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Community and Public Health Nursing

*Volume 6 Number 1
January – April 2021*

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Prevalence of Pelvic Floor Dysfunction among Reproductive Age Group Married Women

S Jayashree¹, M Hemamalini²

How to cite this article:

S Jayashree, M Hemamalini, Prevalence of Pelvic Floor Dysfunction among Reproductive Age Group Married Women, Community and Public Health Nursing. 2021;6(1): 9-10.

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Abstract

Introduction: Pelvic floor dysfunction can have a devastating effect in women's life which may result in urinary incontinence, fecal incontinence and uterine prolapse. A descriptive study was conducted to assess the prevalence of pelvic floor dysfunction among reproductive age group married women. **Methods:** A quantitative research approach with descriptive research design was adopted for the study. 100 reproductive age group married women were selected through non-probability convenient sampling technique. **Results:** The study result showed that 54% of reproductive age group married women had moderate prevalence, 32% had minimal prevalence and 14% had high prevalence.

Keywords: Pelvic Floor Dysfunction; Reproductive Age Group Married Women.

Introduction

The post partial period refers to the 6 week period after child birth. It is a time of maternal changes that are both retrogressive and progressive¹. Problems women can experience during the postnatal period include: tiredness, perineal pain, breast problems, backache, hemorrhoids, constipation, depression, anemia, headache and pelvic floor dysfunction.²

Pelvic floor dysfunction refers to a condition in which the pelvic floor muscles of a woman's lower pelvis-that surround the rectum, do not function normally. Causes of pelvic floor dysfunction can include; chronic faulty posture with weak core musculature, trauma, inflammation, pelvic organ disease, hernias, chronic constipation, pregnancy or vaginal delivery³. The symptoms of pelvic floor dysfunction are pelvic pain, urinary incontinence, fecal incontinence⁴. Evidence shows that postnatally the incidence of urinary incontinence is 6% to 32% and fecal incontinence is 13-25%.⁵

Pelvic floor dysfunction can have a devastating effect in women's life. The postnatal women must know about the knowledge of the disease, preventive aspects and home care management. A women needs knowledge of pelvic floor dysfunction would enable them to realize the factors contribute to incontinence, and offers advice on preventive

measures. It is important for every woman to understand what she can do to keep her pelvic floor strong and protect it from injury. Therefore, the researcher decided to conduct the study to assess the prevalence of pelvic floor dysfunction among reproductive age group married women.⁶

Statement of the problem

A study to assess the prevalence of pelvic floor dysfunction among reproductive age group married women at Saidapet Primary Health Centre - Chennai.

Objectives

To assess the prevalence of pelvic floor dysfunction among reproductive age group married women.

To find the association of prevalence of pelvic floor dysfunction among reproductive age group married women with selected demographic variables.

Null hypothesis

H_0 : There will be no significant association between the prevalence of pelvic floor dysfunction among reproductive age group married women in the selected demographic variables at 0.05 level of significance.

Materials & Methods

Quantitative research approach and descriptive research design was used for the study. After obtaining permission from the hospital authorities, the study was conducted in the postnatal outpatient department at Saidapet Primary Health Centre - Chennai. 100 reproductive age group married women were selected through non-probability convenient sampling techniques. The data was collected using demographic variables and self-structured questionnaire to assess the prevalence of pelvic floor dysfunction. The data was collected for 18-20 reproductive age group married women in a day from 8a.m to 12p.m. In the descriptive statistics frequency and percentage distribution were used to determine demographic variables and level of prevalence of pelvic floor dysfunction among reproductive age group married women. In the inferential statistics chi square was used to associate the level of prevalence of pelvic floor dysfunction among reproductive age group married women.

Results & Discussion

The study findings revealed that majority of the reproductive age group married women (46%) are of 30-39 years, secondary level and higher secondary education (55%), housewife (56%), 2nd order child birth (76%), caesarean delivery (53%), 2-3kg weight of previous child (78%), no family history of pelvic floor dysfunction (83%). The level of prevalence of pelvic floor dysfunction are 54% of reproductive age group married women had moderate prevalence, 32% had minimal prevalence and 14% had high prevalence of pelvic floor dysfunction. There was a significant association between level of prevalence with educational status of the demographic variable and hence null hypothesis is rejected for educational status and accepted for all the other demographic variables such as age, occupation, order of child birth, mode of previous delivery, weight of previous child and family history of pelvic floor dysfunction.

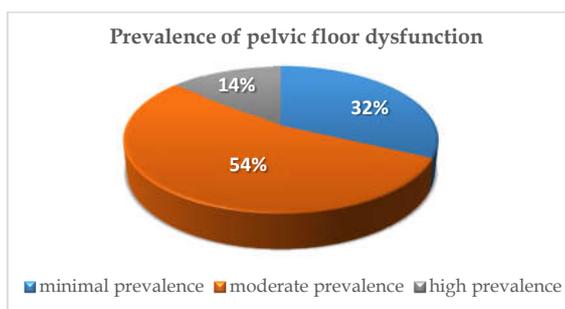


Fig. 1: Distribution of level of prevalence of pelvic floor dysfunction.

Similar studies was conducted based on the topic,

M. Amri (2018) conducted a study on prevalence of pelvic floor dysfunction in Turkey results shows that 67.5% of women experienced pelvic floor dysfunction of at least one major type. The prevalence of each pelvic floor disorder evaluated in this study was as follows: anal incontinence 19.8%, urinary incontinence 50.7%, constipation 33.2%, and obstructed defecation 26.8%. Analysis of risk factors demonstrated that age was the major factor associated with

The development of pelvic floor dysfunction. Vaginal delivery and higher parity increased the risk of both urinary and defecatory symptoms. The study concluded that data demonstrate that pelvic floor dysfunction is a common problem among women and it is strongly linked to childbirth and aging.

Devendra raj singh (2016) conducted a descriptive study in November to assess the prevalence of pelvic floor dysfunction among reproductive age group women. The study concluded that out of total 40% of respondents have minimal prevalence and 50% of respondents have moderate prevalence and 10% have high prevalence. The study results explicitly reflects the prevalence of pelvic floor dysfunction is significantly associated with the age of respondent ($p=0.021$), age at marriage of respondents ($p=0.011$), education status of respondents ($p=0.001$) and age at first child birth of respondent ($p=0.001$).

The above figure indicates that 54% of reproductive age group married women had moderate prevalence, 32% had minimal prevalence and 14% had high prevalence of pelvic floor dysfunction. (fig.1)

Conclusion

Pelvic floor dysfunction is a functional problem in reproductive age group women. It is encountered that all postnatal mothers are under the risk of this condition. The research study concluded that 54% of reproductive age group married women had moderate prevalence, 32% had minimal prevalence and 14% had high prevalence of pelvic floor dysfunction. Hence the nurses can play a vital role within the multidisciplinary team to help improve the quality of life for these women's by offering conservative management and prophylactic measures to prevent complications such as bladder training to strengthen the bladder muscles or Kegel exercises, internal massage to address the perineum and dietary modifications can be done to minimize the complications of postnatal period and to ensure a healthy life after postnatal period.

References

1. Adele pillitteri (2000). Maternal and child health nursing, 4th edition; Lippincott publishers.
2. D.C Dutta, Text book of obstetrics including perinatology and contraception, 5th edition, 2001, published by new central agency Calcutta.
3. Diane.M.Fraser, Margerate. A. Cooper (2003). Myles Text book for midwives, 14th edition; Elsevier publication.
4. Lynna.Y. Littleton, Maternal and child health, 4th edition, Elsevier publishers
5. Brien J O, 2002. The American Journal of primary health care, 82(1) : 30-8
6. Kumari S, 2006. Journal of gynaecology and obstetrics, 53(1):200-30

Play Needs of Children: Knowledge among Mothers

Namita Batra Guin¹, Pushap Lata²

How to cite this article:

Namita Batra Guin, Pushap Lata, Play Needs of Children: Knowledge among Mothers, Community and Public Health Nursing. 2021; 6(1):11–13.

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Abstract

Background: Play is vital for every child as it is considered as the way of expression. The play helps child to develop their social, cognitive, and physical skills and strengthen the emotional bond that's growing between the parents. Parents are children's best playmates especially mothers are often their first play partners. Studies have suggested knowledge of mother regarding play needs, selection of toys, and facilitation of environment can affect the developmental outcomes of children. The study was conducted to determine the knowledge of mothers regarding play needs of the under five children. **Objectives:** To assess the knowledge of mothers regarding play needs of under-five year children. To find the association of knowledge scores of mothers with selected demographic variables. **Methods and Materials:** A quantitative research approach with descriptive design was adopted for the study. The study was conducted in the rural areas of Ropar district of Punjab. The study was conducted on 100 mothers of under five children who were selected using convenience sampling technique. The structured interview schedule was used to assess the knowledge of mothers regarding play needs of under-five children. **Result:** The study revealed that 65% subjects had moderate knowledge related to play needs of under-five children, whereas 32 % subjects had poor knowledge and only 3% subjects had good knowledge. The study found that the knowledge scores of the mothers are significantly associated with the education status of the mothers. **Conclusion:** Mothers knowledge regarding play needs is inadequate. There is a strong need creating awareness and providing knowledge related to play needs under-five children.

Keywords: Play Needs; Knowledge; Mothers; Under-Five Children.

Introduction

Play and toys are important for the growth and development of children. They foster learning, accelerate maturation, helps in instillation of moral values, and develop creativity.¹ The play helps child to develop their social, cognitive, and physical skills and strengthen the emotional bond that's growing between the parents.^{2,3} Play is considered as a natural language where children can express themselves.⁴ Children at an early stage starts engaging and interacting with the world around and play helps them to create and explore the world which they can master over.^{5,6}

A comparative study conducted among Asian and Euro-American parents of preschool-aged children revealed that Euro-American parents believed play as an important vehicle for early development while Asian parents did not value play as a need for preschool children.⁷ Parents, especially mothers, are often children's first play partners.⁸ The mother's role is to design the environment and select materials, activities, and routines that will promote children's opportunities to perform specific skills.

When the opportunity arises, mother provides the instructional support necessary to assist the child to participate successfully in the activity or routine and complete the skill.⁹ Mother knowledge can be conceptualized as indirectly affecting developmental outcomes in children.¹⁰ Hence the researcher felt need to assess the knowledge of mothers regarding play needs of under five children.

Materials & Methods

A quantitative research approach with descriptive design was adopted for the study. The study was conducted in the selected rural villages of Ropar district. The rural villages were selected on the basis of feasibility and good connectivity from institute. 100 mothers of under five children were selected using convenience sampling technique. The biological mothers who were able to understand and communicate in Punjabi were included in the study. While the mothers having disabilities like hearing or speech disability and mental disabilities were excluded

from the study. A structured interview schedule consisted of 34 items for gathering information on knowledge of mother regarding play needs of the children. The questions were in the form of multiple-choice questions which were asked through verbal enquiry. Content validity was determined by the expert's opinion on the relevance of the items and reliability. Internal consistency of the tool was determined by using split half method. Tool was found to be reliable ($r = 0.67$).

Interpretation of the tool was done as Good knowledge (>75%), Moderate Knowledge (50%-75%) and Poor knowledge (<50%). Before the data collection an informed consent was taken from the subjects. The confidentiality and privacy of the subjects was maintained throughout the study. The time taken by each respondent for the interview was 20-25 minutes. After the data analysis a structured teaching program was developed using the findings of the data. The STP was administered to the mothers at the end of the study. The focus of the program was on selection of play material, role of play in growth and development of child, types of plays for different age-groups and role of parents in plays. The data was analysed by using descriptive and inferential statistics.

Results

The study was conducted on 100 mothers of under-five children residing in selected rural villages of Punjab. The study data revealed that majority i.e. 61% of the mothers were in age group of 26-30 years. In terms of education, the majority subjects i.e. 36% had completed their secondary education while 9% never attended formal education. 44% of the subjects had their family income between Rs.5,000-10,000/- Majority of the subjects (47%) had two children. 12% subjects had more than four children. 79% of the subjects belonged to Sikh religion while 18% belonged to Hindu religion. 80% subjects lived in nuclear family while 20% lived in joint family.

The data gathered on knowledge of mothers regarding play needs of children revealed that majority of the mothers had moderate knowledge (65%). While 32% of the subjects had poor knowledge and only 3% of the subjects had good knowledge regarding the play needs of the children. The Table No.1 reveals the mean and standard deviation of the knowledge scores of mothers regarding play needs of under-five children. The mean score of 19.05 ± 3.56 reveals that the mothers had moderate knowledge regarding the play needs of under-five children.

Table no.1: Mean, Median and Standard Deviation of Knowledge Scores of mothers on Play needs.

| N=100 | | | |
|-------------------------|-------|--------|--------------------|
| | Mean | Median | Standard Deviation |
| Knowledge Scores | 19.05 | 19 | 3.56 |

Maximum Score= 34

Table no. 2 reveals the mean score of the respondents on different aspects of knowledge regarding play needs of the children. The finding showed that there was 66% knowledge of respondent about type of play. Mean score of selection of play material was 5.68 ± 1.51 with maximum score was ten. The finding represented that there was 56.8% knowledge about selection of play materials. Mean score of role of play in growth and development of child was $4.81 \pm$

1.93 with maximum score was ten. The finding revealed that there was 48.10% knowledge about role of play in growth and development of child. Mean score of role of parents in play was 2.55 ± 1.04 with maximum score was four. The finding showed that there was 63.12% knowledge of respondents about role of parents in play.

Table no.2: Mother's knowledge score on different aspects of knowledge regarding play needs.

| N=100 | | | | |
|---|-------------------------------------|---------------|-----------------------|------|
| Components of Tool | Mean Score \pm Standard Deviation | Maximum Score | Mean score Percentage | Rank |
| Type of play | 5.28 \pm 1.57 | 8 | 66 | 1 |
| Selection of Play material | 5.68 \pm 1.51 | 10 | 56.8 | 3 |
| Role of Play in growth and development of child | 4.81 \pm 1.93 | 10 | 48.1 | 4 |
| Role of parents/ mothers | 2.55 \pm 1.04 | 4 | 63.75 | 2 |

Table no. 3 reveals the association of knowledge scores of mothers of under-five children regarding play needs of the children. The study reveals that the knowledge scores of the mothers were found to be significantly associated with the education status of the mother ($p < 0.01$). This means that the educational status of the mothers can affect the knowledge of mothers regarding play needs of the under-five children. The knowledge scores were found to be statistically non-significant with other selected demographic variables under the study.

Table no.3: Association between knowledge score with selected demographic variables.

| Demographic variable | Knowledge score | | χ^2 value | p value |
|---------------------------------|-----------------|-------|----------------|---------|
| | >mean | <mean | | |
| Age of mother | | | | |
| <20 years | 1 | 6 | 2.72 | 0.435 |
| 21-25 years | 8 | 15 | | |
| 26-30 years | 27 | 34 | | |
| >30 years | 4 | 5 | | |
| Educational Status | | | | |
| No formal education | 2 | 7 | 14.71 | .00532* |
| Primary schooling | 5 | 17 | | |
| Secondary schooling | 14 | 22 | | |
| Higher secondary schooling | 8 | 15 | | |
| Graduation | 9 | 1 | | |
| Family income | | | | |
| <Rs5000 | 7 | 19 | 6.32 | 0.0968 |
| Rs.5000-Rs.10000 | 16 | 28 | | |
| Rs.10000-Rs20000 | 16 | 11 | | |
| >Rs.20000 | 1 | 2 | | |
| Religion | | | | |
| Hindu | 7 | 11 | 0.125 | 0.939 |
| Sikh | 33 | 46 | | |
| Others | 1 | 2 | | |
| Children under-five year | | | | |
| Age | | | | |
| 1 | 10 | 17 | 1.7005 | 0.636 |
| 2 | 21 | 26 | | |
| 3 | 6 | 8 | | |
| ≥ 4 | 3 | 9 | | |

Discussion

The finding shows that maximum 65% women had moderate knowledge related to play needs of under five year children, 32% subjects had poor knowledge whereas only 3% subjects had good knowledge. According to the knowledge related to the components of the structured interview schedule, the study revealed that the mothers had highest knowledge about the type of play for children and had least knowledge about the role of play in growth and development of the child. The study also revealed that mothers had 66% knowledge regarding type of play, 56.8% knowledge regarding selection of play. The mean knowledge score for mothers was 19.05 ± 3.56 revealing that the mothers had moderate knowledge according to the pre-set criteria for interpretation of knowledge level of mothers.

A similar study conducted on caregivers revealed that 40.8% caregivers think that toys are important for under-five children. While it also revealed that 18.4% caregivers indicated that toys were not important for children.¹¹ A descriptive study done on 60 mothers in Calicut revealed that 58% of the subjects had average knowledge, 42% had good knowledge and none had poor knowledge regarding the selection of play materials. The study concluded that most of the mothers had average knowledge regarding the selection of play materials for children.¹²

In a survey conducted in Dholpur Rajasthan, 90 parents of under-five children were interviewed to assess their knowledge on play needs. The study revealed that 52% parents did not have adequate knowledge regarding the play needs of under-five children.¹³ In another study conducted among parents of toddlers revealed that 52% of the parents of toddlers had good knowledge while 48% had an average knowledge regarding the play needs of toddlers.¹⁴ A study conducted in Nepal revealed that the mothers of under-five children had highest knowledge (91.2%) regarding the type of play material to be used for play for under-five children. However the study also reveals that mothers had less knowledge regarding hazards related to the play.¹⁵

The current study revealed that there is a significant statistical association of knowledge scores with the education status of mothers ($p < 0.01$). While all other selected demographic variables like age of mother, family income, religion and number of children were found to not associate significantly with the knowledge scores. The finding in another study revealed that there was no significant association found between the knowledge level of samples and demographic variables at $p < 0.05$ level.¹³ However a study has revealed that the knowledge scores were found to be associated with the education status of the mothers, ethnicity, place of residence and number of children. The study did not find any association with the demographic variables like: age, religion, occupation and type of family, which is consistent with the study findings.¹⁵ In a similar study there was significant association between knowledge of mothers regarding importance of play and educational level of mothers.¹⁶

Conclusion

The present study concludes that mothers of under five children have moderate level of knowledge regarding the play needs. Mothers have good knowledge regarding type of play and their role in play, while lesser knowledge on role of play in growth and development of child and selection of play material. The knowledge of mothers can also get affected by their educational status. Age, religion, number of children and family income has no effect on the

knowledge of mothers regarding the play needs of the under-five children. The study recommends preparation of educative material for mothers and dissemination of the same at all the health care facilities providing services under well-baby clinics.

Funding: Nil

Conflict of Interest: Nil

References

1. Gupta P. Essentials of pediatric nursing:3rd Edition.2007. Robert Myers. Parents guide to toy for babies: Child Development learning, <https://childdevelopmentinfo.com/child-activities/parents-guide-toys-babies/#gs.t7f3hw>.
2. Dr David Whitebread. A report on the value of children's play with a series of policy recommendations. University of Cambridge. 2012.
3. Dash M. Assess the knowledge of mother regarding importance of play therapy in a selected village of Puducherry. Madridge J Intern Emerg Med. 2019; 3(1): 114-116. Haight WL, Wang XL, Fung HH, Williams K, Mintz J. Universal, developmental, and variable aspects of young children's play: a cross cultural comparison of pretending at home. Child Dev. 1999;70(6):1477-1488. doi:10.1111/1467-8624.00107.
4. Rose Drury Leena Robertson. The importance of play for cultural and language learning (2011). p.27-28.
5. Dash M. Assess the Knowledge of Mother regarding importance of Play Therapy in a selected Village of Puducherry. Madridge J Intern Emerg Med. 2019; 3(1): 114-116.
6. O'Reilly AW, Bornstein MH. Caregiver-child interaction in play. In Bornstein MH, O'Reilly AW. (Eds). The role of play in the development of thought. New directions for Child Development, 59, San Francisco, CA: Jossey-Bass. 1993.
7. Parmar P, Harkness S, Super, CM. Asian and Euro-American parents' ethnotheories of play and learning: Effects on preschool children's home routines and school behavior. International Journal of Behavioral Development. 2004; 28(2): 97-104. DOI: 10.1080/01650250344000307.
8. Gerianne M. Alexander E Teresa Wilcox E Rebecca Woods. Sex Differences in Infants Visual Interest in Toys. Arch Sex Behav 2009 nov.38:427-433.10508-008-9430-1.
9. Dr. Rachel E. White .The power of play:A Research Summary on Play and Learning.2012.
10. Goldstein,J. play and technology in A.D. Pellegrini(Ed):oxford University handbook of development of play oxford university press. 2011.45 (4):381-91.
11. Peter Odera Masinde Muliro, Rossette K. Murigande. A study of involvement of caregivers in children's play: problems of education in the 21st century ;Volume 26.2010.
12. Rozario AAA, Joy D, Thomas R, Jose A, AssumaBeevi T.M. Knowledge of mothers regarding the selection of play materials for children in a selected hospital, Calicut. Int. J. Health. Sci. Res. 2018; 8(4): 143-146.

13. Gupta MM. Study to assess the knowledge and attitude regarding play needs of children among parents of various economic groups. *Int. J. of Adv. Res.* 2017; 5 (Jun): 2096-2105.
 14. Daniel, Shen,Fareha Khan. A Descriptive Study to Assess the Knowledge and Attitude regarding the Play Needs of Toddlers among Parents in a Selected Hospital of New Delhi. *International Journal of Nursing & Midwifery Research* 2018. 5(2): 15-19.
 15. Adhikari D. Knowledge and practice regarding play for pre-schooler among mothers. *Int J Health Sci Res.* 2019; 9(9):137-145.
 16. Gesa George. A Study to Assess the Knowledge and Attitude Regarding Importance of Play in Children among Mothers of Children under 12 years of Age in Selected Hospitals in Pala. *Int. J. Paed. Nurs.* 2019. 5(1).
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Role and Responsibility of Community Mental Health Nurse

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How to cite this article: Pallavi Rao, Role and Responsibility of Community Mental Health Nurse, Community and Public Health Nursing. 2021; 6(1):15–16.

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Abstract

The aim of the study was to investigate the knowledge of community mental health nurses regarding their role and responsibility. 30 community mental health nurses were surveyed by adopting simple random sampling. A pre & post check list was prepared to assess the present facility and service at CHC and knowledge of the nurses, on Role and Responsibility of Community Mental Health Nursing. Result reveals that Majority 25(83.33%) were supported that they do not have information about role of Community mental health nursing. 24(80%) not participated in any program related to mental health whereas 93.33% supported that With the given information they are able to identify the patient of substance abuse and suicide in the community. Community health nurses found the knowledge effective and useful. Nurses require the necessary knowledge, skills and confidence to competently perform this role.

Keywords: Community Mental Health Nurse; Knowledge; Mental Health; Mentally Ill; Substance Abuse; Suicide.

Introduction

The community mental health services were focused to render the mental health care services in familiar home environment, where the client will be at ease; stress related hospital environment can be avoided. The client will develop adoptive coping strategies very easily to overcome the stress related to mental illness. The service were aim to provide care to total population in a specific geographic area. The service provided through community mental health nursing consultation, education, crisis intervention, follow up care, family therapy, group therapy, psychotherapy, interactional skills training, preventive, promotive and rehabilitative services, continuity of care.¹

The growing field of mental health advocates the need for interdisciplinary approach in different activities aiming at promotion of mental health, early diagnosis and treatment of mental disorders, mental retardation and after care, and rehabilitation of the mentally disabled.²

Nurses are important care and treatment providers in all nations. In most of the countries nurses play vital role in providing primary and specialized health care for mental and physical health. It is a hard truth that in many countries like India there is a lacking on the psychiatric education of nurses so far their role and responsibility for mentally ill patient is inadequate and underdeveloped. Appropriately trained nurses can contribute to the promotion of mental health and the prevention and treatment of mental disorders.³

It is now being to be accepted that among all the members of the health team, it is usually the nurse who is in most constant

contact with the patient. Especially in the community, the nurse is in a strategic position to identify the changing patient/family needs and to assess the home environment and initiate the use of community support services, both professional and voluntary. Particularly in the care plan for patients with long term illness, some professionals even consider that the nurse has an important role as leader of the health team, undertaking a coordinating and integrating function.⁴

Objectives

- Collect and analyze the baseline data relevant to community nurses regarding community mental health.
- Assess the need of target group for knowledge regarding community mental health programme.
- Implementation of education regarding community mental health, objectives, responsibility of nurses, and resources.
- Evaluation the impact of education on target group.

Tools Used

We develop a checklist, keeping the objectives in mind. The checklist focused on knowledge, practice, and, sources of mental health services in the area. We also prepare the knowledge questionnaire to assess the knowledge of target group regarding role and responsibility of community mental health nurse.

Technique of Data Collection

Data was collected in hospital setting only. The purpose of

collecting data was discussed with block medical officer and also explained to individual nurses. Data was collected through checklist to the nurses working in community health center.

Resources

In service education facility: There are short time training programme are given at time to time, and also during monthly meeting in discussion were made on current topics.

Assessment by Investigator

Need for education on:

- Community mental health nursing.
- Role of community mental health nursing.
- National mental health programme.
- Resources for community mental health services.

Findings of Survey

The data was collected from 30 nurses working in community health center Abdullah Ganj and coming under the CHC. This data was put under the master plan and analysis was done. The analyzed data was interpreted and describe with the help of statistical measure. The interpretation is as follows.

- Majority 12(40%) were in the age group 26 -31,
- Majority 16(53.33%) were higher secondary, less than half 12 (40%) were high school, and only 2(6.33%) were graduate.
- Majority 18(60%) were ANM, less than half 9 (30%) were GNM, and only 3(10%) were B.Sc. Nursing.
- Majority 22(73.33%) were having previous knowledge, less than half 5 (16.66%) were no previous knowledge, and only 3(10%) were not sure about the previous knowledge on CMHN.

Pre Intervention Assessment

A check list was prepared to assess the present facility and service at CHC and knowledge of the nurses, on Role and Responsibility of Community Mental Health Nursing. Before imparting the education through presentation, questions were asked to the nurses and the findings were:

- 30(100%) were supported that there is facility for checkup of mentally ill in CHC but there is no rehabilitation facility is provided through CHC.
- 30 (100%) supported that they went for screening of mentally ill person in the community
- Majority 25(83.33%) were supported that they do not have information about role of Community mental health nursing were 5(16.66%) were had the information.
- Regarding participation in any mental health programme majority 24(80%) not participated in any programme related to mental health and only 6(20%) participated.
- 30 (100%) supported that there is no scheme for mental health in CHC.
- 100%supported that information is helpful to take part in various mental health activity.

Post Intervention Assessment

A feedback Performa was prepared to assess the effectiveness of education, given on Role and Responsibility of Community Mental Health Nursing. After imparting the education through presentation, questions were asked to the nurses and the findings were:

- 100%supported that information given regarding responsibilities of CMHN is useful for your work place.
- 100%supported that information given regarding responsibilities of CMHN is sufficient to increase their knowledge.

- 96.66%supported that information is helpful to reduce the myths related to mental illness among community people, only 3.33% were not supported this.
- 100%supported that information is helpful in enhancing the role and responsibility of CMHN in community health center.
- 28 (93.33%) supported that with the given information they are able to identify the patient of substance abuse and suicide in the community only 2(6.66%) were not supported this.
- 100%supported that information is helpful to take part in various mental health activity.
- 25 (83.33%) supported that by this information they are able to counsel the mentally ill, and only 5 (16.66%) were not supported this.

Conclusion

The following conclusion were drawn from the study, among 30 nurses of selected community health center, the education was found effective in improving the level of their knowledge regarding role and responsibility of community mental health nursing. After imparting the education presentation, questions were asked to the nurses of CHC and the findings were-100%supported that information given regarding responsibilities of CMHN is useful for your work place.

Nursing Implication

Nursing Practice: Nurses play vital role and a great link between community and health care facility. Community health care nurses can be play a key role in early identification of mental health issues and mental health problems. Early identification will lead to less burden on community as well as it contribute for good mental health.

Nursing Education: Knowledge related to mental health will enable the nurses to provide holistic care. Continue nursing education about mental health services will not only enhance nurses' knowledge but provide better nursing care for all mild and ignored area of mental health.

Nursing Administration: Nursing administrators can develop policies, procedures and protocol regarding educational program for staff who can directly reach to such groups. Also motivate the nurses towards this neglected field of our community.

Nursing Research: The nurse researcher should work on the need and existing problem of health care domains. Evidence based nursing is give emphasis and shows need of further researches of various problems. This study was just based on basic survey. It can be done on bigger level.

Funding: None

Conflict of Interest: None Declared

References

1. Neerja, K. (2006). Community Mental Health Nursing. In K.P.Neerja, Essential of Mental Health And Psychiatry Nursing (p. 353). New Delhi: Jaypee Brothers Medical Publishers.
2. Coleman J C, Abnormal Psychology and Modern Life. D B Taraporevala Sons & Co., Bombay Page: 707-723, 1974
3. https://www.who.int/mental_health/policy/mnh_nursing/en/
4. Umadevi K (2002). Nurses and health care service a sociological study. Shodhganga: a reservoir of Indian theses@Inflibnet

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Effectiveness of Planned Teaching Programme on Knowledge Regarding Selected Thyroid Disorders among Women

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How to cite this article:

Tembhare Megha S, David Pascaline J, Sukare Lata V, Effectiveness of Planned Teaching Programme on Knowledge Regarding Selected Thyroid Disorders among Women. Community and Public Health Nursing. 2021;6(1):19–23.

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Abstract

Background: Early every third Indian suffers from one or the other kind of thyroid disorder, which most often causes weight gain and hormonal imbalances, and is more commonly seen in women, according to a survey. **Objectives:** To assess the pre-test knowledge regarding selected thyroid disorders among Women, and to associate the post-test knowledge score with selected demographic variable. **Methodology:** a pre experimental one group pre-test post-test design was adopted for the study. It was conducted over 60 women and was selected by using non probability convenient sampling technique. The analysis reveals that post-test mean knowledge score was higher 18.13 with SD of 1.89 when compared with the pre-test mean knowledge score value which was 8.85 with SD of 2.76. The calculated 't' value 25.41 is greater than table value 2.00 at 0.05 level of significance. Hence it is statistically interpreted that the planned teaching programme on knowledge regarding selected thyroid disorders was effective. Thus the H₁ is accepted and H₀ is rejected. **Conclusion:** The significantly association was found on knowledge score with age (in years), marital status, monthly family income and none of the other demographic variables were associated with knowledge score.

Keywords: Thyroid Disorders; Women; Planned Teaching Programme; Knowledge.

Introduction

"When you know a thing, to hold that you know it; and when you do not know a thing, to allow that you do not know it - this is knowledge"

The thyroid gland is situated in the neck in front of the larynx and trachea at the level of 5th, 6th and 7th cervical and 1st thoracic vertebrae. It is highly vascular gland that weights about 25g and is surrounded by a fibrous capsule. It is in butterfly shape, consisting two lobes, one on either side of the thyroid cartilage and upper cartilaginous rings of the trachea the lobes are joined by a narrow isthmus, lying in front of the trachea. The lobes are roughly cone -shaped, about 5cm long and 3cm wide.¹ The thyroid gland secretes three hormones, namely the two thyroid hormone (thyroxine/T₄ and triiodothyronine/T₃), and calcitonin. The thyroid hormones primarily influence the metabolic rate and protein synthesis, but they also have many other effects, including effects on development. Calcitonin plays a role in calcium homeostasis.²

The thyroid hormone, thyroxine (T₄) triiodothyronine (T₃), regulate energy metabolism and growth development. Disorder of the thyroid gland include enlargement, benign

malignant nodules, inflammation, and hyper functioning and hypofunctioning.³

Many terms describes normal and abnormal states of thyroid function. Euthyroidism means that the thyroid gland is functioning normally. Like other endocrine disorders, the two primary thyroid disorder are related to increased secretion (hyperthyroidism) and decreased secretion (hypothyroidism) of the glands Hormone.⁴

Background and Need of the Study:

The most common is hypothyroidism, when the thyroid doesn't make enough thyroid hormone. Without this hormone, metabolism slows and may gain weight, feel sluggish and tired, and get depressed. Periods may become irregular and may have dry skin and nails. About 10% of all women have an underactive thyroid; the condition affects about only 3% of men. In most women, the hyperthyroid and hypothyroid phases last several weeks. But not all women experience both phases. About 5% of women will be left with permanent hypothyroidism. It tends to recur in subsequent pregnancies and it's also more common in women with autoimmune diseases.⁵

Kumaravel Velayutham, S. Sivan Arul Selvan, A. G. Unnikrishnan (2017) have conducted a study on prevalence of thyroid dysfunction among young females in a South Indian population. Thyroid disorders are common in India but scarce data exists on its prevalence in young women. This study was conducted in female college students in seven colleges in Madurai District, Tamil Nadu. Thyroid-stimulating hormone (TSH) was used as the screening test to diagnose thyroid dysfunction. The abnormal TSH values were classified as mild TSH elevation (TSH 4.5–10 ml U/ml), significant TSH elevation (TSH > 10 ml U/ml), and low TSH (TSH < 0.4 ml U/ml) A total of 1292 subjects were screened of whom 161 subjects (12.5%) had abnormal TSH. The overall prevalence of elevated TSH was 11% out of which 9.7% had mild TSH elevation. A low TSH was seen in 1.3% of the study population. Thyroid dysfunction was common in young women in south India. One out of every eight young women had thyroid dysfunction, and mild TSH elevation was the most common abnormality.⁶

Statement of the Problem

“An experimental study to assess the Effectiveness of Planned Teaching Programme on knowledge regarding selected Thyroid Disorders among women residing in selected areas of the city”.

Objectives

1. To assess the pre-test knowledge regarding selected thyroid disorders among Women.
2. To assess the post-test knowledge regarding selected thyroid disorders among Women.
3. To evaluate the effectiveness of planned teaching programme on knowledge regarding selected thyroid disorders among Women.
4. To associate the post-test knowledge score with selected demographic variables.

Operational Definition:

Assess: In this study assess means, the organized systematic continuous process of collecting data from the

Women residing in the selected area of the city.

Effectiveness: In this study effectiveness means, the desired changes brought about by the planned teaching programme on knowledge regarding selected thyroid disorders.

Planned teaching programme: In this study planned teaching programme means, systematically providing information regarding selected thyroid disorders among women.

Knowledge: In this study knowledge means, responses obtained from the women about selected thyroid disorders. Thyroid disorders: In this study thyroid disorders means hypothyroidism and hyperthyroidism.

Women: In this study women means women who are above 18 year of age.

Area: In this study area means the selected rural and urban area of the city.

Delimitation: This study is delimited to Women residing in selected areas of community.

Hypothesis: Hypothesis will be tested at 0.05 level of significance.

H₀: There is no significant difference between pre and post test level of knowledge score regarding selected thyroid disorders among women.

H₁: There is significant difference between pre and post test knowledge score regarding selected thyroid disorders among women.

Conceptual Framework

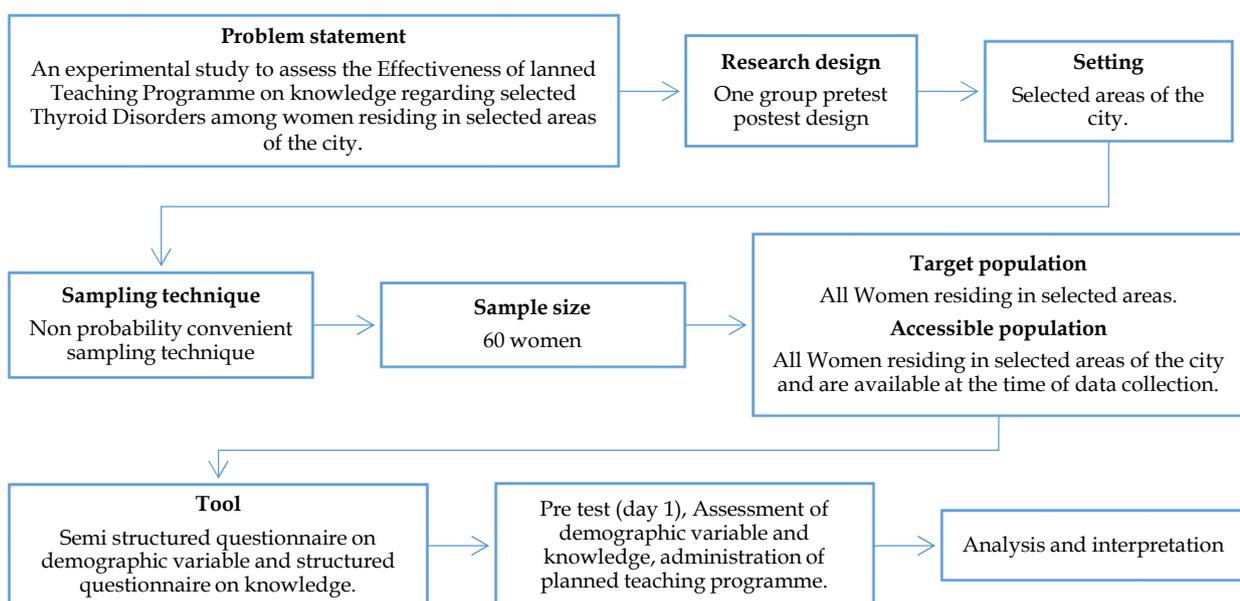
The conceptual framework selected for the study was based on Ersestine Wiedenbanch’s “Perspective Theory”.

Review of Literature

1. Literature related to selected thyroid disorders
2. Literature related to Women knowledge
3. Literature related to effectiveness of planned teaching programme.

Methodology

Fig. no.1: Schematic Resentation of the Research Process.



Description of Tools:

Section A: Demographic variables

1. *Semi structured questionnaire on demographic variable.*

The investigator constructed this tool to collect the background data of the study subjects and to identify the influence of sample characteristics with the knowledge in them. It includes total 8 demographic variables like Age, Marital status, Religion, Area of residence, Education status, Occupation, Types of family, Monthly family income.

2. *Semi structured questionnaire on medical data.* It include total 4 variables such as awareness of thyroid disorders, source of previous information, have any thyroid disorders , if yes then specify.

Section B: Self structured knowledge questionnaires. The questionnaire consisted of 25 questions on knowledge about selected thyroid disorders. Total score was 25. Each question carries 1 marks and a zero for the wrong answer.

Section C: planned teaching programme on knowledge regarding selected thyroid disorders.

Validity: Content and construct validity of tool was determined by 24 experts including medical surgical nursing subjects experts, MD Medicine, English literature and statistician etc.

Reliability: Karl Pearson correlation coefficient formula was used. The correlation coefficient 'r' of the questionnaire was 0.9680, which is more than 0.8. Hence the questionnaire was found to be reliable.

Pilot Study: Pilot study was conducted from 4th October 2019 to 10th October 2019 for a period of 7 days. The pilot study was feasible in terms of time, money, material and resources.

Data Collection

The main study data was gathered from 4 November 2019 to 23th November 2019 Permission was obtained from the Sarpanch of concerned gram panchayat. The samples were approached in small group on a daily basis. Before giving the questionnaire self-introduction was given by the investigator and the purpose of the study mentioned. Consent of the samples were taken. The pre-test questionnaire were distributed and collected back after 37 minutes. After collecting the pre-test score, the investigator administrated the treatment (planned teaching programme on selected thyroid disorders). After 7 days post test was taken on the same subjects.

Result

The analysis and interpretation is given in the following sections:

Section I: Description of women with regards to demographic variable.

Table 1: Table showing frequency and Percentage wise distribution of women according to their demographic characteristic.

| N=60 | | | |
|----------------------|-----------|---------------|----------------|
| Demographic variable | | Frequency (f) | Percentage (%) |
| Age in year | 18-27 yrs | 22 | 37.3 |
| | 28-37 yrs | 22 | 37.3 |
| | 38-47 yrs | 13 | 21.7 |
| | ≥48 yrs | 3 | 5.1 |

| | | | |
|---|-----------------|----|------|
| Marital status | Married | 43 | 71.7 |
| | Unmarried | 12 | 20.3 |
| | Divorced | 3 | 5.1 |
| | Separated | 2 | 3.4 |
| | Widow | 0 | 0 |
| Religion | Hindu | 47 | 78.3 |
| | Muslim | 1 | 1.7 |
| | Buddhist | 10 | 16.9 |
| | Christian | 1 | 1.7 |
| | Others | 1 | 1.7 |
| Area of residence | Rural | 7 | 11.7 |
| | Urban Slum | 20 | 33.3 |
| | Urban | 33 | 55 |
| Educational status | Primary | 8 | 13.3 |
| | Secondary | 33 | 55 |
| | Graduation | 18 | 30 |
| | PG | 1 | 1.7 |
| | Other | 0 | 0 |
| Occupational status | Govt Service | 2 | 3.3 |
| | Private Service | 16 | 26.7 |
| | Homemaker | 10 | 16.7 |
| | Self Employed | 32 | 53.3 |
| | Other | 0 | 0 |
| Type of family | Nuclear | 27 | 45 |
| | Joint | 26 | 43.3 |
| | Extended | 7 | 11.7 |
| Monthly family income (Rs) | <10000 | 6 | 10 |
| | 10001-15000 | 15 | 25 |
| | 15001-20000 | 21 | 35 |
| | ≥20001 | 18 | 30 |
| Awareness of thyroid disorders | Yes | 18 | 30 |
| | No | 42 | 70 |
| If yes ,then previous Source of information n=18 | Family | 0 | 0 |
| | Friends | 2 | 11.5 |
| | Relatives | 1 | 5.6 |
| | Health Worker | 4 | 22.2 |
| | Mass Media | 11 | 61.1 |
| | Other | 0 | 0 |
| Any thyroid disorders | Yes | 12 | 20 |
| | No | 48 | 80 |
| If yes then specify (n=12) | Hypothyroid | 9 | 75 |
| | Hyperthyroid | 3 | 25 |

Section-II Description on pretest knowledge of women regarding selected thyroid disorders.

Table No.-2: Table showing frequency and percentage wise distribution of pre test knowledge score of women regarding thyroid disorders.

| n=60 | | | |
|--------------------------|-----------------|---------------|----------------|
| Level of knowledge score | Score range | Frequency (f) | Percentage (%) |
| Excellent | 81-100% (21-25) | 0 | 0 |
| Very good | 61-80% (16-20) | 0 | 0 |
| Good | 41-60% (11-15) | 16 | 26.67 |
| Average | 21-40% (6-10) | 35 | 58.33 |
| Poor | 0-20% (0-5) | 9 | 15 |
| Minimum score | | 3 | |
| Maximum score | | 14 | |
| Mean knowledge score | | 8.85±2.76 | |
| Mean % knowledge score | | 35±11.04 | |

Section III: Description on post test knowledge of women regarding selected thyroid disorders.

Table No. IV-3 Table showing frequency and percentage wise distribution of post test knowledge score of women regarding selected thyroid disorders.

| N=60 | | | |
|--------------------------|-----------------|---------------|----------------|
| Level of knowledge score | Score range | Frequency (f) | Percentage (%) |
| Excellent | 81-100% (21-25) | 6 | 10 |
| Very Good | 61-80% (16-20) | 48 | 80 |
| Good | 41-60% (11-15) | 6 | 10 |
| Average | 21-40% (6-10) | 0 | 0 |
| Poor | 0-20% (0-5) | 0 | 0 |
| Minimum score | | 14 | |
| Maximum score | | 22 | |
| Mean knowledge score | | 18.13±1.89 | |
| Mean % Knowledge score | | 72.53±7.59 | |

Section-IV: Description on the effectiveness of planned teaching programme on knowledge regarding selected thyroid disorders.

Table no. 4 (I): Table showing comparison of pretest and posttest grading score.

| N=60 | | | | | |
|--------------------------|-----------------|---------------|----------------|---------------|----------------|
| Level of knowledge score | Score Range | Pretest | | Post test | |
| | | Frequency (f) | Percentage (%) | Frequency (f) | Percentage (%) |
| Excellent | 81-100% (21-25) | 0 | 0 | 6 | 10 |
| Very Good | 61-80% (16-20) | 0 | 0 | 48 | 80 |
| Good | 41-60% (11-15) | 16 | 26.67 | 6 | 10 |
| Average | 21-40% (6-10) | 35 | 58.33 | 0 | 0 |
| Poor | 0-20% (0-5) | 9 | 15 | 0 | 0 |
| Minimum score | | 3 | | 14 | |
| Maximum score | | 14 | | 22 | |
| Mean knowledge score | | 8.85±2.76 | | 18.13±1.89 | |
| Mean % Knowledge Score | | 35±11.04 | | 72.53±7.59 | |

Table no. 4 (II): Table showing effectiveness of planned teaching programme in knowledge score of pretest and post test of women regarding selected thyroid disorders.

| Test | Mean | SD | Mean Difference | Calculated t-value | DF | Table value | P value |
|-----------|-------|------|-----------------|--------------------|----|-------------|-----------------|
| Pre Test | 8.85 | 2.76 | | | | | |
| Post Test | 18.13 | 1.89 | 9.28±2.82 | 25.41 | 59 | 2.00 | 0.0001 S,p<0.05 |

Level of significance p<0.05

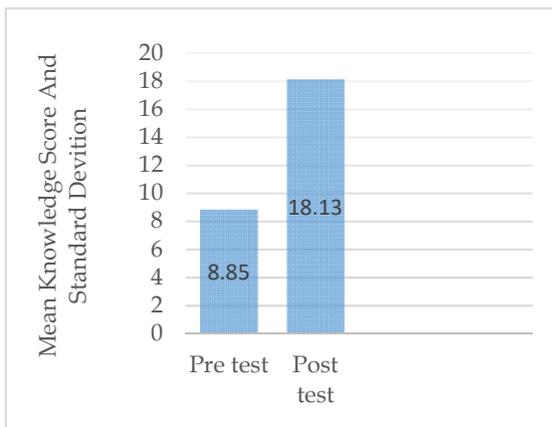


Figure IV-1: Bar diagram representing effectiveness of planned teaching programme in knowledge score of pretest and post test of women regarding selected thyroid disorders.

Section V: Description on association on knowledge score with selected demographic variables.

The analysis shows that there is association of knowledge score with age (in years), marital status, monthly income and none of the other demographic variables were associated with knowledge score.

Table no V: Table showing association of knowledge score with selected demographic variables.

| Demographic variables | Calculated Value | | | DF | Table value | Level of sign ificance p<0.05 | Sign --ficance |
|--------------------------------|------------------|---------|---------|------|-------------|-------------------------------|----------------|
| | T value | F value | P value | | | | |
| Age | - | 2.97 | 0.039 | 3,56 | 2.76 | <0.05 | S |
| Marital status | - | 2.93 | 0.041 | 3,56 | 2.76 | <0.05 | S |
| Religion | - | 1.20 | 0.32 | 4,55 | 2.52 | >0.05 | NS |
| Area of residence | - | 1.33 | 0.27 | 2,57 | 3.15 | >0.05 | NS |
| Educational status | - | 1.08 | 0.36 | 3,56 | 2.76 | >0.05 | NS |
| occupation | - | 2.68 | 0.048 | 3,56 | 2.76 | >0.05 | NS |
| Type of family | - | 1.62 | 0.20 | 2,57 | 3.15 | >0.05 | NS |
| Monthly income | - | 4.17 | 0.005 | 3,56 | 2.76 | <0.05 | S |
| Awareness of thyroid disorders | 0.35 | - | 0.72 | 58 | 2.00 | >0.05 | NS |
| Source of information | | 0.22 | 0.87 | 3,14 | 3.34 | >0.05 | NS |
| History of thyroid disorders | 1.80 | - | 0.077 | 58 | 2.00 | >0.05 | NS |

Key: S - Significant NS: Not significant

Discussion:

A study to assess the effectiveness of structured teaching programme on knowledge regarding thyroid problem among adolescent girls in the selected school at Kollam. The objectives of the study were to assess the knowledge regarding thyroid problem among adolescent girls, to evaluate the effectiveness of structured teaching programme on knowledge regarding thyroid problems among adolescent girls, to find out the association between knowledge score regarding thyroid problems among adolescent girls and selected demographic variables. A quantitative research design was adopted for this study. The study was conducted among 60 adolescent girls in Infant Jesus Anglo Indian School, Kollam. In order to assess the knowledge of adolescent girls regarding thyroid problems, the study sample was selected by convenience sampling technique. The tool used for data collection consisted of demographic variables and structured knowledge questionnaire. The analysis of the data was based on the objectives of the study using descriptive and inferential statistics. The present study revealed that out of 60 samples 96.66% of adolescent girls had poor knowledge, 3.33% had average knowledge and no adolescent girls had good knowledge regarding thyroid problems in pretest. After a structured teaching programme 28.33% had good knowledge, 68.33% had average knowledge and 3.33% had poor knowledge. The present study shows that the mean post test score was 14.55 (± 1.92) was greater than the mean pretest score 6.72 (± 2.13). The 't' test value was 27.93. So that structured teaching programme was effective to increasing the knowledge regarding thyroid problems among adolescent girls. There was significant association between knowledge and demographic variables like monthly income.⁷

In above study it is shown that structured teaching programme on knowledge regarding thyroid problem among adolescent girls in the selected school at Kollam was effective in increasing the knowledge. In present study also planned teaching programme was effective in improving the knowledge of women regarding selected thyroid disorders as post test score was greater than pretest in the study. Above study also reveals that monthly income was associated with the level of knowledge. While in present study association was found between age, marital status and monthly family income.

Implication of the Study:

The findings of this study have implications for nursing practice, nursing education, nursing administration, and nursing research.

Limitation:

- The sample size was small to generalize the findings of the study.
- The study was limited to measure the knowledge of women residing in selected areas of the city.
- The tool for data collection was prepared by investigator herself. Standardized tool was not used.

Recommendations:

- A similar study can be replicated on a larger population for a generalization of findings.
- A Study may be conducted to evaluate the effectiveness of planned teaching program versus information booklet on selected thyroid disorders.
- A comparative study can be done to assess the knowledge of selected thyroid disorders in rural and urban areas.
- A descriptive study can be conducted on the awareness of selected thyroid disorders among women.
- A similar study can be carried out to evaluate the effectiveness of video assisted teaching program on selected thyroid disorders.

Reference:

1. Ross and Whilson Textbook of anatomy and physiology; 9th edition: Page number 219.
2. <https://en.wikipedia.org/wiki/Thyroid> cited on 17/3/2019 at 6.15pm.
3. Lewis textbook of medical surgical nursing 5th edition page number 1299-1306.
4. Joyce m .black; Textbook of medical surgical nursing: 8th edition, published by Elsevier, page no.1019-1024 cited on 17/3/2019 at 7.30pm.
5. Everyday Health> thyroid condition, available from <https://www.everydayhealth.com/thyroid-conditions/most-common-thyroid-problems-women/> cited on 29/8/2019 at 2.15pm
6. Indian Heart Journal.2017 July - Aug; 69(4):545-550. doi: 10. 1016/j.ihj.2017.07.004. Epub 2017 Jul 5 available from <https://www.ncbi.nlm.nih.gov/pubmed/28822529> cited on 29/8/2019 at 8.30pm.
7. International journal of advances in nursing management <http://ijanm.com/HTMLPaper.aspx?Journal=International%20Journal%20of%20Advances%20in%20Nursing%20Management;PID=2019-7-3-7>

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Adverse effects on Covid 19 vaccination

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How to cite this article:

Tajne Alka D, Adverse effects on Covid 19 vaccination. Community and Public Health Nursing. 2021;6(1):25-27.

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Abstract

Introduction: There are 9 COVID-19 vaccine candidates in different phases of development in India, of these 3 are in pre-clinical phase whereas 6 are under clinical trials. Two of them are used in emergency basis, which include Covaxin by Bharat Biotech and Covishield by Serum Institute of India. **Misbelieves:** There are some misbelieves regarding use of these vaccination in terms of side effects and effectiveness. **Adverse Events Following Immunization:** These are the symptoms recognized after immunization in some individuals. It can be minor, severe or serious. **AEFI prevention and management:** AEFI can be prevented and managed by careful monitoring and symptomatic treatment with detailed history collection.

Keywords: DNA (Deoxyribonucleic Acid); RNA (Ribonucleic acid); AEFI (Adverse Event Following Immunization).

Introduction

There are 9 COVID-19 vaccine candidates in different phases of development in India, of these 3 are in pre-clinical phase whereas 6 are under clinical trials. Country earlier gave nod to emergency use of two indigenous covid-19 vaccines. Covishield by serum institute of India and Covaxin by Bharat bio-tech. Both the vaccines have been tested on thousands of people and side effects are negligible.

Covishield vaccine

1. Vaccine type - Live vaccine.
2. Composition - L - histamine, l-histamine hydrochloride monohydrate, magnesium chloride hex hydrate, ethanol, sucrose, sodium chloride and disodium edentate dehydrate (EDTA).
3. Covishield vaccine made of genetically modified virus (adenovirus) from chimpanzees.
4. Dose - 0.5ml.
5. Route - IM (deltoid muscles).
6. Interval - 28 days (4 - 8 weeks).
7. Do not give vaccine to those persons who have allergic reaction.

Covaxin vaccine

1. Vaccine type - inactivated vaccine.
2. Covaxin vaccine contain - dead virus (incapable of infection), antibody and T cell memory responses (3 months after vaccination).
3. Dose - 0.5ml.

4. Route - IM (deltoid muscles).
5. Interval - 28 days (4 - 8 weeks).
6. Do not give vaccine to those persons who have allergic reaction.²

Misbelieves regarding COVID vaccination

There are some misbelieves and frequently asked questions regarding vaccination which are as follows.¹

Is it compulsory to take the vaccine?

Vaccination for COVID-19 is voluntary. However, it is advised to take all doses so as to protect oneself from this pandemic as well as to protect family, friends and others from self.

If one person presently having covid-19 (confirmed or suspected) infection is he or she vaccinated?

Infected individuals should wait until symptoms subside i.e. after 14 days, because they can be carrier or spread disease at the site of receiving vaccination.

Is it essential for a COVID Recovered Person to Take the Vaccine?

Yes, it is advised to complete the prescribed schedules doses of vaccine in already recovered personnel as it can help in boosting their immunity.

If one is taking medicines for illnesses like cancer, diabetes, hypertension etc., can she take the covid-19 vaccine?

Yes, as these person are at greater risk for having COVID 19, they should be vaccinated despite of having these comorbidity.

Which is the Possible Side-effects From COVID-19 Vaccine?

COVID vaccine will be introduced only when the safety is proven. As is true for other vaccines, the common side effects in some individuals could be mild fever, pain, etc. at the site of injection.

Adverse effects following immunization (AEFI)

An adverse effect following immunization (AEFI) is an adverse reaction following immunization which actually does not have relation with vaccine.

The adverse effect may be any unfavorable or unintended disease, symptom, sign or abnormal laboratory finding. These can be true events which is actually due to vaccination or coincidental events which can be due to immunization. For purposes of reporting, AEFIs can be classified as minor, severe and serious. (Tab. 2)

Table no. 1 Vaccines tested and found.

| Sr no. | Name of vaccines |
|--------|---|
| 1 | Covishield (Chimpanzee Adenovirus) |
| 2 | Covaxin (Inactivated Virus) |
| 3 | ZyCoV-D (DNA vaccine) |
| 4 | Sputnik V (Human Adenovirus vaccine) |
| 5 | NVX-CoV2373 (Protein Subunit |
| 6 | Recombinant Protein Antigen based vaccine |
| 7 | HGCO 19 (mRNA based vaccine) |
| 8 | Inactivated rabies vector platform |
| 9 | Vesiculo Vax Platform |

Table no. 2 AEFI.

| | |
|--------------|---|
| Minor AEFI | <ul style="list-style-type: none"> • Common, self-limiting reactions • E.g. pain, swelling at injection site, fever, irritability, malaise etc. |
| Severe AEFI | <ul style="list-style-type: none"> • Can be disabling and rarely life threatening; do not lead to long-term problems. • Examples of severe reactions include non-hospitalized cases of: anaphylaxis that has recovered, high fever (>102 degree F), etc. |
| Serious AEFI | <ul style="list-style-type: none"> • Results in death • Requires inpatient hospitalization • Results in persistent or significant disability • AEFI cluster • Evokes significant parental/community concern |

Preventing anxiety reactions

Session sites should be planned in such a way that there is a separate area for those waiting for vaccination, site of actual vaccination and post vaccination observation area.

Ensure vaccinations occur in comfortable, well-ventilated and airy settings. Beneficiaries who seem anxious or nervous should be identified.

And made to calm down or their attention diverted from the process and the pain. After vaccination, they should be asked to remain seated for some time and observed. If they feel light-headed or giddy, they should be asked to lie down for some time.

AEFI management

Vaccinators and supervisors at the vaccination site will provide primary treatment of all AEFIs. If needed, cases should be immediately referred to the nearest AEFI

management center/ health facility and reported to the appropriate authority.

All beneficiaries must be counseled about adverse events which may occur after COVID-19 vaccine. These are expected to be minor events such as local pain and swelling and mild to moderate fever, etc. However, the list of expected events could be different based on the safety profile of the COVID19 vaccine(s) which finally gets approved for use.^{1,3} (Tab. 2)

In case of any type of discomfort or illness following COVID-19 vaccination, vaccine recipient should visit the nearest health care facility for treatment. At fixed session sites, an AEFI management kit or an emergency tray should be available for use.

All vaccinators must be trained to suspect signs and symptoms of anaphylaxis and to use the contents of the anaphylaxis kit to provide a single, age-appropriate dose of injection Adrenaline and arrange transportation of the patient to the nearest AEFI management center/hospital for further treatment. This is crucial for saving lives in case of rare but life-threatening anaphylactic reactions.

Ensure that is enough stock/supply of injection adrenaline during the campaign, keeping in mind the short expiry period of the adrenaline.

Each outreach session site should be linked to an identified AEFI management center to provide immediate treatment for serious AEFI cases.

Adequate transportation should be available to transfer persons with serious adverse reactions to nearest identified AEFI management center or health facility. The vaccinators at the session sites must be aware of all relevant contact numbers like ambulance services (108 or 102), AEFI management centers, higher health care facilities, etc.

The contents of the AEFI kit are:

1. Inj. Adrenaline 1:1000 (3).
2. Inj. Hydrocortisone (3).
3. Ringer lactate/normal saline (2).
4. 5% dextrose (2).
5. IV drip set (2).
6. Scalp vein sets or IV cannula (2).
7. Disposable syringes-5 ml with 2425G IM needle (3 sets).
8. Adhesive tape and blank case reporting formats (CRF).

Conclusion

The adverse effect may be any unfavorable or unintended disease, symptom, sign or abnormal laboratory finding. The articles include about vaccines, misbeliefs regarding vaccination, adverse effects following vaccination, management of adverse events, and prevention of adverse events.

Conflict of interest: No

Funding: Self-funded

References

1. Ministry of health and family welfare, 2020, 'adverse effects following immunization' IGOT-DIKSHA. Viewed on 22 December 2020, https://www.mohfw.gov.in/covid_vaccination/vaccination/.

2. Bharat biotech- A leading biotech company, 2020, 'COVAXIN®- India's First Indigenous COVID-19 Vaccine', phase 2 study, viewed on 24 December 2020, <[https:// www.bharatbiotech.com/covaxin.html](https://www.bharatbiotech.com/covaxin.html) >.
 3. World health organization, 2020, 'COVID 19 vaccines', Coronavirus disease (COVID 19), viewed on 30 December 2020, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/>.
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“Community and Public Health Nursing” (See Rule 8)

- | | | |
|---|---|--|
| 1. Place of Publication | : | Delhi |
| 2. Periodicity of Publication | : | Quarterly |
| 3. Printer's Name | : | Dinesh Kumar Kashyap |
| Nationality | : | Indian |
| Address | : | 3/259, Trilokpuri, Delhi-91 |
| 4. Publisher's Name | : | Dinesh Kumar Kashyap |
| Nationality | : | Indian |
| Address | : | 3/259, Trilokpuri, Delhi-91 |
| 5. Editor's Name | : | Dinesh Kumar Kashyap |
| Nationality | : | Indian |
| Address | : | 3/259, Trilokpuri, Delhi-91 |
| 6. Name & Address of Individuals who own the newspaper and particulars of shareholders holding more than one per cent of the total capital | : | Red Flower Publication Pvt. Ltd. 41/48, DSIDC, Pocket-II Mayur Vihar, Phase-1, Delhi-91 |

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

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Standard journal article

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

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

Article in supplement or special issue

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

Corporate (collective) author

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

Unpublished article

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

Personal author(s)

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

Chapter in book

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

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

No author given

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

Reference from electronic media

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

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