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A Cross-sectional Study on Prevalence of Refractive Errors Among Primary School Children

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Abstract

Background: The eventual moulding of a person's identity and ability depends on his nature, surroundings and quality of eye sight. The eyes are wonderful sensory organs, which help the people to learn about the world in which they live. The visual system constructs a mental representation of the world surround us. After cataract, the refractive error is the second largest cause of treatable blindness. *Aim:* To teach eye exercise and refer them to higher institution. *Subjects and Methods:* Quantitative approach design was used for the study. Cluster sampling technique were used to select school, simple random (lottery method) was used to select the class. Total sample was 420 primary school children in selected schools at Puducherry. Data collection was done with structured questionnaire to assess clinical variables and snellen's chart to assess visual acuity. It has three section. Section A: Demographic variables, Section B: Clinical variables and Section C: A complete eye examination which included inspection of eye and visual acuity. Snellen's chart (E chart and alphabet chart) was used to assess the visual acuity of primary children. The Resultrevealed that in the Right eye 56 (13.3%) of children had myopia whereas 364 (86.7%) had normal vision and in Left eye 57 (13.6%) of children had myopia whereas 363 (86.4%) had normal vision. Considering the association between the Visual impairment of Right Eye and Left Eye among primary school children with their selected demographic variables is it was found that the demographic variables on mothers wearing spectacles and siblings wearing spectacles had a highly statistical association at the level of $p < 0.001$ in the right eye and gender, mothers education had shown significant association in the left eye at the level of $p < 0.001$. Association between the Visual impairment of Right Eye and left eye with their selected clinical variables pain in eyes had shown significant association at the level of $p < 0.05$. *Conclusion:* The Researcher concluded that the parents, and teachers must be educated about the early detection of refractive error, eye exercise and correction with spectacles to prevent progression of visual impairment. Periodical eye screening of school children is needed.

Keywords: Refractive errors; Primary school children.

Introduction

The visual system constructs a mental representation of the world surround us. This contributes to our ability to successfully navigate through physical space and objects in our environments. For most of the people "catching the sunrise, seeing a master artwork in a museum or looking at a loved one's face" seems like an ordinary events but 285 million people around the world who are blind or vision impaired in their life.[1] After cataract, the refractive error is the second largest cause of treatable blindness.[2] A person becoming blind due to cataract in his old age may suffer more than a person becoming blind due to an uncorrected refractive error at a young age. Such persons place a greater socio-economic burden on the Nation.[3]

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Children are at the higher risk of developing refractive errors, because they are more vulnerable being subjected to the strain of over work due to demanding academic schedule.[4]

Refractive error which is a root cause of blindness, has not received much scrutiny because many definitions of blindness have been based on best corrected distance visual acuity, including the definition used in International Statistical Classification of disease and related health problems. Because of the rising recognition of the immense need for correction of refractive error worldwide, this condition had been studied as one of the priorities of launched global initiatives for the elimination of avoidable blindness: vision 2020 – The right to sight. The vision 2020 global initiative exclusively endorse awareness of the depth of uncorrected refractive errors and the means for correcting them.[5] The comprehensive proportion of refractive errors in India has been found to vary between 21% and 25% of the patients attending eye outpatient department. Diminished vision by virtue of uncorrected refractive errors is a leading public health problem of school children in India.[6]

Globally, uncorrected refractive errors are the main cause of visual impairment common in children aged 5–15 years. It is well known that refractive errors, as a leading cause of blindness can affect not only social life and economic prospect of an individual but has also enormous bearing on psychological development. Due to ignorance, stigmas and cost related issues, spectacles are less utilized for refractive errors.[7] Refractive errors cannot be foreseen, but they can be diagnosed by an eye examination and it can be dealt with corrective glasses, contact lenses or refractive surgery. Though it is corrected in time by eye- care professionals, they do not obstruct the full development of good visual function. Based on the age of the person, the defects are corrected.[8] Children do not normally complain of visual problems as they adjust to the poor eyesight by sitting near the blackboard, holding the books closer to their eyes, squeezing the eyes and even avoiding work requiring visual concentration.[9]

Sometimes, due to lack of awareness of the parents, though the child complains of the earliest signs of refractive errors like eye strain with or without redness, with watering and headache the parents may not take the child for the treatment. Early detection and timely treatment of eye disease is essential to rule out vision problems and eye morbidities, which could alter their learning ability, identity and adjustment in school.[10] Globally, it is predicted that approximately 1.3 billion people live with distant or near vision impairment. About 80% of blindness is preventable and treatable. People with vision impairment are more likely to experience the socio-economic burden among the individual's family and society than the normal person. In future, the need for eye care will be high due to increasing population. As predicted, 19 million children are visually impaired worldwide of which 12 million are due to refractive errors which could be easily corrected.[11] Children spend a significant portion of the time in the school, engaging themselves in academic activities. So, it is important to identify the refractive errors in the early stage itself. Periodic screening helps to detect the refractive error in children at an early stage.

Objectives

- To identify the type of Refractive errors among Primary School Children.
- To assess the visual acuity among Primary School Children.
- To associate the Visual impairment among Primary School Children with their selected demographic and clinical variables.

Materials and Methods

Research methodology is the fundamental procedure for conducting the study. In order to achieve the objectives a quantitative research approach was found to be appropriate. Research design used for this study was descriptive survey research design. The study was conducted in Government Primary Schools at Puducherry. The Sample size was 420 Primary School Children. Sampling technique was used in this study was 5 stage Cluster sampling technique. First stage: There were a total of 16 number of Government primary schools in Zone-I Puducherry. In the second stage, the 16 Government Primary schools were clustered into 4 direction (North, South, East, and West). At the third stage, the clustered (4) direction had following number of schools that North direction (2), East direction (10), West (2), and South direction (2) Government Primary Schools. In the fourth stage, through simple random (lottery method) the researcher had taken East direction in that 10 schools were selected for study. In the fifth stage, from each of the selected schools IV and V standard children were the sample for the study. Inclusion criteria of sample were Primary school children who were of both sex, age

group of 5–11 years, willing to participate and able to understand and speak Tamil or English. The tool description was divided into three sections. Section A: This section contained of Demographic variables included Age, Class, Gender, Father's Education, Father's Wearing Spectacles, Mother's Education, Mother's Wearing Spectacles, and Siblings Wearing Spectacles. Section B: This section contained of structured questionnaire of dichotomous type on clinical variables with 6 items which include double vision, Blurred vision, Pain in eyes, Irritation of eyes, Redness Din eyes and Headache. Section C: A complete eye examination which included inspection of eye and visual acuity. Snellen's chart (E chart and alphabet chart) was used to assess the visual acuity of primary children. The chart was placed on a wall at a distance of 6 meters from the students. Each eye will be tested one by one keeping the other eye covered. A Snellan chart usually consists of letters or numbers printed in lines of decreasing size that a child identifies from a fixed distance. Interpretation of scores were Normal vision 6/6, Mild vision 6/9 to 6/18, and Moderate vision 6/24 to 6/60. After completion of pilot study, the researcher conducted the study from 27/8/2018 to 22/9/2018 at Government Primary School Children at Puducherry. Investigator obtained a formal permission from institutional ethical committee and Educational department for conducting the study. The investigator introduced herself and the purpose of the study was clearly explained to the Children, Headmaster and Class teacher. Informed written consent was obtained from the class teacher prior to the data collection.

Results

The result showed that majority 222 (52.9%) of samples were in the age group of 10 years, 254 (60.5%) of the sample were female, 239 (56.9%) belongs to 5th standard, 264 (62.9%) of the children's father had primary education, 73 (17.4%) of the children's father were wearing spectacles, 255 (60.7%) of the children's mother had primary education, 43 (10.2%) of the children's mother were wearing spectacle, 35 (8.3%) of the children's siblings were wearing spectacles, and Visual Impairment among primary school children 4 (1%) children had double vision, 7 (1.7%) Children had blurred vision, 3 (0.7%) children had pain in eyes, 3 (0.7%) children had irritation of eyes and 2 (0.5%) children had redness in eyes and 20 (4.8%) children with headache (Table 1).

Table 1: Distribution of Demographic and clinical variables among primary school children (N = 420)

Sl. No	Demographic and Clinical Variables	Frequency (N)	Percentage %
1.	*Age*		
	8 years	179	42.6%
	9 years	16	3.8%
	10 years	222	52.9%
	11 years	3	0.7%
2.	*Gender*		
	Male	166	39.5%
	Female	254	60.5%
3.	*Class*		
	4th standard	181	43.1%
	5th standard	239	56.9%
4.	*Father Education*		
	No formal education	43	10.2%
	Primary education	264	62.9%
	High school	97	23.1%
	Graduate	16	3.8%
5.	*Father wearing spectacles*		
	Yes	73	17.4%
	No	347	82.6%
6.	*Mothers Education*		
	No formal education	44	10.5%
	Primary education	255	60.7%
	high school	108	25.7%
	Graduate	13	3.1%
7.	*Mothers wearing spectacles*		
	Yes	43	10.2%
	No	377	89.8%
8.	*Siblings wearing spectacles*		
	Yes	35	8.3%
	No	385	91.7%
9.	*Double vision*		
	Yes	4	1%
	No	416	99%
10.	*Blurred vision*		
	Yes	7	1.7%
	No	413	98.3%
11.	*Pain in eyes*		
	Yes	3	0.7%
	No	417	99.3%
12.	*Irritation of eyes*		
	Yes	3	0.7%
	No	417	99.3%
13.	*Redness in eyes*		
	Yes	2	0.5%
	No	418	99.5%
14.	*Headache*		
	Yes	20	4.8%
	No	400	95.2%

Table 2 reveals that presence of Visual Impairment among Primary School Children had majority of 364 (86.7%) Children had Normal Visual and 56 (13.3%) Children had Mild Visual Impairment in Right Eye. In Left Eye 363 (86.4%) Children had normal visual and 57 (13.6%) Children had mild visual impairment.

Table 3 Reveals that Association between the Visual impairment of right Eye among primary school children with their selected demographic and clinical variables was found that mothers wearing spectacles, and siblings wearing spectacles had significant association at the level of $p < 0.001$, pain in eyes and father wearing spectacles had significant association at the level of $p < 0.05$.

Table 4 reveals Association between the Visual impairment of Left Eye among Primary School Children with their selected demographic variables

Table 2: Frequency and percentage distribution of Visual Impairment on Right and left Eye among Primary School Children. (N = 420)

Visual Impairment Among Primary School Children	Visual Acuity for Right Eye		Visual Acuity for Left Eye	
	No.	%	No.	%
Normal visual	364	86.7%	363	86.4%
Mild visual impairment	56	13.3%	57	13.6%

Table 3: Association Between the Visual Impairment of Right Eye among Primary School Children with their Selected Demographic and Clinical Variables. (N = 420)

Sl. No	Demographic Variables	Visual Impairment of Right Eye				X^2	DF	*p*-Value
		Normal		Mild				
		No	%	No	%			
1.	*Mothers wearing spectacles*							
	Yes	27	62.8	16	37.2	23.6	1	0.000** S
	No	337	89.4	40	10.6			
2.	*Siblings wearing spectacles*							
	Yes	18	51.4	17	48.6	41.0	1	0.000** S
	No	346	89.9	39	10.1			
3.	*Pain in eyes*							
	Yes	1	33.3	2	66.7	7.43	1	0.048* S
	No	363	87.1	54	12.9			
4.	*Father wearing spectacles*							
	Yes	62	84.9	11	15.1	5.04	1	0.037* S
	No	302	87	45	13			

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

Table 4: Association Between the Visual Impairment of Left Eye among Primary School Children with their Selected Demographic Variables. (N = 420)

Sl. No	Demographic Variables	Visual Impairment of Right Eye				X^2	DF	*p*-Value
		Normal		Mild				
		No	%	No	%			
1.	*Mothers wearing spectacles*							
	Yes	27	62.8	16	37.2	22.8	1	0.000** S
	No	336	89.1	41	10.9			
2.	*Siblings wearing spectacles*							
	Yes	19	54.3	16	45.7	33.6	1	0.000** S
	No	344	89.4	41	10.6			
3.	*Gender*							
	Male	150	90.4	16	9.6	3.62	1	0.038* S
	Female	213	83.9	41	16.1			
4.	*Pain in eyes*							
	Yes	1	33.3	2	66.7	7.26	1	0.050* S
	No	362	86.8	55	13.2			

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

was found that gender and mothers education had a significant association at the level of $p < 0.05$. It was also found that the demographic variables like mothers wearing spectacles and siblings wearing spectacles had significant association at the level of $p < 0.001$. Visual impairment of Left Eye among primary school children with their selected clinical variables was found that blurred vision and pain in eyes had significant association at the level of $p < 0.05$.

Discussion

The result showed that 56 (13.3%) children were found with presence of Myopia in Right eye and 57 (13.6%) children were found with presence of Myopia in Left eye.

The present study was supported with the study conducted by Sharma DK, (2016). It was found that the prevalence of refractive errors was 23.5% among school children. Myopia was the major refractive error (81.92%) among total refractive errors followed by astigmatism and hypermetropia. Majority of the myopic children were of low degree myopia. This study reveals that only 24.47% students were already wearing spectacles whereas remaining 75.53% of students are unaware about their problems.[12]

The present study was supported with the study conducted by Saha M *et al.* (2017). they conducted a cross-sectional study on prevalence of refractive errors among the school going children at a tertiary center of west Bengal. Total 1840 children were examined. There was a significant association between the family history of parents and siblings having refractive errors.[13]

The present study was supported with the study conducted by John DD *et al.* (2017) conducted study onprevalence of Refractive Errors and number needed to screen among rural high school children in southern India. It was a Cross-sectional Study performed in 22 Government Schools with 4739 children. The result revealed that all 4138 (87.3%) who were present and underwent screening; 98 children were affected with refractive errors.[14]

The present study was supported with the study conducted by Assefa Woldeya Red *et al.* (2012) conducted study on prevalence of refractive errors among school children in Gondar town, Northwest Ethiopia. In this study they took 1852 students as a subjects from 8 elementary schools. The study parameters were visual acuity (VA) evaluation and ocular examination. The result showed that presence of refractive errors in either eye among 174 (9.4%) children. Low myopia was the most common refractive error which affected 61 (49.2%) children and 68 (50%) children for the right and left eyes respectively.[15]

Conclusion

The study results indicated that out of 420 Primary School Children, 56 (13.3%) children were found with presence of Myopia in Right eye and 57 (13.6%) children were found with presence of Myopia in Left eye. The study result revealed that hereditary factors influence the refractive errors among primary school children. Refractive error needs careful diagnosis and preventive care, otherwise it will lead to impaired quality of life and interfere with their daily lifestyle. The researcher concluded that parents, and teachers must be educated about the early detection of refractive error. Eye exercise and correction with spectacles to prevent progression of visual impairment. Periodical eye screening of school children is needed.

Recommendation

- Replication of the study may be done with the large sample in different settings to generalize the study findings.
- Future study can find out the effectiveness of interventional strategies with refractive errors.
- A descriptive study on knowledge, aboutprevalence of refractive errors can be imparted to school teachers.
- A comparative study can be conducted to find the prevalence of refractive errors among primary school children in rural and urban.

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Original Article

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Assess the Knowledge on Tuberculosis Treatment Regimen and Follow-Up Care Among Primary Care giver's of Patient with Pulmonary Tuberculosis

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Abstract

Background: Tuberculosis is an infectious disease that primarily affects the lung parenchyma. It also may be transmitted to other parts of the body, including the meninges, kidney, bone and lymph nodes. Tuberculosis is one of the top 10 causes for death and leading cause of single infectious agent worldwide. India has managed to scale up basic TB services in the public health system. More than 10 million TB patients were getting treatment under Revised National Tuberculosis Control Programme (RNTCP). *Objective:* to assess the level of knowledge on Pulmonary TB treatment regimen and follow up care among Primary Caregivers' of patients with Pulmonary Tuberculosis and to find out the association between Primary Caregivers' knowledge on Pulmonary TB treatment regimen and follow up care with selected demographic variables. *Methodology:* the research approach used for this study was quantitative research approach and the design selected was descriptive survey research design, 150 subjects were selected using simple random sampling technique the data was collected using structured questionnaire. Result revealed that with respect to general information, 73 (48.67%) had moderately adequate knowledge, 72 (48%) had adequate. With regard to treatment regiment, 124 (82.67%) had inadequate knowledge, Considering the frequency, 76 (50.67%) had moderate adequate knowledge, Regarding the follow–up care, 90 (60%) had moderate adequate knowledge. The overall level of knowledge revealed that 86 (57.33%) had moderately adequate knowledge, 57 (38%) had adequate knowledge and only 7 (4.67%) had inadequate knowledge. The result revealed that the demographic variables association with educational qualification, type of family, and duration of time statistically significant at the level of $p < 0.001$. and family history of TB statistically significant at the level of $p < 0.01$. *Conclusion:* Caregivers' to mandatorily have adequate knowledge regarding tuberculosis treatment regimen and follow up care to provide complete care to facilitate patient's adherence to drug regimen and there by prevent spreading tuberculosis to achieve the goal "End TB".

Keywords: Tuberculosis; Primary Caregivers.

Introduction

Tuberculosis is an infectious disease that primarily affects the lung parenchyma. The Primary infectious agent, Mycobacterium Tuberculosis, is an acid-fast aerobic rod that grows slowly and is sensitive to heat and ultraviolet light. Mycobacterium bovis and Mycobacterium avium have rarely been associated with the development of a TB infection.[1]

Tuberculosis is one of the top 10 causes for death and leading cause of single infectious agent worldwide. Every year one million people continue to fall sick with Tuberculosis. In 2017, 1.3 million deaths were among HIV -ve people with an additionally 300000 deaths among HIV +ve people. In 2017 globally 10.0 million people had developed Tuberculosis disease including 5.8 million men, 3.2 million women and 1.0 million children.

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People are affected by TB in all countries and at all age groups, but overall 90% were adults (aged ≥ 15 years), 9% were people living with HIV (72% in Africa) and two thirds were in eight countries: India (27%), China (9%), Indonesia (8%), the Philippines (6%), Pakistan (5%), Nigeria (4%), Bangladesh (4%) and South Africa (3%). These and 22 other countries in WHO's list of 30 high TB burden countries accounted for 87% of the world's cases.[3]

As per the Global TB report 2017 the appraised incidence of TB in India was nearly 28,00,000 accounting for about a one fourth of world's TB cases. In 2017 India re-estimated its national figures of the burden of Tuberculosis including information from a wider range of sources. The ethics for TB care in India explains the TB treatment in India should be provided for all people with TB. This includes people in special groups, such as TB and HIV co-infection.[5]

India has managed to scale up basic TB services in the public health system. More than 10 million TB patients were getting treatment under Revised National Tuberculosis Control Programme (RNTCP), The rate of regression is too slow to meet 2030 sustainable development goals and 2035 end TB targets. Maintenance of prior efforts have generated inadequate regression, and will not rush the process towards ending TB. New broadly deployed interference is required to accelerate the rate of regression of incidence of TB many folds to more than 10–15% yearly. The desires for moving towards TB removal have been united into the four strategic pillars of Direct, Treat, Prevent, Build.[4]

New patients in India receive an internationally accepted first line treatment regimen for all new patient. The intensive phase consists of eight weeks of drugs Isoniazid (H), Rifampicin (R), Pyrazinamide (Z) and Ethambutol (E). The continuation phase consists of three drugs Isoniazid, Rifampicin and Ethambutol given for additional sixteen weeks. This is written as 2HREZ/4 – 6HRE. There is no necessity for any extension of continuation phase. The drug dosage is calculated according to patient's body weight.[5]

One fourth of the world's population is infected with TB. In 2016, 10.4 million people around the world became sick with TB disease. There were 1.7 million TB-related deaths worldwide. India accounts for about a quarter of the global TB burden. India is the country with the highest burden of both TB and MDR TB in the world. There are an estimated number of 79,000 multi-drug resistant TB patients among the notified cases of Pulmonary TB each year. India is also the country with the second highest number (after South Africa) of estimated HIV associated cases. In 2016 an estimated number of 28 lakh cases occurred and 4.5 lakh people died due to TB. India also has more than a million "missing" cases every year that are not notified and most remain either undiagnosed or unaccountably and inadequately diagnosed and treated in the private sector. In Puducherry Cure rate was 69% in 2004 when RNTCP was implemented. Cure rate improved year by year and it was 86% in 2013. To achieve 100% cure rate in Puducherry educating the Caregivers is more important. The Caregiver should monitor the patient's adherence to his or her medication regimen and should keep a schedule of the treatment. The Caregiver should ensure that the patient practice safe hygiene and consumes a nutritious diet. For this the Caregiver should have adequate knowledge regarding Pulmonary Tuberculosis and treatment regimen and follow up care. By September 2016 more than 43% of children were diagnosed with TB. The father, mother and children form the nuclear family and adults in the family assume the responsibility of caring for the younger members. Some members of the family take care of those who are incapable of caring for themselves because they suffer from TB and other diseases.[5]

A fixed dose combination (FDC)was given when two or more drugs are combined together in a single tablet. Fixed dose combination has following drugs such as

- Four drugs combination [isoniazid + rifampicin + pyrazinamide + ethambutol]
- Three drugs [isoniazid + rifampicin + ethambutol]
- Two drugs [isoniazid + rifampicin].

In daily drug regimen, TB patients were given fixed dose combinations (FDCs) of three or four drugs in specific dosages in a single pill based on the patient weight. The daily drug regimen reduced pill burden, as in-spite of giving of seven tablets, patients need to consume only 2 or 3 tablets, according to their weight band.[2,5]

The daily drug regimen was first started in Puducherry UT in October 2017 by the Health Minister Malladi Krishna Rao. Each patient will gather through the RNTCP and they will be provided a drug for one month. The drugs will be taken by the patient by DOTS strategies. The daily regimen will have to be followed by patients for six to eight months. Each patient with TB in India is receiving Rs. 500 per month for food. This is because under nutrition is a risk factor for TB in India.[8]

Objectives of the Study

- To assess the level of knowledge on Pulmonary TB treatment regimen and follow up care among Primary Caregivers' of patients with Pulmonary Tuberculosis.
- To find out the association between Primary Caregivers' knowledge on Pulmonary TB treatment regimen and follow up care with selected demographic variables.

Materials and Methods

Quantitative research approach and non-experimental descriptive survey research design was used for this study. The study was conducted in a selected area at Puducherry. Primary Caregivers of patient with Pulmonary Tuberculosis in selected areas at Puducherry region who fulfilled the inclusion criteria and were available during data collection period. The sample size comprised of 150 primary caregivers. Simple random sampling technique was adopted to collect the data. The subjects included were Primary Caregivers of both genders, who were willing to participate, who can understand English or Tamil and Primary care giver who were health care professionals, a post TB survivor, the caregivers of extra Pulmonary TB, caregivers of XDR/MDR TB were excluded. The data were collected using structured questionnaire prepared by the researcher. The data were collected after obtaining permission from concerned authority. Informed consent was obtained from the primary caregivers prior to data collection.

Results

Revealed that with respect to general information, 73 (48.67%) had moderately adequate knowledge, 72 (48%) had adequate. With regard to treatment regiment, 124 (82.67%) had inadequate knowledge, Considering the frequency, 76 (50.67%) had moderate adequate knowledge, Regarding the follow–up care, 90 (60%) had moderate adequate knowledge. The overall level of knowledge revealed that 86 (57.33%) had moderately adequate knowledge, 57 (38%) had adequate knowledge and only 7 (4.67%) had inadequate knowledge. The result revealed that the demographic variables association with educational qualification, type of family, and duration of time statistically significant at the level of $p < 0.001$. and family history of TB statistically significant at the level of $p < 0.01$

Fig. 1 depicts that with respect to general information, 73 (48.67%) had moderately adequate knowledge, 72 (48%) had adequate knowledge and only 5 (3.33%) had inadequate knowledge about Pulmonary Tuberculosis.

Among 150 subjects 124 (82.67%) of them had inadequate knowledge on treatment regimen, 25 (16.67%) had moderately adequate knowledge and only one (0.67%) had adequate knowledge on Tuberculosis treatment regimen.

Among 150 subjects 76 (50.67%) of them had moderate adequate knowledge on frequency of medication intake, 45 (30%) had adequate knowledge and 29 (19.33%) had inadequate knowledge on frequency of TB medication intake.

Among 150 subjects 90 (60%) of them had moderate adequate knowledge on follow up care of

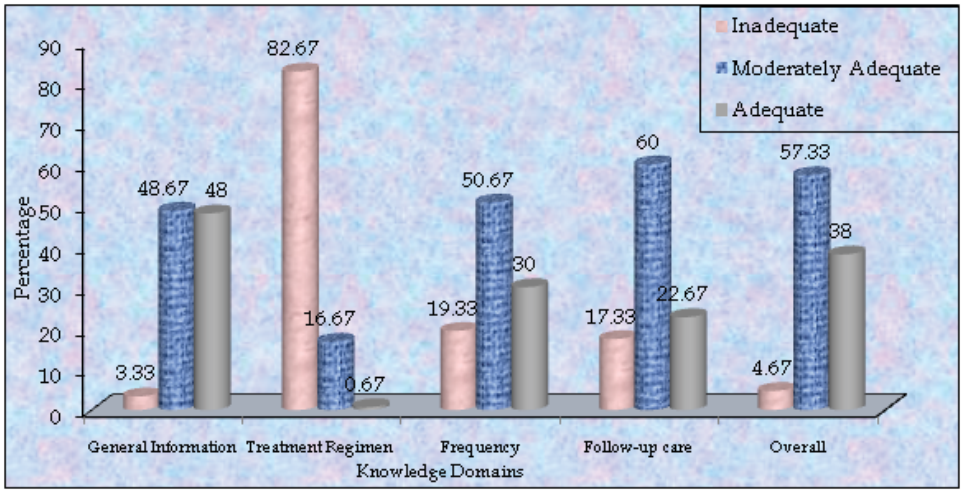

Fig. 1: Percentage distribution of level of knowledge on treatment regimen and follow up care among primary caregivers of patients with pulmonary tuberculosis.

Table 1: Association of Level of Knowledge on Treatment Regimen and Follow up care among Primary Caregivers' of Patient with Pulmonary Tuberculosis with Selected Demographic Variable such as (Education Qualification, Type of Family, Family History of TB, Duration of Stay) N = 150

Demographic Variables	Inadequate (≤50%)		Moderately Adequate (51 – 75%)		Adequate (>75%)		Chi-Square Value
	No.	%	No.	%	No.	%	
Educational qualification							$\chi2 = 23.588$
Degree	1	0.7	14	9.3	29	19.3	$p = 0.0001$ S***
10+2	2	1.3	46	30.7	19	12.7	
1st std - 9th std	4	2.7	26	17.3	9	6.0	
Type of family							$\chi2 = 21.362$
Nuclear family	3	2.0	56	37.3	34	22.7	$p = 0.0001$ S***
Joint family	3	2.0	30	20.0	23	15.3	
Extended family	1	0.7	0	0	0	0	
Family history of TB							
Yes	0	0	36	24.0	13	8.7	$\chi2 = 9.220$
No	7	4.7	50	33.3	44	29.3	$p = 0.01$ S**
Duration of stay							$\chi2 = 24.092$
From birth	2	1.3	38	25.3	18	12.0	$p = 0.001$ S***
For past 2 years	2	1.3	4	2.7	2	1.3	
For past 5 years	0	0	8	5.3	20	13.3	
More than 10 years	3	2.0	36	24.0	17	11.3	

TB patients, 34 (22.67%) had adequate knowledge and 26 (17.33%) had inadequate knowledge on follow up care of TB patients.

Among 150 subjects the overall level of knowledge revealed that 86 (57.33%) of themhad moderately adequate knowledge, 57 (38%) had adequate knowledge and only 7 (4.67%) had inadequate knowledge on Tuberculosis treatment regimen and follow up care.

This the study reveals that a greater number of Caregivers' have inadequate knowledge in treatment regimen. However, it is a relief that majority (60%) of the Caregivers' have moderately adequate knowledge about follow up care.

The Table 1 reveals that the demographic variables educational qualification, type of family and duration of stay had shown statistically significant association with level of knowledge on treatment regimen and follow up care among Primary Caregivers' of patient with Pulmonary Tuberculosis with chi-square value of $\chi^2 = 23.588$, $\chi^2 = 21.362$, and $\chi^2 = 24.092$, at $p < 0.001$ level. The demographic variable previously any family history of TB had shown statistically significant association with level of knowledge level on treatment regimen and follow up care among Primary Caregivers' of patient with Pulmonary Tuberculosis with chi-square value of $\chi^2 = 9.220$, at $p < 0.01$ level.

Discussion

The result revealed that with respect to general information, 73 (48.67%) subjects had moderately adequate knowledge, 72 (48%) subjects had adequate knowledge and only 5 (3.33%) subjects had inadequate knowledge on Pulmonary Tuberculosis.

With regard to treatment regiment, 124 (82.67%) subjects had inadequate knowledge, 25 (16.67%) subjects had moderately adequate knowledge and only one (0.67%) subjects had adequate knowledge.

Considering the frequency, 76 (50.67%) subjects had moderate adequate knowledge, 45 (30%) subjects had adequate knowledge and 29 (19.33%) subjects had inadequate knowledge.

Regarding the follow – up care, 90 (60%) subjects had moderate adequate knowledge, 34 (22.67%) subjects had adequate knowledge and 26 (17.33%) subjects had inadequate knowledge.

The overall level of knowledge revealed that 86 (57.33%) subjects had moderately adequate knowledge, 57 (38%) subjects had adequate knowledge and only 7 (4.67%) subjects had inadequate knowledge.

The present study was supported by the study conducted by Yagnavalkyajani, GD Bhambhani *et*

al. (2016) on knowledge and awareness of TB in Caregivers' of paediatric TB patient. 68 (45%) of them had knowledge regarding mode of spread, 89 (58.9%) of them had knowledge regarding curability and 104 (68.9%) of them had knowledge regarding DOTS.[7]

The result revealed that the demographic variables educational qualification, type of family and duration of time that Primary Caregivers' living with patients had shown statistically significant association with level of knowledge on treatment regimen and follow up care among Primary Caregivers' of patient with Pulmonary Tuberculosis with chi-square value of $\chi^2 = 2\ 3.588$, $\chi^2 = 21.362$, and $\chi^2 = 24.092$, significant at $p < 0.001$ level. The demographic variable previously any family members affected with TB had shown statistically significant association with level of knowledge level on treatment regimen and follow up care among Primary Caregivers' of patient with Pulmonary Tuberculosis with chi-square value of ($\chi^2 = 9.220$) at $p < 0.01$ level. The other demographic variables had not shown statistically significant association with level of knowledge level of knowledge on treatment regimen and follow up care among Primary Caregivers' of patient with Pulmonary Tuberculosis.

The present study was supported by the study conducted by Akoijam sangita devi and suman latha (2015) on knowledge and attitude of Caregivers' regarding Pulmonary Tuberculosis. There was a significant positive relationship between level of knowledge and attitude scores of Caregivers' as the level of attitude increases, knowledge level also increases ($r = 0.04$, $p < 0.001$).[6]

Conclusion

The study revealed that 86 (57.33%) subjects had moderately adequate knowledge, 57 (38%) subjects had adequate knowledge and only 7 (4.67%) subjects had inadequate knowledge. It is important for the Caregivers' to mandatorily have adequate knowledge regarding tuberculosis treatment regimen and follow up care to provide complete care to facilitate patient's adherence to drug regimen and there by prevent spreading tuberculosis to achieve the goal "End TB".[4]

Recommendation

- Replication of the study may be done with the large samples in different settings.
- This study can be conducted as a experimental study by giving intervention to the Caregivers'.
- Replication of the same study can be conducted with the patients.
- Comparative study can be done between rural and urban areas.

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Original Article

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Attitude Among People Towards Home Visit

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Abstract

Home visit refers to meeting the health needs of the people at their doorstep. It is one of the ways of providing comprehensive nursing care to the public.[1,3] Though, medical technological advancements emerges greatly, minor health issues and communicable diseases was still prevailing in the community. So it is important to promote awareness through home visit especially by the community health nurses. *Materials and Methods:* The research approach used for this study was quantitative research approach and descriptive survey design was adopted. By using simple random sampling technique, 100 subjects were selected in rural and urban areas. In that, 50 subjects were from urban area and 50 subjects were from rural area. The researcher developed 5 point Likert scale to assess the attitude of people towards home visit among urban and rural people residing at Puducherry. *Results:* Out of 100 subjects, 54% of the people had favourable attitude, In that 46% of them in the rural area and only 8% of them in the urban area had favourable attitude towards home visit. *Conclusion:* Therefore it was evident that people residing in the rural area had more favourable attitude towards home visit compared to people residing in the urban area. As a community health nurse, it is our duty to promote and create awareness to the public about the importance of home visit to rule out the major health problems which will make them to show more favourable attitude towards home visit and protect themselves from major emerging diseases.

Keywords: Home visit; Attitude.

Introduction

Home visiting is the backbone of the public health nursing.[3] The home visit is a family-nurse contact which allows the health worker to assess the home and family situations in order to provide the necessary nursing care and health related activities.[2] Home visit gives a more accurate assessment of the family structure and behaviour in the natural environment and to identify the barriers and support for reaching family health promotion goods.[5] In performing this activity, it is essential to prepare a plan of visit to meet the needs of client and achieve the best results of desired outcomes.[4]

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Statement of the Problem

A comparative study to assess the level of attitude among people towards home visit residing at selected urban and rural area in Puducherry.

Objectives

1. To assess the socio demographic variables of the subject.
2. To assess the level of attitude of people towards home visit residing in selected urban and rural area.

3. To compare the attitude of people towards home visit between selected rural and urban area.

Materials and Methods

A non-experimental descriptive research design in that survey method was adopted for this study. The study was conducted in selected urban (Lawspet) and rural (Sellipet) area in Puducherry. Totally 100 samples were selected by using simple random sampling technique (lottery method), in that 50 samples were selected from urban area and 50 samples were selected from rural area.

After self-introduction, the purpose of the study was explained to the subject and requested their willingness and co-operation to participate in this study. The demographic data was collected by the investigators and the level of attitude towards home visit was assessed from the subjects with the help of 5 point likert scale developed by the investigator. It took 20 minutes to collect the data from each subject.

Results and Discussion

The demographic data reveals that out of 100 subjects, 42% of them were in the age group 41–60 years, 77% of them were female, 81% of them were married, 96% of them were Hindu, 34% of the subjects educational status was at high school and higher secondary level, 56% were moderate workers, 41% of the subjects were earning monthly income as Rs 6000–15000, 68% of them were living in pukka house, 83% of them in the nuclear family, 58% of them had previous experience of home visit.

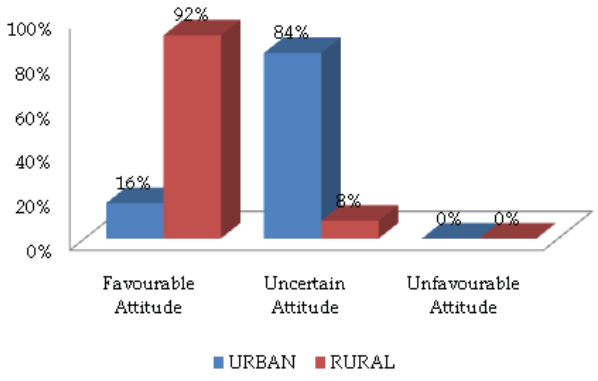

Fig. 1: Shows the percentage distribution of comparison of the attitude towards home visit between rural and urban people

Table 1: Level of Attitude of the Subjects in Rural and Urban Areas. N=100

Attitude	Urban		Rural		Total	
	N	%	N	%	N	%
Favourable Attitude	8	8	46	46	54	54
Uncertain Attitude	42	42	4	4	46	46
Unfavourable Attitude	0	0	0	0	0	0
Total	50	50	50	50	100	100

Table 1 revealed that out of 100 subjects, 54% of them shows favourable attitude towards home visit, in that 46% of them were residing at rural area and 8% of them were residing at urban area.

The results found that, out of 100 subjects, the majority of 54% of people had favourable attitude towards home visit. In that 46% of them reside in the rural area showed favourable attitude towards home visit and 8% of them reside in the urban area showed favourable attitude towards home visit. It was evident that people residing in the rural area had favourable attitude towards home visit compared to people residing in the urban area.

Conclusion

Home visit is the method of providing comprehensive nursing care at the doorstep by the community health nurses. The health problems are identified as earlier and immediate treatment can be given through home visit.[1,3] "Prevention is better than cure" by keeping this in mind home visit can be done by the health professionals in order to identify the environmental problems that have impact on health and pave way to rectify it. The result of the study clearly showed that on comparison with urban and rural people, rural people shows more favourable attitude than urban people towards home visit. As a community health nurse, it is our duty to promote and create awareness to the public about the importance of home visit to rule out the major health problems which will make the people to show more favourable attitude towards home visit.

Recommendations

1. This study can be replicated on a large sample and similar such studies can be conducted in different setting to validate the findings.
2. A comparative study can be conducted with different population, locality and type of family.
3. A similar study can be conducted among educated and uneducated people in rural and urban areas.

4. A comparative study can be done in age groups such as younger and older people.

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Original Article

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A Descriptive Cross-Sectional Survey on Attitude of Nursing Students Towards Chosen Profession in India

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Abstract

Introduction: Attitude place a vital role in molding shape of the individual as a person and a professional. Attitude of Nursing students influence their further career path selection which is of significant interest. *Method:* Under quantitative approach a descriptive cross sectional survey was conducted with 434 nursing student studying GNM, B.SC (Nsg), PBBSC, and M.Sc (Nsg) to assess the attitude towards chosen profession by covering all regions of India. The samples were accessed through direct contact, watts app, phone call or other mode (survey app). Nonrandom snowball sampling technique was adopted in this study to select the sample. The tool has demographic variables and 5-point Likert scale to measure attitude of the nursing students, which covers total 15 statements. Data collection method was self-report technique, a structured questioner was distributed to students through direct face to face contact and through Survey monkey mobile app. Consent was obtained from the participant based on the mode of conduct. The collected data were compiled for data analysis. *Result:* The level of attitude of nursing students towards chosen profession was favorable as the mean score was 63.41 with SD of 6.92. There were 99% of samples had favorable attitude towards chosen profession and no subgroup have significant association at $p < 0.05$ with level of attitude and all subgroup had favorable attitude towards chosen profession. Despite of different geographic region and different levels of professional qualification, the samples had nomuch difference in level of attitude. *Conclusion:* It was concluded that nursing students had highly favorable attitude towards chosen profession. The GNM, BSC nursing, PBBSC nursing and M.SC nursing students all had favorable attitude despiteof having different professional qualification.

Keywords: Attitude; Nursing students; and Profession.

Introduction

Nursing education is a challenge in a developing country like India. Nurses represent the largest share of (38%) of the total workforce in India.[1] Globally health systems are experiencing major shifts in health sector and creating an increasingly diverse yet interconnected world. Nurses are health professionals who are the corner stones of the health care system in each country. Nursing is an integral part of the health care delivery system and share responsibilities in collaboration with other allied health professions for the attainment of optimal health for all members of the society.[2]

The nursing scenario at the time of independence was not bright, the hospitals were grossly understaffed, nursing lacked professional and social status, and the working and living conditions of nurses were far from satisfactory. The low status can be attributed to the low socio-economic status of Indian women and nursing is primarily a women's profession. On average, India's nurse-to-

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population ratio is 1:4 75 including registered nurses and midwives and lady health visitors. There are 2,958 institutions for general nurse midwives with an admission capacity of 118,406 students, 1,921 institutions for auxiliary nurse midwives with an admission capacity of 54,859.[4]

As of 2014, there were 1.79 million registered nurses/midwives and 786,796 auxiliary nurse midwives in India.[5] India is short of 1.94 million nurses.[6] Government hospitals in the State are facing a shortage of over 2,000 fulltime nurses.[7] In India seats in nursing colleges are increasingly falling vacant and the annual supply of nurses is dwindling. Furthermore, those who are qualifying are eagerly looking for better paid jobs in richer countries.[8] There was large-scale migration of nurses to the United Arab Emirates (UAE), Canada, Australia, the European continent and other countries which offered better salaries and facilities.

Nursing as career choice is often perceived as a hard work involving high pressure and stress. The negative images and stereotypes about nurses in India and in other countries such as Australia, Europe and America and in other Arab countries which have led to shortage of nurses.[9]

India is the only country where a nurse who has worked in the ICU for 20 years is legally not allowed to prescribe simple painkillers or give an injection without the presence of a doctor. The nursing profession is given low social status in Indiabecause of the prevalent religious and societal traditions. "Admissions to nursing colleges have come down by nearly half across the country. Half of south Indian nursing colleges are in the process of shutting down.[10]

The frustration, disappointment and regret among nurses due to increased workload, low pay, and lack of financial incentives, recognition and appreciation unfortunately influenced their work satisfaction and retention and getting into nursing profession.[11] Therefore, attitude place a vital role in molding the shape the individual as a person and a professional. Attitude of Nursing students influence their further career path selection which is of significant interest to educators and professional agencies.[12] Hence study was undertaken to explore attitude of nursing students.

Objectives

a) To assess attitude nursing students towards chosen profession.

b) To associate the selected demographic variable with level of attitude nursing students towards chosen profession.

Hypothesis

There will be a significant association exist between selected personal variables and levels of attitude of nursing students towards chosen profession.

Materials and Methods

Under quantitative approach a descriptive cross-sectional survey was conducted among 434 nursing students to assess the attitude towards chosen profession by covering all regionsof India. The samples were GNM, B.SC (Nsg), PBBSC, and M.Sc (Nsg) students who wasavailable through direct contact and other mode (mobilesurvey app). The sampling technique adopted for this study was nonrandom snowball sampling technique. The tool was developed after obtaining suggestions from expert of nursing field. Some relevant articles were referred to frame the suitable question. The tool has two sections. Section -1 was demographic profile and section -2 was 5-point Likert scale to measure attitude of the nursing students, which covers total 15 statements with a maximum score of 75 and minimum of 15.

The internal consistency of the tool was .803 and it was assessed by using Cronbach alpha. The tool was validated by experts in the field of nursing. Ethical certificate was obtained from Dr. SMNC Jodhpur. Data collection method was self-report technique, a structured questioner was distributed to samples through direct contact and through mobile app (what app, email, twitter, and Facebook) Consent was obtained from the participant based on the mode of conduct. The collected data were compiled for data analysis. The obtained was coded and analyzed in SPSS version 16.

Results

From Table 1 it was interpreted that the level of attitude of nursing students towards chosen profession was favorable as the mean score was 63.41 with SD of 6.92. It was also interpreted that 99% of samples were having favorable attitude towards chosen profession. From the Table 2 it was interpreted that most of the samples were belongs to South Indian, females, aged between 20–23 years, studying B.Sc Nursing 4th years, preferred job was clinical practice, self-deciding factor, some other reason to choose nursing, and Students of private institution. Very few samples were belongs to North East Indian, < 20 years, studying PBBSC,

few GNM, B.Sc, PBBSC and MSC Nursing students of first year, who wish to do other than nursing job, decision influenced by classmates, with one or two parents are nurses, studying in deemed institution. It was inferred that subgroup have no significant association at $p < 0.05$ with level of attitude, and all subgroup attitude had favorable towards chosen profession. In-spite of different geographic region and different levels of professional qualification and other variables mentioned in the table 2, still sampleshad no much difference in their level of attitude. It was clearly evident from the mean score of each sub variables shown in the Table 2.

Table 1: Percentage, Mean, Standard Deviation and Variance of Level of Attitude of Nursing Students Towards Chosen Profession N = 434

No of sample	Level of attitude	Percentage	Mean	Std. Deviation (SD)	Variance
434	Favorable attitude (> 45)	99% (430)	63.41	6.920	47.891
	Neutral attitude (< 45)	1% (4)			

Table 2: Frequency, Percentage Distribution of Samples, Mean and Standard Deviation of Level of Attitude and $\chi 2$

N = 434

Personal Variables	Frequency	Percentage	Mean ± SD	*p* value
1. Geographical region				
a. South India	234	53.9	64.44 ± 6.58	>0.05
b. West India	82	19.4	63.19 ± 6.47	
c. North India	74	17.1	59.73 ± 8.46	
d. North east India	42	9.7	64.57 ± 4.27	
2. Age in years:				
a. < 20	62	14.3	62.29 ± 8.69	>0.05
b. 20 to 23	176	40.6	63.17 ± 7.19	
c. 23 to 26 years	116	26.7	64.12 ± 6.04	
d. >26	80	18.4	63.78 ± 6.01	
3. Sex of the students				
a. Male	126	29	64.43 ± 6.3	>0.05
b. Female	308	71	62.99 ± 7.11	
4. Studying in				
a. Central Govt college	108	24.9	66.56 ± 7.6	>0.05
b. State Govt college	66	15.2	61.58 ± 7.19	
c. Deemed university	52	12	64.23 ± 8.1	
d. Private college	208	47.9	64.75 ± 5.75	
5. Qualification				
a. GNM	44	10.1	65.95 ± 6.58	>0.05
b. B.SC	300	69.1	64.44 ± 6.58	
c. PBBSC	16	3.7	64.44 ± 6.58	
d. M.SC	74	17.1	64.44 ± 6.58	
6. Years of studying				
a. 1st year	52	12.4	64.44 ± 6.6	>0.05
b. 2nd year	102	23.5	62.74 ± 7.03	
c. 3rd year	92	21.2	65.425 ± 4.71	
d. 4th year	186	42.9	64.22 ± 6.73	
7. Job preference:				>0.05
a. Clinical practice	220	50.7	64.24 ± 5.94	
b. Teaching	158	36.4	63.49 ± 7.03	
c. Others	56	12.9	59.93 ± 9,05	
8. Deciding factor for job preference:				
a. Parents	118	27.2	63.69 ± 6.93	>0.05
b. Self	276	63.6	63.41 ± 6.74	
c. Classmates	8	1.8	68.50 ± 0.57	
d. Others	32	7.4	61.06 ± 8.65	
9. Social background information about nursing:				
a. One or two of the parents are nurses	14	3.2	68 ± 4.7	>0.05
b. Relatives are nurse	92	21.2	64.11 ± 6.3	
c. Friend is a nurse	54	12.4	66.37 ± 6.4	
d. Other factors	274	63.1	62.36 ± 7.06	
10. Have you been cared by nurse in hospital/clinical/ home				
a. Yes	294	67.7	65.20 ± 5.66	>0.05
b. No	140	32.3	59.64.44 ± 7.8	

Table 3: Mean ± SD of level of attitude for each statement N = 434

S. No	Item	Mean ± SD
1.	Nursing is a respectable profession	4.23 ± 1.04
2.	I am proud for being a nurse	4.22 ± .99
3.	I am comfortable in caring and being with patient	4.33 ± .83
4.	Nursing is a challenging career.	4.41 ± .812
5.	Nursing is secured profession	3.99 ± 1.01
6.	The pay in nursing is reasonable	3.74 ± 1.22
7.	It's very satisfied to see patient getting better	4.63 ± .61
8.	It provides opportunity to travel around the world	3.82 ± 1.01
9.	I can find a job in nursing wherever I go	3.89 ± .96
10.	Nursing profession need more tolerance	4.47 ± .67
11.	Nurses are back bone of the patient care	4.71 ± .54
12.	Nursing is a more responsible job than any other job	4.53 ± .69
13.	Nurses are equality important in patient care like doctors	4.71 ± .602
14.	People have respect on nursing profession.	3.35 ± 1.24
15.	Nursing is the profession for both gender	4.41 ± .71

From the Table 3 it was inferred that most of the samples were strongly agree with all the statement and very few were strongly disagreeing with few statement (1, 2, 3, 4, 5, 6, 8, 9, and 14). From the mean score of each statement it was further inferred that the samples had strongly agree with the statement 1, 2, 3, 4, 7, 10, 11, 12, 13, and 15 and agree with the statement 5, 6, 8, and 14.

Discussion

The present study interprets that there was favorable attitude among nursing students towards chosen profession. Almost 99% of samples had favorable attitude. Similarly, Patidar, A.B. (2011). A cross sectional survey was conducted in in Punjab on future nurses' perception towards profession and carrier plans among a group of 530 nursing students (GNM, BSC, and Post Basic Nursing) in Punjab, India. The study revealed that 83.2% students were self-motivated to join nursing, 99.1% students' perceived nursing profession as on opportunity to serve humanity. This study concluded that perception of nursing profession among nursing student is changing towards positive side.[13] Similarly, Pugsley, L.M. (2011) Conducted a study to assess the nurse attitude towards their profession on 45 junior nursing students. The study revealed that 100% of students stated that the role of the bed side nurse was vitally important in this era of health care and that they believe other profession recognizes the important of nursing and work they perform.[14] This study finding also concordance with Belete A (2015) study about attitudes towards nursing profession among nursing and non-nursing personnel. It revealed that 64 (50%) of the respondents shown favorable attitude towards nursing profession and 64 (50%) shown unfavorable attitude and majority 4 (63.6%) of the physicians shown unfavorable attitude.[15] Also this finding concordance with the study of result of Kaur L (2016), were the majority of nursing students 624 (90.83%) have a favorable attitude towards nursing profession.[16]

In this present study half of the students preferred to do job in clinical side (50.7%), nearly 36.4% were preferred teaching and 12.9% preferred todo job other than nursing (preferred to change the profession). Similarly Poreddi V (2012) conducted a cross sectional study with 129 nursing students from Bangalore to assess the attitudes and perceptions of nursing professionals and their desired future practices. Upon graduation 69 (53.5%) of the subjects preferred to pursue the nursing career, 36 (27.9%) in academics, 12 (9.30%) wanted to change the profession.[17] This finding were contradict with Swarna S (2015) study about the perception of 100 outgoing B.Sc nursing students towards nursing profession and carrier plans. Findings of the study were 56% of students expressed their desire to change profession, almost all of students felt nursing profession gives opportunity to serve the humanity but majority stated it is not equal to other professions. Less than half prefer to be employed at bedside and nursing administration.[2]

In this study most the samples (222) were strongly agreed that nursing is the profession for both the gender. Similarly Hatamleh A W, and Sorio E (2017) investigated on the knowledge, attitude and intention towards nursing profession among 128 pre-clinical students. In general, the participants had good knowledge of the nursing

profession and most of the students disagreed that nursing is a job for females only.[18]

From the Table 3 it was interpreted that most of the students were satisfied with services provided to the patient, and they strongly agree that this profession has scope all around the world, and can get job where every they go and 28 samples were strongly disagree that nursing profession is respected by the public. This finding was supported by a qualitative descriptive study conducted by Ludmila M, (2016) with 76 third-year nursing students to investigate reasons why students had chosen the nursing profession. The identified reason wasdesired to help others, family tradition, desire to work abroad, failure to get into another course, pure chance, and low admission requirements (relative to medical studies). The participants also identified reasons for there being low regard for the nursing profession.[19]

Conclusion

The present study concludes that almost 99% of nursing students have favorable attitude towards chosen profession. In-spite of different levels of professional qualification all nursing students had positive attitude towards the profession. Most of the students strongly agree with the statement that nurses are equally important tin patient care like doctors and nurses are back bone of the patient care. Even thoughmost of the samples belong to female gender most of them are agree that nursing is the profession for both the gender. The reason given in the statement like the satisfaction which students receive after providing care to the patient and the job opportunity available all around and other positive side of experienced was the reason to have favorable attitude towards chosen profession.

Limitations and Recommendation

The study was limited to 434 samples and it is recommended to conduct study with large samples. The study focused on attitude of nursing students towards chosen profession and it is recommended that the study can be conducted to assess perception and compare attitude and perception in mixed approach, as well as it could be conducted to assess knowledge and attitude of public towards nursing profession. The questions framed were positive aspects only. It could be of both mixed type of questions (positive and negative both) to identify the actual attitude of nursing students. Most of the samples were from south India, it could be equally from all four regions of India to make better generalization.

Conflict of Interest: No

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A Study to Assess the Quality of Life Among Women with Cervical Cancer Receiving Radiotherapy at SVIMS, Tirupati

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Abstract

Background of the study: Cervical cancer is the one of the most common cancer in women. Human papilloma virus (HPV) is the primary cause of cervical, anal, vulva, vaginal and penile cancers as well as genital warts. The quality of life of cervical cancer patients has captivated more and more attention. The quality of life at different clinical stages before and after therapy in order to provide and after therapy in order to provide evidence for preventing and treating cervical carcinoma[1]. Non-experimental study was carried out to assess the quality of life among women with cervical cancer, in radiation oncology department, SVIMS, Tirupati, Andhra Pradesh. Data was collected from 100 women, taking radiation oncology treatment in radiation oncology department, SVIMS, Tirupati. Significant findings in the study revealed that among 100 women 38% (38) shows moderate level of quality of life, 25% (25) had low level of quality of life, 37% (37) had high level of quality of life. There is a significant association between level of quality of life among women with cervical cancer with menstrual history, no. of children, no. of fractions at $p < 0.01$ level. Age, family income, religion, type of surgery were associated at $p < 0.05$ level. The conclusion suggest that the women's having moderate level of quality of life receiving radiotherapy. The nurses in the hospital should workout a plan for educational programs based on their level of knowledge regarding quality of life among women with cervical cancer.

Keywords: Quality of life; Radiation oncology; Cervical cancer; Human papilloma virus.

Introduction

Cervical cancer is disease in which cancer cells are found in the cervix, the tissue of the cervix g through changes in which abnormal cells begin to appear (a condition called dysplasia). Later, cancer starts to grow and spread more deeply into the cervix and to surrounding areas.[2]

World wide, cervical cancer is both the fourth most common cause of cancer and deaths in women. In 2012, it was estimated that there were 5,28,000 cases of cervical cancer and 2,66,000 deaths. It was the second most common cause of female specific cancer after breast cancer according for around 8% of both total; cancer cases and total cancer deaths in women. Approximately 80% of cervical cancers occur in developing countries.[3]

The quality of life of cervical patients has captivated more and more attention. The morbidity, mortality and survival rate fail to accurately depict the quality of life of cervical cancer patients. The quality of life of patients with cervical cancer at different clinical stages before and after therapy in order to provide evidence for preventing and treating cervical carcinoma.[4]

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Objectives of the study

- To assess the quality of life among women with cervical cancer.
- To notify the association between the demographic variables and quality of life among women with cervical cancer.

Materials and Methods

A descriptive research design was used to assess the quality of life among women with cervical cancer who are receiving radiation therapy at radiation oncology department at SVIMS, Tirupati. A total of 100 women's were selected by purposive sampling technique. The data collection was done with standardized questionnaire on quality of life among women with cervical cancer. Data were analyzed with the help of descriptive and inferential statistics.

Results

Results revealed that most of the women's shows moderate level of quality of life. Among 100 women 38% (38) shows moderate level of quality of life, 25% (25) had low level of quality of life, 37% (37) had high level of quality of life (Table 1).

Table 1: Distribution of level of quality of life among women with cervical cancer. N =100

Assess the quality of life women with cervical cancer	Frequency	Percentage	Mean	SD
Low level QOL	25	25.0	2.12	0.782
Moderate level QOL	38	38.0		
High level of QOL	37	37.0		
Total	100	100		

Discussion

World wide cervical cancer is both the fourth most common cause of cancer and deaths from cancer in women. In 2012, it was estimated that there were 5,28,000 cases of cervical cancer, and 2,66,000 deaths. It was the second most common cause of female specific cancer after breast cancer accounting for around 8% of both total; cancer cases and cancer deaths in women. Approximately 80% of cervical cancers occurs in developing countries. In low income countries it was the most common cause of cancer deaths. In developed countries, the wide spread use of cervical screening programme has dramatically reduced rates of cervical cancer.

Better survival rates have been driven the paradigm in the life-ltering burden of care from a medical illness model to a wellness model concerned with the quality of women's lives as well as the length of survival. The current reality of cancer survivors live. Quality of life (QOL) is one of the health outcomes that enableshelth care providers to better address the ongoing concerns of cancer survivors.

Conclusion

The women's having moderate level of quality of life receiving radiotherapy. The nurses in the hospital should workout a plan for educational programmes based on their level of knowledge regarding quality of life among women with cervical cancer. A wide spread network should be provided, which should focus on improving the quality of life among women. The study will help the health care professional to organize health education sessions on quality of life among women with cervical cancer receiving radiotherapy in radiation oncology department about hygienic practice and life style modifications.

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To Assess the Effectiveness of Planned Teaching on Knowledge Regarding Prevention of Hemorrhoids Among General Population

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Abstract

Background: Hemorrhoids, also called as piles are masses or clumps of tissues which consist of muscle and elastic fibres with enlarged, bulging blood vessels and surrounding supporting tissues present in the anal canal of an individual. It is a condition characterized by the prolapsed of an anal cushion that may result in bleeding and pain.[1] *Objectives:* 1. To assess the knowledge regarding prevention of hemorrhoids. 2. To assess the effectiveness of planned teaching on knowledge regarding prevention of hemorrhoids. 3. To associate the findings with demographic variables. *Material and Methods:* Total 60 people, male and female were included in this study. Data regarding demographic and knowledge regarding prevention of hemorrhoids was collected based on planned teaching on knowledge regarding prevention of hemorrhoids. *Results:* There was a significant difference between pre-test and post test knowledge scores interpreting planned teaching on knowledge regarding prevention of hemorrhoids. Mean value of pre-test is 3.87 and post test is 15.55 and a standard deviation value of pre-test is 1.420 and post test is 2.715. The paired t test value is 0.214 and *p* value is 0.101. Hence it is statistically interpreted that the planned teaching on knowledge regarding prevention of hemorrhoids is effective. Hence, the findings of this study reveal that the research hypothesis (H_1) is accepted and the null hypothesis (H_0) is rejected. *Conclusion:* The actual cause of hemorrhoids remains unknown. But it is proposed to be caused by temperament, body habits, customs, passions, sedentary life, tight-laced clothes and climate. Patients with spinal cord injuries constipation, chronic diarrhoea, poor bathroom habits, postponing bowel movements, and a poor-fibre diet are also considered to be contributing causes. Imparting knowledge regarding hemorrhoids help them to live quality of life and to take preventive measures to avoid its complications.

Keywords: Hemorrhoids; Prevention; Knowledge; Planned teaching and General population.

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Introduction

Hemorrhoids, also called as piles are masses or clumps of tissues which consist of muscle and elastic fibres with enlarged, bulging blood vessels and surrounding supporting tissues present in the anal canal of an individual. It is a condition characterized by the prolapsed of an anal cushion that may result in bleeding and pain. This condition is a common ailment among the adults. More than the men and women aged 50 years will experience hemorrhoid symptoms at least

once during their lifetime. However, there have been incidences where children and the elderly have also been diagnosed with this condition. Hemorrhoid disease is said to be the fourth leading outpatient gastrointestinal diagnosis, accounting for 3.3 million ambulatory care visits in the United States. Although so common, only around 4% seek medical help.[1]

The actual cause of hemorrhoids remains unknown. But it is proposed to be caused by temperament, body habits, customs, passions, sedentary life, tight-laced clothes, climate. Patients with spinal cord injuries constipation, chronic diarrhoea, poor bathroom habits, postponing bowel movements, and a poor-fibre diet are also considered to be contributing causes. Other causes that have been attributed to this condition are genetic predisposition, increased intra-abdominal pressure from many causes, including prolonged forceful Valsalva defecation, obstruction of venous outflow secondary to pregnancy, and constipated stool in the rectal ampulla. Increased body mass index is also considered to be one of the contributing factors.[2]

Although the treatment for hemorrhoids is usually surgery and endoscopic therapy for the symptomatic hemorrhoids, most patients are thought to self-treat with over-the-counter therapy. As a result, the actual burden of the disease remains unknown. Hence the purpose behind this study is to gain knowledge regarding prevention of hemorrhoids.[3]

Worldwide, the prevalence of symptomatic hemorrhoids is estimated at 4.4% in the general population. In the United States, up to one third of the 10 million people with hemorrhoids seek medical treatment, resulting in 1.5 million related prescriptions per year (Jan 18, 2017). As to reduce the prevalence rate of hemorrhoids and to prevent occurrence of hemorrhoids there is need for this study.[4]

Materials and Methods

The aim of the study is to assess the effectiveness of planned teaching on knowledge regarding prevention of hemorrhoids among general population.

Ethical consideration: The study was carried out after obtaining permission from the Institutional Ethics Committee (IEC), Datta Meghe institute of medical sciences (Deemed to be university) Sawangi (Meghe), Wardha.

Interventional study with one group pre-test post test design. A total of 60 samples were selected including male and female among general population from Wardha City, Maharashtra. Non-probability convenient sampling technique was used for selection of sample. The study was conducted in the month of feb 2018–19. Pre-test was conducted using a self-administered questionnaire with introduction of planned teaching and post test was conducted after seven days.

The subjects were explained about the nature and purpose of study. A written consent was obtained from the participants prior to their recruitment in the study and permission was granted from the Grampanchayat of area Sawangi Meghe, Wardha for conducting the study. They were assured about the confidentiality of the data.

Objectives

1. To assess the knowledge regarding prevention of hemorrhoids.
2. To assess the effectiveness of planned teaching on knowledge regarding prevention of hemorrhoids.
3. To associate the post test knowledge with demographic variables.

Results

Table 1: Distribution of General People of Study Population According to their Demographic Characteristics n = 60

Demographic variables	Frequency	Percentage {%}
1. Age in years:-		
a. 20–30 Years	16	26.66%
b. 30–40 Years	21	35.00%
c. 40–50 Years	13	21.66%
d. 50–60 Years	10	16.66%
2. Gender:-		
a. Male	30	50.00%
b. Female	30	50.00%
3. Education:-		
a. Illiterate	12	20.00%
b. Secondary	29	48.33%
c. Higher Secondary	16	26.66%
d. Graduate	03	05.00%
4. Occupation:-		
a. Private job	19	31.66%
b. Farmer	14	23.33%
c. Government job	14	23.33%
d. Other	13	21.66%
5. Diet Pattern:-		
a. Vegetarian	18	30.00%
b. Non – vegetarian	10	16.66%
c. Mixed diet	32	53.33%

Table 2: Pretest Knowledge Score n = 60

Sr. No.	Level of Knowledge	Score range	Percent range of score	frequency	Percentage
1.	Poor	1–5	0–25	51	85%
2.	Good	6–10	26–50	09	15%
3.	Very Good	11–15	51–75	00	00%
4.	Excellent	16–20	76–100	00	00%

Table 3: Effectiveness of Planned Teaching on Knowledge Regarding Prevention of Hemorrhoids Among General Population n = 60

Test	Mean	SD	Paired '*t*' test	Df	*p*- value	Significant
Pre- test	3.87	1.420	0.214	59	0.101	0.101 > 0.05
Post- test	15.55	2.715				

df= n-1, 60-1= 59

The table 1 shows that 26.66% of people were in age group of 20–30 years, 35.00% of people were in age group of 30–40 years, 26.66% of people were in age group of 40–50 years and 26.66% of people were in age group of 50–60 years respectively. As per gender 50.00% subjects were males and 50.00% were females. 20% people were illiterate, 48.33% people were with secondary education, 26.66% people were with higher secondary education and 5% people were graduates respectively. 31.66% people were having Private Job, 23.33% people were Farmer, 23.33% people were having Government job and 21.66% people were having other jobs respectively. 30% people were vegetarian, 16.66% people were non-vegetarian and 53.33% people were taking mixed diet.

The Table 2 shows that, 85% of the people have poor knowledge and information about hemorrhoids. 15% of the people have good knowledge and information about hemorrhoids. No one comes under very good and excellent level of knowledge category.

The table 3 shows that Mean value of pre-test is 3.87 and post test is 15.55 and a standard deviation value of pre-test is 1.420 and post test is 2.715. The paired t test value is 0.214 and *p* value is 0.101. Hence it is statistically interpreted that the planned teaching on knowledge regarding prevention of hemorrhoids was effective.

Discussion

This study was supported by the studies conducted worldwide.

Br Med J (Clin Res Ed) stated that one hundred and thirty seven previously untreated out-patients with first- and second-degree hemorrhoids were allocated at random to treatment by infrared coagulation (n = 66) or rubber band ligation (n = 71). Complete follow up was obtained in 122 patients (60 who had undergone infrared coagulation (group 1), and 62 rubber band ligations (group 2)) at periods from three months to one year after completion of treatment. Infrared coagulation produced a satisfactory outcome in 51 patients (85%): 34 were rendered asymptomatic and 17 improved. Rubber band ligation produced a satisfactory outcome in 57 patients (92%): 33 were rendered asymptomatic and 24 improved. Both methods were equally effective in first and second-degree hemorrhoids.[5]

The incidence of side effects, particularly discomfort, during and after treatment was significantly higher in those treated by rubber band ligation (*p* less than 0.001). This appeared to be an appreciable deterrent to future patient compliance. The number of patients losing more than 24 hours from work was higher after rubber band ligation than after infrared coagulation. The number of treatments necessary to cure symptoms did not differ significantly between the two methods. Infrared coagulation was significantly faster than rubber band ligation (*p* less than 0.001). Infrared coagulation is a simple, fast, and effective outpatient method for the treatment of first- and second-degree hemorrhoids with fewer troublesome side effects and higher patient acceptability than rubber band ligation.[6]

Conclusion

The aim of the study was to assess the effectiveness of planned teaching on knowledge regarding prevention of hemorrhoids; with the help of this study awareness can be spread regarding hemorrhoids and its prevention strategies. People will be aware regarding the cause of hemorrhoids and they can take measures to prevent it.

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Original Article

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Detection of CA Cervix by Visual Inspection Using Acetic Acid Among Reproductive Age Women

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Abstract

Background: Pelvic inflammatory disease, or PID, it is the infection of the organ of a women reproductive system, is the one of the most serious infections of women today. Mainly inflammation and infection of the upper genital tract, they include the uterus, fallopian tube, and cervix. PID can cause serious problem if it's not treated. *Methodology:* The quantitative Cross-sectional design was used to conduct this study. 100 reproductive age women were selected by using purposive sampling technique and who were attending the OG clinic at selected CHC, Puducherry. Out of 100, 63 reproductive age women had PID symptoms, and cervical screening done. Data collection was done by self structured questionnaire. It has two section. Section A comprises of: Socio demographic variables and Section B consist of: Self structured checklist to identify the symptoms of PID and prevalence of CA cervix by Acetic acid test among Reproductive age women. *Result:* The finding showed that 63 (63%) of Reproductive age women had symptoms of PID and 37 (37%) of Reproductive age women had normal characteristics of cervix. Application of Acetic acid in Cervix, findings showed that 63 (100%) of Reproductive age women had no Aceto white areas. *Conclusion:* Majority of the reproductive age women had symptoms of PID and not aware of pelvic inflammatory disease. If create awareness will prevent pelvic inflammatory disease and associated problems.

Keywords: CA cervix; Visual inspection using acetic acid; Reproductive age women.

Introduction

Women are the well-built pillars of today vibrant society. The United Nations and its specialized agencies that including WHO, UNICEF are all committed on the health of the women both general and the reproductive health of the women. The world bank is very much devoted to this developmental issues. Non communicable disease such as cardiovascular disease including Hypertension, Diabetes mellitus, Cervical cancer (cervical cancer –ICD-10:C53) and breast cancer cause significant morbidity and mortality in the community. If the non communicable disease is not addressed by adopting the principle of "Prevention is better than cure", it would only result in the significant economic loss to the country.[2]

Pelvic inflammatory disease, or PID, it is the infection of the organ of a women reproductive system, is the one of the most serious infections of women today. Mainly inflammation and infection of the upper genital tract, they include the uterus, fallopian tube, and cervix.[4] It's usually caused by a sexually transmitted infection (STI), like Chlamydia or gonorrhea, and is treated with by antibiotics. Symptoms of PID early on pain in lower belly and pelvis, Heavy discharge is the symptoms from

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vagina with unpleasant smell or odour, bleeding between periods, pain during sex. PID can cause serious problem if it's not treated.[1,3]

Basaloid squamous carcinoma (BSc) is a rare histopathological type of carcinoma of cervix. Most common variety of carcinoma cervix is the squamous cell carcinoma followed by the adenocarcinoma, while adenosquamous variety is less prevalent Adenoid basal carcinoma (ABC) is a variant of adenosquamouscarcinoma.[6,7]ABC stimulate the basal or basaloid cell carcinoma and of the skin on histopathologically as nosts of basaloid cells extends from the surface epithelium to be the deep underlying tissues and cells at the periphery of tumor nests from a distinct parallel nuclear arrangement.[9,10] The spread of squamous cell carcinoma occurs first by the direct extension to vaginal mucosa, the lower uterine segment, parametrium, pelvic wall, bladder and bowel. Distant metasisoccurs mainly through lymphatic spread, with same spread occurring through the circulatory system to liver, lungs and bones.[11,12]

In most of the rural areas in India, PID is most common symptom with the women due to improper hygiene. The long standing cervical infections lead to persistent inflammation, and then further leads to cellular changes. These cellular changes are causing main risk for malignant transformation. So periodic cervical screening for the women is more important.[5,13]

Objectives

- To assess the risk factors of Ca cervix among Reproductive age women.
- To determine the prevalence rate of Ca cervix by Visual inspection using Acetic acid among Reproductive age women.
- To associate the risk factors of Ca cervix with selected demographic variables.

Materials and Methods

Research methodology used in this study was quantitative research approach and which was found to be appropriate. Research design used for this study is cross-sectional design. This study was conducted in OG clinic in CHC, karikalampakkam, Puducherry. Prior to data collection formal permission and Ethical clearance was obtained from concerned authority. 100 reproductive age women were selected by using purposive sampling technique and who were attending the OG clinic at selected CHC, Puducherry. Out of 100, 63 reproductive age women had PID symptoms, and cervical screening done. Inclusion criteria of sample were reproductive age women, who are willing to participate in the study, reproductive age women with PID symptoms. The tool description was divided into two sections. Section A: Consist of socio demographic variables profile include age, marital status, Religion, educational status occupational status, income, type of diet, type of family, mode of delivery, and use of contraception. Section B: consist of self structured checklist to identify the symptoms of PID.

Results

The finding showed that 63 (63%) of Reproductive age women had symptoms of PID and 37 (37%) of Reproductive age women had normal characteristics of cervix. Application of Acetic acid in Cervix, findings showed that 63 (100%) of Reproductive age women had no Aceto white areas, that none of the demographic variables had shown statistically significant association with PID among reproductive age women.

Table 1: Frequency and Percentage Distribution of Socio Demographic Data for Screened Women N = 100

Demographic Variables	No	%
Age in years		
1. 25–35 years	24	24
2. 36–40 years	27	27
3. 41–50 years	49	49
Marital status		
1. Married	87	87
2. Unmarried	13	13
3. Widow	0	0
4. Divorce	0	0
Religion		
1. Hindu	100	100
2. Muslim	0	0
3. Christian	0	0
4. Others	0	0
Educational status		
1. Primary	34	34
2. Secondary	54	54
3. Higher secondary	12	12
4. Degree	0	0
5. Illiterate	0	0
Occupational status		
1. Employed	52	52
2. Unemployed	48	48
3. Business	0	0

Cont.

Demographic Variables	No	%
4. Laborer	0	0
Income		
1. Rs. 3,000–4,999	98	98
2. Rs. 5,000–9,999	2	2
3. Rs. 10,000–14,999	0	0
4. Rs.15,000 and above	0	0
Type of diet		
1. Vegetarian	50	50
2. Non-vegetarian	0	0
3. Mixed	50	50
Type of family		
1. Nuclear	98	98
2. Joint	2	2
3. Extended	0	0
Mode of delivery		
1. Normal vaginal delivery	98	98
2. Cesaerean delivery	2	2
3. Instrumental delivery	0	0
Use of contraception		
1. Yes	0	0
2. No	100	100

The Table 1 shows that majority 49 (49%) were in the age group of 41–50 years, 87 (87%) were married, almost all 100 (100%) were Hindus, 54 (54%) were educated upto secondary level, 52 (52%) were employed, 98 (98%) had an income of Rs. 3,000–4,999, 50 (50%) were vegetarian and mixed type of diet respectively and 98 (98%) belonged to nuclear family 98 (98%) had normal vaginal delivery and almost all 100 (100%) had not used contraception.

Table 2: Frequency and Percentage Distribution of Risk Factors of CA Cervix Among Reproductive Age Women N=100

Visual Inspection of Cervix	No.	%
Colour		
1. Pink	99	99
2. Redness or congestion	1	1
3. Pallor	0	0
Secretion		
1. Clear mucoid secretion	74	74
2. Abnormal discharge	26	26
Odour		
1. Odourless	74	74
2. Foul smelling discharge	26	26
Surface		
1. Smooth	100	100
2. Irregular	0	0
Epithelium		
1. Atrophic epithelium	0	0
2. Hypertrophy of cervix epithelium	0	0
3. Keratinized cervix epithelium	0	0
4. Normal cervix epithelium	100	100
Presence of		
1. Erosions	0	0
2. Groin infection	44	44
3. Polyps	0	0
4. Nabothian follicles	0	0
5. Prolapse uterus	1	1
6. Normal	55	55

The Table 2 shows that risk factors of CA cervix, It shows That, that 99 (99%) had pink colour and only one (1%) had redness or congestion. Regarding secretion, 74 (74%) had clear mucoid secretion and 26 (26%) had abnormal discharge. Considering the odour, 74 (74%) were odourless and 26 (26%) had foul smelling discharge. With regard to epithelium, almost all 100 (100%) had normal cervix epithelium. The analysis revealed that 55 (55%) were normal, 44 (44%) had presence of groin infection and only one (1%) had prolapsed uterus.

Table 3: Frequency and Percentage Distribution of Reproductive Age Women with PID Symptoms N = 100

PID	No.	%
Present	63	63%
Absent	37	37%

The Table 3 shows that majority of Reproductive age women had 63 (63%) symptoms of PID and 37 (37%) were normal among reproductive age women.

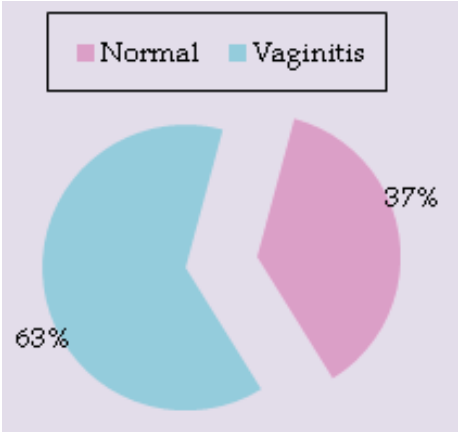

Fig. 1: Frequency and Percentage Distribution of Reproductive Age Women with PID Symptoms

The Figure 1 shows that majority of Reproductive age women had 63 (63%) symptoms of PID and 37 (37%) were normal among reproductive age women.

Table 4: Frequency and Percentage Distribution of Ca Cervix by Visual Inspection using Acetic Acid Among Reproductive Age Women N = 63

Application of 5% Acetic acid in cervix	No	%
1. Positive	0	0
2. Negative	63	100%

The Table 4 shows that application of Acetic acid in Cervix, findings showed that 63 (100%) of Reproductive age women had no Aceto white areas.

The above observations revealed that none of the reproductive age women had cancerous lesions and majority of them have symptoms of PID.

Discussion

A study was conducted to detect Ca cervix by Visual inspection using Acetic acid among reproductive age women in selected CHC at Puducherry with the objectives of, to assess the risk factors of Ca cervix among Reproductive age women, to determine the prevalence rate of Ca cervix by Visual inspection using Acetic acid among Reproductive age women, to associate the risk factors of ca cervix with selected demographic variables.

The study finding shows that majority 49 (49%) were in the age group of 41–50 years, 87 (87%) were married, almost all 100 (100%) were Hindus, 54 (54%) were educated upto secondary level, 52 (52%) were employed, 98 (98%) had an income of Rs. 3,000–4,999, 50 (50%) were vegetarian and mixed type of diet respectively and 98 (98%) belonged to nuclear family 98 (98%) had normal vaginal delivery and almost all 100 (100%) had not used contraception.

The first objective of the study, to assess the risk factor's of Ca cervix among Reproductive age women. It shows that the risk factors of PID, that 99 (99%) had pink colour and only one (1%) had redness or congestion. Regarding secretion, 74 (74%) had clear mucoid secretion and 26 (26%) had abnormal discharge. Considering the odour, 74 (74%) were odourless and 26 (26%) had foul smelling discharge. With regard to epithelium, almost all 100 (100%) had normal cervix epithelium. The analysis revealed that 55 (55%) were normal, 44 (44%) had presence of groin infection and only one (1%) had prolapsed uterus.

The supported previous study is Tahamina Khanum (2018) conducted study cross-sectional study on "Per vaginal findings among the women with pelvic inflammatory Disease at a Tertiary care Hospital in Dhaka city, used 50 sample, result showed that, 20% patients had 1st degree perineal tear, 6% had utero-vaginal prolapsed and 24% had foul smelling vaginal discharge.[15]

The second objective of the study, to determine the prevalence rate of Ca cervix by Visual inspection using Acetic acid among Reproductive age women. It shows that application of cervix with acetic acid shows that almost all 63 (100%) had no aceto white areas, The above observations revealed that none of the reproductive age women had cancerous lesions.

The supported previous study is Haripriya Vedantham (2010) conducted study on "Determinants of VIA (Visual inspection of the cervix after Acetic acid Application) positivity in cervical cancer screening of women in a Peri-Urban Area in Andra Pradesh", India, used 19 sample, result showed that 5 were positive by VIA. In multivarient analysis, VIA positivity (12.74%) was associated with older age, positive pap smear. Cervical inflammation of unknown causes was present in 21.62% of women.[8]

Conclusion

The majority of the women were not aware of pelvic inflammatory disease and related consequences, and the role of the community health nurse interacting with the family of women to create the awareness of pelvic inflammatory disease and precancerous/cancer lesions of the cervix is crucial as it is necessary to implement primary and secondary preventive measures. this study has given some ideas that certain factors such as knowledge, education and practices among the women has a great influence on the health practices of the women. Personal hygiene, menstrual hygiene and sexual health play a vital role in the occurrence of precancerous lesions of the cervix.

Recommendation

1. Awareness programme can be conducted in primary health centers regarding pre-cancerous lesions and the screening methods.
2. A study can be conducted to assess the stress level among women who are undergoing VIA, VILI. Followed VIAM.
3. The same study can be conducted on a large sample.
4. Mass health education programme to be given among the women who are vulnerable to precancerous lesions.

5. A comparative study should be conducted with rural and urban population.
6. A study to assess the attitude of the women towards the cervical cancer screening programme.
7. A study to assess health seeking behavior on PID among reproductive age women.

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Comparsion of Family Function Among Adolescents in Urban and Rural Schools

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Abstract

Introduction: Children are the corner stone of a family and family is the corner of society and country. From the perspective of children, the Family is a "Family of orientation." The Family serves to locate children socially and plays a major role in their enculturation and socialization. Teenage is a beautiful phase of life where dream are built and a child turns into an energetic and confident individual. Those are the years to foster moral principles, construct you're their system and begin their journey in the right path. *Methodology:* Quantitative research approach and descriptive survey research design was adopted for the study. Purposive sampling technique was used to select the 200 people from the selected urban and rural schools at Puducherry. *The result* showed that The overall level of family function showed that the most 86 of the adolescents in urban schools had a highly functional family, 12% had moderately dysfunctional family and 2% had sever dysfunctional family. Whereas in adolescents of rural school 79% had a highly functional family, 16% had moderately dysfunctional family and 5% had severed dysfunctional family. *Conclusion:* The present study revealed that in the level of family function. The urban school adolescents were highly family function than rural school adolescents. So, the adolescents were involved with their family function they improve their academic activities it is important for the adolescents to involve family function.

Keywords: Adolescent student; Family function; Urban and rural school.

Introduction

Children are the corner stone of a family and family is the corner of society and country. From the perspective of children, the Family is a "Family of orientation.[1]" The Family serves to locate children socially and plays a major role in their enculturation and socialization. Teenage is a beautiful phase of life where dream are built and a child turns into an energetic and confident individual. Those are the years to foster moral principles, construct you're their system and begin their journey in the right path. According to 2018 estimation, there were about 1.2 billion adolescents seen with the ratio of every five People in the world today where 87% of the adolescents live in developed countries. Whereas in India. According to the UNICEF statistics 2018 the adolescents population was about 2, 43,387.

This Unprecedented number of adolescents will ensure continued population growth for decades to come as Family size gets smaller.[2] Family is the most universal and fundamental social institution which performs a variety of functions in human society. Diffirent sociologist have viewed or classified the functions of family into different types.[3] The family and school are considered to be the important social factors contributing to the development of an adolescent. It is even found that a peaceful home

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environment, relationship between the parents and conducive school atmosphere play a significant role in improving the Childs abilities and performance in various fields.[4]

Objectives

- To Assess the family function of adolescents in urban and rural schools.
- To Compare the family function of adolescents in urban and rural schools.
- To Correlate the family function of adolescents in urban and rural schools.
- To Associate the family function of adolescents in urban and rural school with demographic variable.

Materials and Methods

Quantitative Approach. Descriptive research design was used to conduct research at a selected government higher secondary schools in puducherry. 200 in which 100 students in urban school and 100 students rural schools were selected by using convenience sampling technique. Those who fulfills the inclusion criteria and those who were available at the time of data collection. Who are the X and XII standard were Excluded from the study. Structured interview schedule was used to collect the data. The structured questionnaire comprised of A and B. Section A consist of demographic variables, Section B consist of family function (APGAR) scale. Formal permission obtained from the concerned authority, data was collected. The participants were explained about the purpose of the study and assured that the collected data was be maintained carefully and informed consent was obtained The collected data was analyzed by using descriptive and inferential statistics.

Results

The result showed that The overall level of family function showed that the most 86% of the adolescents in urban schools had a highly functional family, 12% had moderately dysfunctional family and 2% had sever dysfunctional family. Whereas in adolescents of rural school 79% had a highly functional family, 16% had moderately dysfunctional family and 5% had severed dysfunctional family.

The study result revealed that Table 1 consist of that With regard to the age of the adolescents in urban school majority of them 89% belonged to the age group of 16 years, whereas to rural school majority of them 89% belonged to the age group of 16 years. In relation to the gender majority of the adolescents were male 68%. And females were 32% in urban schools. In rural schools majority of the adolescents were female 71% and males were 29%. With Regard to the Religion majority of the adolescent were Hindus were 89%. whereas in rural school majority of the adolescents were Hindus 73%. majority of adolescents were 87% belongs to nuclear family. In rural school majority of them were 47% belongs With regard to parents marital status majority of the adolescent's parents were living together 64%, in urban school. In rural schools majority of the adolescent's parents were 52% living together, With regard to the fathers educational status majority of the adolescents fathers were competed primary schooling 46%, in urban schools. In rural schools majority of the adolescent's fathers were completed secondary schooling 37%, The Above table with regard to majority of adolescent's fathers was 33%, in urban schools. In rural majority of adolescent's fathers were skilled 29%, With regard to of the mothers education majority of adolescent's mother were completed primary schooling 50%, in urban schools. In rural majority of adolescents mothers were completed in primary schooling 50% With regard to occupation of mothers majority of adolescent's mothers were 48%, in urban schools. In rural adolescents majority of adolescent's mothers were 41% unemployed, With regard monthly income majority of adolescents were belongs to below 5000 57%, in urban schools. In rural adolescents majority of adolescents were belongs to below 5000, 32%.

Figure show that frequency, percentage distribution of the level of family function among adolescents in urban and rural schools. Most of the adolescents in urban school were 86% highly functional family, 12% were moderately dysfunctional family and 2% were severe dysfunctional family. In adolescents of rural school were 79% highly functional family, 16% were moderately dysfunctional and 3% were severe dysfunctional family.

The Table 2 Depict the mean and standard deviation for level of family function among adolescents in urban and rural schools.

The present study concluded that comparing with the level of family function there was no difference among urban and rural school adolescents.

The Table 3 Shows that spearman correlation test was used to correlate family function the finding

show that there was a positive correlation with r = 0.311, p > 0.002 in urban school, r = 0.111 p > 0.271 in rural school. It was inferred that family function significant among the student in urban school.

Table 1: Demographic Variable on Adolescents in Urban and Rural School (N = 200)

Demographic Variables	Urban N = 100		Rural N = 100	
	Frequency (N)	Percentage (%)	Frequency (N)	Percentage (%)
Age in years				
16 years	89	89	89	89
17 years	10	10	9	9
18 years	1	1	2	2
Gender				
Male	68	68	29	29
Female	32	32	71	71
Religion				
Hindu	89	89	73	73
Christian	7	7	7	7
Muslim	4	4	20	20
Type of family				
Nuclear	87	87	47	47
Joint	13	13	42	42
Extended	1	1	11	11
Parents marital status				
Single parent	31	31	38	38
Living together	64	64	52	52
Separated	3	3	6	6
Divorced	2	2	4	4
Education of father				
Primary schooling	46	46	34	34
Secondary schooling	29	29	37	37
Higher secondary	11	11	20	20
Graduate/post graduate	14	14	9	9
Occupation of father				
Unemployed	30	30	23	23
Skilled	11	11	29	29
Self-employed	33	33	28	28
Private employed	21	21	18	18
Government employed	5	5	2	2
Education of mother				
Primary schooling	50	50	50	50
Secondary schooling	32	32	31	31
Higher secondary	8	8	11	11
Graduate/post graduate	10	10	8	8

Table 2: Comparison of mean and Standard Deviation for Level of Family Function of Adolescents Between Rural and Urban Schools. (N = 200)

Variables	Urban		Rural		T-Value	*p*-Value
	Mean	S.D	Mean	S.D		
Family function	8.12	1.75	7.77	1.90	1.351	0.651 (NS)

Table 3: Correlation Between the Level of Family Function Among Adolescents in Urban Schools (N = 100)

Variable	Urban				Rural			
	Mean	S.D	R- Value	*p*-Value	Mean	S.D	R- Value	*p*-Value
Family Function	8.12	1.75	0.311	0.002* S	7.77	1.90	0.111	0.271 Ns

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

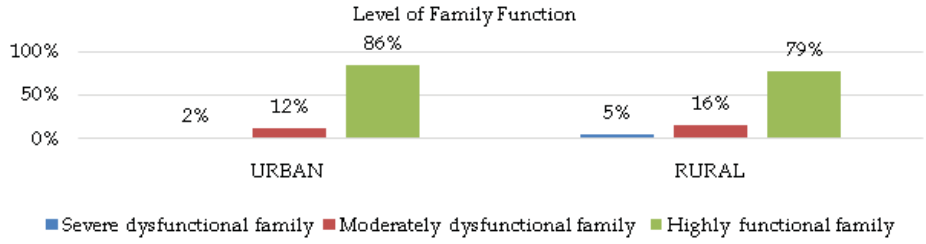

Fig. 1: Frequency and percentage distribution the level of family function among the adolescents between rural and urban school (N = 200)

Discussion

The overall level of family function showed that the most of the adolescents in urban schools. 86% had a highly functional family, 12% had moderately dysfunctional family and 2% had sever dysfunctional family. Whereas in adolescents of rural school 79% had a highly functional family, 16% had moderately dysfunctional family and 5% had severed dysfunctional family.

Gazendam donofrio (2007) conducted a study on assessing the family functioning and adolescents' emotional and behavioral problems among a sample group of 138 patients, 114 spouses and 221 adolescents who completed the family environment scale, adolescents filled in the impact of event scale and youth self-report and parents reported on the adolescents functioning using the child behavior checklist. As a result patients and spouses reported that their families differed from the norm; they were more expressive and social, better organized, less controlling and had less conflict, adolescents reported the same and additionally found that their family environment was weak enough to function normally as before, and concluded that the functioning of the family seemed to be a risk factor for behavioral and emotional problems in adolescents.[3]

Conclusion

The present study concluded that comparing the level of family functioning urban and rural school there was no difference. So, concluded adolescents student from well functioning family function were most likely to be bonded to academic achievement their academic activities it is important for the adolescents to involve family function.

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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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Article in supplement or special issue

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Corporate (collective) author

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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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