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Original Article

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To Study The Efficacy of Amla and Okra Juice on Blood Glucose Level Among Type 2 Diabetes in Selected Rural Settings of Puducherry

Gomathi A[1], Kamalam S[2], N Jeevaanand[3]

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Abstract

Background: Type 2 diabetes Mellitus (T2DM) common form of DM characterized by hyperglycemia, insulin resistance, and relative insulin deficiency. Interaction between genetic, environmental and behavioral risk factors, more vulnerable to complications, leading to their premature death. Insidious onset and late recognition, leads to increased morbidity and mortality especially in poor resource developing countries. *Methods:* The Randomized pilot clinical trial was conducted to check the effectiveness of Amla juice and okra juice (lady's finger) in controlling blood sugar level among T2DM adults aged between 40–60 yrs in rural areas of Puducherry. The 3 villages were selected by cluster sampling method, subjects were selected from 3 villages by simple random sampling method and they were divided into three groups. Five T2DM subjects were recruited from each village. The data were collected on general information, background information, clinical information, anthropometry along with fasting blood sugar, and glycosylated haemoglobin. The group I of 5 subjects were given a medium sized fresh Amla juice (50 g) on a daily basis in empty stomach for 3 months. The group II of 5 subjects were given a medium sized overnight soaked okra's mucilage (50 g) on a daily basis in empty stomach for 3 months. *Results:* There was a significant difference exist between before and after intervention in group I and II. The Amla and Okra juice was effective in reducing the FBS level. *Conclusion:* The study found that Amla juice and okra's juice therapy confers good glycaemic control in group I and II.

Keywords: BMI; Blood pressure; HbA1C; Fasting blood sugar.

Introduction

Type 2 DM– common form of DM characterized by hyperglycemia, insulin resistance, and relative insulin deficiency. Interaction between genetic, environmental and behavioral risk factors, more vulnerable to complications, leading to their premature death. Insidious onset and late recognition, leads to increased morbidity and mortality especially in poor resource developing countries.[1]

A study has shown the effect of Amla on Various Physiological and Biochemical Parameters of Metabolic Syndrome in which there was significant improvement in glycemic control, systolic and diastolic blood pressure and lipid profile.[2]

The tannoids of Amla are potent inhibitors of Aldose Reductase (AR) and suggest that people can incorporate into everyday life may be an effective approach in the management of diabetic complications. Also involved in regeneration and rejuvenation of beta cells, thus leading to an increase insulin production and secretion. Evidence indicates that the aqueous extract amla has definite hypoglycemic potential as well as anti-diabetic activity.[3x]

Amla fruit has significant effect in decreasing in blood glucose level, total cholesterol and triglycerides in both normal and diabetic clients.[4]

A review on Nutritional Quality and Health Benefits of okra found that the presence of rich content of fiber helps to stabilize blood sugar by increasing rate of sugar absorption in intestinal tract and decreased clinical indications of kidney damage. Okra is high in antioxidants activity, has several potential health beneficial effects on cardiovascular disease, type 2 diabetes, digestive diseases and cancers.[5] Glycosylated compounds from okra is used as a mucilaginous food additive against gastric irritative and inflammatory diseases.[6] Different parts of the okra plant are used extensively as a traditional medicine for anti-diabetic, antipyretic, diuretic, antispasmodic, around the world.[7]

Type 2 DM is a metabolic disease that can be prevented through lifestyle modification, diet control, and control of overweight and obesity. Education of the populace is still key to the control of this emerging epidemic. Novel drugs are being developed, yet no cure is available in sight for the disease, despite new insight into the pathophysiology of the disease. Management should be tailored to improve the quality of life of individuals with T2DM. Hence the present the study is designed to investigate the efficacy of amla juice and okra juice on blood glucose level among type 2 diabetes in selected rural settings of Puducherry.

Materials and Methods

This study was conducted in the three villages of villiyanoor district of Puducherry. The study was initiated after obtaining ethical permission from the institute ethical committee (AGP/IEC/2018/17XNOO5), AGP, Puducherry and informed consent from the study subjects. The randomized pilot clinical trialwas conducted to check the effectiveness of Amla juice and okra juice among T2DM adults aged between 40–60 yrs in rural areas of Puducherry. The 3 villages were selected by cluster sampling method, subjects were selected from 3 villages by simple random sampling method and they were divided into three groups. Five T2DM subjects on standard metformin therapy (500 mg) were recruited from each village. Patients known to be type 2 diabetic for less than five years, with FBS level > 125 mg/dl and HbAIC ≥6.5% were included in this study. Patients with type I diabetes, gestational diabetes mellitus, chronic alcoholism, severe anemia and any other diseases in addition to metabolic syndrome were excluded from the study except with hypertension. The group I of 5 subjects were given a medium sized fresh Amla juice (50 g) on a daily basis in empty stomach for 3 months. The group II of 5 subjects were given a medium sized overnight soaked okra's mucilage (50 g) on a daily basis in empty stomach for 3 months. Group III received only standard metformin therapy.

Preparation of Gooseberry and Lady's Finger Juice

Phyllanthus emblica (Amla) is a member of *Phyllanthaceae* family. Fresh Amla was obtained fromlocal market, 50 g was washed, cut into pieces and seeds were removed. It was grinded and mixed with water and made into 100 ml of juice.

Emblica officinalis (Okra) is a member of *Malvaceae*. Fresh okra was obtained from local market. 50 g was washed and cut into two vertical pieces and soaked in 200 ml water capacity of bottle overnight and extracted the mucilaginous water.

Group I Subjects were asked to take 100 ml of Amla Juice (Emblica officinalis) in the early morning one time only in a day in empty stomach for 90 days. Group II subjects were asked to take 200 ml of okra juice (okra's mucilage) in the early morning one time only in a day in empty stomach for 90 days. Group III subjects were received only standard metformin treatment for 90 days. All three groups received standard metformin therapy. Fasting blood samples were collected for the estimation of fasting blood glucose (FBG) and HbA1c at the beginning of the study and after 90 days of juice supplementation as per protocol. Blood pressure was checked by Sphygmomanometer in sitting position, mean of two readings were recorded, FBS measuredbythe standardized Accu-CheK® advantage glucometerand HbA1C level measured by high performance liquid chromatography (HPLC) method at the beginning of the study and after 90 days of juice supplementation. After every month all the parameters were recorded and noted till three months in all the three groups.

Results

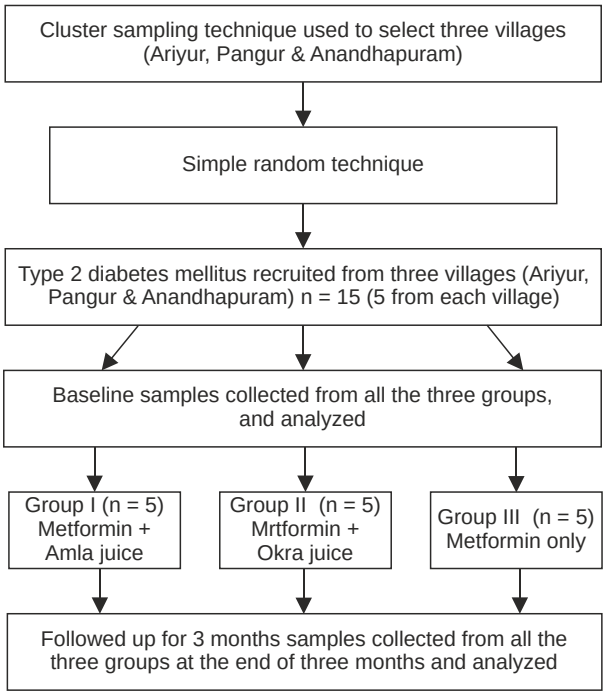

Fig. 1:

Table 1: Frequency And Percentage Distribution Of Between The Groups According To Their Age And Sex N=15.

Age Group (Years)	Group 1		Group II		Group III	
	Female	Male	Female	Male	Female	Male
	N(%)	N(%)	N(%)	N(%)	N(%)	NO %
40–50	2 (40)	–	2 (40)	–	3(60)	1(20)
50–60	3(60)	–	1(20)	2 (40)	1(20)	–
Total	5(100)	–	3(60)	2(40)	4(80)	1(20)

It was interpreted from table 1 that in study group I there is no male subject and in study group II more than half of the subjects were females (60%) and in group III 80% of them were female (Table 1).

It was interpreted from Table 2 that there is no much difference seen in pre and post-test mean BMI and blood pressure. But the mean difference was seen in fasting blood sugar (FBS) in group I and II. In group I blood sugar reduced from pre diabetic stage to non-diabetic stage and in group II it was reduced to diabetic stage to pre diabetic stage. In group III no much difference was seen. So it was interpreted that the Amla and Okra was effect in reducing the blood glucose level.

There was no significant difference in FBS and HbA1c on supplementation of amla juice in group I. FBS was significantly reduced on supplementation of Okra juice in group II. There was significant difference in FBS in group III (Table 3). It was found that there was no significant difference on BMI, SBP and DBP on administration of juices of amla and okra in group I and Group II.

Statistical Analysis

The data were presented as mean ± S.D. The data were analysed using SPSS 16 software. Data variations between the groups were analysed by non-parametric Mann-Whitney test independent 't' test. A P value of <0.05 was considered as statistically significant.

Table 2: Comparison of Different Parameters between the groups.

Parameters	GROUP I (n=5)		GROUP II (n=5)		Group III (n=5)	
	Pre-test (Baseline)	Post test	Pre-test (Baseline)	Post test	Pre-test (Baseline)	Post test
	Mean	Mean	Mean	Mean	Mean	Mean
BMI	29.18±4.21	26.18±4.20	26.97±1.06	26.26±2.43	25.66±5.26	23.9 ±3.26
SBP	144±15.16	138±8.36	138±13.78	136±16.73	122±8.36	118±8.39
DBP	94±5.47	84±8.94	88±8.36	86±11.4	80±7.07	78±9.79
FBS	139.8±19.65	117±7.68	219±70.66	165.4±40.05	133.2±7.39	125±7.81
HbA1c	8.94±1.84	7.24±1.19	12.22±2.36	9.12±1.79	7.02±0.46	6.54±0.76

Table 3: Comparison between Differences of Means of Anthropometric and Biochemical Parameters between the groups.

Parameters	GROUP I (n=5)		GROUP II (n=5)		GROUP III (n=5)	
	Mean ±SD	P value	Mean ±SD	P value	Mean ±SD	P value
BMI	– 3±0.01	NS	–0.71 ±1.37	NS	–1.77±2	NS
SBP	–6±6.8	NS	–2±2.95	NS	–4±0.03	NS
DBP	–10±3.47	NS	–2±3.04	NS	–2±2.72	NS
FBS	–22.8±11.97	0.05	–53.6±30.61	0.021*	–8.2±0.42	0.007*
HbA1c	–1.7±0.65	0.077	–3.1±0.57	0.892	–0.48±0.3	0.046

Discussions

E. officinalis Gaertn., which is commonly called Amla fruit or Indian Gooseberry, has traditionally been used in folk medicine, is very effective in treatment of Acidity and Peptic ulcers. Amla is rich in Vitamin C, Calcium, Iron, essential amino acids, vitamins, minerals and anti-oxidants. It's also improves immunity, fights cancers, rejuvenates the body. Ayurveda describes it as one of the best herbs for Diabetes, bleeding disorders, strength and stamina promoter.[8] It has an important position in Ayurveda an Indian indigenous system of medicine, Ellagic acid in amla is potent α-amylase and αglucosidase inhibitor with significant antiglycation and antioxidant activity.[9]

Abelmoschus esculentus (Okra) is a potential natural compound for prevention and management of Diabetes and reduces hyperglycemia. Okras water soluble extracts and ethanol extracts helps in lowering the blood glucose levels in diabetic patients. Regular inclusion of okra juice in daily diet (3 times in a week) can provide effective protection against diabetes and hyperglycemia.[10]

The results of the present study indicated that the supplementation of okra juice for 90 days has significantly decreased fasting blood glucose in group II diabetic patients as compared with baseline values (day 0). The results are line with previously reported study which reported anti-hyperglycemic effect of okra juice in Type 2 diabetic patients administered for 3 times in a week which is due to the presence of Myricetin, flavonoid.[11] Another study revealed that the same effect of okra on blood glucose in type 2 diabetic patients.[12]

The supplementation of Amla juice in group I did not show significant decrease in blood glucose level for 90 as compared with baseline values (day 0). There was significant decrease ($P<0.05$) in fasting blood glucose on day 90 in group III diabetic patients as compared with baseline values (day 0). Since Metformin is an anti-diabetic drug which also reduces the blood glucose level. The adjuvant effect of amla and okra juices along with metformin was compared to group III. More sample size is needed to observe the better efficacy of amla and okra juice administration in controlling blood glucose levels.

The supplementation of amla juice in group I and the supplementation of okra juice in group II did not show any adverse effect on blood glucose level in the subjects. There were no significant findings in BMI, DBP and SBP among all the three groups. Manoj Gupta et al., found that Amla therapy had good glycaemic control, significantly improved blood pressure also decreased BMI.[13,14]

Emblica officinalis fruits have been found to inhibit enzymes of carbohydrate absorption, including α-glucosidase and α-amylase.[15] EO is proved as an important inhibitor of Aldose reductase (AR), helps to prevent the development of secondary complications of diabetes including cataract. Exploring the therapeutic value of natural ingredients that people can incorporate into everyday life which may be an effective approach in the management of diabetic complications.[16]

Numerous studies have been proved that amla juice has significant decrease in blood glucose level. Even though in this study could not confer the there was a significant decrease in blood glucose level after the administration of amla juice (group I). It may be due to small sample size. Further studies are needed to confirm the efficacy of amla and okra juices on glycemic control and anthropometric measurements.

Conclusion

The present study illustrated the anti-hyperglycemic properties of Amla fruit and Okra which might be used as an adjuvant therapies in the prevention and treatment of diabetes in general population.

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To Assess The Effectiveness of Planned Teaching on Knowledge Regarding Newborn Care Among Primi Mothers

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Abstract

Newborn period encompasses the first 4 weeks of extra-uterine life. It is an important link in the chain of events from conception to adulthood. The physical and mental well being of an individual depends on the correct management of events in perinatal period. Newborns need a special care and intensive monitoring and support during this critical period of adaptation. It is possible to increase perinatal survival and quality of human life through prompt and adequate management of newborn.[1] *Aim:* To assess the effectiveness of planned teaching on knowledge regarding newborn care among primi mothers. *Objectives:* • To assess the knowledge regarding newborn care among primi mothers. • To assess the effectiveness of planned teaching on knowledge regarding newborn care among primi mothers. • To associate the findings with selected demographic variables. *Material and Methods:* Research approach used for this study was an one group pretest and posttest design, Population was Primi mothersin the A.V.B.R. Hospital, Sawangi (M), total 60 samples were selected by using non-probability Convenient sampling technique. Result:The Pretest mean knowledge score was 6.22 and the post test mean knowledge score was 14.02. The tabulated' values was 2.00 (df=59) which is less than the calculated' i.e. 25.51 at 5% level of significance. Also the calculated 'p'=0.001 which was much less than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that there is significant difference in knowledge score at pre and posttest of primi mothers regarding newborn care. *Conclusion:* The structure planned teaching programme on knowledge regarding newborn care among primi mothers was effective.

Keywords: Structured teaching programme; Newborn care; Primi mothers.

Introduction

The birth of an infant is one of the most awe-inspiring and emotional events that can occur in one's lifetime. After 9 months of anticipation and preparation, the neonate arrives amid of flurry of excitement. Immediately after birth the newborn must make rapid adjustment to successfully adapt to life outside the womb.[2]

Children are our future and our most precious resources. Health of the future children's depends on the nurturing practice adopted by the family. The first few days of life is a period of transition occurring all of a sudden from parasitic fetal

life (intra uterine environment) to a completely independent (extra Uterine life). The process of birth and adaptation to the new surroundings depend upon number of adjustments on the part of the newborn baby especially.[3]

The first four weeks of life constitute the "neonatal period". The ideal basic needs for any new born includes breathing, warmth, cleanliness, and feeding mothers milk. Then all new born babies' requires essential new born care to minimize the illness and maximize their growth and development. Clearly, essential care of new born will help to prevent many newborn emergencies, example umbilical cord may be the most common source of neonatal sepsis and also of tetanus infection, and good cord care could dramatically reduce the risks of these serious conditions. Breast feeding has a significant protective effect against infections, early breast feeding and the baby kept close to the mother reduce the risk of hypothermia, as well as hypoglycemia.[4]

Objectives

- To assess the knowledge regarding newborn care among primi mothers.
- To assess the effectiveness of planned teaching on knowledge regarding newborn care among primi mothers.
- To associate the findings with selected demographic variables.

Hypothesis

H_0: There is no significant difference between the pre test knowledge score and post test knowledge score regarding newborn care among primi mothers.

H_1: There is a significant difference between the pre test knowledge score and post test knowledge score regarding newborn care among primi mothers.

Assumption: Primi mothers may have some knowledge regarding newborn care.

Material and Methods

Research approach used for this study was an evaluative approach with one group pretest and posttest design, Population was Primi mothersin the A.V.B.R. Hospital, Sawangi (M), total 60 samples were selected by using non-probability Convenient sampling technique.

Variable

Independent Variable: Planned teaching on knowledge regarding newborn care.

Dependent Variable: Knowledge of primi mothers regarding newborn care.

The *Inclusion Criteria* for selection of sample was Primi mothers, those who are available at time of time data collection and Those who could read write & understand Marathi.

Exclusion Criteria was primi mothers attended the any programme on similar topic.

The instrument used for data collection was structured questionnaire which consisted of 2 sections.

Section I: Demographic profile.

Section II: Knowledge questionnaire regarding newborn care.

Result

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

Section 1: Distribution of subjects with regards to their demographic variables.

Section 2: i) Assessment of pretest knowledge regarding newborn care among primi mothers.

ii) Assessment of posttest knowledge regarding newborn care among primi mothers.

Section 3: Evaluate the effectiveness of plan teaching program on knowledge regarding newborn care among primi mothers.

Sections 4: Association of the findings with selected demographic variables.

Table 1: Percentage wise distribution of nursing student's according to their demographic variables.

S. N.	Demographic Variables	Frequency	Percentage (%)
1	**Age**		
	21–23 Years	5	8.33%
	24–26 Years	12	20%
	27–29 Years	33	55%
	30 and above Years	10	16.66%
2	**Education**		
	Illiterate	12	20%
	Primary education	28	46.66%
	Higher secondary education	20	33.33%
	Graduation	00	00 %
3	**Occupation**		
	Housewife	22	36.66%

S. N.	Demographic Variables	Frequency	Percentage (%)
	Private employee	26	43.33%
	Daily wages	12	20%
	Government employee	00	00 %
4	**Types of Family**		
	Nuclear family	42	70%
	Joint family	18	30%
5	**Residency**		
	Rural	38	63.33%
	Urban	22	36.66%

Table 2: Assessment of pretest knowledge regarding newborn care among primi mothers. n=60

Level of Knowledge Score	Percentage Score	Pretest Knowledge	
		Frequency	Percentage
Poor (1–5)	0–25%	15	25%
Average (6–10)	26–50%	45	75%
Good (11–15)	51–75%	00	00
Excellent (16–20)	76–100%	00	00
Minimum score		1	
Maximum score		9	
Mean score		6.22 ±1.78	

The above table no. 2 shows that 15(25%) of sample were having poor level of knowledge and 45(75%) of sample were having average level of knowledge. Minimum score was 1 and maximum score was 9. Mean score was 6.22 ±1.78

Table 3: Assessment of posttest knowledge regarding newborn care among primi mothers. n=60

Level of Knowledge Score	Percentage Score	Pretest Knowledge	
		Frequency	Percentage
Poor (1–5)	0–25%	0	0%
Average (6–10)	26–50%	0	0%
Good (11–15)	51–75%	47	78.34%
Excellent (16–20)	76–100%	13	21.66%
Minimum score		11	
Maximum score		18	
Mean score		14.02 ± 1.57	

The above table no. 3 shows that 78.33% (47) primi mother have good knowledge of newborn care, 21.66% (13) primi mother have excellent knowledge of newborn care. The minimum score was 11 and maximum was 18 and the mean knowledge score was 14.02 ± 1.57.

Table 4: Evaluate the effectiveness of plan teaching program on knowledge regarding newborn care among primi mothers. n=60

Overall	Mean	Std. Deviation	t-value	p-value
Pretest	6.22	1.78	25.51	0.001
Posttest	14.02	1.57		S,p<0.05

Table no. 4 shows the comparison of knowledge scores in pre and posttest of primi mothers regarding newborn care. The mean knowledge score in the pretest was 6.22 ±1.78 and the posttest knowledge score was 14.02 ±1.57 .The tabulated' values was 2.00 (df=59) which is less than the calculated' i.e. 25.51 at 5% level of significance. Also the calculated 'p'=0.001 which was much less than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that there is significant difference in knowledge score at pre and posttest of primi mothers regarding newborn care.. Hence it is statistically interpreted that the planned teaching regarding newborn care among primi mother was effective. Thus the H_1 is accepted.

Sections 4: Association of the findings with selected demographic variables.

There was association between the occupation of samples and the knowledge score. There was no association found between age (in years), education, types of family and residence.

Discussion

The result of present study shows that The mean knowledge score in the pretest was 6.22 ±1.78 and the posttest knowledge score was 14.02 ±1.57.The tabulated' values was 2.00 (df=59) which is less than the calculated' i.e. 25.51 at 5% level of significance. Also the calculated 'p'=0.001 which was much less than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that there is significant difference in knowledge score at pre and posttest of primi mothers regarding newborn care.. Hence it is statistically interpreted that the planned teaching regarding newborn care among primi mother was effective.

The study was supported by Quasi-Experimental with One group pretestposttest design study The pretest, showed that, 23(77%) were had average knowledge, followed by 4(13%) were had below average knowledge and 3(10%) were had above average knowledge regarding newborn care. In post-test, 16(53%) were had average knowledge and 14(47%) had above average knowledge none of them had below average knowledge regarding newborn care. The pre test mean was 15.2 and standard deviation was 3.75. And the post test mean was 20.6 and standard deviation was 2.7. The calculated value was greater than table value. So, it is significant at $p<0.05$. The study showed that there was a significant difference in the knowledge level after STP.[5]

A study was conducted to assess the effectiveness of Neonatal care package on knowledge and practice among primi gravid mothers. The findings revealed that the pretest mean score of knowledge was 7.68 with SD 2.27, whereas in the post test mean score of knowledge was 10.21 with S.D 1.88 and the post test mean score of practice was 33.83 with S.D 3.82. In level of practice handwashing is only 37% adequate practice after giving demonstration. The calculated paired t value =7.826 was found to be statistically significant at $p<0.001$ level and calculated r value =0.4 shows a positive correlation. This clearly indicates that when the knowledge on neonatal care among primi gravid mothers increases their practice level also increases. The findings proved that Neonatal care package was very effective and had a significant effect on knowledge and practice regarding neonatal care.[6]

Conclusion

The structure planned teaching programme on knowledge regarding newborn care among primi mothers was effective. Since, mother plays a vital role in newborn care, they should have necessary knowledge in all the aspects of newborn care, thereby the complications and mortality related to newborn can be effectively prevented.

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Knowledge on Vitamin A Deficiency Among Mothers Of Under Five Children

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Abstract

Vitamin a deficiency is considered as one of the main public health problems in developing countries. Where it is one of the main cause of high morbidity and mortality. Vitamin A deficiency is importance for several functions including vision, reproduction, growth, immunity maintenance of epithelial and regulation of cell proliferation and proliferation. Vitamin A effects are critical during periods of rapid cellular growth and differentiation, such as during pregnancy, when it is supplied by the mother to the fetus. *Methodology:* A quantitative research design and cross sectional descriptive survey research design was used. A total number of 60 samples were selected by using convenient sampling technique. The data was collected using a structured questionnaires. It consist of 20 question developed by the researcher. *Result:* The findings reveals that out of 60 mothers of under five children the knowledge regarding vitamin A deficiency 36(72%) of them had inadequate knowledge, 8(16%) of them had moderate knowledge and 6(12%) of them had adequate knowledge.

Keywords: Vitamin Deficiency; Mother; Under Five Child.

Introduction

Vitamin A is essential for eye health and the proper functioning of the immune system. It is found in foods such as milk, liver, eggs, red and orange fruits, red palm oil and green leafy vegetables, although the amount of vitamin A readily available to the body from these sources varies widely. Vitamin A deficiency is a major nutritional problems among under five children in developing and under developed countries. Vitamin A deficiency is a systemic disease with major effects on eye this deficiency is usually associated with malnutrition, chronic diarrhea, malabsorption syndrome hepatic insufficiency and prematurity.[1,2]

Vitamin-A deficiency is seen more commonly in under five children (1–5 yrs). Vitamin-A deficiency affect the eyes. It causes "exophthalmia" which is characterized by series of clinical signs. These are include- Night blindness, Conjuctival xerosis, Bitot-spot, Corneal ulceration, Karatomalacia and Corneal scar. Dietary deficiency of vitamin-A most commonly and importantly affects the eyes, and it can lead to blindness. Exophthalmia,

meaning drying of eyes (from the Greek word Xerox, meaning dry) is the term now used to cover the eye manifestations resulting from vitamin-A deficiency.[3,4]

Statement of the Problem

"A Study to Assess The Level of Knowledge on Vitamin A deficiency among Mothers of under Five Children in Lawspet at Puducherry."

Objectives

- To assess the level of knowledge on vitamin A deficiency among mothers of under five children.
- To associate the level of knowledge on vitamin A deficiency among mothers with selected demographic variables.

Methodology

A quantitative research design and cross sectional descriptive survey research design was used. A total number of 60 samples were selected by using convenient sampling technique. The data was collected using a unstructured questionnaires. It consist of 20 question developed by the researcher.

Result and Discussion

The findings reveals that out of 60 mothers of under five children the knowledge regarding vitamin A deficiency 36(72%) of them had inadequate knowledge, 8(16%) of them had moderate knowledge and 6(12%) of them had adequate knowledge.

Table 1 showed that majority of them age between 20–25. 25(41.7%), and 26–30 years of mother having 21(35%), and 31–35 years of mother having 13(21.7%), and 36–40 years of mother having (1.7%) , gender majority of them below 1 year 35(58.3%), 1–2 years under five child having 17(28.3), 3–4 years child having 8(13.3%). Regarding the Socio-economic status majority of them 10001 – 15000 22(36.7%), below 5000 17(28.3), 5001–10000 15(25%), above 15000 6(10%). Source of information majority of them mass media 21(35%), friends 7(11.7%), health professionals 17(28.3), and no information 15(25%).

Table 1: Frequency and percentage distribution of demographic variables among under five mothers at lawspet, puducherry. (N=60).

Demographic Variable	Frequency (N)	Percentage (%)
Age		
20 – 25 years	25	41.7
26 – 30 years	21	35
31 – 35 years	13	21.7
36 – 40 years	1	1.6
Gender		
Below one year	35	58.4
1 –2 year	17	28.3
3 – 4 year	8	13.3
Education		
Male	28	46.6
Female	32	53.3
Occupation		
Hindu	53	88.3
Muslim	4	6.7
Christian	3	5
Type of family		
Nuclear family	24	40
Joint family	35	58.3
Extended family	1	1.7
Socio-economic status		
Below 5000	17	28.3
5001 – 10000	15	25
10001 – 15000	22	36.7
Above 15000	6	10
Source of information		
Mass-media	21	35
Friends	7	11.7
Health professionals	17	28.3
No information	15	25
Occupation		
Unemployed	48	80
Government job	3	5
Private job	9	15

Table 2: Distribution of the subjects according to the level of knowledge regarding vitamin A deficiency.(N = 60)

Level of Knowledge	Frequency (N)	Percentage %
Inadequate knowledge	25	41.7
Moderately adequate knowledge	29	48.3
Adequate knowledge	6	10

Table 2 showed that majority of them have moderately adequate knowledge 29(48.3%), 25(41.7%) had Inadequate knowledge and Adequate knowledge 6(10%).

Table 3: Association between the level of knowledge with selected demographic variables. (N=60)

Demographic Variables	Inadequate Knowledge		Moderately Adequate Knowledge		Adequate Knowledge		Chi Square Value
	N	%	N	%	N	%	
Age of the mother							1.908 df =6 P = 0.928 NS
20 – 25 years	11	18.33	12	20	2	3.33	
26 – 30 years	9	15	9	15	3	5	
31– 35 years	5	8.33	7	11.66	1	1.66	
36 – 40 years	0	0	1	1.66	0	0	
Age of the child							3.775 df =4 P =0.437 NS
Below one year	14	23.33	17	28.33	4	6.66	
1 – 2 year	9	15	6	10	2	3.33	
3 – 4 year	2	3.33	6	10	0	0	
Sex of the child							2.109 df =4 P =0.716 NS
Male	11	18.33	15	3	2	3.33	
Female	14	23.33	14	23.33	4	6.66	
Religion							
Hindu	21	35	26	43.33	6	10	2.627 df=4 P=0.622 NS
Muslim	3	5	1	1.66	0	0	
Christian	1	1.66	2	3.33	0	0	
Type of family							
Nuclear family	7	11.66	16	26.66	1	1.66	14.164 df=4 P=0.01* S
Joint family	18	30	13	21.66	4	6.66	
Extended family	0	0	0	0	1	1.66	
Source of information							
Mass media	8	13.33	11	18.33	2	3.33	2.396 df=6 P=0.880 NS
Friends	3	5	4	6.66	0	0	
Health professional	7	11.66	7	11.66	3	5	
No information	7	11.66	7	11.66	1	1.66	
Socio-economic status							
5000	5	8.33	11	18.33	1	1.66	4.530 df=6 P=0.605 NS
5001 – 10000	5	8.33	8	13.33	2	3.33	
10001 – 15000	12	20	8	13.33	2	3.33	
Above 15000	3	5	2	3.33	1	1.66	
Occupation							
Unemployed	20	33.33	24	40	4	6.66	2.040 df=4 P=0.728 NS
Government job	1	1.66	1	1.66	1	1.66	
Private job	4	6.66	4	6.66	1	1.66	

*p<0.05-significant

The above table showed that there was significant association (p <0.01 level) between the level of knowledge on vitamin A deficiency among under-five mothers with selected demographic variables as type of family.

The Major Findings of the Study

The findings reveals that out of 60 mothers of under five children the knowledge regarding vitamin A deficiency 36(72%) of them had inadequate knowledge, 8(16%) of them had moderate knowledge and 6(12%) of them had adequate knowledge.

Conclusion

From this study it was concluded that the knowledge of the mother of under five children regarding vitamin A deficiency shows inadequate as 36(72%) more than half of them had inadequate knowledge, 8(16%) of them had moderate knowledge and 6(12%) of them had adequate knowledge. So the community health nursing

personal should motivate the mothers of under five children in educating about vitamin A deficiency and its prevention.

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Prevalence of Obesity Among Housewives

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Abstract

Introduction: Obesity has emerged as the most prevalent serious public health problem. It is a complex disorder, which is a determinant to good health and well being. It is the most common nutritional disorder among the higher socio economic group in developing and developed countries. Obesity is becoming most prevalence health problem worldwide in most of the populations, affecting children, adolescents, adults and specially housewives or women. *Methodology:* A quantitative research approach and cross sectional descriptive survey was used. A total number of 60 samples were selected by the purposive sampling technique. The data was collected using structured questionnaires developed by the researcher. *Results:* The results found that out of 60 subjects, 24 (40%) had over weight level of obesity and in respect of their level of knowledge, 43(71.7%) of them were adequate level of knowledge. There was statistically ($p< 0.05$) significant association between the level of obesity with associative factors as sleeping hours in night time and performing exercise daily and highly significant ($p< 0.001$)with physical activity. There was statistically significant association between the level of obesity with demographic variables as educational status ($p< 0.05$), and highly significant ($p< 0.001$) with economic status and number of children. *Conclusion:* Obesity is one of the risk factors for the non communicable diseases. Creating awareness regarding the complications of obesity decreases the mortality due to non communicable diseases. Therefore the findings of the study revealed that the prevalence of obesity among housewives and increasing the level of knowledge among housewives regarding the obesity reduce the risk of complications of obesity.

Keywords: Prevalence; Obesity; Housewives.

Introduction

This has been a century of great revolution and change. In the 21st century, changes were noted not only in the science and technology but also in the life style of people. Changes in the life style made life easier and marked the beginning of certain chronic ailments such as obesity, cardiovascular disorders, endocrine disorders and osteoarthritis.[1]

Obesity has emerged as the most prevalent serious public health problem.[5] It is a complex disorder, which is a determinant to good health and well being. Obesity is the most prevalent nutritional disorder in prosperous communities and is the result of an incorrect energy balance leading to an increased storage of energy, mainly as fat. It is the most common nutritional disorder among the higher socio economic group in developing and

developed countries. Obesity is becoming most prevalence health problem worldwide in most of the populations, affecting children, adolescents, adults and specially housewives or women.[3]

Statement of The Problem

A study to assess the prevalence of obesity among housewives in selected areas at Puducherry.

Objectives

- To assess the prevalence of obesity among housewives.
- To assess the associative factors related to obesity.
- To find out the association between the prevalence of obesity among housewives with selected demographic variables.

Methodology

A quantitative research design was used for this study. A cross sectional descriptive survey was used and 60 samples were selected by using simple random sampling technique. The data was collected using structured questionnaires developed by the researcher.

Results and Discussion

Table 1: Frequency and percentage wise distribution of selected demographic variables among housewives. (N=60)

SL. No	Demographic Variables	Frequency (N)	Percentage (%)
1	**Age**		
	<20 years	22	36.7
	21–30 years	16	26.7
	31–40 years	22	36.6
	41–50 years	0	0
2	**Religion**		
	Hindu	56	93.4
	Christian	2	3.3
	Muslim	2	3.3
3	**Type of family**		
	Nuclear	40	66.7
	Joint	20	33.3
4	**Educational status**		
	Illiterate	8	13.3
	Primary	18	30
	Secondary	23	38.3
	Degree	11	18.4
5	**Economic status**		
	Lower	4	6.7
	Lower middle	37	61.7
	Upper middle	19	31.6
	Upper	0	0
6	**No of children**		
	Nil	2	3.3
	1 or 2	49	81.7
	3 and above	9	15

Table 1 the demographic data revealed that majority of them 22(36.7%) belongs to age group of <20 years, 56(93.3%) were Hindus, 40(66.7%) belongs to nuclear family, 23(38.3%) were ccompleted secondary level education and 37(61.7%) belongs to lower middle class family.

Table 2: Frequency and percentage wise distribution of selected associative factors among housewives. (N=60)

Sl. No	Varibles	Frequency (N)	Percentage (%)
1	**Sleeping hours in night time**		
	<8 hours	39	65
	>8 hours	21	35
2	**Post lunch sleeping**		
	<1 hour	47	78.3
	>1 hour	13	21.7
3	**Watching Tv**		
	<2 hours	33	55
	>2 hours	27	45
4	**Physical activity**		
	High	16	26.7
	Moderate	43	71.7
	Low	1	1.6
5	**Performing exercise daily**		
	Yes	2	3.3
	No	58	96.7

Table 2 showed that out of 60 subjects 39 (65%) of the subjects were sleeping <8 hours per day. 47 (78.3%) of them had the habit of post lunch sleeping <1 hour per day and 33 (55%) of them were had watching TV <2 hours per day. 43(71.7%) of them were had moderate physical activity and 58 (96.7%) comes under not practice any exercise.

Table 3: Frequency and percentage wise distribution of the prevalence of obesity among housewives. (N=60)

Level of Obesity	Frequency (N)	Percentage (%)	Mean	Standard Deviation
Underweight	0	0	**2.83**	**0.763**
Normal Weight	23	38.3		
Overweight	24	40		
Class 1 Obesity	13	21.7		
Class 2 Obesity	0	0		
Class 3 Obesity	0	0		

Table 3 showed that 24 (40%) of the housewives had over weight, 23 (38.3%) had normal weight and 13 (21.7%) had class 1 obesity level. The mean value of the assessment of the prevalence of obesity among housewives is 2.83 and standard deviation is .0763.

Table 4: Frequency and percentage wise distribution of the level of knowledge regarding obesity among housewives at lawspet, Puducherry. (N=60)

Level of Knowledge Regarding Obesity	Frequency (N)	Percentage (%)	Mean	Standard Deviation
Inadequate	0	0		
Moderate Adequate	17	28.3	**2.716**	**0.454**
Adequate	43	71.7		

Table 4 showed that out of 60 students, majority of the housewives had adequate level of knowledge regarding obesity 43(71.7%), 17 (28.3%) had moderately adequate level of knowledge and none of the number of the housewives had inadequate level of knowledge regarding obesity 0(0%). The mean value of the assessment of the knowledge regarding obesity among housewives at lawspet is 2.716 and standard deviation is .0454.

Table 4 showed that the association between the prevalence of obesity among housewives with their demographic variables. There was statistically significant association between the prevalence of obesity with educational status ($p< 0.05$),and highly significant ($p< 0.001$) association between the prevalence of obesity with economic status and number of children.

Table 5: showed the association between the prevalence of obesity among the housewives with their associative factors. There was statistically ($p< 0.05$) significant association between the level of obesity with associative factors as sleeping hours in night time and performing exercise daily and statistically highly significant ($p< 0.001$) with physical activity.

Table 4: Association between the prevalence of obesity among housewives with their demographic variables. (N=60)

Sl. No	Demographic Variables	Level of Obesity						X^2	Df	P-Value
		Normal Weight		Over Weight		Class 1 Obesity				
		N	%	N	%	N	%			
1	**Age**									
	<20 years	11	50	6	27.3	5	22.7	6.03	4	.197
	21–30 years	6	37.5	5	31.2	5	31.2			
	31–40 years	6	27.3	13	59.1	3	13.6			
	41–50 years	0	0	0	0	0	0			
2	**Religion**							3.71	4	.446
	Hindu	22	39.3	21	37.5	13	23.2			
	Christian	0	0	2	100	0	0			
	Muslim	1	50	1	50	0	0			
3	**Type of family**							1.86	2	.393
	Nuclear	13	32.5	17	42.5	10	25			
	Joint	10	50	7	35	3	15			
4	**Educational status**							15.8	4	.006* (S)
	Illiterate	5	62.5	3	37.5	0	0			
	Primary	7	38.9	6	33.3	5	27.8			
	Secondary	5	21.7	11	47.8	7	30.4			
	Degree	6	54.5	4	36.4	1	9.1			
5	**Economic status**							23.0	4	.001** (S)
	Lower	4	100	0	0	0	0			
	Lower middle	16	43.2	9	24.3	12	32.4			
	Upper middle	3	15.8	15	78.9	1	5.3			
	Upper	0	0	0	0	0	0			
6	**No of children**							20.0	4	.001** S)
	Nil	0	0	2	100	0	0			
	1 or 2	23	46.9	13	26.5	13	26.5			
	3 and above	0	0	9	100	0	0			

*-p<0.05, significant and **-p<0.001, highly significant.

Table 5: Association between the level of obesity of the subjects with their associative factors. (N=60)

Sl. No	Associative Factors	Level of Obesity						X^2	Df	P-Value
		Normal Weight		Over Weight		Class 1 Obesity				
		N	%	%	%	N	%			
1	**Post lunch sleeping**							2.54	2	.280
	<1 hour	16	34	19	40.4	12	25.5			
	>1 hour	7	53.8	5	38.5	1	7.7			
2	**Sleeping hours in night time**							7.93	2	.001* (S)
	<8 hours	10	25.6	18	46.2	11	28.2			
	>8 hours	13	61.9	6	28.6	2	9.5			
3	**Watching Tv**							1.36	2	.507
	<2 hours	14	42.4	11	33.3	8	24.2			
	>2 hours	9	33.3	13	48.1	5	18.5			
4	**Physical activity**							29.5	4	.000** (S)
	High	15	93.8	1	6.2	0	0			
	Moderate	8	18.6	22	51.2	13	30.2			
	Low	0	0	1	100	0	0			
5	**Performing exercise daily**							22.2	4	.005* (S)
	Yes	2	100	0	0	0	0			
	No	21	36.2	24	41.4	13	22.4			

*-p<0.05, significant and **-p<0.001, highly significant

Major findings of the study.

- 24 (40%) housewives had over weight level of obesity.
- 43(71.7%) housewives had adequate level of knowledge regarding obesity.
- There was statistically significant association between the level of obesity with demographic variables as educational status (p< 0.05),and highly significant(p< 0.001) with economic status and number of children.
- There was statistically (p< 0.05) significant association between the level of obesity with associative factors as sleeping hours in night time and performing exercise daily and statistically highly significant (p< 0.001)with physical activity.

Conclusion

A descriptive research design is selected for this study to assess the prevalence of obesity among housewives at selected areas, Pondicherry. The findings of the study revealed that prevalence of obesity among housewives were common and found inadequate level of knowledge on complications of obesity. As a community health nurse plays vital role in creating awareness about the complications of obesity.

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Original Article

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A Survey Report on Mobile Addiction among Adolescents in Ranchi Suburb, North Eastern India

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Abstract

Adolescents age 10–19 years are such groups which can utilize their valuable times in study or simply engage time in social media for chatting or playing games in mobile which make them addicted to mobile. *Context:* Mobile addiction is still the mysterious problem. We must respond to this problem seriously. I want to investigate: • What are the main reasons behind mobile game addiction? • Who are at risk for mobile game addiction? *Aims:* • To gather primary information of mobile game users. • To assess the duration of use of mobile to play game among adolescents. *Settings and Design:* In this study, I have queried various self developed questionnaires to 400 students of age 10–19 yrs. *Methods and Material:* Questionnaire technique is used to collect relevant data from adolescents. *Statistical analysis used:* Parameters against which questionnaire was examined are as follows: • Importance of mobile for adolescents. • Time spent on Mobile. • Time spend by parents with their children. *Results:* • Besides communication, 90% Adolescents like mobile to play games, 7.5% to watch videos, and 2.5 % to attend online classes. • 64 % Adolescents spend 1–2 hours per day, 16% spend <1 hour per day, 10.5 % Adolescents spend 2–3 hours per day, 5.75 % Adolescents spend 3–4 hours per day and 3% spend >4 hours per day. • Both Father and mother are the earning members in 72–7% of adolescents while father of only 27% are the earning member of family. *Conclusions:* • Easy accessibility and affordability of Mobiles play an important role in mobile addiction. • Less availability of time spend by parents with their children and involvement of both parents are the main reasons behind mobile addiction.

Keywords: Adolescent; Mobile Addiction.

Keymessages: • The adolescents need to be monitored for correct and limited use of mobile. • Our study affirms that adolescents need to be counseled for side effects of excessive use of mobile.

Introduction

Adolescents age 10–19 years are such groups which can utilize their valuable times in study or simply engage time in social media for chatting or playing games in mobile which make them addicted to mobile. Students particularly this age group want to learn adventurous games which initially is a time pass-trial game, then it becomes habit and finally the person becomes addicted to game. The adolescents which are from different age, Class of study, schools, family members involved in earning, availability of mobiles play a direct role in mobile addiction. Easy reach of the Internet and multimedia mobile, less time of parents for their children, working parents, and availability of adventures games makes the students an easy way to be free from stress and indulge themselves in an imaginary life where joy and stress are gained at every step of the games.

Materials and Methods

Study Design

Research Approach: Qualitative method is used in this study.

Variables

Independent variables: Adolescent.

Dependent variables: Mobile addiction.

Demographic variables: Age, gender, education.

Setting: Research work hsa been conducted in different educational institutions of Ranchi.

Duration of Study: 9 months (October 2019 to June 2020).

Sample Size:

Sample size = $n/1+n(e^2)$

n = Total number of population

e = Error (95%)= i.e., 0.05

About one-quarter of India's population are adolescents.

Population of Ranchi=10,73427 (Census 2011)

Adolescent number=One quarter of Population of Ranchi=(10,73427 x25/100) =268356.75.

Sample size =268356.75/1+268356.75 (0.05)2

= 268356.75/671.891875=399.40=400

Sampling Technique: Non probability, convenient sampling technique has been used in this study.

Sample Selection:

Inclusion criteria: Adolescent belong to age 10–19 years old from different institutions (Schools, coaching institutions, Mall, Movie hall) of Ranchi.

Exclusion criteria:

- Students below age 10 and above19 years old from different institutions of Ranchi.
- Students from different districts.
- Adolescent not willing to participate.

Data Collection Procedures

Questionnaire technique is used to collect data from the participants of age 10–19 years old from different institutions of Ranchi. Questionnaire was distributed to participants of age 10–19 years old. I collected data from adolescents from different coaching institutions, schools, shopping malls, Cinema halls (Picture halls) etc.

Results

- Besides communication, 90% Adolescents like mobile to play games, 7.5% to watch videos, and 2.5% to attend online classes.
- 64% Adolescents spend 1–2 hours per day, 16% spend <1 hour per day, 10.5% Adolescents spend 2–3 hours per day, 5.75% Adolescents spend 3–4 hours per day and 3% spend >4 hours per day.
- Both Father and mother are the earning members in 72–7% of adolescents while father of only 27% are the earning member of family.

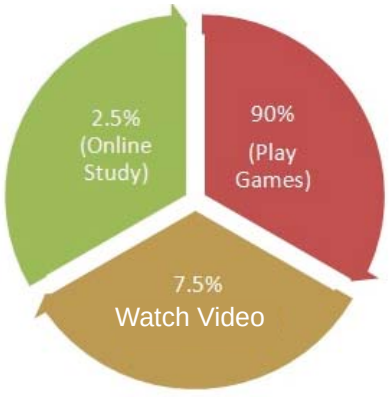

Fig. 1: Prioritization of use of mobile by Adolescents besides communication.

Fig. 2: Time spend by Adolescent per day on Mobile.

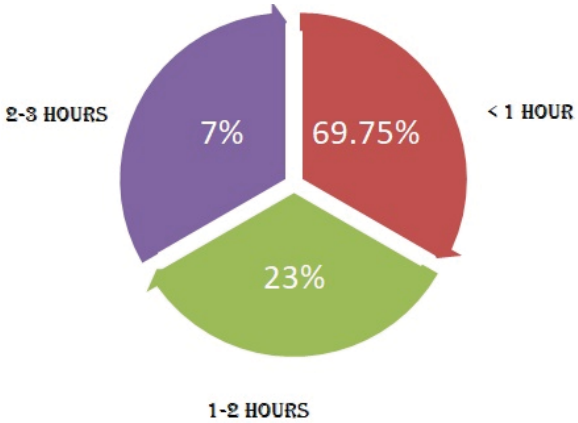

Fig. 3: Time spend by parents with their children in activities like sitting and talking, playing, eating, helping you in doing home work etc. per day.

Discussion

1. Adolescents need to be monitored for kinds of game they are playing and hours of use of mobile.
2. Parents must spend time with their children in playing indoor and outdoor games, talking for their routine work and must watch for limited use of mobiles.

Conclusion

In conclusion, our study exclusively confirms following points:

- Mobile addiction can be reduced by proper guidance and counseling. Adolescents must be Counselled for side effects of excessive use of mobile.
- Parents must spend time with their children in their daily activity and must observe for limited use of mobiles.

Conflict Of Interest: None.

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1. www.google.com
2. www.medindica.com
3. www.pubmed.com
4. www.researchgate.com
5. www.journelsofindia.com
6. www.reserchprocess.com

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[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.

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

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[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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