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A Study To Assess The Knowledge Regarding Revised Immunization Among Mother Of Under Five Children At Selected Area Of Valsad District

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ABSTRACT

INTRODUCTION: Immunization is one the most cost-effective health services to prevent chronic illness that contribute to child mortality in the country, particular in environment where malnourished children, overcrowding, poverty and illiteracy reign childhood immunization has been an important part of maternal and child health services. O**bjective:** To assess the knowledge level regarding revised Immunization among mother of under five children**. Methods:** The quantitative research approach and survey research design was used to collect the data. The total 60 samples was collected by purposive sampling technique. Demographic and structured questionnaires was used to collect the data. **Result:** The Result shows that Majority of the mothers were between 20-30 years of age (43.33%),81.66% (34) religion IHindu,45% (27) were having secondary education, Majority of 76.66% (46) under-five mothers were housewife,75%(45) were having <10000 income, 41.66% (25) were joint family**.** The result shows that 50% mothers of under five children have good knowledge, 45%have average knowledge and 5% mothers f under five children have poor knowledge.

Keywords: Knowledge, under five children mothers, revised immunization

I. INTRODUCTION

Immunization helps the body to develop the Immunity against vaccine preventable disease and other serious complication for that we required knowledge about immunization among parents of Under Five children. Immunization is cost effective intervention methods to prevent the chronic health problems.

As per WHO and National Health Targets Immunization helps to eradicate and eliminate the disease from Country. It helps to achieve the SDGs Goals.

1.1OBJECTIVE:

1. To assess the knowledge level regarding revised Immunization among mother of under five children in selected areas of Valsad District.

II. RESEARCH METHODOLOGY

2.1 RESEARCH APPROACH: In this study the quantitative research approach was used to assess the knowledge regarding revised immunization among mother of under-five children in selected area of Vapi

2.2 RESEARCH DESIGN: The research design used in this study was survey design.

2.3 VARIABLES

Demographic variables: Age in year, religion, education, occupation, Income, types of family.

2.*3. Research setting* **:** Study area the setting of the study was selected area of Valsad district.

2.4 Research population: In current study population comprises of school children.

Target population: In the current research study, the target population comprises under five children mothers

2.5 Sample: The sample was mothers of under five children

2.6 Sample size: The sample size selected for the present study was 60.

2.7 Sampling technique: The researcher in the present study selected the target population through Non-Probability, Convenient sampling technique.

2.8 Criteria for selection of samples

The criterion for selection of sample in this study involves.

Sampling criteria:

The study includes a client who is:

- Mother who are willing to participate in study.
- Mother who are able to read and write in Guajarati / Hindi/ English.
- Mother who are present at time of conducting the study.

2.9 DESCRIPTION OF THE TOOL

Section A: Socio-demographic the demographic variable used in the study is Age, Religion, education, occupation, Income, types of Family.

Section B: Knowledge Questionnaire Semi-structured knowledge questionnaire. A structured questionnaire related to

Score	Score %	Level of knowledge
1-5	0%	Poor knowledge
6-10	10%	Average knowledge
11-15	90%	Good knowledge

II. RESULT

Section I: Description of socio demographic variables

SECTION; -1 SOCIO DEMOGRAPHIC PROFILE OF IMMUNIZATION

N=60

SOCIO DEMOGRAFIC VARIABLES	CATEGORY	Frequency	PERCENTAGE
1. Age in year	<20 year	18	30%
	21-30 year	26	43.33%
	31-40	14	23.33%
	>40 year	2	3.34%
2. Religion	Hindu	49	81.66%
	Christion	1	1.66%
	Muslim	8	13.33%
	Any other	2	3.33%
3. Education	Illiterate	8	13.33%
	Primary education	18	30%
	Secondary education	27	45%
	Graduate & above	7	11.66%
4. Occupation	Housewife	46	76.66%
	Private or govt. job	9	15%
	Self employed	5	8.33%
5. Income	<10000	45	75%
	10000-20000	5	8.33%
	20000-30000	10	16.66%
	>30000	0	0%
6. Types of family	Nuclear family	20	33.33%
	Extended family	10	16.66%
	Single parent	5	8.33%
	Joint family	25	41.66%

The Result shows that Majority of the mothers were between 20-30 years of age (43.33%),81.66% (34) religion Hindu,45% (27) were having secondary education, Majority of 76.66% (46) under-five mothers were housewife,75%(45) were having <10000 income, 41.66% (25) were joint family.

SECTION II: KNOWLEDGE SCORE OF MOTHERS OF UNDER FIVE CHILDREN

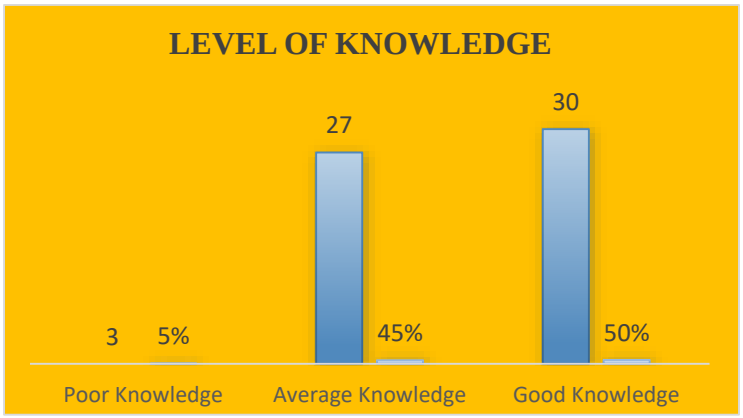

Figure: 1 Distribution of participants based on Knowledge score of under five children mothers

The result shows that 50% mothers of under-five children have good knowledge, 45% have average knowledge and 5% mothers f under five children have poor knowledge.

CONCLUSION

The study concluded that majority of the mothers have good knowledge regarding immunization.so it will helps to mothers for fully immunization status of under five children.

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An International Open Access, Peer-reviewed, Refereed Journal

A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE & ATTITUDE REGARDING LEPROSY AMONG ADULTS IN SELECTED URBAN AREAS OF VALSAD DISTRICT.

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ABSTRACT

Introduction: Leprosy is one of the oldest diseases known to man. However, it still continues to be a serious public health problem in the developing world. This is primarily because leprosy is a medical problem with grave social overtones since permanent and progressive disability and consequent psychological damage is a recognized sequale of untreated leprosy. Hence, leprosy, irrespective of the occurrence of deformities, often results in intense stigma and social discrimination of patients and their families, causing tremendous social problems not only to the affected individuals but also to their families and the community at large. **Aim:** The present study aims to assess the knowledge & attitude regarding leprosy among adults in selected urban areas of valsad district. **Methodology:** The research design used in the study is Survey design. The research approach used in the study is a quantitative approach. A total of 165samples (adults) were selected from selected Urban areas at Valsad District. The Non probability convenient sampling technique was used for the selection of samples. Data analysis was done by using descriptive statistics & inferential statistics. **Result:** In this study maximum participants were from the age group of 41 to 50 years, 107 were females, 134 were Hindu by religion, 137 were unmarried, 63 were post graduate, 63 had their own business, 104 had pakka house, 132 participants were earning more than Rs. 10000. 62 participants said they received the information regarding Leprosy from Health Workers. Among 165 participants, 90 participants had average knowledge, and 48 participants had good knowledge regarding Leprosy &120 participants had favourable attitude, and 42 participants had highly favourable attitude towards Leprosy disease. **Conclusion:** Although more than half of the study participants had average knowledge & favourable attitudes toward leprosy. Having at least primary education was found to be associated with having good knowledge & high favourable attitude. The finding of urban dwellers having a poor attitude toward leprosy was unexpected. Therefore, in future we should focus on strategies that improve the community's knowledge of the realities of leprosy, so that attitudes shift to create a more supportive environment for the leprosy control programme. As the media remains to be one of the major sources of information about the disease, transmitting more reliable information about the disease by expert is also essential. These can improve the health seeking behaviour of the community & early case detection rate.

Key words: *Descriptive study, knowledge, attitude, leprosy*

INTRODUCTION:

Leprosy is a chronic granulomatous disease resulting from infection with the bacteria Mycobacterium leprae. M. leprae is an acid-fast, rod-shaped, gram-positive bacillus that is an obligate intracellular parasite which can be demonstrated in skin smears or biopsy sections in patients. Humans are considered the main host and reservoir of the leprosy bacilli.

Leprosy is now found mainly in tropical and subtropical climatic areas, although it has occurred as much in the north temperate zones. Hence, there is no significant seasonal or geographical variation in the occurrence of leprosy. Leprosy is also more common among the poor in underdeveloped countries. The current school of thought ascribes leprosy to crowded living conditions, impoverished diet, inadequate medical care and improper sanitation facilities, although, little evidence for these associations has been documented.

STATEMENT OF THE PROBLEM:

"A study to assess the knowledge & attitude regarding leprosy among adults in selected urban areas of Valsad district"

OBJECTIVES OF THE STUDY:

1) To assess the knowledge regarding leprosy among adults in selected urban areas of Valsad district.

2) To assess the respondent's attitude regarding leprosy in selected urban areas of Valsad district.

ASSUMPTIONS

Adults may have some knowledge regarding leprosy

RESEARCH METHODOLOGY

1. Research Approach-Quantitative Approach

2. Research Design-Survey design

3. Variables-Demographic variables it contains Age, gender, religion, marital status, education, occupation, types of house, monthly family income &source of information

4. Setting-The study is conducted in selected urban areas of Valsad District.

5. Target Population- In this study Target Population consisted of adults.

6. Sample-Adults who are staying in the selected urban areas of Valsad District

7. Sample Size-165

8. Sampling Technique- nonprobability convenient sampling

9. Inclusion criteria-

- Adults who are staying in the selected urban areas of Valsad District
- Adults who are willing to participate in the study.
- Adults who are available at the time of data collection.

10. Exclusion criteria-

- Adults who are not staying in the selected urban areas of Valsad District.
- Adults who are not willing to participate in the study.

DESCRIPTIONOFTOOL

The tool consists of three sections

SECTION I: DemographicVariables

Age, gender, religion, marital status, education, occupation, types of house, monthly family income &source of information

SECTION II: Structured Knowledge Questionnaire

Collection of data is done by using questionnaires Leprosy

SECTION III: Likert Scale on attitude towards Leprosy

Collection of data is done by using Likert scale

Scoring procedure

Scores were interpreted as follows

Knowledge level	Scores
Poor Knowledge	1-7
Average Knowledge	8-14
Good Knowledge	15-20

Category of attitude score on leprosy

Level of Attitude	Percentage
Highly favorable	39-50
Moderately favorable	26-38
Not favorable	0-25

RESULTS & DISCUSSION

This section was divided into three parts. First part includes demographic data of the participants. Second part includes assessment of knowledge regarding leprosy&third part is related to attitude of participants towards leprosy.

I: Demographic Data-

TABLE 1: Distribution of participants based on demographic variables

n=165

BASELINE CHARACTERISTICS	F	%
1. Age (in years):		
a) 21-30 years	15	9.09
b) 31-40 years	39	23.63
c) 41-50 years	58	35.15
d) 51-60 years	53	32.12
2. Gender		
a) Male	58	35.15
b) Female	107	64.84
3. Religion		
a) Hindu	134	81.21
b) Muslin	31	18.78
c) Christian	00	00
d) Others	00	00
4. Marital status (If Married)		
a) Married	17	10.30
b) Separated	00	00

c) Divorced	01	0.60
d) Widow	10	6.06
e) Unmarried	137	83.03
5. Education		
a) Illiterate	02	1.21
b) Primary	01	0.60
c) High school	34	20.60
d) Higher school	14	8.48
e) UG	24	14.54
f) PG	63	38.18
g) Others	27	16.36
6. Occupation		
a) Private Job	5	3.03
b) Govt. Job	41	24.84
c) Farmer	40	24.24
d) Housewife	09	5.45
e) Business	07	4.24
f) Others	63	38.18
7. Types of house		
a) Kaccha	44	26.66
b) Pakka	104	63.03
c) Semi Pakka	17	10.30
8. Monthly Family income		
a) <1033	00	00
b) 1034-3071	00	00
c) 3072-5119	00	00
d) 5120-7680	01	0.60
e) 7681-10,240	01	0.60
f) 10,241-20,481	31	18.79
g) Above or 20,482	86	52.13
	46	27.88
9. Sources of information		
a) TV/Radio	03	1.81
b) Newspaper	47	28.48
c) Family/friends	49	29.69
d) Health workers	04	2.42
e) Others	62	37.57

Table No. 1 shows that maximum participants were from the age group of 41 to 50 years, 107 were females, 134 were Hindu by religion, 137 were unmarried, 63 were post graduate, 63 had their own business, 104 had pakka house, 132 participants were earning more than Rs. 10000. 62 participants said they received the information regarding Leprosy from Health Workers.

Section II: Knowledge of participants regarding Leprosy

Fig. 1: Distribution of participants based on level of knowledge regarding Leprosy

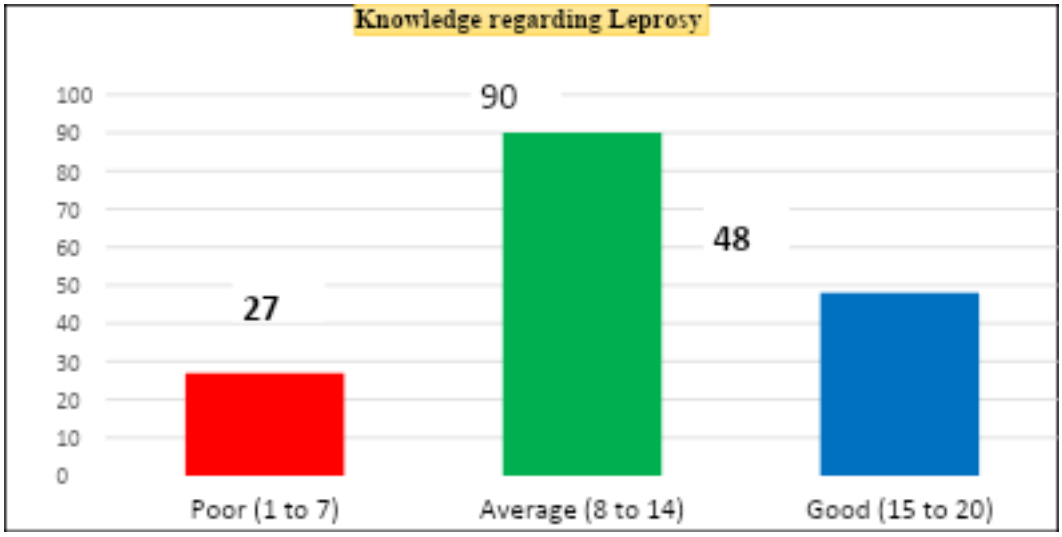

Fig. No. 1 shows that 90 participants had average knowledge, and 48 participants had good knowledge regarding Leprosy.

Section III: Attitude of participants towards Leprosy

TABLE 2: Distribution of participants based on attitude score n=165

Sr. No	Attitude Questions	Strongly agree		Agree		Don't know		Disagree		Strongly disagree	
		F	%	F	%	F	%	F	%	F	%
1	Scared of leprosy	74	44.84	76	46.06	11	6.66	3	1.81	1	0.60
2	leprosy is a highly infectious disease	19	11.51	120	72.72	18	10.90	5	3.03	2	1.21
3	Feel ashamed to tell others if having any leprosy patient in your family	31	18.78	52	31.51	74	44.84	4	2.42	2	1.21
4	a person with leprosy can shake hands with others	17	10.30	88	53.33	50	30.30	7	4.24	00	00
5	share items with leprosy patient e.g towel, soap etc..	25	15.15	35	21.21	3	1.81	99	60	1	0.60
6	Leprosy patients can sit beside normal person	15	9.09	59	35.75	79	47.87	7	4.24	3	1.81
7	Use of the same set of eating utensils used by person with leprosy	8	4.84	31	18.78	63	38.18	58	35.5	3	1.81
8	Marry to family members with history leprosy	17	10.30	14	8.48	45	27.27	83	50.3	4	2.42
9	Allow your own child to play with child from leprosy family	13	7.87	75	45.45	50	30.30	17	10.30	18	10.90
10	Work in an environment with person affected by leprosy	15	9.09	30	18.18	89	53.93	17	10.30	12	7.27

Table 3shows that 76 participants agreed, and 74 participants strongly agreed that they fear Leprosy disease. 120 participants agreed that Leprosy is highly infectious disease. 52 participants agreed and 31 strongly agreed that they will feel ashamed to tell others if having any leprosy patient in your family. 88 participants agreed that a person with leprosy can shake hands with others. 99 participants disagreed to share items with leprosy patient e.g towel, soap etc. 59 participants agreed that Leprosy patients can sit

beside normal person. 58 participants disagree to use the same set of eating utensils used by person with leprosy. 83 participants disagreed with getting married to family members with history leprosy. 75 participants agreed to allow their own child to play with a child from a leprosy family. 45 participants agreed to work in an environment with person affected by leprosy.

Table 3: Distribution of participants based on attitude score

Sr. No.	Level of Attitude	Frequency	Percentage
1	Highly Favourable (39-50)	42	26
2	Favourable (26-38)	120	73
3	Not Favourable (0-25)	3	0.08

Table 3 shows that 120 participants had favourable attitude, and 42 participants had highly favourable attitude towards Leprosy disease.

CONCLUSION

Although more than half of the study participants had average knowledge & favourable attitudes toward leprosy. Having at least primary education was found to be associated with having good knowledge & high favourable attitude. The finding of urban dwellers having a poor attitude toward leprosy was unexpected. Therefore, in future we should focus on strategies that improve the community's knowledge of the realities of leprosy, so that attitudes shift to create a more supportive environment for the leprosy control programme. As the media remains to be one of the major sources of information about the disease, transmitting more reliable information about the disease by expert is also essential. These can improve the health seeking behaviour of the community & early case detection rate.

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An Exploratory Study on Perception of Adolescent Girls Towards Early Menarche in Selected Schools & Colleges at Valsad District

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Abstract
Puberty is a transitional phase between childhood and adulthood, during which sexual maturation occurs. Menarche is a key milestone in this process. Early menarche is often associated with psychosocial, physical, and reproductive health consequences. This study aimed to assess the perception of adolescent girls toward early menarche and to identify associations with selected demographic variables. A total of 150 adolescent girls from selected schools and colleges in Valsad district were included using purposive sampling. Data were collected through a structured questionnaire and analyzed using descriptive and inferential statistics. Findings revealed that the majority of participants (63.6%) were aged 16–18 years, and most attained menarche between 13–15 years. Nearly half of the respondents reported inadequate preparedness for menarche, reflecting limited pre-menarcheal education. Statistical analysis demonstrated a significant association between age and perception levels ($p<0.05$). The study concludes that adolescent girls require structured educational programs to enhance knowledge and coping mechanisms regarding menarche.

Keywords
Adolescent girls, Early menarche, Perception, Exploratory study, Reproductive health

I. Introduction
Menarche, the first occurrence of menstruation, signifies reproductive maturity in adolescent girls, typically occurring between the ages of 10–19 years. Early menarche may predispose girls to physical, emotional, and social challenges, including reproductive health complications and psychosocial stress. Lack of awareness and preparation before menarche often worsens these challenges. Hence, understanding adolescent perceptions is vital for designing educational interventions.

Objectives of the study include:

1. To assess the perception of adolescent girls toward early menarche.
2. To determine associations between perceptions and selected demographic variables.

II. Methodology
A quantitative exploratory research design was adopted. The study was conducted among 150 adolescent girls from selected schools and colleges in Valsad district using purposive sampling. Data were collected using a structured questionnaire consisting of demographic variables and items on perceptions of menarche. Data were analyzed using descriptive statistics (frequency, percentage) and inferential statistics (chi-square test).

Table I: Demographic Characteristics of Participants

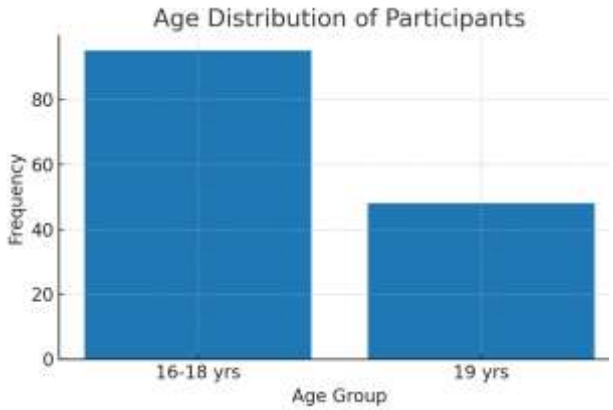
Variable	Frequency (n=150)	Percentage (%)
Age 16–18 years	95	63.6
Age 19 years	48	31.8
Education – Undergraduate	60	49.7
Menarche at 13–15 years	77	53
Nuclear Family	83	55
Religion – Hindu	145	96

Table II: Perceptions of Adolescent Girls Regarding Menarche

Perception Item	Agree (%)	Disagree (%)
Unaware about menarche before onset	27.2	68.6
Felt ready at first period	34.6	63.9
Knew what to do during first period	28.6	61.2
Felt menstruation was painful/dirty	25.9	63.2
Missed school during menstruation	27.9	62.6

Figures

Figure 1: Age Distribution of Participants



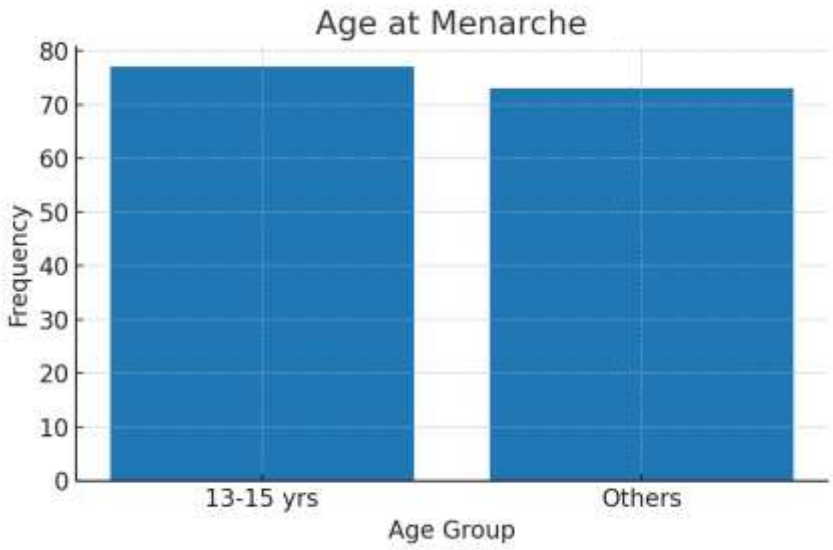


Figure 3: Age at Menarche

Figure 2: Educational Status of Participant

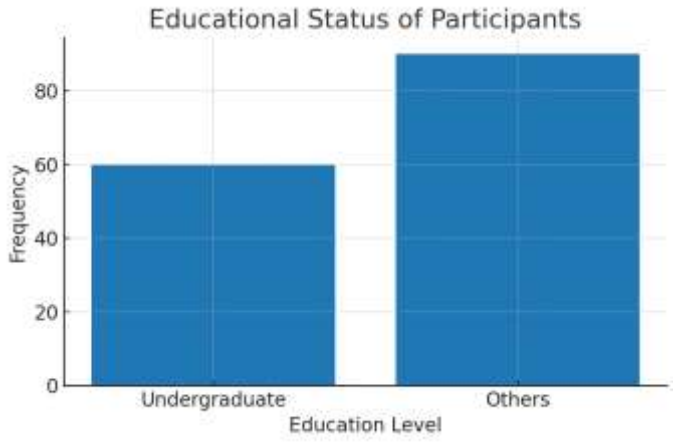
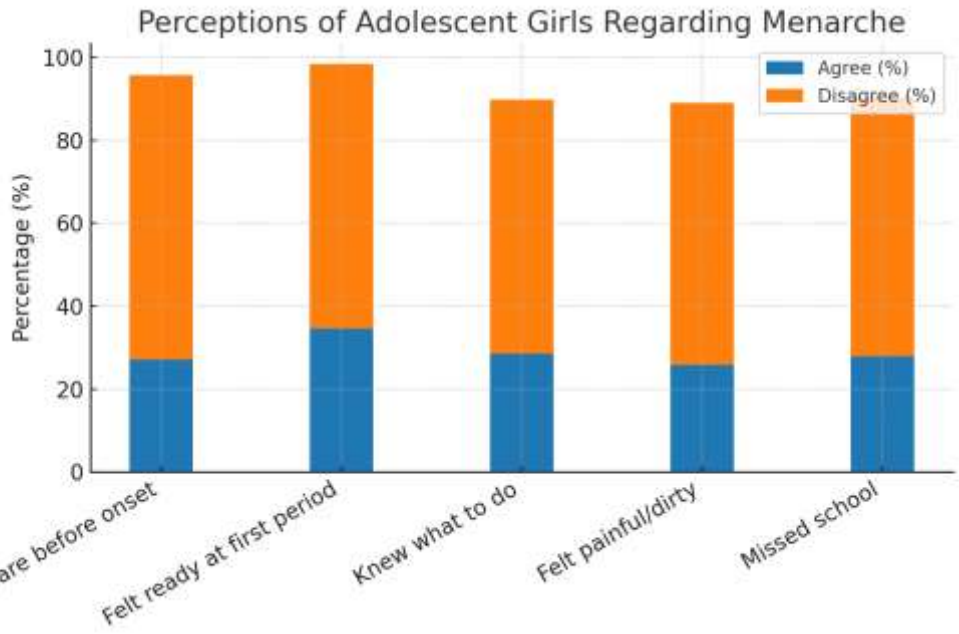


Figure 4: Perceptions of Adolescent Girls Regarding Menarche



III. Results

Among the 150 participants, 63.6% were aged 16–18 years, and 49.7% were pursuing undergraduate studies. The majority (53%) attained menarche between 13–15 years. Most participants belonged to nuclear families (55%) and practiced Hindu religion (96%). Regarding perceptions, over half of the respondents (51.3%) reported being unaware of menarche before its onset, while 33.3% strongly disagreed that they were ready for menarche. A significant association was found between age and perception levels ($p<0.05$).

IV. Discussion

The findings highlight limited preparedness among adolescent girls for menarche, consistent with global studies reporting lack of awareness and inadequate pre-menarcheal education. Cultural taboos, lack of parental guidance, and limited school-based education contribute to misconceptions. Structured awareness programs targeting both girls and their families are necessary to promote healthy coping mechanisms and menstrual hygiene practices.

V. Conclusion

The study concludes that adolescent girls in Valsad district often lack adequate knowledge and preparation for early menarche. Educational interventions through schools, families, and healthcare providers are essential to promote reproductive health awareness and reduce psychosocial stress among adolescents.

Acknowledgment

The authors express their gratitude to Sandra Shroff College of Nursing, Vapi, for institutional support, and to all participants for their cooperation in the study.

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"A Study To Identify The Risk Factors Associated With Infertility Among Women Attending Infertility Clinics In Valsad District."

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ABSTRACT

Introduction: Putting one step towards to extend the family is the crucial stage of life to become a parent. When a couple is seen and counselled about pregnancy, its course and outcome well before the time of actual conception is called periconceptional counselling. Aim of the study: The aim of the study was to identify the effect of structured teaching program on knowledge regarding Preconception care among the eligible women in selected villages. **Objectives:** 1) To assess the pre-test level of knowledge regarding preconception care among the eligible women in selected village of south Gujarat. 2)To assess the effectiveness of structured teaching programmed on knowledge level regarding preconception care among the eligible women. 3) To find out the association between pre-test score of knowledge regarding preconception care among the eligible women in villages of South Gujarat with their selected socio demographic variable. **Method:** Quantitative Research Approach design is sub-division of pre-experimental research design. With one group pre-test post-test research design was adopted for this study. A total of 100 eligible women who were selected by Purposive sampling technique. Data was collected by using structured teaching program consisting of socio demographic variables and self-structured questionaries. **Results:** The

overall mean percentage of knowledge in the pre-test was 10.41 with standard deviation 2.01. The overall mean percentage of knowledge in the post-test was 15.54 with standard deviation 1.7 with a positive mean difference 5.13. there is significant association between pre-test knowledge score of eligible women and selected socio demographic variables is accepted for age of the mother and education. **Interpretation and conclusion:** Results shows that post-test knowledge score is significantly higher than the pre-test score at p <0.05 level of significance i.e., mean difference is 5.13. There is significant improvement in knowledge of eligible women regarding pre- conception care.

INTRODUCTION

Putting one step towards to extend the family is the crucial stage of life to become a parent. When a couple is seen and counselled about pregnancy, its course and outcome well before the time of actual conception is called periconceptional counselling. Aim of the study: The aim of the study was to identify the effect of structured teaching program on knowledge regarding Preconception care among the eligible women in selected villages.

OBJECTIVES

- To identify the risk factors contributing to infertility
- To associate the risk factors with selected demographic variables

HYPOTHESES

- H1: There is a relationship between selected risk factors and infertility.
- H2: There is a significant relationship between selected demographic variables and risk factors.

OPERATIONAL DEFINITIONS

- **Infertility**
  It refers to the childlessness of a couple even with unprotected sex, and not using other contraceptives for a period of more than two years.
- **Risk factors**
  It refers to the factors as irregular menstrual cycle, marital life duration, ovarian and tubular diseases, marital and familial conflicts, life style factors as food habits other practices, sexual activity etc.
- **Women**
  It refers to the women who are diagnosed to have impaired fertility and attending infertility clinic for treatment.

DELIMITATION

1. The study is delimited to a period of 4 weeks.
2. The study is delimited only to women attending infertility clinic at selected infertility clinics at Valsad District.

METHODOLOGY

RESEARCH APPROACH: Quantitative research approach.
RESEARCH DESIGN: Descriptive study
STUDY SETTING: Selected Infertility centres at Valsad District.
POPULATION: Women attending selected infertility clinic at Valsad District.
SAMPLE SIZE: Thirty (30) women attending the infertility clinic were selected as the samples for the study.
SAMPLING TECHNIQUE: Systematic Random Sampling.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria

- Women who are willing to participate.
- Women with primary and secondary infertility.
- Women who speak and understand Gujrati and English.

Exclusion criteria

- Women who are not willing to participate.

DEVELOPMENT OF THE TOOL

The tool used for this study was structured interview.

Part I: It consist of the Socio Demographic variables including age, education, occupation, income, type of family and residence

Part II: It consisted of Gynaecological factors which include menstrual history, and marital history

Part III: It consists of psychological factors including marital conflicts, familial conflict.

Part IV : It consist of Personal/ Lifestyle factors as food habits, daily exercise practice, personal habits, exposure to passive smoking, coitus , body mass index, cause of infertility , type of infertility

RELIABILITY

Reliability of the tool was assessed by using Test retest method.

DATA ANALYSIS AND INTERPRETATION

Descriptive statistical measures like mean, standard deviation was used to analyze demographic variables and inferential statistical methods like Karl Pearson's coefficient was used to analyse the correlation between factors. Also, Chi square test was used to identify the association between factors and selected variables.

RESULTS

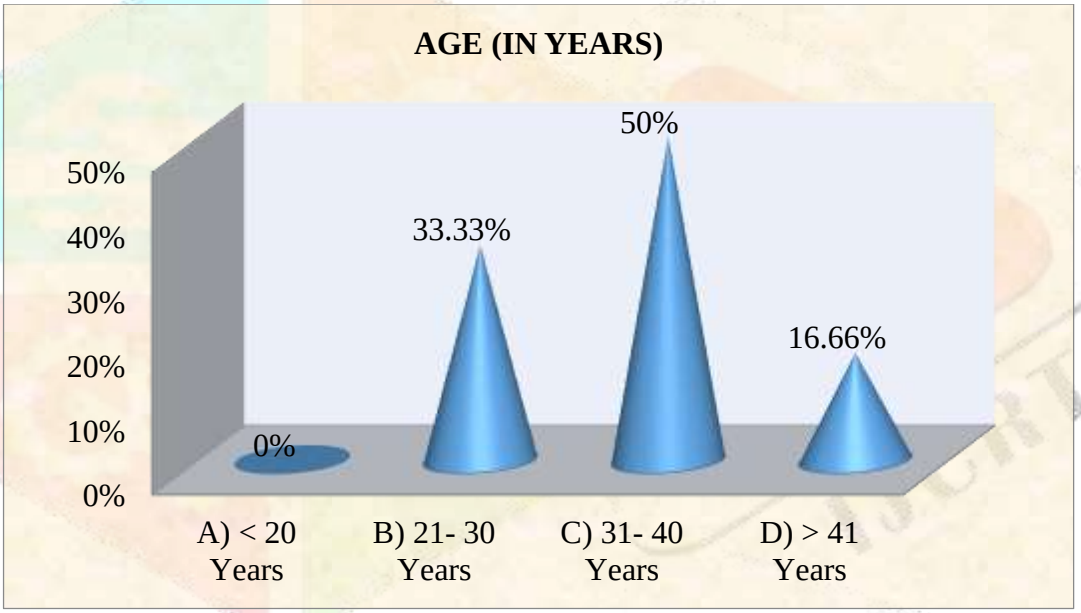
SECTION: I: FREQUENCY AND PERCENTAGE DISTRIBUTION OF SUBJECTS ACCORDINGS TO SOCIO DEMOGRAPHIC VARIABLES

N= 30

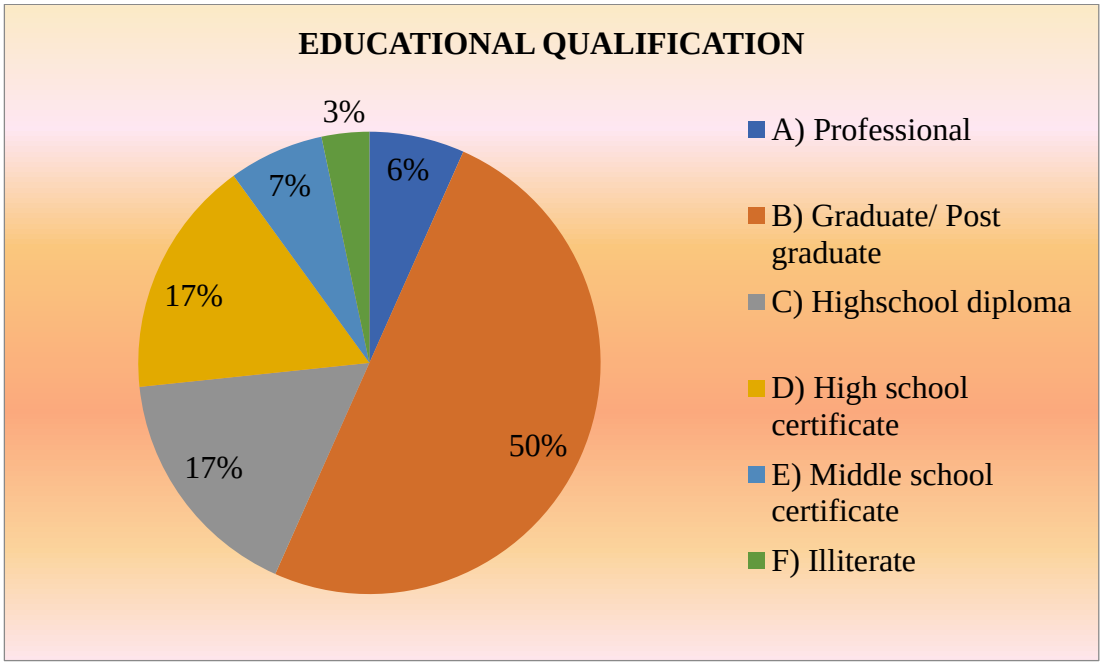
SR. NO.	SOCIO DEMOGRAPHIC VARIABLE	CATEGORY	FREQUENCY	PERCENTAGE
1	AGE (In Years)	A) < 20 Years	0	0%
		B) 21- 30 Years	10	33.33%
		C) 31- 40 Years	15	50%
		D) > 41 Years	5	16.66%
2	EDUCATIONAL QUALIFICATION	A) Professional	2	6.66%
		B) Graduate/ Post graduate	15	50%
		C) High school diploma	5	16.66%
		D) High school certificate	5	16.66%
		E) Middle school certificate	2	6.66%
		F) Illiterate	1	3.33%
3	OCCUPATION	A) Professional	9	30%
		B) Semi professional	3	10%
		C) Clerical, Farmers, Shop owner	2	6.66%
		D) Skilled worker	1	3.33%
		E) Semi skilled worker	0	0%

		F) Unskilled worker	0	0%
		G) Unemployed	15	50%
4	INCOME	A) > 25000/- Rs.	5	16.66%
		B) 20,000- 24,999/- Rs.	2	6.66%
		C) 15,000- 19,999/- Rs.	4	13.33%
		D) 10,000- 14,999/-Rs.	2	6.66%
		E) 5,000- 9,999/-Rs.	2	6.66%
		F) 2,000- 4,999/-Rs.	0	0%
		G) < 1,999/-Rs.	0	0%
5	TYPES OF FAMILY	A) Joint Family	16	53.33%
		B) Nuclear Family	14	46.66%
6	RESIDENCE	A) Urban	14	46.66%
		B) Urban Slum	0	0%
		C) Suburban	4	13.33%
		D) Rural	12	40%

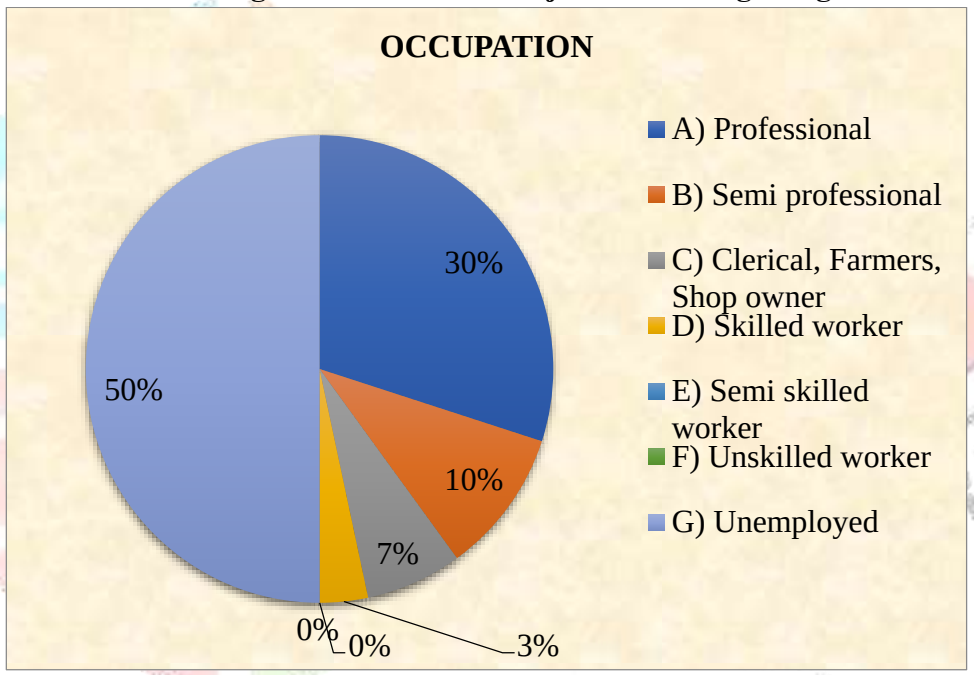
GRAPHICAL REPRESENTATION OF SOCIO DEMIGRAPHIC VARIABLES



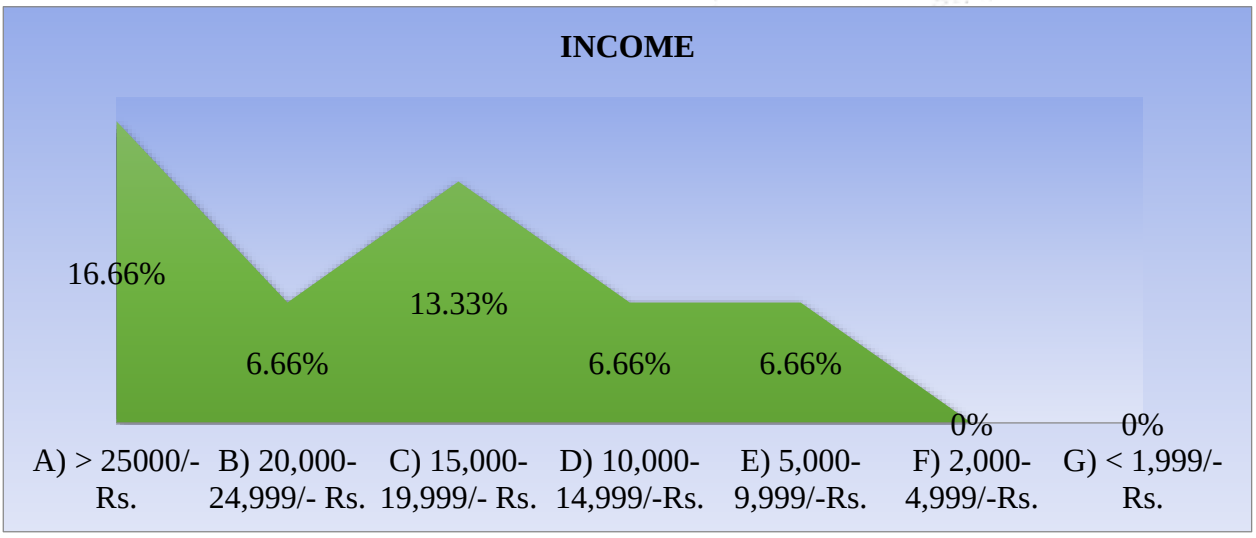
Percentage distribution of Subjects according to Age



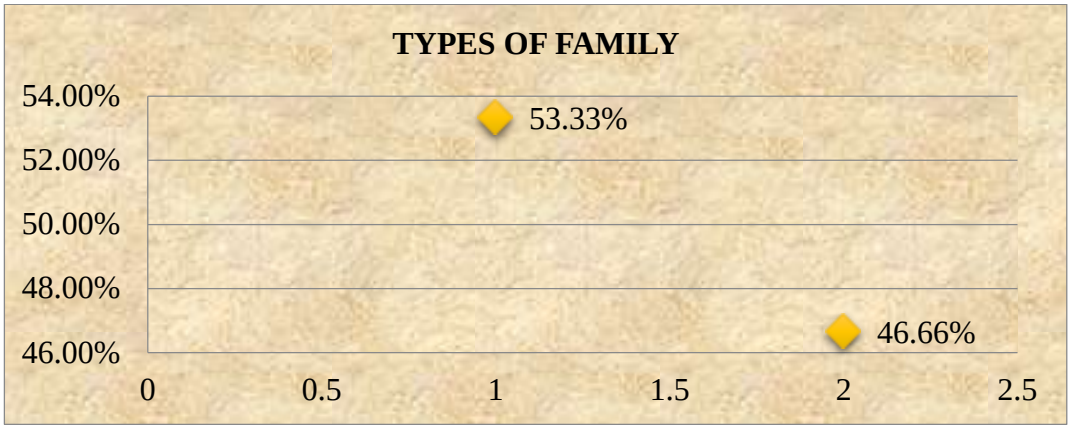
Percentage distribution of Subjects according to Age



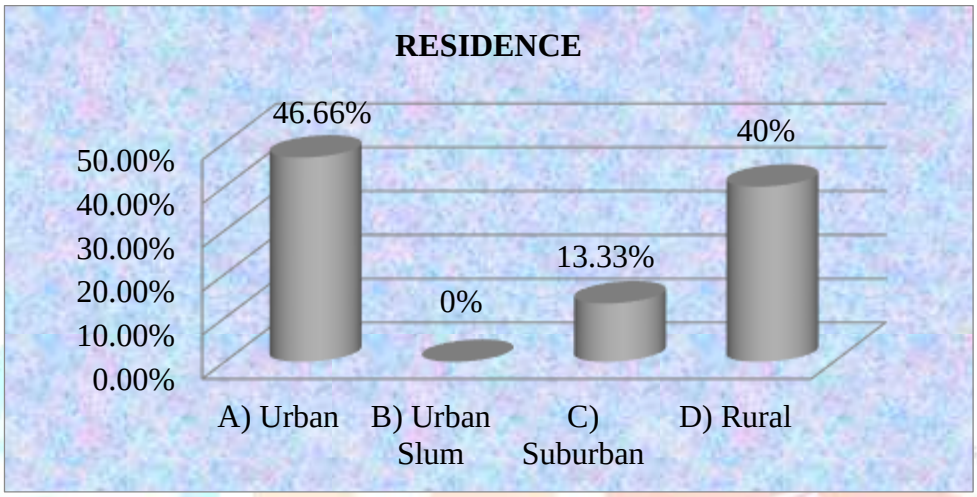
Percentage distribution of Subjects according to Occupation



Percentage distribution of Subjects according to Income



Percentage distribution of Subjects according to Type of Family



Percentage distribution of Subjects according to Residence

SECTION: II: FREQUENCY AND PERCENTAGE DISTRIBUTION OF SUBJECTS ACCORDINGS TO GYNAECOLOGICAL FACTORS

N= 30

SR. NO.	FACTORS	CATEGORIES	FREQUENCY	PERCENTAGE
7	AGE OF MENARCHE	A) 10- 12 Years	4	13.33%
		B) 13- 15 Years	17	56.66%
		C) 16-17 Years	9	30%
		D) > 17 Years	0	0%
8	PATTERN OF MENSTRUAL CYCLE	A) Once in 28 days	8	26.66%
		B) Once in 28- 32 days	7	23.33%
		C) Once in 33- 45 days	7	23.33%
		D) > 45 days	8	26.66%
		E) Twice in a month	0	0%
9	DAYS OF THE FLOW DURING MENSTRUATION	A) Less than 2 days	1	3.33%
		B) 2-3 days	15	50%
		C) 3-5 days	13	43.33%
		D) 5-7 days	1	3.33%
10	AGE AT MARRIAGE	A) Less than 20 Years	0	0%
		B) 21- 25 Years	17	56.66%
		C) 26- 30 Years	9	30%
		D) Above 30 Years	4	13.33%
11		A) Consanguineous	2	6.66%

	TYPE OF MARRIAGE	B) Non-Consanguineous	28	93.33%
12	COMPLETED YEARS OF MARITAL LIFE	A) 1-2 Years	0	0%
		B) 3-5 Years	3	10%
		C) 6-8 Years	13	43.33%
		D) > 8 Years	14	46.66%

SECTION: III: FREQUENCY AND PERCENTAGE DISTRIBUTION OF SUBJECTS ACCORDINGS TO PSYCHOGICAL FACTORS

N= 30

SR. NO.	FACTORS	CATEGORIES	FREQUENCY	PERCENTAGE
13	MARITAL CONFLICTS	A) Yes	3	10%
		B) No	27	90%
14	CONFLICTS WITH IN-LAWS/ JOB/ SOCIAL	A) Yes	4	46.66%
		B) No	26	86.66%

SECTION: III: FREQUENCY AND PERCENTAGE DISTRIBUTION OF SUBJECTS ACCORDINGS TO PERSONAL FACTORS

N= 30

SR. NO.	FACTORS	CATEGORIES	FREQUENCY	PERCENTAGE
15	FOOD HABITS	A) More of Vegetarian	26	86.66%
		B) More of Non-Vegetarian	4	13.33%
		C) More Junk food	0	0%
		D) More fried food	0	0%
16	DAILY EXERCISE PRACTICE	A) Household works	14	46.66%
		B) Walking	12	40%
		C) Mild jogging	1	3.33%
		D) All of above	1	3.33%
		E) None of them	2	6.66%
17	PERSONAL HABITS	A) Betel nut chewing	0	0%
		B) Tobacco chewing	0	0%
		C) Smoking	1	3.33%
		D) Alcohol	2	6.66%
		E) None of them	27	90%
18	EXPOSURE TO PASSIVE SMOKING	A) Yes	29	96.66%
		B) No	1	3.33%
19	COITUS	A) Once a week	4	13.33%
		B) Twice a week	14	46.66%
		C) More than twice a week	9	30%
		D) Occasionally	3	10%
20	BODY MASS INDEX	A) Underweight =< 18.5	2	6.66%
		B) Normal weight = 18.5-24.9	17	56.66%

		C) Overweight = 25- 29.9	11	36.66%
		D) Obesity = 30 or More	0	0%
21	CAUSE OF INFERTILITY	A) Polycystic Ovarian Disease	3	10%
		B) Ovarian cyst/ tumours	7	23.33%
		C) Tubal blocks	0	0%
		D) Hormonal imbalance	1	3.33%
		E) Congenital anomalies of uterus	0	0%
		F) Unexplained	18	60%
		G) Others	1	3.33%
22	TYPE OF INFERTILITY	A) Primary	17	56.66%
		B) Secondary	13	43.33%

DISCUSSION

A total 100 eligible women who met the sampling criteria were selected by purposive sampling technique. The data were gathered by structured questionaries tool to assess the knowledge regarding pre-conception care.

In this present study majority of the subjects are belongs to age group 21-25 years (41%) and 24(24%) subjects are graduates, Majority of subjects occupation is semi-skilled worker and Clerical, famer, shop owner (23%), 57(57%) subjects are from nuclear family, 74(74%) subjects have knowledge regarding preconception care where majority of 29(29%) knowledge from mass media.

The present study shows that the mean difference of pre-test post-test knowledge score is 5.13 with 't' calculated value is 9.9 at df 99, 0.05. df value is 1.66, It reveals the effectiveness of STP.

In the present study maximum subjects 100(31%) are having inadequate knowledge & 100(0%) adequate knowledge in aspects of benefits of preconception care. After post-test 100(51%) have moderately adequate knowledge & 100(49%) have adequate knowledge.

In this present study shows the significant association of age, education, occupation, type of family, previous knowledge about pre-conception care, if yes specify the source of knowledge. In this present study subjects who participated that age group chi-square 13.66(calculated value) df is 6 (12.59 table value), education 25.18 (calculated value) df is 12 (21.03 table value), occupation 12.4(calculated value) df is 12 (21.03 table value), type of family 3.88(calculated value) df is 4 (9.49 table value), previous knowledge regarding pre-conception care5.99(calculated value) df is 2 (0.28table value), if yes specify the source 4.3(calculated value) df is 8 (15.51table value).

CONCLUSION

One group pre-test post-test research design, quantitative research approach, study was conducted on a sample of 100 eligible women through purposive sampling technique using structured teaching programme. The data collection of periods is 4 weeks from 25/04/2022 to 21/05/2022 at selected areas of south Gujarat to Assess the Effectiveness of Structured Teaching Program on Knowledge Regarding Preconception Care

Among the Eligible Women in Selected Villages of South Gujarat. The study reveal that the structured teaching programme is improving the knowledge regarding pre-conception care in selected villages of South Gujarat.

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"A DESCRIPTIVE STUDY TO ASSESS THE INTERNET ADDICTION AMONG COLLEGE STUDENTS AT SELECTED COLLEGE OF SOUTH GUJARAT"

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ABSTRACT

PROBLEM STATEMENT

"A DESCRIPTIVE STUDY TO ASSESS THE INTERNET ADDICTION AMONG COLLEGE STUDENTS AT SELECTED COLLEGE OF SOUTH GUJARAT"

OBJECTIVES

To assess the level of internet addiction among the college student.

To find out the association between the internet addiction with socio-demographic variables.

METHOD

A non-probability convenience sampling technique was used to assess the level of internet addiction among the B.Sc. Nursing students in selected colleges of Valsad district.

RESULT

The findings revealed that a significant proportion of B.Sc. Nursing students experienced the 79% mild level of internet addiction and 21% moderate level of internet addiction. The obtained chi-square values for Residential Area (χ^2 = 10.7034) and Monthly Family Income (χ^2 = 21.4218) are higher than the table value, indicating a significant association between these sociodemographic variables and internet addiction. So, H1 is accepted.

In the chi-square values for Age (χ^2 = 6.4947), Gender (χ^2 = 3.7391), Marital Status (χ^2 = 1.9331), Year of Study (χ^2 = 12.7931), Type of Family (χ^2 = 3.6125), Type of Accommodation (χ^2 = 8.2550), Type of Mobile Data (χ^2 = 0.5661), and Daily Internet Usage (χ^2 = 16.6323) are lower than the table value, indicating no significant association between these variables and internet addiction.

CONCLUSION

The study concludes that during their first year of nursing studies, students may experience challenges in adjusting to the demands of their coursework and clinical experiences. They may feel areas where support and interventions are needed to ensure their successful academic performance.

INTRODUCTION

Internet use has evolved into an inseparable routine of human life, and it has revolutionised the world with its infinite possibilities. The use of the internet has transformed the world in terms of information sharing, business opportunities, communication, learning, relationships, socialisation, shopping, entertainment, all now accessible with a single click. The internet has become an integral part of life, and currently, India is the second-largest internet user globally.

The use of the internet is highly individualised. The healthy way of using it is to accomplish a planned objective within a reasonable period with no behavioural or intellectual distress. Some individuals succeed in limiting their internet use, whereas others cannot regulate themselves. Misuse of the internet has become a health concern worldwide and is growing swiftly and steadily. The field of internet addiction (IA) has experienced significant debates over the years.

WHO included internet gaming disorder in the chapter of substance and behavioural addiction in the 11th edition of the International Classification of Diseases and Related Health Problems (ICD-11).At present, there are many uncertainties regarding the conceptualisation of IA as a disorder, including internet gaming disorder. However, most scholars describe IA as an impulse control disorder characterised by excessive or poorly controlled preoccupations, urges or behaviours regarding computer use and internet access that lead to impairment or distress.

The substantial data on the epidemiology of IA are voluminous across the globe. However, there is inconclusive evidence regarding the exact magnitude of the problem because the prevalence varies according to country and study context. A study conducted in six Asian countries reported the prevalence of IA varies from 5% to 21%. Even within the same country, there is a marked difference in the prevalence of IA due to diverse screening scales with inconsistent cut-off scores. For example, studies conducted across various parts of the Indian subcontinent revealed variable prevalence estimates of IA among college students (5% to 46.7%). IA can reduce the young generation's productivity and cause cognitive dysfunction, poor academic performance and physical, mental and behavioural disturbances.

STATEMENT OF PROBLEM

"A DESCRIPTIVE STUDY TO ASSESS THE INTERNET ADDICTION AMONG COLLEGE STUDENTS AT SELECTED COLLEGE OF SOUTH GUJARAT". **OBJECTIVES OF THE STUDY**

To assess the level of internet addiction among the college student.

To find out the association between the internet addiction with socio-demographic variables. **HYPOTHESIS**

H1: There will be significant association between internet addiction among B.Sc. Nursing students and socio demographic variables at 0.05 level of significance.

METHODOLOGY:

STUDY DESIGN	Non-experimental (Descriptive) research design
RESEARCH SETTING	Nursing institutions Valsad district
POPULATION:	Nursing students studying in B.SC 1st year, 2nd year, 3rd year, 4th year
SAMPLE SIZE	227 B.SC Nursing Students
INCLUSION CRITERIA	Nursing students studying in B.SC 1st year, 2nd year, 3rd year, 4th year selected nursing institutions of Valsad district. Who are available during time of data collection. Both male and female nursing students will be included during data collection.
EXCLUSION CRITERIA	Who are on leave. Who are not willing to participate in this study.

DESCRIPTION OF TOOL

In this study,

Section 1: Age, gender, Year of the study, marital status, type of family, residential area, monthly family income, type of accommodation, Daily internet usage. 18

Section 2: This questionnaire consists of 20 statements. After reading each statement carefully, based up on the 5-point Likert scale, please select the response (0, 1, 2, 3, 4 or 5) which best describes you. If two choices seem to apply equally well, circle the choice that best represents how you are most of the time during the past month. Be sure to read all the statements carefully before making your choice. The statements refer to offline situations or actions unless otherwise specified.

INTERNET ADDICTION SCORE

No Addiction	0-30
Mild Addiction	31-49
Moderate Addiction	50-79
Severe Addiction	80-100

ORGANIZATION AND DESCRIPTION OF FINDINGS

The analysis of the data is organized the presented under the following headings:
Section:1 Description of Demographic data
Section: 2 Assess the level of internet addiction among the B.SC nursing students.

Section:1 Description of Demographic data

Table 4.1: Frequency and percentage wise distribution of socio- demographic variable. N=227

Sr No.	BASELINE DATA	FREQUENCY	PERCENTAGE (%)
1.	**AGE (IN YEAR)**		
	a)15-20 Year	128	56.38%
	b)20-22 year	86	37.8%
	c)22-24 year	8	3.52%
	d)>24 year	5	2.20%
2.	**GENDER**		
	a) Male	27	11.89%
	b)Female	200	88.10%
	c)Transgender	0	0
3.	**MARITAL STATUS**		
	a)Married	3	1.32%
	b)Unmarried	224	98.6%
	c)Others	0	0
4.	**YEAR OF THE STUDY**		
	a)1 year B.Sc. nursing	60	26.43%
	b)2 year B.Sc. nursing	55	24.22%
	c)3 year B.Sc. nursing	56	24.66%
	d)4 year B.Sc. nursing	56	24.66%
5.	**TYPE OF FAMILY**		
	a)Nuclear	135	59.47%
	b)Joint	90	39.64%
	c)Extended	2	0.88%

6.	**RESIDENTIAL AREA**		
	a)Urban	90	39.64%
	b)Rural	137	60.35%
7.	**MONTHIY FAMIIY INCOME**		
	a)<10000	22	9.69%
	b)10000-20000	30	13.21%
	c)20000-30000	15	6.60%
	d)30000-40000	110	48.45%
	e)>50000	50	22.02%
8.	**TYPE OF ACCOMMODATION**		
	a)Hostel	78	34.36%
	b)Home(with parents)	140	61.67%
	c)Rented accommodation	6	6.64%
	d)Other (place specify)	3	1.32
9.	**TYPES OF MOBILE DATA**		
	a)Mobile data	211	92.95%
	b)Wi-fi	16	7.04%
	c)Broad data	0	0
10.	**DAILY INTERNET USAGE**		
	a)Less than 1 hour / day	45	19.82%
	b)1-3 hour/day	74	32.59%
	c)3-5 hour/day	76	33.48%
	d)>5 hour day	32	14.09%

TABLE 2: LEVEL OF INTERNET ADDICTION AMONG NURSING COLLEGE STUDENTS

N==227

Level of Internet Addiction	Frequency	Percentage
No Addiction	130	57.26%
Mild Addiction	70	30.83%
Moderate Addiction	26	11.45%
Severe Addition	1	0.44%

TABLE 3: ASSOCIATION BETWEEN THE LEVEL INTERNET ADDICTION AMONG THE STUDENTS AND SOCIO DEMOGRAPHIC VARIABLE.

N=227

SR. NO	CHARACTERISTICS	FREQUENCY	LEVEL OF INTERNET ADDICTION				df	x^2	TABLE VALUE	SIGNIFICANCE VALUE (AT 0.05)
			NO ADDICTION	MILD ADDICTION	MODRATE ADDICTION	SEVERE ADDICTION				
1	AGE (IN YEAR)									
	a) 15-20 Year	128	77	37	13	1	9	6.4947	16.919	NS
	b) 20-22 year	86	44	30	12	0				
	c) 22-24 year	8	6	2	0	0				
	d) >24 year	5	3	1	1	0				
2	GENDER									
	a) Male	27	14	12	1	0	3	3.7391	7.815	NS
	b) Female	200	116	58	25	1				
	c) Transgender	0	0	0	0	0				
3	MARITAL STATUS									

	a) Married	3	1	2	0	0	3	1.93313	7.815	NS
	b) Unmarried	224	129	68	26	1				
	c) Others	0	0	0	0	0				
4	YEAR OF THE STUDY									
	a) 1 year B.Sc. nursing	60	32	18	9	1	9	12.7931	16.919	NS
	b)2 year B.Sc. nursing	55	36	15	4	0				
	c)3 year B.Sc. nursing	56	37	12	7	0				
	d4 year B.Sc. nursing	56	25	25	6	0				
5	TYPE OF FAMILY									

	a) Nuclear	135	79	38	17	1	6	3.6125	12.592	NS
	b) Joint	90	49	32	9	0				
	c) Extended	2	2	0	0	0				
6	RESIDENTIAL AREA									
	a) Urban	90	55	32	3	0	3	10.7034	7.815	S
	b) Rural	137	75	38	23	1				
7	MONTHIY FAMIIY INCOME									
	a) <10000	22	13	5	4	0	9	21.4218	16.919	S
	b) 10000-20000	30	16	8	5	1				
	c) 20000-30000	15	6	8	1	0				
	d) 30000-40000	110	73	26	11	0				
	e) >50000	50	22	23	5	0				

8	TYPE OF ACCOMMODATION									
	a) Hostel	78	43	24	10	1	9	8.255	16.919	NS
	b) Home(with parents)	140	80	45	15	0				
	c) Rented accommodation	6	6	0	0	0				
	d) Other (place specify)	3	1	1	1	0				
9	TYPES OF MOBILE DATA									
	a) Mobile data	211	120	65	25	1	3	0.5661	7.815	NS
	b) Wi-fi	16	10	5	1	0				
	c) Broad data	0	0	0	0	0				
10	DAILY INTERNET USAGE									

	a) Less than 1 hour / day	45	25	12	7	1	9	16.6323	16.919	NS
	b) 1-3 hour/day	74	45	23	6	0				
	c) 3-5 hour/day	76	46	18	12	0				
	d) >5 hour day	32	14	17	1	0				

Table No. 3 shows that the obtained chi-square values for Residential Area ($\chi^2 = 10.7034$) and Monthly Family Income ($\chi^2 = 21.4218$) are higher than the table value, indicating a significant association between these sociodemographic variables and internet addiction. So H_1 is accepted.

In the chi-square values for Age ($\chi^2 = 6.4947$), Gender ($\chi^2 = 3.7391$), Marital Status ($\chi^2 = 1.9331$), Year of Study ($\chi^2 = 12.7931$), Type of Family ($\chi^2 = 3.6125$), Type of Accommodation ($\chi^2 = 8.2550$), Type of Mobile Data ($\chi^2 = 0.5661$), and Daily Internet Usage ($\chi^2 = 16.6323$) are lower than the table value, indicating no significant association between these variables and internet addiction

DISCUSSION

This chapter present a brief a summary of the research study. The discussion session is anted to a thoughtful analysis of the findings

"A DESCRIPTIVE STUDY TO ASSESS THE INTERNET ADDICTION AMONG COLLEGE STUDENTS AT SELECTED COLLEGE OF SOUTH GUJARAT".

RESULT:

A total Number of 220 students 65 students where normal, 108 where with middle internet addiction,27 where a moderate internet addiction and 20 with severe interest addition. Total sample: 220 The study was designed as a prospective: cross - selection study. Sampling Technique : Result: The result showed that among Results: Among 220 students, 65(29.5%) students were normal, 108(49.1%) were with mild internet addiction, 27 (12.3%) were moderate internet addiction and 20(9.1%) with severe internet addiction. This study concludes there is a significant association between internet addiction with male gender, place of current stay, mode of internet and using internet for academic, social, communication and gaming purposes. - did not match any articles published since 2021

RESULT

Age wise distribution of the samples reveals that out of 227 samples the highest 128(56.38%) are under the age group of 15-20 years.86 (37.8%) are under the age group of 20-22 years. 8 (3.52%) are under the age group of 22-24 years and only 5(2.20%) are under >24Years.

Gender wise distribution of the samples reveals that out of 227 samples 200(88.10%) are female students, 27(11.89%) are male students and 0% are transgender.

Marital status wise distribution of the sample reveals that out of 227 samples 3(1.32%) students are married and 224(98.6%) are unmarried students.

Course of study wise distribution of the sample reveals that out of 227 samples 60(26.43%) of students are in 1 year BSc nursing course and 55(24.22%) of students are in 2 year BSc nursing course 56 (24.66%) of student in 3 year BSc nursing course and 56(24.66%)of student in 4 year BSc nursing course.

Types of family wise distribution of samples reveals that out of 227 samples 135(59.47%) of students are living in nuclear family and 90(39.64%) of students are living in joint family and 2(0.88%) of students are living in extended family.

Residential arca wise distribution of samples reveals that out of 227 samples 90(39.64%) of students are living in urban area and 137(60.35%) of students are living in rural area.

Monthly family income wise distribution of samples reveals that out of 227 samples the is for >10000income, 22(9.69%) is for 10000-20000 income, 30 (13.21%) is for 20000-30000 income, 15(6.60%) is for 30000-40000 income and 110(48.45%) is for <50000 income 50 (22.02%)

Stay wise distribution of sample reveals that out of 227 samples 78(34.66%) are hostel students and 140(61.678%) are day scholar students and 6(6.64%) are Rented and 3(1.32%) are other place

Types of mobile data of sample reveals that out of 227 samples the is for Mobile data use in 211(92%) is for wi-fi data use in 16(7.04%) if for Broad data use in 0

Daily internet use of sample reveals that out of 227 samples the less than 1 hour / day 45(19.82%)and 1-3 hour/day in 74(32.59%) and 3-5 hours /day in 76(33.48%) and >5 hours /day in 32(14.09%)

The present study shows that among 227 samples 57.26% students were having No internet addiction, 30 83% students were having mild level of internet addiction, 11.45% students were having moderate level of internet addiction and 0.44% students were having severe level of internet addiction.

The obtained chi-square values for Residential Area ($\chi^2 = 10.7034$) and Monthly Family Income ($\chi^2 = 21.4218$) are higher than the table value, indicating a significant association between these sociodemographic variables and internet addiction. So H_1 is accepted. In the chi-square values for Age ($\chi^2 = 6.4947$), Gender ($\chi^2 = 3.7391$), Marital Status ($\chi^2 = 1.9331$), Year of Study ($\chi^2 = 12.7931$), Type of Family ($\chi^2 = 3.6125$), Type of Accommodation ($\chi^2 =$

8.2550), Type of Mobile Data ($\chi^2 = 0.5661$), and Daily Internet Usage ($\chi^2 = 16.6323$) are lower than the table value, indicating no significant association between these variables and internet addiction.

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A Descriptive Study to Assess the Level of Anxiety Related to Labour Process Among the Primigravida's in Selected Hospital of Valsad District

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Abstract

Background: Anxiety in pregnancy is an emotional reaction that occurs in pregnant women related to the concern of the mother with the welfare of herself and her fetus. It is not clear why 'pregnancy anxiety' has such powerful effects on mothers and their babies. Women who are most anxious about a pregnancy seem to be more insecurely attached, of certain cultural backgrounds, more likely to have a history of infertility or to be carrying unplanned pregnancies, and have fewer psychological resources. [1]

Objectives:

- To assess the level of anxiety regarding labour process among primigravida.
- To associate the level of anxiety regarding labour process among primigravida with selected sociodemographic variable.

Methodology: A non-probability convenience sampling technique was used to assess the level of anxiety related to labor process among the primigravida in selected hospital of Valsad district. Research design of the study was Descriptive Study. Total 60 patient was selected for the study. To assess the level of anxiety related to the labour process, a modified version of pregnancy related anxiety scale was used. The tool consists of 11 items that specifically relate to feelings, thoughts, and concerns experienced by primigravida about the labour process.

Result: The findings revealed that a significant proportion of primigravida experienced moderate to high levels of anxiety related to Labor. Result shows that 65% of primigravida mothers had moderate anxiety related to labour, 35% experienced severe anxiety, and only 0% had low anxiety.

Conclusion: The study concluded that the majority of primigravida women experienced moderate to severe levels of anxiety related to the labour process. This highlights the urgent need for psychological support, education, and counseling interventions during antenatal care to help manage anxiety and promote positive childbirth experiences.

Keywords: Anxiety, Pregnancy, Labour Process, Primigravida

Introduction

Pregnancy is a time of great happiness and joy in a women's life. Anxiety in pregnancy is a commonly seen disadvantage of being pregnant. Anxiety during pregnancy is intense, excessive and persistent worry and fear about its outcome which precedes to increased heart rate, rapid breathing, sweating and tiredness. In addition, it is body's natural response to stress and a feeling of fear and apprehension about what's soon to be.[2]

Childbirth is a new experience to the primigravida mothers. Childbirth in some women is a joyous relationship of hopes, together with an accelerated feeling of fears and anxieties whether the baby will be normal and healthy. Morning sickness, backache, bowel and bladder problems, changes in skin, nausea, headache, and prenatal anxiety are just some of the issues that a pregnant woman faces during the antenatal span.[3]

According to international research, 12 percent of women believe childbirth is a frightening experience, causing mothers to feel nervous, frightened and ill, which results in disruption of the delivery process. So, eliminating anxiety and fear during childbirth is very important. Maternity is a wonderful period in a women's life and she spends each and every day in pleasant anticipation, waiting hold her bundle of joy in her at the end of the ninth month, even though it is a time of great happiness and fulfilment of the life, both the mother and her unborn child are exposed to a variety of health risks.[4]

Statement of Problem

"A Descriptive Study to assess the level of anxiety related to labour Process among Primigravida's in selected hospitals of Valsad District."

Objectives

- To assess the level of anxiety regarding labour process among primigravida.
- To find out the association between level of anxiety regarding labour process among primigravida with selected sociodemographic variable.

Review of literature

Puji Astuti and Erni Tri Indarti (2025) conducted a study to evaluate the anxiety levels of third-trimester primigravida women in facing childbirth. The study found that out of 18 respondents, the majority—14 respondents (78%)—experienced a severe level of anxiety. According to Lovita, Lilis, and Murdayah (2021), factors influencing maternal anxiety during childbirth include age, education, and employment. The optimal age range for pregnancy and childbirth is 20–35 years, when a woman's physical condition is at its best. Women under 20 may experience higher anxiety due to physical immaturity, while those over 35 face increased risks of complications and fetal health issues. The study also showed that 12 respondents (67%) had a high school education, and 13 respondents (93%) were not employed. These factors likely contributed to the high levels of anxiety observed in the primigravida women in their third trimester.[5]

Research Methodology

Research Approach: A quantitative evaluative approach was used in this study.

Research Design: The research design used for the study was Non-experimental (Descriptive) research design.

Dependent Variable: Level of anxiety related to the labour process.

Demographic Variable: Age, Marital Status, Education, Occupation, Type of Family, Family Income, Religion, Gestational Age, Areas of Residency.
Research Setting: Selected hospital of Valsad District
Population: The population for study included primigravida mother of selected hospital of Valsad district.
Sample Size: The sample size of 60 primigravida mother of selected hospital of Valsad district.
Sampling Technique: A non-probability convenience sampling technique was used to select the samples.

Description Of Tool
Section 1: Demographic variables are age, marital status, Education, Occupation, type of family, residential area, stay, Religion, Gestational age
Section 2: To assess the level of anxiety related to the labour process, a modified version of pregnancy related anxiety scale was used. The tool consists of 11 items that specifically relate to feelings, thoughts, and concerns experienced by primigravida about the labour process. The scoring for this problem will be (10-23) No Anxiety, (24-36) Moderate Anxiety, (37-50) Severe Anxiety.

Result
Description of demographic characteristics: The majority of participants in the study were aged 22–26 years (60%), married (100%), and had primary education (51.67%). Most were homemakers (50%) and lived in joint families (63.33%). Over half had a monthly income Rs. 10,001-Rs. 20,000/- (53.33%) and followed Hinduism (70%). The highest number were in the 20–27 weeks of gestation (43.33%) and resided in urban areas (78.33%).

Table 1: Assessment the Level of Anxiety related to Labour Process Among Primigravida

Level of Anxiety of the Primigravida Mother	Score	Respondents	
		Frequency	Percentage
Low	10–23	00	0%
Moderate	24–36	39	65%
High	37–50	21	35%
Total		**60**	**100**

Above table 1 shows that 65% of primigravida mothers had moderate anxiety related to labour, 35% experienced severe anxiety, and only 0% had low anxiety. This indicates that most first-time mothers face moderate to high anxiety, highlighting the need for psychological support during pregnancy.

Discussion
This study was conducted on account of survey design was used. In the analysis of the data significant proportion of primigravida mothers experience moderate to high levels of anxiety related to the labour process. Specifically, 35 % of the mothers had high anxiety, 65% had moderate anxiety.

Conclusion
This study showed that most first-time pregnant women felt moderate to high levels of anxiety about giving

birth. Many of them were worried due to lack of experience, education, or support. Anxiety during pregnancy can affect both the mother and the baby. It is important to help these women feel more prepared and confident. Nurses and doctors should talk to them, provide guidance, and offer emotional support. With the right care, their anxiety can be reduced, making the birth experience more positive.

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