of men and woman to be informed and to be informed and to have access to save, effective, affordable and acceptable methods of family planning of their choice of regulation of fertility which are not against law, and the right of access to appropriate health care services that enables women to go safely through pregnancy and childbirth and provide couples with proper guidance on reproductive health.

Polycystic Ovarian Syndrome (PCOS) is one of the most common reproductive endocrinological disorders with a broad spectrum of clinical manifestations affecting about 6-8% of women of reproductive years. World Health Organization (WHO) estimates that it affected 116 million women worldwide in 2012 (3.4% of women). Globally, prevalence estimates of PCOS are highly variable, ranging from 2.2% to as high as 26%.[3]

In India, the prevalence is gradually increasing. In Indian Express 2013, it was published that PCOS becoming 'epidemic' in Bangalore city, because of the lifestyle that people have adopted. Almost all foods are packed with chemicals that lead to hormonal imbalance the cause of PCOS remains nuclear.

Infertility occurs in 75% due to an ovulation other risks have been reported in different percentages as cutaneous hyperandrogenium in the form of obesity is found in 40-60%, cases acne in 15-25%, hirsutism in 65-75%, alopecia in 5-50%cases. Most prevalence studies in India are in hospital set-ups and recently a few studies among adolescents in schools reports prevalence of PCOS as 9.13%to 36%. It is approximately pointed by Gainie and Kalra that the health budget of India is unlikely to meet the costs posted to tackling the associated multiple consequences of PCOS. It is time that this warning is needed and at national level the disease is recognized as important non-communicable diseases.

BACKGROUND OF THE STUDY

Polycystic ovarian syndrome (PCOS) is a hormonal disorder common among women of reproductive age. Women with PCOS may have infrequent or prolong menstrual period or excess male hormone (androgen) level. The ovaries may develop numerous small collections of fluid (follicles) and fail to regularly release eggs.[3] The exact Cause of PCOS is unknown. Polycystic ovarian disease is a common endocrine condition which is rapidly gaining epidemic proportions.

The first urban community based study diagnosing PCOS and phenotypes among adolescent and young girls in India. This study demonstrates that PCOS is an emerging disorder during adolescence and screening could provide opportunity to target the group for promoting healthy lifestyles and early interventions to prevent future morbidities. The prevalence of PCOS among them was 22.5% by Rotterdam and 10.7% by Androgen Excess Society criteria. Nonobese comprised 71.8% of PCOS diagnosed by Rotterdam criteria. Mild PCOS (oligomenorrhea and polycystic ovaries on USG) was the most common phenotype (52.6%). History of oligomenorrhea had a positive predictive value of 93.3% and negative predictive value of 86.7% to detect a possible case of PCOS. Hyperinsulinemia (serum insulin >15 μlU/mL) was present among 19.2% of diagnosed PCOS cases. Obese girls with PCOS were more hirsute, hypertensive, and had significantly higher mean insulin and 2 h post 75 g glucose levels compared with nonobese PCOS.

The prevalence of PCOS among them was 22.5% by Rotterdam and 10.7% by Androgen Excess Society criteria. Nonobese comprised 71.8% of PCOS diagnosed by Rotterdam criteria. Mild PCOS (oligomenorrhea and polycystic ovaries on USG) was the most common phenotype (52.6%). History of oligomenorrhea had a positive predictive value of 93.3% and negative predictive value of 86.7% to detect a possible case of PCOS. Hyperinsulinemia (serum insulin >15 μlU/mL) was present among 19.2% of diagnosed PCOS cases. Obese girls with PCOS were more hirsute, hypertensive, and had significantly higher mean insulin and 2 h post 75 g glucose levels compared with nonobese PCOS.[11] Twelve studies were included for meta-analysis. The total number of participants in the study was 149,477. The average quality score of all studies was 8.67 (range: 5-10). The prevalence of polycystic ovarian syndrome in adolescents based on the Rotterdam criteria was 11.04% (95% CI: 6.84-16.09%), based on the National Institute of Health criteria, it was 3.39% (95% CI: 0.28-9.54%), and based on Androgen Excess and Polycystic Ovarian Syndrome Society, it was 8.03% (95% CI: 6.24-10.01%).

OBJECTIVES

- To assess the pre-test knowledge scores regarding polycystic ovarian syndrome (PCOS) among the nursing students.
- To assess the post-test knowledge scores regarding polycystic ovarian syndrome (PCOS) among the nursing students.

- To find out the association between pre-test and post-test knowledge scores and their selected demographic variables in the nursing students with polycystic ovarian syndrome (PCOS).

OPERATIONAL DEFINITION

- ***Assess:*** In this study the term assess is used for finding out estimate the level of knowledge among the nursing students regarding polycystic ovarian syndrome (PCOS).
- ***Effectiveness:*** In this study effectiveness means producing a desired change in the knowledge among the nursing students regarding polycystic ovarian diseases (PCOS) which are measure in term of significant gain in post-test knowledge score.
- ***Structured Teaching Program*:** In present study it refers as prepared teaching program with systematically developed instruction for a group of nursing students regarding knowledge of polycystic ovarian syndrome (PCOS) using variety of AV aids.
- ***Knowledge:*** In this study knowledge refers to awareness or understanding of the nursing students regarding polycystic ovarian syndrome (PCOS) and it will be measured through structured questionnaire developed by the researcher.
- ***Polycystic Ovarian Syndrome (PCOS):*** According to Stein andleventhal (1935) PCOS mean "PCOS is a syndrome manifested by amenorrhea, obesity associated with enlarges polycystic ovaries".

DELIMITATIONS

- The study is delimited to nursing students.
- This study is delimited Between 17-28 years of age and Who will understand English.

ASSUMPTIONS

Nursing students need proper information regarding importance of PCOS in developing a healthy life style.[2] The structured teaching program will be helpful to improve the knowledge of the nursing students regarding PCOS.

HYPOTHESIS

H0: There is no significant difference between pretest and posttest knowledge scores among the nursing students regarding polycystic ovarian syndrome (PCOS).

H1: There is significant difference between pre-test and post-test knowledge score among the nursing students regarding polycystic ovarian syndrome (PCOS).

H2: There is a significant association of the pre-test knowledge score among the nursing students regarding polycystic ovarian syndrome (PCOS) with significant demographic variables.

Conceptual Framework

The conceptual framework used for the present study is "general system theory". General system theory was introduced by Ludwig von bertalanffy in 1968.

REVIEW OF LITERATURE

In the present study the literature reviewed has been organized into the following categories:

- Literature related to polycystic ovarian syndrome.
- Literature related to prevalence.
- Literature related to Quality of life.
- Literature related to risk factors.
- Literature related to treatment.

METHODOLOGY

Research Approach: Quantitative research approach.

Research design: A pre-experimental one group pre-test design was used in the study design.

Setting of the study: The study was conducted in the Asharam College of nursing, Kampteeroad, Nagpur of district Nagpur.

VARIABLE

Independent Variable: The independent variable is manipulated by researcher to create an effect on the dependent variable. The independent variable was the structured teaching program on polycystic ovarian syndrome, which was provided to the nursing students by the researcher.

Dependent Variable: A dependent variable is the outcome or response that the researcher wants to predict or explain. The level of knowledge regarding polycystic ovarian syndrome was the dependent variable.

POPULATION

Target Population: All the nursing students (17-28 years).

Accessible population: Accessible population is the aggregate of cases that confirmed to designated criteria and also accessible as subject for the study.

Sample size: 30 nursing students (17-28 years) of selected nursing college.

Sampling Technique: Convenient sampling technique.

SAMPLING CRITERIA

Inclusion Criteria

- The girls those who are 17 to 28 years.
- The girls those who are willing to participate.
- The girls those who are available at the time of data collection.
- The girls those who can understand English.

EXCLUSION CRITERIA

- The girls those who are 19 years of age.
- The girls those who are not available during the data collection.

TOOL AND TECHNIQUE OF DATA COLLECTION

The Tools used in this Study consists of Two Sections

The structure questionnaire was constructing into two sections.

- ***Section A:*** It consists of demographic data which includes age of nursing students, religion, course in which they were studying. Education status of parent, belonging area.
- ***Section B:*** It consist structure knowledge questionnaires on polycystic ovarian syndrome for nursing students.

The self-administered questionnaires consisted of 30 multiple choice questions, with 4 options for each question. 1 answer among the 4 options the respondents were required to select the best possible option by marking against the acceptable answer.

Content Validity

The validity of the research tool was established by administering the questionnaires to five experts, from different specialties that are from two midwifery and gynecology specialty, one community health nursing specialty, one medical surgical nursing specialty, one mental health nursing specialty and one child health nursing specialty. The experts were selected on the basis of their clinical expertise

Reliability

Reliability of the structured questionnaires was established by using test retest method.

Pilot Study

After obtaining permission from the concerned authorities of pilot study setting (Sumantai Wasnik Institute of nursing.) pilot study was conducted for a period of one week in month of February i.e. on 15/02/2020 to 22/02/2020. The data was collected from the nursing students after explaining the purpose of the study and obtaining the informed consent.

Data Collection

The data collection procedure was done on 26/02/2020. Samples (nursing students) were selected conveniently from selected nursing college.

RESULTS

The analysis and interpretation of the observations are given in the following sections:

Section I: Deals with frequency and Percentage wise distribution of nursing students with regards to demographic variables.

Table 1: Deals with Frequency and Percentage wise Distribution of Nursing Students with regarding to Demographic Variables.

Secton II: Deals with assessment of levels of knowledge regarding PCOS among nursing students in selected nursing college.

Secton III: Deals with comparison of the knowledge regarding PCOS among nursing students in selected nursing colleges at time of pre-test and post-test.

***Secton IV*:** Deals with associations between the levels of knowledge score regarding PCOS of nursing students with their selected demographic variables.

Table 1: Deals with frequency and Percentage wise Distribution of Nursing Students with Regarding to Demographic Variables.

Table 1: Deals with Frequency and Percentage wise Distribution of Nursing Students with Regarding to Demographic Variables.

Demographic Variables	Categories	Frequency	Percentage
Age	a) 17-19 year	22	73.33%
	b) 20-22 year	0	16.66%
	c) 23-25 year	03	10.00%
	d) 17-19 year	00	00.00%
Religion	a) Hindu	25	83.33%
	b) Christian	01	03.33%
	c) Muslim	00	00.00%
	d) other	04	13.33%
Course	a) I	00	00.00%
	b) II	05	16.66%
	c) III	20	66.66%
	d) IV	05	16.66%
Education of parents	a) illitrate	0	00.00%
	b) HSC	12	40.00%
	c) Undergraduate	14	46.66%
	d) Postgraduate	04	13.33%
Belonging Area	a) Urban area	22	73.33%
	b) Rural area	08	26.66%

DISCUSSION

The findings of the study were discussed with references to the objectives stated in chapter I and with finding of the other section. The present study was undertaken as Distribution of subject according to the demographic variables showed that, out of 30 subjects, majority of subjects 22(73.33%) were of 17-19 year age, 5(16.66%) of 20-22 years, 3(10.00%). The subjects according to their religion 25(83.33%) were Hindu, 1(3%) was Christian and 4(16.66%) were from other religion. The subjects according to their course of studying 05(16.66%) were from II and IV year and 20(66.66%) were from III year. The subject according to their parents education, non-of were illiterate, 12(40.00%) had HSC, 14(46.66%) undergraduate and 4(13.33%). The subject according to their belonging area, 22(73.33%) were from urban area, 8(26.66%) were from rural area.

The finding of the study showed that, the mean pretest score was 19.8 with the standard deviation 3.62, whereas in posttest the mean score was 25.3, with the standard deviation 2.86, the mean difference pretest and posttest score was 0.76 The calculated "t" value was 12.09. It showed that calculated "t" value much higher than the tabulated "t" value and there was significant improvement in the knowledge regarding study related polycystic ovarian syndrome among the nursing students. Thus, H1: there is significant difference between the pre-test and post-test score among the nursing students regarding polycystic ovarian syndrome measured at $p < 0.05$ level is non significance so it is rejected. There was no significant association between the knowledge score among adolescent girls regarding polycystic ovarian syndrome with their significant variables such as age, religion, course of studying, education of parents and belonging area in this study. The following two studies are added for more conformity to researcher proven hypothesis. The study was conducted to determine the effectiveness of a planned teaching program on prevention of PCOD among 30 girls in the community of Nagpur district. The research approach used was evaluative approach with one group pretest and posttest, pre experimental design. Descriptive band inferential statistics were used to analyses the data. The planned teaching program was found to be effective in increasing the knowledge of students on prevention of PCOD with 49±7.86, $p<0.05$.

A study was conducted to determine the effectiveness of a planned teaching program on early detection of PCOD and polycystic ovarian syndrome among women. The study adopted evaluation approach with pre-test control group design. The data were collected structured interview schedule and observational checklist. Findings showed that there was significant difference between pre-test I (K1=40%) and posttest II (k2

=45%) knowledge score and ability scores. This indicated planned teaching program contributed to enhance knowledge and ability scores regarding prevention of PCOD.

CONCLUSION

After the detailed analysis the study leads to the following conclusions. The Nursing students did not have 100% knowledge regarding study related polycystic ovarian syndrome. There was a significant increase in the knowledge of subject after introduction structured teaching to find out the structured teaching student 't' test was applied 't' value calculated post-test score was significantly higher at 0.05 level than that of post-test score. Thus it was concluded that structured teaching on study related polycystic ovarian syndrome was found effective as a teaching strategy.

Implication of the study

The finding of the study provided the useful information to the health care providers, health educators and teachers to improve knowledge.

Nursing education

Nursing curriculum should include areas for nursing students to learn and identify the symptoms of study related polycystic ovarian syndrome among the nursing students and should be taught polycystic ovarian syndrome to prevent PCOD. The nursing education should be encouraged to take up novel improvisations to make interesting health education activities for health education.

The curriculum should provide an opportunity for innovation and experience to conduct health education, thereby spreading awareness massages to wider areas of the society. Nursing personnel should be given in service education to update and improve knowledge regarding polycystic ovarian syndrome among the nursing students. The nurse also should be encouraged to provide information regarding polycystic ovarian syndrome to the nursing students. So study will help the teachers to educate the students to increasing the knowledge about study related polycystic ovarian syndrome. The structured teaching could help educator to use it as a tool for teaching.

Nursing Service: Nurses are the key providers of preventing, promote, curative and rehabilitative services to individual and communities. The expand role of nurse emphasizes on activities that promote health. Nurse as an educator and client advocate, are in a better position to mold the health related behavior among the nursing students. Nursing students can be involved actively to modified the health related behavior in the family and have more influence in their family members. Therefore structured teaching program are feasible cost effective method of health education that can extensively use in health care.

NURSING RESEARCH

- The findings of the study can be utilized for the references and the result can be used by other researchers for the comparison and guidance. Other researcher may utilize the suggestions and recommendations for conducting further studies. The tool and technique of the study can be used for further references.
- Research should be done to find out the effectiveness of structured teaching on level of knowledge regarding study related to polycystic ovarian syndrome to prevent and early detection of PCOD.
- Education further research studies on the effectiveness of the study related polycystic ovarian syndrome as it is evident from the review of literature more research need to be conducted on the effectiveness study related polycystic ovarian syndrome among nursing students.
- Disseminate the finding through the conference seminar publication in professionals, national and international journals and World Wide Web.

NURSING ADMINISTRATION

The present study provides suggestion to nurse administration to focus their attention in organizing in service education programs catering the needs of specific population in nursing students. They should plan and organize cost effective program for staff nurses and teaching faculties and encourage them to serve individual with special needs. Personal experience The present study has enriching experience to the researcher. It has help to: Develop skill in critical thinking and analysis and realize the importance of effective communication and respondents. The present study has made the researcher to understand how to carry out the research and face various difficulties in the research proposal steps. The entire study was a varied and rich learning experience, improved the knowledge and increase confidence to be a vigilant researcher in her work. At every step the researcher received

support and guidance from the guide which has boosted confidence to go ahead and carry out the planned activities resulted in presenting this study.

PERSONAL EXPERIENCE

The entire study has enriching experience to the researcher. It has help to Develop skill in critical thinking and analysis and realize the importance of effective communication and respondents. The entire study has made the researcher to understand how to carry out the research and face various difficulties in the research proposal steps. The entire study was a varied and rich learning experience, improved the knowledge and increase confidence to be a vigilant researcher in her work. At every step the researcher received support and guidance from the guide which has boosted confidence to go ahead and carry out the planned activities resulted in presenting this study.

RECOMMENDATION

On the basis of the study the following recommendation has been made:

- A similar Studies can be conducted with a large number of samples.
- Similar study can be conducted among women.
- A study can also be done to assess the practice and attitude of the nursing student regarding polycystic ovarian syndrome.
- Similar study to assess the knowledge, attitude and practice of the family towards polycystic ovarian syndrome could be studied.
- Studies may be conducted to evaluate and effectiveness of method of teaching versus information booklet on study related polycystic ovarian syndrome.
- Furthermore the strategies should be adopted parents and teachers for the study related polycystic ovarian syndrome on a wider range of group considering same or more demographic variables.
- Teachers and parents may be included as sample to provide subjective responses.
- The study can be conducted among different group in hospital and community settings.
- Study can be done with randomization for better result.
- The study can be conducted using various research designs.

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A Study to Assess Effectiveness of STP on Knoweldge Regarding Revised National Immunization Schedule among Third Year Basic BSc Nursing Students in selected Nursing College

Nayana Kalane

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Abstract

Immunization is one of the most cost-effective intervention to prevent the disease and improve life expectancy. Objectives of the study was to assess the post-test knowledge score regarding revised national immunization schedule among selected student. Data was collected using structured questionnaire. Research Approach was usedas qualitative research approach and Research Designnon experimental design. The conceptual framework used for the present study is "Modified general system model". Total sample size was 30 and selected by purposive sampling technique.

Inclusion criteria: (1) Third year basic BSC nursing students in selected nursing college. (2) Third year basic BSC nursing students who are willing to participate in the study. (3) Student who knows English. Based on the objectives and the hypothesis the data were analyzed and by using various statistical tests i.e. frequencies, percentage, mean, chi square and standard deviations't' test. Data analysis was done by using descriptive and inferential statistics. The't'value obtained was 8.04 which accepted the research hypothesis suggesting that the structured teaching was effective in increasing the knowledge of nursing students on national immunization schedule. The finding of the study showed that, the mean pretest score was 13.6 with the standard deviation 7.91, whereas in posttest the mean score was 20.46, with the standard deviation 3.329, The calculated "t" value was 8.04 found to be significant at the level of $p<0.05$. It showed that calculated "t" value much higher than the tabulated "t" value and there was significant improvement in the knowledge regarding national immunization schedule among the nursing students. Hence the H1 is accepted.

Keyword: Assess; Effectiveness; Structured teaching program; National immunization schedule; Nursing students.

Author's Affiliations: Lecturer, Department of Community Health Nursing, Sumantai Wasnik Institute of Nursing, Dabha, Nagpur 440023 Maharashtra, India.

Corresponding Author: Nayana Kalane, Lecturer, Department of Community Health Nursing, Sumantai Wasnik Institute of Nursing, Dabha, Nagpur 440023 Maharashtra, India.

E-mail: Kalanenayana@gmail.com

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INTRODUCTION

Immunization is one of the most cost effective intervention to prevent the disease andimprove life expectancy. Immunization Program is one of the key intervention for protectionof children from life threatening condition which are preventable and it is a major publichealth intervention in the country.[1] Immunization program in India was introduced in 1985, as Expanded program ofimmunization (EPI).

The program gained momentum in 1985 and was Expanded as Universal immunization program (UIP).[2] According to UNICEF Immunization is currently preventing an estimated two million deathsamong children under five every year. In India one of the highest under five mortality rate inthe world with an estimate of 64/1000 live births in 2010.

NEED OF STUDY

Immunization is the way of protecting the human body against the infectious diseases through vaccination. Immunization prepare our bodies to fight against diseases in case one can come into contact with them in the future.[3] In 2018, 116 million children were immunized against diphtheria, tetanus and Pertussis (DTP) yet millions of children are still not reached by potentially life-saving vaccines.[15] Immunization is one of the most cost-effective public health interventions to date, averting an estimated 2 to 3 million deaths every year. As a direct result of immunization, the world is closer than ever to eradicating polio, with only three remaining polio endemic countries-Afghanistan, Nigeria and Pakistan, deaths from measles, a major child killer, declined by 80% world wide between 2000 and 2017 preventing an estimated 21.1 million deaths. And as of march 2019, all but 13 countries have eliminated maternal and neonatal tetanus, a disease with a fatality rate of 70 to 100% among newborns. To improve the student awareness, good knowledge regarding vaccine is required good student practice regarding immunization will be able to reduce the incidence of infectious diseases.

BACKGROUND OF STUDY

Each year since 1990, immunization with routing vaccines reached more than 70% of children world wide. At the UN general Assembly special session in 2007 The international community adopted the specific target of immunizing by 2010 at least 90% ofchildren in each country.[10]

World wide approximately 130 million children are born every year in which 91 million arefrom developing countries. America and Europe maintain over 90% of immunization andwestern pacific maintain 92% of immunization while eastern Mediterranean maintains 86%of immunization. 114 countries has reached 90% of immunization where 150% countries has reached 80% of immunization.[11]

The child mortality rate or under five mortality rate is the number of children who dieby the age of five, per thousand live birth. In 2007, the world average was 68(6.8%) in 2006, the average in developing countries was 79 (down from 103 in 1990). The worlds childmortality rate has dropped by over 60% since 1960.

OBJECTIVES

- To assess the pre-test knowledge score regarding Revised national immunization schedule among selected student.
- To assess the post-test knowledge score regarding revised national immunization
- schedule among selected student.
- To determine pre-test knowledge score and post -test knowledge score.
- To find out the association between post-test knowledge score with selected demographic.

OPRATIONAL DEFINATION

Assess

According to oxford dictionary "assess" means

- Estimate the size or quality.
- Decide the amount or value of, In this study, 'assess' means "estimating the amountof knowledge regarding national immunization among the selected student's".

Effectiveness

According to oxford dictionary "effectiveness" means checking for desired effect, intended result or an outcome.

In this study, "effectiveness" means determine the extent to which structured teaching has achieved the desired effect as expressed by gaining knowledge score regarding nationalimmunization.

KNOWLEDGE

According to oxford dictionary "knowledge" means the information, the understanding that you gain through experience and education.

STRUCTURE TEACHING PROGRAM

According to Collins, "structure teaching program" means systematically developed instructional program using instructional aids, designed to provide information on national immunization. In this study, "structure teaching program" means by using instructional aids and designed to provide information to selected student.

IMMUNIZATION

According to medical science "immunization" means "is the process whereby a parson is made immune or resistant to an infectious disease, typically by the administration of vaccine. Vaccines stimulate the body's own immune system to protect the parson against subsequent infection or disease."

In this study, immunization means providing a protection to the parson from infectious

disease.

ASSUMPTION

- The selected students may have some knowledge about national immunization schedule.
- The students knowledge may enhance.

LIMITATIONS

- The study is limited to selected third year basic BSC nursing students.
- Male and female is included.
- Sample size is 30.
- Who knows about English reading and writing.

DELIMITATION

- The study is delimitated is not more than 30 student.
- Transgender group is not included.
- Students who are not present during data collection.

HYPOTHESIS

H1: There is significance difference between pre-test knowledge and post-test knowledge.

H2: There is significant difference between post-test knowledge with demographic variable.

H0: There is no difference between pre-test score knowledge and post-test score knowledge.

Conceptual Framework: According to 'Modified general system model' a system consist of a set of interacting components that is, input, throughout and output within a boundary that filter the type and rate of exchange with the environment.

Review of Literature: A systematic review is a literature review focused on a research question, trying to identify, appraise, select and synthesize all high quality research evidence and arguments relevant tothat question. A meta-analysis is typically a systematic review using statistical method to effectively combine the data used on all selected studies to produce a more reliable result. The review of literature is organized and presented under the following section.

Section A: Review of literature on immunization.

METHODOLOGY

Research Approach

The research approach for the present study is the experimental research approach

Research Design

In the present study the non experimental design was adapted.

Setting of the Study: Selected nursing college

Sampling Technique: Purposive sampling.

Sample Size: 30

Sample: Basic B.Sc. nursing third year.

Variables

INDEPENDENTE VARIABLE

According to polite and beck 2008 independent variable is the variable that is believe to cause or influence the independents variable in this study independents variable is knowledge.

Dependent Variable

According to polite and beck 2008 dependent variable is the variable hypothesized to dependent on or because by another variable; the outcome variable of interested, in this study dependent variable is revise national immunization schedule.

INCLUSION CRITERIA

- Third year basic BSC nursing students in selected nursing college.
- Third year basic BSC nursing students who are willing to participate in the study.
- Student who knows English.

EXCLUSION CRITERIA

- Students who are not studying in third year basic BSC nursing class.

- Students who are not willing to participate.
- Student who don't know English.

TOOL PREPARATION

The researcher prepared a structured questionnaire as the tool for the study. The structured questionnaire includes two section:

Section A: This selection includes five questions on information regarding demographic profile of sample.

Section B: This section includes 30 question to assess the knowledge on third year basic BSC nursing students in selected nursing college.

SELECTION AND DEVELOPMET OF TOOL

Development of tool according to Basawanthappa (2007) the tool of the data collection translated the research objective into specific question the response to which will provide the data required to achieved the research objectives. The order to achieve this purpose, each question must convey to response the idea or group of idea required by the researcher objectives. An instrument in a research refer to the tool of equipment used for the data collection or may take the form of questioning. Questionnaire is means of electing the dealing, believes, experiences, knowledge of some samples students. A data collecting instrument it could be structured. The present study aim at assessing the knowledge regarding revise national immunization schedule among third year basic BSC nursing students in selected nursing college. A data collection and look are constructed according to objective of study.

VALIDITY

Validity refer to getting result that accurately reflect the concept been measured in practice, validity can also refer to the success of research in retrieving 'Valid' result. The content of data collection tool was sending for its validity in terms of relevance and accuracy to list of experts along with scoring sheet. The data collection tool was send to expert and received back and valuable suggestion.

RELIABILITY

Reliability of research instrument is define as the extend to which the instrument yields the same result on repeated measure. It is then concerned with consistency, accuracy, precision, stability, equivalence and homogeneity. The self-structure questionnaire schedule was tested for reliability.

PROCEDURE FOR DATA COLLECTION

A formal permission was obtain from the authority of the selected Nursing college. A sample are collected on the basis of criteria for the study. Sample are selected from the selected Nursing college. After selection of sample on the basis of inclusion criteria, the researcher has introduce self to third year Basic. B.Sc. Nursing students and explain the purpose of study and clarify their doubts and detail about the study and obtain a written consult from the sample. A structured questionnaire was given to the sample, and explain about the questionnaire, asses the knowledge about Immunization. It was filled by sample and the duration of 15-20 minutes was given to each sample. The response of each sample were recorded on the checklist, knowledge was given on the same day and post-test was conducted on Seventh day. The procedure was continue till researcher achieved the required sample. At the end of the study, researcher thank the sample and authority who help in the study.

PLAN FOR DATA ANALYSIS

The researcher planned to analysis data by using descriptive and inferential statistics.

- Frequency and percentage distribution where used to analysis to demographic data of the third year Basic. B.Sc. Nursing students in selected Nursing college.
- Knowledge score of third year Basic. B.Sc. Nursing students about Immunization was analyzed by frequency and percentage.
- Effectiveness of structured teaching program was assessed by 't' test.
- Association between demographic variable and knowledge score third year Basic. B.Sc. Nursing students.

RESULT

Organization and Presentation of Data

The data has been organized and presented in four section

Section A: Description of sample characteristics.

Section B: Knowledge of students.

Section C: Association of demographic variables with the level of knowledge students regarding Revised National Immunization schedule.

Section A: Percentage Distribution of the Demographic Variables.

Table 1: Frequency and percentage distribution of the subject according to their age.

n-30

Age	Frequency	Percentage (%)
17-18	–	–
19-20	20	66.67
21-22	9	30
23-24	01	3.33

Table 2: Frequency and percentage distribution of subject according to their gender.

n-30

Gender	Frequency	Percentage (%)
Male	05	16.67
Female	25	83.33

Table 3: Frequency and percentage distribution of subject according to their religion.

n-30

Religion	Frequency	Percentage (%)
Hindu	21	70
Buddhist	08	26.67
Muslim	01	3.33
Christian	–	–
Other	–	–

Table 4: Frequency and percentage distribution of subject according to their nutritional status.

n=30

Nutritional status	Frequency	Percentage (%)
Vegetarian	–	–
Non vegetarian	07	23.33
All	23	76.67

Table 5: Frequency and percentage distribution of subject according to their educational status.

Educational status	Frequency	Percentage (%)
10th	–	–
12th	–	–
Graduation	30	100
Post- graduation	–	–

- Percentage distribution of a sample according to their age shows that majority were 20 of them (66.67%) age 19-20 year, 09 of them (30%) were age 21-22 years and 01 of them (3.33%) were age 23-24 years, 0 of them (0%) were age 17-18 year.
- Percentage of sample according to their gender shows that in relation to gender majority of students 25 (83.33%) were females and 05 (16.67%) were male.
- Percentage distribution of sample according to their religion shows that majority were 21 of them Hindu (70%), 08 of them Buddhist (26.67%), 01 of them Muslim (3.33%), 0 of them Christian (0%) and other 0.
- Percentage distribution of a sample according to their nutritional status shows that 01 of them vegetarian (0%), 06 of them non-vegetarian (23.33%) and other all 23(76.67%).
- Percentage distribution of a sample according to their educational status shows that 0 of them 10th std (0%), 0 of them 12th std (0%), 30 of them graduation (100%), 0 of them post-graduated (0%).

Table 6: Frequency and percentage of level of knowledge of students regarding Revised National Immunization Schedule.

Level of knowledge	Pre test score		Post test score	
	Frequency	Percentage	Frequency	Percentage
Poor (0-10)	7	23.33%	0	00%
Good (11-20)	22	73.33%	12	40%
Excellence (21-30)	01	3.33%	18	60%

Table 7: Mean, median, mode and standard deviation of level of knowledge of students regarding Revised National Immunization Schedule.

n-30

Knowledge level	Mean	Sd	Md	T valve	Significance
Pre test	13.6	7.91	15.5	8.04	P<0.05
Post test	20.46	3.329	15.5		

Section C: Association between the socio Demographic variables and knowledge of students.

Table 8: Association between post-test knowledge score of Revised National Immunization Schedules among students with selected socio-demographic variables.

Socio Demographic	Total students	Level of Knowledge			DF	Chi square
		Poor	Good	Excellent		
Age						
17-18	0	0	0	00	06	**1.07 NS**
18-19	20	0	09	11		
20-21	9	0	03	06		
21-22	01	0	0	01		
Gender						
Male	05	0	02	03	02	00 NS
Female	25	0	10	15		
Religion						
Hindu	21	0	07	14	08	0.60 NS
Buddhist	08	0	03	05		
Muslim	01	0	0	01		
Christian	0	0	0	0		
Other	0	0	0	0		
Nutritional Status						
Vegetarian	0	0	0	01	4	0.89 NS
Non vegetarian	07	0	02	04		
All	23	0	10	13		
Educational Status						
10th	0	0	0	0	03	0 NS
12th	0	0	0	0		
Graduation	30	0	12	18		
Post- graduation	0	0	0	0		

*Significant-S

Non-significant:NS

DF: Degree of freedom.

H2: Hypothesis is rejected, there is no difference between post-test knowledge with selected demographic data.

The data presented in the table shows that the knowledge score among the 17-18 years of age is (0) having poor knowledge (0) having good knowledge and (0) having excellent knowledge, the knowledge score among 19-20 year of age is (0) having poor knowledge[9] having good knowledge,[11] having excellent knowledge. Then among 21-22 year of age none of them having poor knowledge (3) having good knowledge,[6] having excellent knowledge. The knowledge score among 23-24 year of age none of them having poor and good knowledge,[1] having excellent knowledge. Calculated chi-square value is 1.07, degree of freedom is 6 at p<0.05 So Knowledge was not significantly associated with age. Among the female gender[5,2] having good knowledge,[3] having excellent knowledge and none of them having poor knowledge. The male gender[25,10] having good knowledge and[15] having excellent knowledge and none of them having poor knowledge. Calculated chi-square value 0, degree of freedom is 2 at p<0.05 so knowledge was not significantly associated with gender. Among the Hindu religion[7] having good knowledge,[14] having excellent knowledge and none of them having poor knowledge. Buddhist religion[3] having good knowledge[5] having excellent knowledge and none of them having poor knowledge. Muslim religion 1 having excellent knowledge and none of them having good and poor knowledge. calculated chi square, value 0.60, degree of freedom is[8], at P< 0.05 so, knowledge was not significantly associated with religion.

Among the Nutritional status vegetarian 1 having excellent knowledge and none of themhaving poor and good knowledge Non-vegetarian 2 having good knowledge and 4 having excellent knowledge and none of them having poor knowledge. Chi-square value 0 Degree of freedom 3, at P<0.05 So, Knowledge was not significantly associated

with education status. The association between demographic data is non significant because the sample size is less.

CONCLUSION

The present study assess the knowledge regarding Revised National Immunization Schedule among the selected Nursing students. On the basis of finding of the study the following conclusion were made Majority of the students adequate knowledge regarding Revised National Immunization schedule. The study shows that there is no significance difference between pre-test and post-test knowledge.

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A Study to Assess the Effectiveness of STP on Knowledge & Attitude Regarding Vaccine Preventable Diseases among the Mothers of Under-Five Children in Selected PHC, of Anand

Namrata P Rajput[1], Alka D Tajne[2]

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Namrata P Rajput, Alka D Tajne/ A Study to Assess the Effectiveness of STP on Knowledge & Attitude Regarding Vaccine Preventable Diseases among the Mothers of Under-Five Children in Selected PHC, of Anand/Community and Public Health Nursing. 2022;7(2):75–78.

Abstract

This Pre-Experimental approach was used with one group pre-test and post-test design. The Investigator used convenient Sampling technique for selecting the 50 samples. In the view of the nature of the problem and the accomplishment of the objectives of the study, a planned teaching Programme regarding Vaccine Preventable Diseases was prepared for the samples. A Structured Knowledge Questionnaire and Likert's attitude rating scale were prepared to assess the knowledge and the attitude of the Samples. Validity and Reliability was done before data collection.

Descriptive and Inferential statistics was used to analyze the data. The data demonstrated there was significant increase in the knowledge and attitude of mothers of under five-year children after the administration of the structured teaching Programme regarding Vaccine Preventable Diseases. Hence it is concluded that planned teaching Programme was effective in improving knowledge and attitude of the mothers of under five year children at selected rural area of Anand District. Thus out of 50 respondents under study, Age group of 20-24 years (30%), Religion Muslim (38%), Type of family of Joint family (52%), Education Status of Graduate (40%), Family Income above 15001/- of (40%), Source of Knowledge from other factors (36%), No of under five children is 4>= (40%), Age of child average of 3 to 5 (42%). The mean pre test knowledge score was 15.98 and the mean post test knowledge score was 20.38.The mean pre test attitude score was 53.88 and the mean post test attitude score was 75.7. and Significance of the difference between pre test and post test knowledge, attitude and practice was statistically tested using paired 't' test and it was found significant at 0.05 level of significance. Thus rejecting the null hypotheses and accepting the research Hypotheses. The Correlation was found moderately positive correlation. And also found the significant association of post test knowledge and attitude score. There was proved that the Structured teaching Programme was effective in improving the knowledge and attitude of the mother of under five year children at selected Primary Health Center of Anand District.

Keyword: Pre-Experimental approach; Vaccine Preventable Diseases; Education Status.

Author's Affiliations: [1]Lecturer, [2]Principal, Department of Nursing, Vibrant Nursing College, Masma, Surat, Gujarat 394540, India.

Corresponding Author: Alka D Tajne, Principal, Department of Nursing, Vibrant Nursing College, Masma, Surat, Gujarat 394540, India.

E-mail: alkatajne@gmail.com

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INTRODUCTION

"Communication leads to community, that is, to understanding, intimacy and mutual valuing.''

- Rollo May

Immunization is a global health and development success story, saving millions of lives every year. Vaccines reduce risks of getting a disease by working with body's natural defenses to build protection.

When you get a vaccine, your immune system responds. Now a days vaccines to prevent more than 20 life-threatening diseases, helping people of all ages live longer, healthier lives. Immunization currently prevents 2-3 million deaths every year from diseases like diphtheria, tetanus, pertussis, influenza and measles.

Children are the world's most valuable assets and their wellbeing indicates the standard of living of the country. They constitute one third of the total population. It has been noticed that almost one out of every five live born infants die before reaching 5 years of age. According to B. T. Basavanthappa, (1997), it is estimated that in the subcentre area, there may be 12 babies dying before the age of 2 years and 6 others die before their fifth birth day. Health is both a responsibility and right of those with power and without it. It has been seen that some 5 Million children are dying each year and another 5 million disabled by six childhood diseases in developing countries including India. In the context of HFA/2010, one of the health goals is to immunize all children against the 'big six' infectious diseases of childhood namely tuberculosis, poliomyelitis, diphtheria, pertusis, tetanus, and measles. Immunization is the worldsgreatest health tool.

Awareness building about immunization of children who are under five years of age, provides a sense of responsibility towards the need of the children and their protection. Mothers' participation and involvement makes power in the home and for the children. Mothers in the rural areas being both economically and socially backward are ignorant and negligent in the aspects of health. They do not vaccinate the children, only because of some mild illness during the visit to the area. Some mothers fear the outcomes of the vaccination whereas few others express views upon religious thoughts. It is essential to screen every child for immunization, coverage opportunities; otherwise full immunization at every coverage may not be possible. Delayed immunization is associated with low socio-economic status, female illiteracy, lack of exposure to knowledge on Vaccine Preventable Diseases as recommended by Universal Immunization Programme (UIP).

OBJECTIVES OF THE STUDY

- To assess the knowledge of the mothers of Under-five Children before and after administration of the Structured Teaching Programme regarding Vaccine Preventable Diseases among the mothers of under five children in selected Primary Health Center, Anand District.
- To assess the attitude of the mothers of Under-five Children before and after administration of the Structured Teaching Programme regarding Vaccine Preventable Diseases among the mothers of under five children in selected Primary Health Center, Anand District.
- To find out correlation between post test knowledge score and post test attitude score regarding Vaccine Preventable Diseases among the mothers of under five children in selected Primary Health Center, Anand District.
- To find out Association between post test knowledge score and with their socio demographic variable regarding Vaccine Preventable Diseases among the mothers of under five children in selected Primary Health Center, Anand District.
- To find out Association between post test Attitude score and with their socio demographic variable regarding Vaccine Preventable Diseases among the mothers of under five children in selected Primary Health Center, Anand District.

HYPOTHESIS

H1: The mean Post test Knowledge score of Mothers of under five year children at selected Primary Health Center, Anand District regarding Vaccine Preventable Diseases among the mothers of under five children, Disease knowledge mean pretest score as measured by the structured knowledge questionnaire after administering the structure teaching programme at 0.05 level of significance.

H2 : The mean post tests attitude score of Mothers of under five year children at selected Primary Health Center, Anand District regarding Vaccine Preventable Diseases among the mothers of under five children, Attitude rgarding will be higher then pretest score as measured by the structured Likert attitude scale after administering the structure teaching programme at 0.05 level of significance.

H3: There will be significant co-relation between post test Knowledge Score And Post test Attitude score regarding Vaccine

Preventable Diseases among the mothers of under five children at 0.05 level of significance.

H4: There will be significant association between post test Knowledge Score And with their socio demographic variable regarding Vaccine Preventable Diseases among the mothers of under five children at 0.05 level of significance.

H5 : There will be significant association between post test Attitude Score And with HTH their socio demographic variable regarding Vaccine Preventable Diseases among the mothers of under five children at 0.05 level of significance.

Research Design

Randomized group	Pre test	Treatment	Post test
Experimental Group	Knowledge and attitude test (O1)	Structure Teaching Programme (X)	Knowledge and attitude test (O2)

Variables Under Study

- Independent variable (I.V.)

STP Structure Teaching Programme

- Dependent variable (D.V.)
  a. Performance on pre test
  b. Performance on post test

Attributed variable (*A.V.*)

- Personal characteristics which include, age, type of family, religion, educational status, occupation, family income per month, number of children and exposure to mass media education.

Sampling

The sample for the present study were 50 mothers of under five children attending Primary Health Center in Anand District, Gujarat were selected conveniently.

Finding of Study

Descriptive and inferential statistics methods were used to analyse the data. The mean Post-test Knowledge score 15.98 was higher than mean Pre-test Knowledge score 20.38 with the mean difference of 4.4. The mean Post-test Attitude score 75.7 was higher than the mean Pre-test Attitude score 53.88 with the mean difference of 21.82.

Recommendations for Further Study

The following recommendations are made on the basis of the findings of present study

1. A similar study can be replicated on a large sample covering the different department of the in primary health centre.
2. A comparative study can be conducted related to vaccine preventable disease transmission in primary health centre of the Gujarat State.
3. A comparative study can be conducted to find out the effect of different teaching methods in improving Knowledge, Attitude and practice on other.
4. Similar study can be conducted on new vaccine preventable disease
5. A study can be conducted to identify the factors responsible for poor implication of steps regarding vaccine preventable disease.
6. A study can be conducted to identify risk factors other new vaccine preventable disease.

CONCLUSIONS

Knowledge deficit exit under in all the areas of vaccine preventable disease. The Planned Teaching Programme was found to be effective in enhancing the Knowledge and Attitude of the samples regarding vaccine preventable disease. Samples gained significant Knowledge, enhanced the Attitude and skills after exposed to the Planned Teaching Programme. The findings indicate that the Planned Teaching Programme developed by the investigator was effective in enhancing the Knowledge and Attitude of the samples vaccine preventable disease, Thus the Planned Teaching Programme can be used for the large population in different settings.

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