International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

An Exploratory Study to Assess the Knowledge Regarding Newborn Care Among Postnatal Mothers in the Selected Hospitals Of Valsad District Gujarat with a View to Develop an Information Pamphlet

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ABSTRACT

Background: Our most valuable and future resources are our children. The family's nurturing practices have an impact on the future children's health. The term "Newborn care" describes the necessary attention given to a newborn by their mother or other caregiver, including nursing, regulating body temperature, breastfeeding, tending to the cord, cleaning the baby's eyes, and preventing infections and accidents.

Aim: The main aim of this study was to assess the knowledge of postnatal mothers regarding newborn care in a selected hospital in the Valsad district**.**

Methods: Non-Experimental Descriptive Design was adopted. The sample consists of 80 postnatal mothers selected through a Non-Probability Convenience Sampling Technique. The data collection tool consisted of a Demographic Variables and Structured Knowledge Questionnaire to assess the knowledge of mothers regarding newborn care. The data were collected and analysed using Descriptive and Inferential statistics.

Results: Findings of the study revealed that the level of knowledge among mothers majority 65 (81.25%) had an Average level of knowledge, followed by 5 (6.25%) Good level and 10(12.05%) Poor level of knowledge. Therefore, it can be concluded that the majority of mothers had an Average level of knowledge regarding newborn care and there was a significant association between the level of knowledge of postnatal mothers and their selected Demographic variable of area of residency of the mother. Other Demographic variables have no significant association with their level of knowledge among postnatal mothers.

Conclusion: The study findings concluded that the majority of the postnatal mother's, level of knowledge was not very high so to raise the level of knowledge among postnatal mothers an information pamphlet was developed and distributed.

KEYWORDS: Knowledge, Newborn care, Postnatal mothers, Exploratory study.

INTRODUCTION

One of the fascinating features of nature is the birth of life. The new life is equipped with astonishing survival skills, yet they are completely dependent on others for feeding, warmth, comfort, love, security, attention and plenty of cuddles. The outside world is veritably different from the womb, where the temperature is constant. The physical and mental well-being of every individual depends on the correct management of events in the perinatal period (Stephon. W Elizabeth, 2004). The Newborn or neonatal period includes the time from birth to 28 days of life, during this period the care of the baby is crucial as it is the base for the healthy being throughout the life span. Mothers have always been the primary caregivers for their children, and regardless of a mother's level of education, wealth, or social standing, one of her many responsibilities is to meet her child's physical, emotional, social, intellectual, and moral requirements. Concerning the growing rate of mortality of babies the knowledge of mothers regarding care has become a high point. So, to impart this knowledge to them the most effective and efficient way will be the preparation of a pamphlet and to distribute it to the mothers.

NEED FOR THE STUDY:

Neonatal Mortality is the leading cause of mortality in children under 5 years of age. It is estimated that out of 3.9 million neonatal deaths that occur worldwide, almost 30% occur in India. The main causes of infant mortality in India are low birth weight (57%), respiratory infections (17%), Diarrhoeal diseases (4%), Congenital malformation (5%), and Cord infection (2%). Birth injury (3%) and unclassified are about 8%. Diseases and diseases linked to inadequate treatment within the first 28 days of life are the cause of death for children who pass away during this time frame.

Although the under-five death rate in Gujarat has dropped considerably, newborn mortality remains high, accounting for 63% of under-five deaths. Girls die at a higher rate than boys. Still, traditional practices of newborn care are seen among the mothers in Gujarat which are very harmful to the newborn. Pre-lacteal feeding practices, such as giving babies sugar water or honey, castor oil, applying powder or oil to the umbilical cord, applying Kajal, putting oil in the baby's eye, ear, or nose, leaving the baby unprotected and exposed, and not practising good hygiene, all contribute to the rising of neonatal morbidity and mortality. The quality of care provided to mothers and newborns remains a key concern, despite improvements in access to dedicated newborn care facilities. Despite occasional slip-ups and mistakes, moms continued to be an integral part of the family unit and the primary protector of the welfare of the children. Consequently, the mother is portrayed as the guardian of her child's health. Thus, a mother ought to be knowledgeable about caring for her newborn.

Reducing child morbidity and mortality rates requires promoting health both at home and in the larger community. According to WHO reports a comprehensive strategy, healthy eating habits among mothers, Breastfeeding, Immunizations, enhanced hygiene, and children's normal development would all contribute to a decrease in the child death rate. Mothers should prioritize having their knowledge and ability about caring for newborns assessed, as they are the ones who provide the majority of the infants' care, around the clock. Thus, the investigators were compelled to evaluate the mother's understanding of critical newborn care.

STATEMENT OF THE PROBLEM

An exploratory study to assess the knowledge of postnatal mothers regarding Newborn care in selected hospitals of Valsad district Gujarat with a view to develop an information pamphlet.

OBJECTIVES OF THE STUDY

1. To assess the knowledge of Postnatal mothers regarding Newborn care.
2. To find out the association of knowledge of postnatal mothers regarding newborn care with their selected demographic variables.

HYPOTHESIS

H1 - There is an association of knowledge of postnatal mothers regarding newborn care with their selected demographic variables such as Age, Religion, Education, and Area of residency and previous source of knowledge about Newborn care at the level of $P \leq 0.05$.

ASSUMPTIONS

- Mothers may not have ample knowledge regarding Newborn care.

RESEARCH METHODOLOGY

1. RESEARCH APPROACH/DESIGN

A Quantitative research approach, Non-Experimental descriptive design was adopted for the study.

2. VARIABLES UNDER STUDY:

- **Research Variables:** Knowledge of postnatal mothers regarding newborn care.
- **Socio-demographic variables:** Age, Religion, Education, Area of residence and Previous source of knowledge.

3. SETTING OF THE STUDY:

The study was conducted at postnatal wards of Haria L.G Rotary Hospital, Vapi and Shrimad Rajchandra Hospital and Research Centre, Dharampur.

4. POPULATION:

Postnatal mothers who are admitted in the postnatal wards of selected hospitals of Valsad district.

5. SAMPLE AND SAMPLE SIZE:

The sample size is 80 postnatal mothers.

6. SAMPLING TECHNIQUE:

Non-probability convenience sampling technique was used for selecting 80 postnatal mothers for the present study.

7. SAMPLING CRITERIA:

- **Inclusion Criteria**

Postnatal mothers who are

1. Available during data collection.
2. Willing to participate in the study.
3. Primigravida.

- **Exclusion Criteria:** Postnatal mothers are those who are sick at the time of data collection

8. DEVELOPMENT OF THE TOOL:

- The tool is divided into two parts.
- **Part - 1.** Sociodemographic variables Age, Religion, Education, Area of Residency and Previous source of knowledge.
- **Part - 2.** Self-structured questionnaire: It comprises 25 questions. Each question carries a “1” answer and a “0” for inappropriate answers.

9. A structured knowledge questionnaire was prepared based on the following criteria:

1. Questions for assessing knowledge related to general knowledge about Newborn
2. Questions for assessing knowledge related to personal hygiene
3. Questions for assessing knowledge related to the maintenance of body temperature
4. Questions for assessing knowledge related to immunization

SCORING TECHNIQUE:

LEVEL OF KNOWLEDGE	SCORE	PERCENTAGE (%)
Poor	0-8	32%
Average	9-16	32%
Good	17-25	36%

RELIABILITY OF THE TOOL

- The reliability of the instrument was established by administering the tool to 8 postnatal mothers who were admitted to postnatal wards of selected hospitals in Valsad District. The reliability was established using the spilt half method and r = 0.93 for knowledge. The reliability of the tool was tested by using Karl Pearson's Correlation method.

DATA ANALYSIS AND INTERPRETATION

Data analysis was done through

1. Descriptive (percentage and frequency)
2. Inferential statistics (Chi-square).

RESULTS

- The analysis and interpretation of the present study were done according to the objectives of the study.
- The study findings are organized under the following headings
- **Section 1**: Description of sample characteristics
- **Section 2:** Description of mother's level of knowledge.
- **Section 3:** Association between mother's level of knowledge with their selected demographic variable.

SECTION 1: SAMPLE CHARACTERISTICS

Table 1. Frequency and Percentage Distribution of Sample Characteristics

(N=80)

Sr. No.	Demographic Variables Characteristics	Frequency	Percentage (%)
1.	Age		
	(a) 20-25	17	21.25
	(b) 26-30	56	70
	(c) 31 -35	05	6.25

	(d) >35	02	2.5
2.	Religion		
	(a) Hindu	72	90
	(b) Muslim	08	10
3.	Education		
	(a) Illiterate	7	8.75
	(b) Primary School	10	12.5
	(c) Secondary School	29	36.25
	(d) Higher Secondary School & above	34	42.5
4.	Area of residency		
	(a) Rural	46	57.5
	(b) Urban	34	42.5
5.	Previous sources of knowledge about newborn care		
	(a) Family	56	70
	(b) Friends	14	17.5
	(c) Health care team	05	6.25
	(d) Mass media	05	6.25

Table 1. Reveals that the majority of samples 56 (70%) were between 26- 30 years age group, followed by 17 (21.25%) between 20-25 years, 5 (6.25%) were 31-35 years of age and 2 (2.5%) were > 35 years.

- According to religion majority of samples 72 (90) were Hindu followed by 8 (10%) were Muslims.
- Based on education majority of samples 34 (42.5%) studied higher secondary school or above, followed by 29 (36.25%) who studied till secondary school, 10 (12.5%) who studied till primary school and 7 (8.75%) were illiterate.
- Regarding the area of residency 46 (57.5%) were from rural areas and 34 (42.5%) were from urban areas.
- With regards to the area of the previous level of knowledge 56 (70%) from family, 14 (17.5%) from friends, followed by 5 (6.25%) from health care team and mass media.

SECTION 2 –Objective 1: Assess the level of knowledge among postnatal mothers

Table 2.1 Frequency and Percentage distribution of level of knowledge among postnatal mothers (N=80)

Level of knowledge	Postnatal Mothers	
	Frequency (f)	Percentage (%)
Poor	10	12.05
Average	65	81.25
Good	5	6.25
Total	80	100

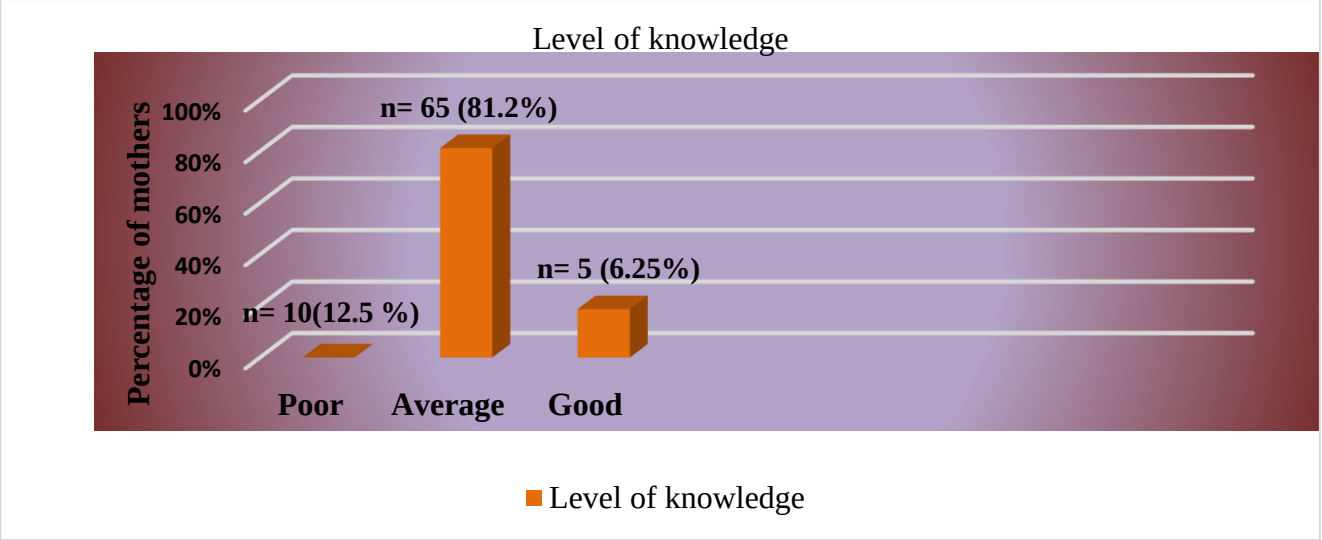

Table 2.2 Mean and Mean Percentage distribution of level of knowledge as per knowledge areas among mothers according to knowledge score.

N=80

Areas of knowledge	No. of Items	Min. Score	Max. Score	Mean	Mean %	Area wise priority
General information on the newborn	14	0	14	7.26	51.85	2
Personal hygiene	7	0	7	4.5	64.28	3
Maintenance of body temperature	2	0	2	0.91	44.5	1
Immunization	2	0	2	1.55	77.5	4

Table 2.1 shows that the highest mean knowledge score and mean percentage score was found in immunization 1.55 (77.5%), followed by personal hygiene 4.5 (64.28%), general information on the newborn 7.26 (51.87%) and maintenance of body temperature 0.91 (44.5%).
Therefore, it can be concluded that the level of knowledge was the highest about immunization.

Objective 2: Find the association between the level of knowledge among postnatal mothers with selected demographic variables

Table. 3 Association between level of knowledge among postnatal mothers and selected demographic variables

N=80

Demographic Variables	Characteristics	Level of knowledge (f)			Calculated Value	Table value	df	Inference
		Poor	Average	Good				

1) Age	a) 20-25	6	4	7	5.76	12.59	6	NS
	b) 26-30	23	6	27				
	c) 31 -35	2	0	3				
	d) >35	2	0	0				
2) Religion	a) Hindu	30	10	32	1.64	5.99	2	NS
	b) Muslim	3	0	5				
3) Education	a) Illiterate	4	0	3	5.92	12.59	6	NS
	b) Primary School	6	0	4				
	c) Secondary School	11	6	12				
	d) Higher Secondary School & above	12	4	18				
4) Area of residency	a) Rural	16	10	20	8.66	5.99	2	S*
	b) Urban	17	0	17				
5) Previous source of knowledge about Newborn care	a) Family	22	8	26	2.56	12.59	6	NS
	b) Friends	3	0	2				
	c) Healthcare Team	3	0	2				
	d) Mass media	3	0	2				

'NS' = non-significant, '*'= significant at the level of 'p' <0.05.

Table 3 depicts that as per age calculated chi-square value (5.76, df 6) was less than the table value (7.82). This means that there was no association between age and level of knowledge among postnatal mothers.

According to religion calculated chi-square value (1.64, df 2) was less than the table value (12.59) It means that there was no association between religion and level of knowledge among postnatal mothers.

Regarding education calculated chi-square value (5.92, df 6) was less than the Table value (12.59). It means that there is an association between education and level of knowledge among postnatal mothers.

According to the area of residency, the calculated chi-square value (8.66, df 2) was more than the Table value (5.99). It means that there is an association between the area of residency and the level of knowledge among postnatal mothers.

Considering the Previous source of knowledge regarding newborn care calculated chi-square value (2.56, df 2) was less than the Table value (12.59). This means that there is no significant association between the previous source of knowledge and the level of knowledge among postnatal mothers.

FINDINGS OF THE STUDY

There is a significant association between the Area of residency and the level of knowledge among mothers at a 0.05 level of significance. Other data has no significant association with the level of knowledge.

LIMITATIONS

1. The study is limited to postnatal mothers in selected hospitals in Valsad district
2. The sample size is only 80 postnatal mothers:

Hence, this limits the generation of findings beyond the study samples.

RECOMMENDATIONS

- The study can be replicated on a larger sample in other community health centres, primary health centres, rural health centres, and subcentres
- A study can be undertaken to compare the knowledge between the urban and the rural populations.
- Similar study can be conducted to assess the knowledge of community health workers on newborn care
- Similar studies can be done to compare the knowledge of prime antenatal mothers and multiparous antenatal mothers on newborn care.
- A study can be conducted to assess the knowledge, beliefs, and practices of primi antenatal mothers on newborn care.

CONCLUSION

Mother is the prime caregiver of her child and hence she should be able to take care of her newborn and identify deviations from health. In the antenatal period, the mother is most receptive to learning skills in newborn care. Thus, all these factors point in one direction the level of knowledge of the postnatal mother should be high to render better care to the newborn. The study findings concluded that the majority of the postnatal mother's, level of knowledge was not very high only the area of residence and level of knowledge on caring for a newborn are very much associated with each other. So, with an ideology to raise the level of knowledge among postnatal mothers an information pamphlet was developed and distributed.

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INJ INTERNATIONAL NEUROUROLOGY JOURNAL

A study to assess the knowledge and perception regarding Conjunctivitis among adults of Pune city

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Abstract

Conjunctivitis, also termed as “pink eye”, is an irritation or inflammation of the conjunctiva that covers the whiter part of the eyeball. The causes could be various like invasion of bacteria or viruses or even allergies. Conjunctivitis can be highly contagious and can spread through contact with eye secretions from someone who is infected.1 Maharashtra has lot of upcoming conjunctivitis cases in month of July, 2023. The state has recorded 40,132 cases, media reports stated citing public health department data. Among the 22 districts where the cases have been reported, Pune city has highest number of cases with 8,195.2The present study title: “A study to assess the knowledge and perception regarding Conjunctivitis among adults of Pune city.” The objective was to assess knowledge and perception regarding conjunctivitis, correlate both and associate it with demographic variables. Material and Methods: Researcher adopted non experimental descriptive research design. It was carried out on 100 samples. The Non-probability convenient sampling technique was used. The data was collected using self-structured questionnaire. Data analysis was done mainly using inferential and descriptive statistics. Result: Only 4 (4% of adults) had adequate understanding about conjunctivitis, compared to 54 (54%) who had inadequate knowledge, 42 (42%) who had moderate knowledge. The average adult's conjunctivitis knowledge score is 5.24 ± 1.7. The majority of adults, 60 (60%) have an average perception of conjunctivitis, 32 (32%) have a poor perception of it, and only 8 (8%), have a good perception regarding conjunctivitis. Adults' average impression scores of conjunctivitis are 5.82± 1.4. The p value was (0.07) for knowledge and perception which is greater than (0.05). This shows that null hypothesis is accepted. There is no any correlation between knowledge and perception. The demographic variables like marital status and availability of primary information in adults shows significant association between knowledge and perception regarding conjunctivitis respectively.

Conclusion: The study concludes that maximum of the members had inadequate knowledge of conjunctivitis and average perception about conjunctivitis. Recommendation: Similar comparative study may be conducted using urban and rural population.

Keywords: Assess, knowledge, perception, Adults, Conjunctivitis

Introduction

Conjunctivitis, which is often known as "pink eye," is an inflammation or irritation of the conjunctiva, which covers the whitish portion of the eye. The causes could range from allergies to bacterial or viral invasion. Contact with eye secretions from an infected person can spread conjunctivitis, which can be extremely contagious. The most typical method of presenting eye redness in both primary care and the emergency room, it places a heavy burden on the healthcare system.[3]

The causes might or might not be contagious. The most frequent underlying cause of infectious conjunctivitis, viral conjunctivitis typically goes untreated and presents with a variety of signs and symptoms. The clearest indicators of bacterial conjunctivitis are mattering and adhesion of the eyelids upon awakening, absence of itching, and lack of a history of conjunctivitis. Antibiotics applied topically shorten the course of bacterial conjunctivitis and enable early return to work or school.[4]

In Maharashtra, roughly one-third of conjunctivitis cases are concentrated in Buldhana, Pune, and Jalgaon. In less than a month following the initial outbreak, which was reported from Alandi in Pune, 3.57 lakh cases of viral conjunctivitis (pink eye) were documented throughout the state, according to statistics from the state health department.[5]

ISSN:2093-4777 | E-ISSN:2093-6931
DOI: 10.5123/inj.2024.1.inj21
Vol. 28 Iss. 1 (2024)

Handwashing is an aspect of prevention. The underlying reason determines the course of treatment. Most viral infections don't have a specific therapy. The majority of bacterial infection cases also get better on their own; antibiotics, however, can make the sickness last less time.[6] It is important to treat persons who wear contact lenses and those whose infection is brought on by gonorrhea or chlamydia. Mast cell inhibitor drops or antihistamines can be used to treat allergic situations.[7]

Need of the study

Since the World Health Organization on March 11, 2020 designated COVID-19 a pandemic, there have been more than 3 million cases and a quarter million fatalities as a result of it. Recently, there has been mounting evidence linking the condition to conjunctivitis, an ophthalmologic symptom. Understanding the mechanism by which the SARS-CoV-2 virus can assist such a symptom is crucial because this appears to occur in the early stages of infection.[8]

The negative consequences of worsening air quality concerns are increasingly being felt by a growing number of individuals due to the fast industrialization and urbanization of society. Globally, air pollution is increasingly emerging as a major contributor to human disease and mortality. Public health problems, particularly allergic illnesses, are rising quickly.[9]

Numerous people experience conjunctivitis, which has negative economic and societal effects. Conjunctivitis must be distinguished from other sight-threatening eye disorders with comparable clinical presentations in order to properly decide whether to proceed with additional testing, treatment, or referral. However, the clinical manifestation is frequently asymptomatic. A correct diagnosis is not usually achieved by relying just on the patient's symptoms and the nature of the discharge. Furthermore, there is sometimes a dearth of scientific data linking conjunctivitis signs and symptoms to the underlying cause.[10]

In most cases of bacterial conjunctivitis, there is no need for treatment because the condition usually resolves on its own. Our regular chores require the use of our eyes. Any vision problem could make us more dependent on other people. It has a big impact on our family and neighbourhood. Understanding the significance of routine eye care and the procedures to be followed to maintain healthy eyes is necessary.

Aim of the study

To assess the knowledge and perception regarding Conjunctivitis among adults of Pune city.

Methodology

Researcher adopted non experimental descriptive research design. It was carried out on 100 samples. The Non-probability convenient sampling technique was used. Data collection was done using self-structured questionnaire. Data analysis was done mainly using inferential and descriptive statistics.

Result

Section I: Description of demographic profile:

The majority of adults, 69%, are between the ages of 21 and 30, with 63% of them being female and only 37% being male. 65% of the population is single in terms of marital status. Most of the subjects (54% of them) have incomes between 10,000 and 20,000, 54% of adults live in nuclear families, 58% of adults are graduates, 79% of adults are urban residents, and most of them (88% of adults) have basic knowledge of conjunctivitis. The major source for about 54% of their knowledge is health care personnel.

Section II: Level of Knowledge Score of The Adults Regarding Dengue Fever & Its Practices

Table No: 1 Level of Knowledge Score of The Adults

KNOWLEDGE	FREQUENCY	PERCENTAGE
Inadequate knowledge (score 0-5)	54	54%
Average knowledge (score 6-8)	42	42%
Adequate knowledge (above 8)	04	04%
Mean	5.24	
SD	**1.7985**	

DOI: 10.5123/inj.2024.1.inj21
ISSN:2093-4777 | E-ISSN:2093-6931
Vol. 28 Iss. 1 (2024)

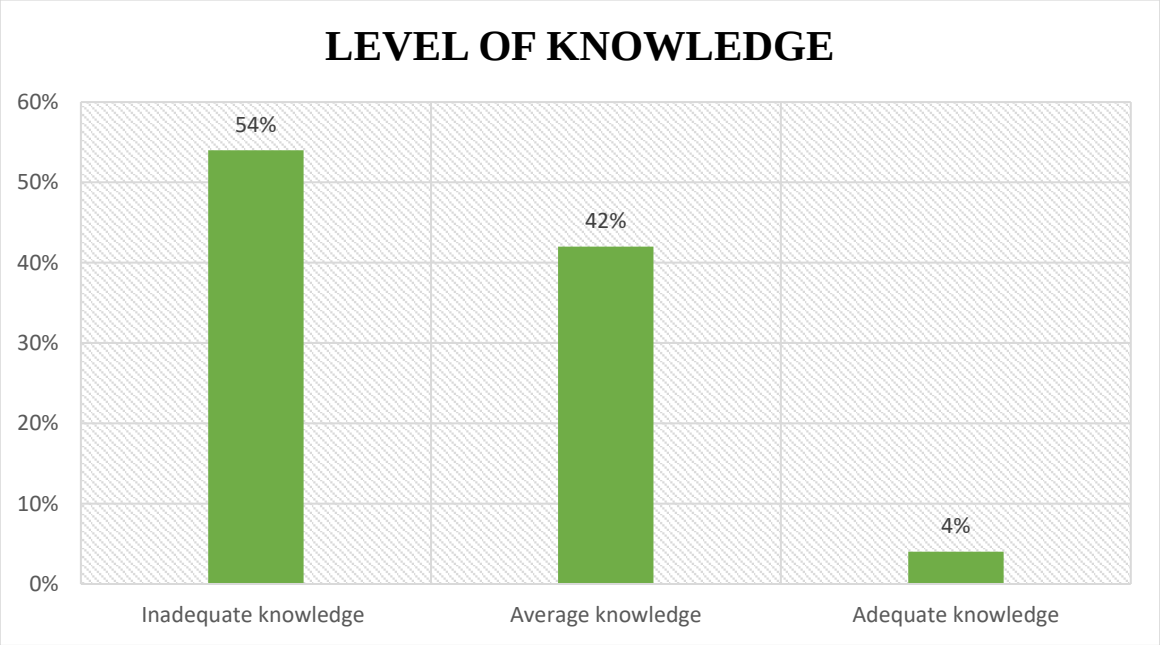

Figure 1: Level of knowledge score of the adults regarding conjunctivitis

Above data illustrates the level of knowledge score of the adult regarding conjunctivitis. In that majority of adults 54(54%) having inadequate knowledge regarding conjunctivitis, 42(42%) having average knowledge regarding conjunctivitis and only 4(4%) having adequate knowledge regarding conjunctivitis. The mean knowledge score of the adult regarding conjunctivitis is **5.24 ± 1.7**

Section III: Level of Perception Score of The Adults Regarding Conjunctivitis

TABLE NO: 2

PERCEPTION	**FREQUENCY**	**PERCENTAGE**
Poor (score less than 5)	32	32%
Average (score 6-8)	60	60%
Good (above 8)	08	8%
Mean	**5.82**	
SD	**1.4659**	

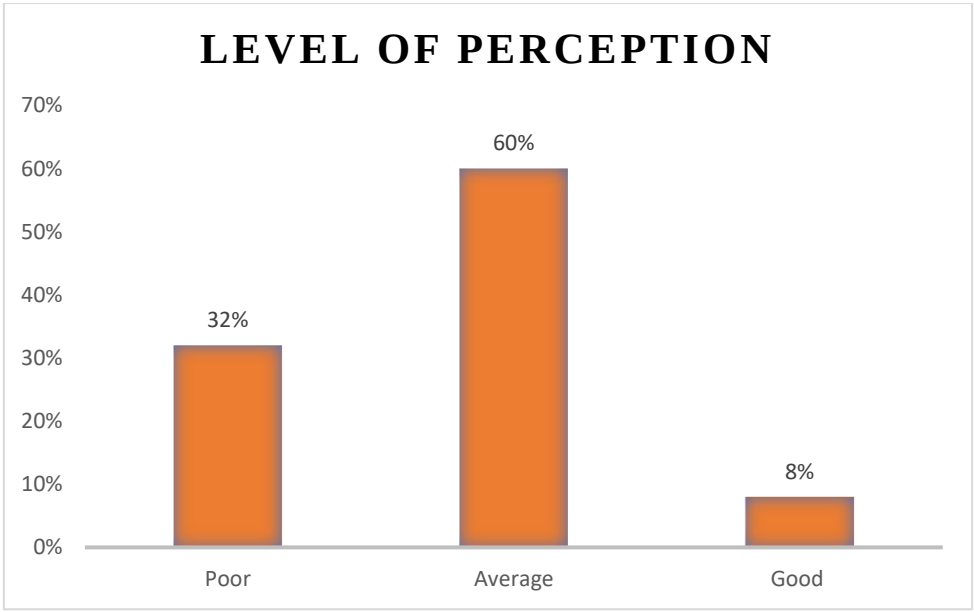

Figure 2: level of perception score of the adults regarding conjunctivitis

Above data showed level of practice score of the adult regarding conjunctivitis. In that majority of adult 60(60%) has average perception score regarding conjunctivitis, 32(32%) has poor perception score regarding conjunctivitis and only 8(8%) has a good perception regarding conjunctivitis. The mean perception score of the adults regarding conjunctivitis is **5.82 ± 1.4**

Section IV: Distribution of Knowledge Score And Perception Score Regarding Conjunctivitis

VARIABLES	MEAN	STD. DEVIATION	MINIMUM	MAXIMUM
Knowledge	5.24	1.7985	0	10
Perception	5.82	1.4659	2	10

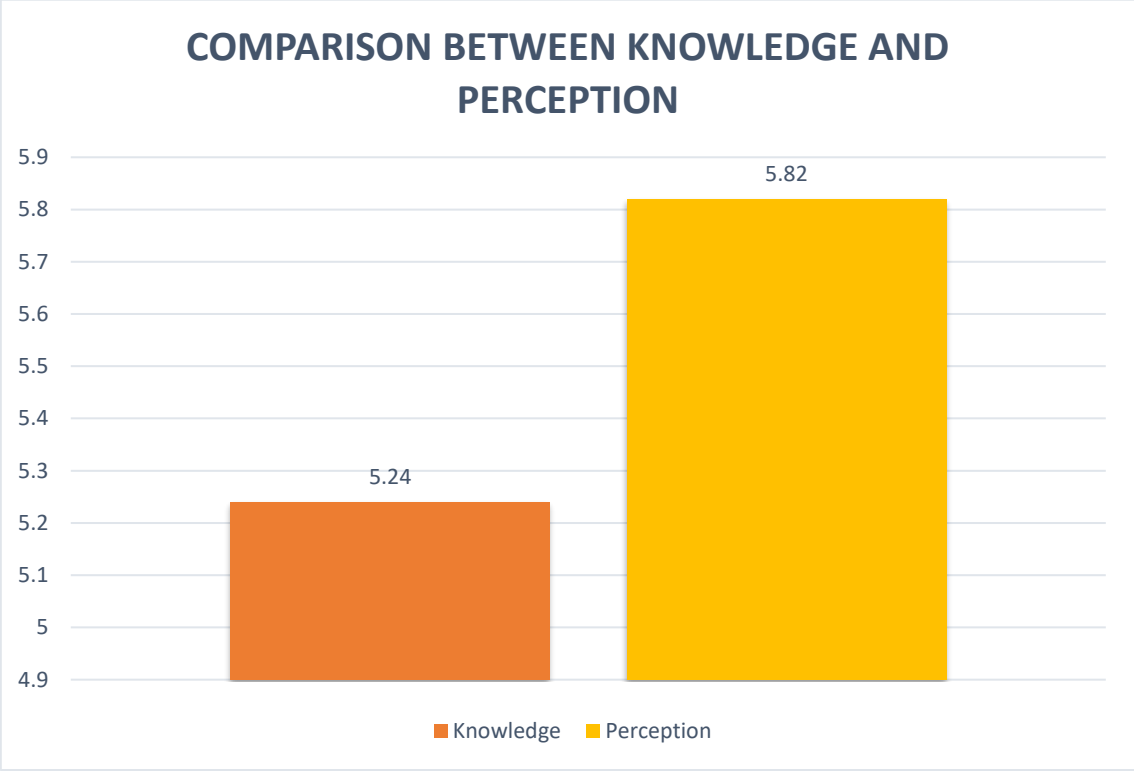

Figure 3: Comparison between level of Knowledge & Perception score of the adults regarding conjunctivitis

The value of R is -0.1827.
The P-Value is 0.073127. The result is not significant at $p < .05$.

Hence, there is no correlation between knowledge and perception.
Section V:
A. Association of level of knowledge score with selected personal demographic variables.
There was significant association between marital statuses with level of knowledge regarding conjunctivitis.
B. ASSOCIATION OF LEVEL OF PRACTICE SCORE WITH SELECTED PERSONAL DEMOGRAPHIC VARIABLES.
There was significant association between the adults who already had information with level of perception regarding conjunctivitis.

Discussion

The findings of the study was discussed with the objectives and hypothesis stated. The present study was undertaken to assess the knowledge and perception regarding conjunctivitis among adults in selected area of Pune city.

Present study findings are supported by study done in urban settlement area of south Delhi, The study involved 523 students in total. The bulk of the pupils (53% of them) were females, with a mean age of 14.7 +/- 1.2 years. 61.6 percent of the kids were aware of conjunctivitis. 80.3% of students correctly identified its etiology, while

87.4% of students correctly stated that it is contagious. The majority of the students (97.9%) stated that treatment is the best option (97.5%) for curing the condition. The majority of students (83.2%) misidentified the mode of transmission while the majority of students (98.3%) correctly replied to the preventive actions.[11]

63% of adults are female and only 37% are male, while 69% of adults are between the ages of 21 and 30. In terms of marital status, 65% of the population is unmarried. Most of the individuals (54% of them) earn between 10,000 and 20,000 rupees a year, 54% of adults are from nuclear households, 58% have degrees, 79% live in cities, and 88% of adults have at least a basic understanding of conjunctivitis. The majority of their information, or around 54% of it, comes from healthcare workers. The adult's level of conjunctivitis knowledge is demonstrated by data. Only 4 (4% of adults) had enough knowledge about conjunctivitis, compared to 54 (54%) adults with insufficient information, 42 (42%) adults with moderate knowledge. The average adult's knowledge score about conjunctivitis is 5.24 ±1.7. In the adult majority, 60 (60%) have an average perception score of conjunctivitis, 32 (32%) have a poor perception score, and just 8 (8%), have an excellent perception score. Adults' mean perception scores of conjunctivitis are 5.82 ± 1.4.

Conclusion

The current study showed that majority of the adult are having inadequate knowledge regarding the conjunctivitis and for the perception they sometime followed the preventive major regarding conjunctivitis. There was significant association between marital status and population who already had knowledge with the level of knowledge and perception regarding conjunctivitis respectively.

Recommendation

Similar research can be conducted with a bigger population to compare urban and rural areas.

Conflict of Interest

The authors attest that they do not work for or otherwise have any financial or non-financial interest in any organization or entity that might be related to the materials or topics covered in this paper.

Funding Source

There is no funding source for this study

Acknowledgement: We would like to express our sincere gratitude to my colleagues for their outstanding leadership and intellectual assistance throughout this study. Finally, we would like to express our gratitude for the support and assistance we received from our principal and the participants during the research study, which helped us to complete it effectively.

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IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 13, Issue 2 Ser.4 (Mar. – Apr. 2024), PP 15-24
www.iosrjournals.org

"A Study To Assess The Effectiveness Of Child To Child Programme On Knowledge And Expressed Practice Regarding Ways To Improve Physical And Mental Health Among School Children At Selected School, Daman"

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Abstract
Background: *Health is a very important aspect for every individual for living in this earth. Adolescence is a period of transition between children and adults. And in this period, adolescents experience many changes in their body and minds. Child-to-child programme is an educational process that links children's learning with taking action to promote health and wellbeing. Physical wellbeing direct results of lifestyle choices and behavior about sleep, hygiene, diet, physical activity and relaxation that achieve desire functioning. Mental health includes our emotional, psychological and social wellbeing.*
Aim: *The aim of the study was to evaluate the effectiveness of a child-to-child programme on knowledge and expressed practice regarding ways to improve physical and mental health among school children.*
Methodology: *A Quasi-experimental one group pretest posttest design was adopted for this study. 10 change agents and 60 school children were selected by using simple random sampling technique (lottery method) from Government High School (English Medium), Nani Daman.*
Result: *The results of the study showed that the mean pretest knowledge score was 9.8833 and the mean posttest knowledge score was 15.366. The calculated 't' value of knowledge was 14.63 at df=59 and the table value was1.671 at p<0.05 level of significance. The mean pretest expressed practice score was 37.93 and mean of the post test score was 55.316. The calculated 't' value of expressed practice was 15.49 at df=59 and table value was 1.671 at p<0.05 level. The chi square value showed that, there was a significant association between gender in knowledge and type of family in expressed practice at p<0.05 level of significance.*
Conclusion: *Thus, it was significantly proved that the child-to-child programme was effective for improving the knowledge score and expressed practice among school children.*
Key Words: *Child-to-child programme, knowledge, expressed practice, school children.*

Date of submission: 04-04-2024 Date of acceptance: 14-04-2024

I. Introduction

Health is a very important aspect for every individual to live on this earth. In, our society, health is not only an issue for doctors, nurses, social services and hospitals, it is also an issue of social justice. In ancient times, health was defined as "The absence of disease." No one has the same viewpoint on the aspect of health. The ancient Indians and Greeks considered health as normal body equilibrium and disease as a disturbance in body equilibrium. Every person is free to live by his or her own way. But sometimes people adopt many irregular ways of living life because they do not understand the value of health until it is lost. As per the advancement of technology, people have come to know that health is a fundamental human right and is essential for the satisfaction of basic human needs and for the improvement of life, that is why it is a worldwide universal goal.[1]

Adolescence is a stage of life characterized by health, growth and developmental needs, as well as fundamental rights. This is also a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire traits and abilities that are important for enjoying the adolescent life and assuming an adult's role. Neuronal development also occurs during the adolescent's phase. Hormonal and neuro developmental changes during adolescence are associated with psychosocial and emotional changes and increasing cognitive and intellectual capacities.[2]

The Child-to-child concept was first developed in 1978 by Dr. David Morley and Dr. Hugh Hawes (Institute of Education) to commemorate the forthcoming International Year of the Child (1979). The child-to-child trust was established as an organization in 1987. Child-to-child programme helps in leading global

agencies in a number of practical approaches that enable children to play a meaningful role in their own lives and in communities for improving their overall health. The principle of the child-to-child programme were respecting children's views and voices to enable them to grow into more responsible adults. Furthermore, it facilitates children's understanding of developmental issues and why healthy behaviors are important, recognizes children's capacities to change agents, who require the facilitative support but not the dominance of adults. This child-to-child vision of a world where children are empowered to participate in the realization of their rights.[3]

Child-to-child is an educational process that links children's learning with taking action for promote the health, wellbeing and development of themselves, their families and their communities. These Child-to-child. Programme aims to play a central role in fostering education, promoting health, and driving community development across a global network spanning over 70 countries. In order to strengthen the international network, resource groups based in India, Kenya, Lebanon, London (UK)and Pakistan have come to contribute their magnetic expertise and experience of capacity building in training, materials development, research and advocacy. This child- to-child is a right based approach to children's participation in health promotion and development. Through participating in child-to-child activities the personal, physical, social, emotional, moral and intellectual development of children is enhanced. The convention's guiding principles of inclusion, nondiscrimination and being in the best interests of the child underpin the child-to-child approach.[4]

Child-to-child Programme is based on the concept that children in schools and family members need to be considered as partners in spreading health messages into the community as well as benefiting from them. The group of children can be selected based on their formal or non-formal system of education or any group that is easy to assemble and feasible to follow up with. In this programme, the children are educated on simple but important health topics like environmental hygiene, prevention, treatment, first aid, anemia, personal hygiene, growth monitoring etc. In this programme the activities are made interesting and lively by using different modalities of education like demonstration, role play, song, pictures, crafts etc. After that, each child is asked to spread the health message. The least that is expected from these children to spread health messages to their siblings, parents and neighbors and then ultimately the messages spread to the community.[5]

Ha Noi, Ho Chi Minh City,2023 -UNICEF is calling for enhanced mental health strategies to support the young generation in Vietnam as part of World Children's Day. The findings of the latest National Adolescent Mental Health Survey highlighted a concerning reality: adolescents are struggling with mental health challenges, lacking the essential copping skills that support to their overall wellbeing. The survey revealed that one in five adolescents faces a mental health issue and with only 8.4 percent of them are able to assess the necessary support services or counselling for emotional and behavioral challenges. Moreover, only 5.1 percent of parents recognized their adolescence needed help with emotional and behavioral problem.[6]

According to World Health Organization global status report on physical activity in 2022, revealed that regular physical activity promotes both mental and physical health in people of all ages. Yet, today more than 80% of adolescents and 27% of adults do not meet the WHO's recommended levels of physical activity. This affects not only individuals over their life course, but also places a financial burden on health services and society as a whole.[7]

A quasi- experimental study was conducted to assess the effectiveness of a child-to-child approach on knowledge and practices of personal hygiene among children in selected schools in Gujju Khera in the Patiala district of Punjab. The design of the study was two experimental groups: a pre-test and post-test group. The sample size was 90 students aged 10-12 years. These were selected by using a purposive, non-probability sampling technique. There were 30 samples from each group in the experimental group, group 1 (child-to-child approach) and group 2 (planned teaching) and 30 samples were assigned in control group. The data was collected through 44 structured knowledge questionnaires on different topics of personal hygiene and its importance.3 subsets of a structured observational checklist was used todetermine the correct tooth brushing procedure, hand washing techniques and practice regarding personal hygiene. The split- half method was used to measure the reliability of the knowledge scores and it was, r=0.7 and Inter-rater reliability was used to assess observational checklist and it was found r=0.80. The results of the study showed that posttest mean knowledge scores of experimental groups one (child-to-child approach) (33.93 ± 3.78) and the Group two (planned teaching), (35.75 ± 4.32) were higher than the control group of mean knowledge scores (21.70± 3.43). Therefore, the child-to-child approach was effective in improving personal hygiene in school children.[8]

A quasi-experimental study was conducted to evaluate the effectiveness of a child-to-child programme against dengue fever in terms of knowledge and expressed practice among school going children in Trichy. Sixty samples were selected from seven grade students by using a convince sampling technique. The researcher used a structured knowledge questionnaire and an expressed practice checklist for collect the data. The change agents were trained to initiate a child-to-child programme. After three days of training, a post test was conducted. On the fifteenth day, the student was allotted to the change agent for the initiation of programme. Each facilitator had five students in each group. Fourteen days later, a posttest was conducted. The results

showed that the mean posttest knowledge was 19.53 and expressed practice was 12.50 in experimental group whereas, in the control group the mean posttest knowledge was 13.36 and mean of the posttest expressed practice was 9.60. Hence, the study concluded that the Child -to- child programme worked well in the experimental group.[9]

A randomized controlled trial was conducted to examine the effects of a school-based physical activity intervention on adolescent mental health in Bangladesh. The sample consisted of 40 students in grades 8 and 9 from each school who participated in the experiment (n=160 per group). The intervention period for data collection was a 12-weekphysical activity program that included multiple components (e.g., supervised circuits, lunch exercise sports, health education, infographics), while the control group had not received any intervention. Participants completed baseline and post intervention surveys to assess depressive symptoms. These depressive symptoms were measured by the Center of Epidemiologic studies Depression Scale. The result showed that the intervention group's depressive symptoms decreased in the experimental group. Therefore, the study concluded that, a school based multicomponent physical activity intervention was effective in improving mental health indicators in adolescents.[10]

Objectives

1. To assess the pretest level of knowledge regarding the child-to-child programme on ways to improve physical and mental health among selected school children.
2. To assess the pretest level of expressed practices regarding the child-to-child programme on ways to improve physical and mental health among selected school children.
3. To assess the effectiveness of a child-to-child programme on knowledge regarding ways to improve physical and mental health.
4. To assess the effectiveness of a child-to-child programme on expressed practice regarding ways to improve physical and mental health.
5. To find out the correlation between the knowledge and expressed practices of the child-to-child programme on ways to improve physical and mental health among selected school children.
6. To find out the association between the pretest knowledge scoreof the child-to-child programme on ways to improve physical and mental health among school children with selected demographic variables.
7. To find out the association between the pretest expressed practices score of the child-to-child programme on ways to improve physical and mental health among school children with selected demographic variables.

Hypotheses

The Hypothesis was tested at the 0.05 level of significance.

H_1: There will be a significant mean difference between the pretest and posttest knowledge score regarding the child-to-child programme on ways to improve physical and mental health.

H_2: There will be a significant mean difference between the pretest and posttest expressed practices score regarding the child-to-child programme on ways to improve physical and mental health among school children.

H_3: There will be a significant correlation between knowledge and expressed practice score of ways to improve physical and mental health among school children.

H_4: There will be a significant association between the pretest knowledge score regarding ways to improve physical and mental health among school children with selected socio demographic variables.

H_5: There will be a significant association between the pretest expressed practices score regarding ways to improve physical and mental health among school children with selected socio demographic variables.

Delimitation

- The sample size is limited to 60 school children.
- The study is limited to only 9th standard students.
- The study is focuses on only knowledge and expressed practice

II. Material And Methods

Research approach: quantitative evaluative research approach

Research design: quasi experimental one group pre-test post-test design.

Setting of the study: a pilot study was conducted at the government higher secondary school (english medium), damanwada, daman. A research study was conducted at government high school, nani daman (english medium), daman.

Population: in the present study population was school children.

Target population: in the present study, the target population was based on all school children studying in schools of daman.

Accessible population: school children who were studying in the 9th standard in government high schools (english medium) nani daman.
Sample: in the present study the sample were school children who were selected from the age group of 13 to 16 years, studying in the school of daman.
Sample size: the sample size was 60 school children of 9th standard, from a selected school, daman.
Sampling technique: simple random sampling technique.

Sampling Criteria

Sampling criteria involves selecting cases that meet some predetermined criterion of importance. The criteria for sample selection are mainly depicted under two headings, which include the inclusion and exclusion criteria.

Inclusion Criteria

- Students who were studying in 9th standard.
- Students who read, understood and wrote English.
- Students who were available at the time of data collection.
- Students whose age group was 13 to 16 years.

Exclusion Criteria

- Students who were not willing to participate in this study.
- Students who were absent on that day.

Description Of The Tool

The tool used for the study was seven socio demographic variables, 20 structured knowledge questionnaires and 16 questionnaires of expressed practice on a five-point rating scale regarding ways to improve physical and mental health.
Section A: Socio Demographic Variables
Section B: Self structured knowledge questionnaire
Section C: Expressed practice rating scale

Section A: Socio demographic Variables

The socio demographic variables consisted total of seven items based on the background data of the participants. It included:

- Age
- Gender
- Type of Family
- Occupation of Father
- Occupation of mother
- Place of living
- Sources of information regarding ways to improve physical and mental health

Preparation of lesson plan

The preparation of a lesson plan regarding ways to improve physical and mental health was based on a review of the literature, discussion with the guide and co- guide and suggestion from the investigator's own experience.

Section- B: Structured Knowledge Questionnaire

It consists of following:

A structured knowledge questionnaire in the form of 20 multiple choice questions which was constructed for the students on ways to improve physical and mental health. A knowledge questionnaire score of '1' was allotted for each correct answer and score of '0 'was allotted for each incorrect answer. The total maximum and minimum score were 20 and 0, respectively.

Table no :1.1 The score interpretation for the level of knowledge

Score	Percentage	Interpretation
≤ 10 marks	0%-50%	Inadequate knowledge
11-15 marks	51%-75%	Moderately adequate knowledge
16-20 marks	76%-100%	Adequate knowledge

Section-C: Expressed Practice Rating Scale

It consisted of 16 statements to assess the expressed practice of ways to improve physical and mental health among school children. The student was requested to give responses based on the frequency of experiencing a particular expressed practice against five options given namely:

Never- score 1
Often-score 2
Sometimes- score 3
Rarely- score 4
Always-score 5

Table no :1.2 The score interpretation for the level of expressed practice

Sr. No	Score	Interpretation
1.	1-26	Poor expressed practice
2.	27-53	Moderate expressed practice
3.	54-80	Good expressed practice

Section-I: Description Of Socio Demographic Variables Of Participants Based On Frequency And Percentage

Socio demographic variables, which consist of 7 items were used to collect the sample characteristics such as age, gender, type of family, occupation of father, occupation of mother, place of living and sources of information regarding ways to improve physical and mental health.

Table No: 1.3 Description of socio demographic variables of participants based on frequency and percentage
(n=60)

SR.NO.	SOCIO DEMOGRAPHIC VARIABLE	FREQUENCY	PERCENTAGE
1	**Age in year**		
	a)13-14 years	33	55%
	b)15-16 years	27	45%
2	**Gender**		
	a) Male	26	43.33%
	b) Female	34	56.67%
3	**Type of family**		
	a)Nuclearfamily	39	65%
	b) Jointfamily	18	30%
	c) Extended family	3	5%
	d)Single parent	0	0%
4	**Occupation of Father**		
	a) Government employee	1	1.67%
	b) Private employee	39	65%
	c)Business	11	18.33%
	d)Farmer	1	1.67%
	e) Daily wages	5	8.33%
	f) Unemployed	3	5%
5	**Occupation of Mother**		
	a) Government employee	0	0%
	b) Private employee	26	43.33%
	c)Business	0	0%
	d)Farmer	0	0%
	e) Daily wages	2	3.33%
	f) Homemaker	32	53.34%
6	**Place of living**		
	a) Rural area	18	30%
	b) Urban area	36	60%
	c) Semi Urban area	6	10%
7.	**Sources of information regarding ways to improve physical and mental health**		
	a) Mass media	26	43.33%
	b)Neighborhood	1	1.67%
	c)Health personnel	6	10%
	d) Any other attend special class, conference or seminar	1	1.67%
	e) Nil	26	43.33%

Above table showed the distribution of participants with their socio demographic variables.

Section-Ii: Description Of The Significant Mean Difference Between Pretest And Posttest Knowledge Score Regarding The Child-To-Child Programme On Ways To Improve Physical And Mental Health Among School Children.

Table No: 2.1: Description of frequency and percentage distribution of pretest and posttest level of knowledge **n=60**

Level of Knowledge	Score	Pre-Test		Post Test	
		Frequency	Percentage	Frequency	Percentage
Inadequate Knowledge (0-50%)	0-10	43	71.67%	0	0%
Moderate Knowledge (51-75%)	11-15	17	28.33%	20	33.33%
Adequate knowledge (76-100%)	16-20	0	0%	40	66.67%

Table 2.1 depicted that in the pretest 43 (71.67%) of school children had inadequate knowledge on ways to improve physical and mental health, whereas in the posttest it was 0 (0%), 17 (28.33%) were with moderate knowledge in the pretest and in the posttest, it was increased to 20 (33.33%) and 0% school children had adequate knowledge in pretest, whereas inthe posttest knowledge had increased to 40 (66.67%).

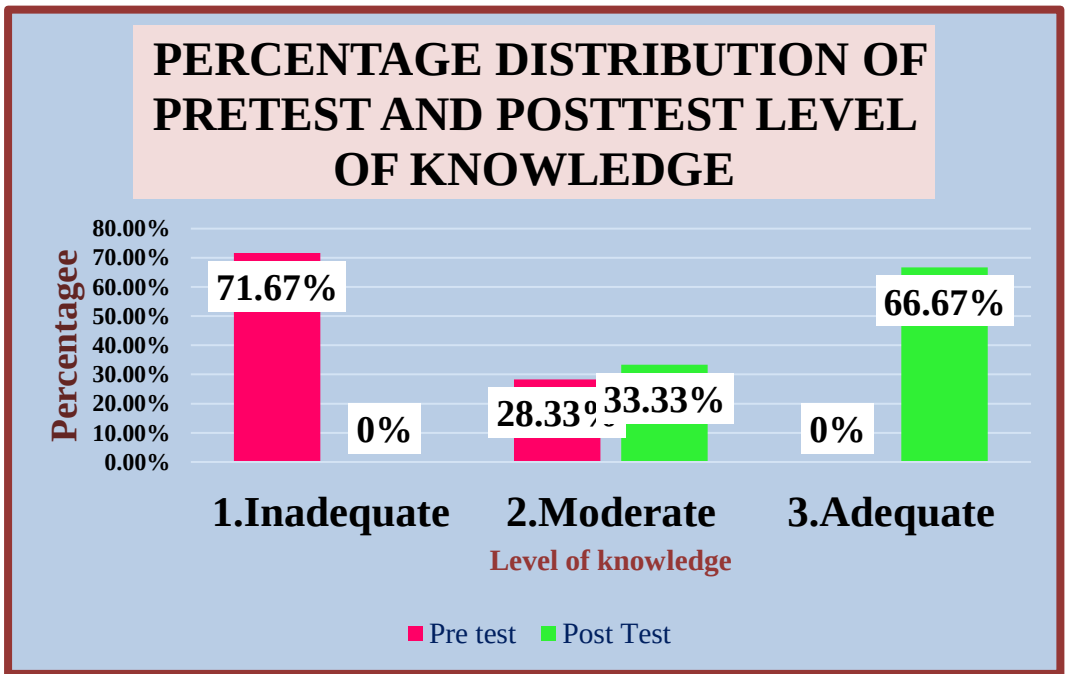

Table No: 2.2 Mean difference of pretest knowledge score and posttest knowledge score n=60

Knowledge	Maximum score	Obtained score	Mean score	Mean %	Mean Difference	Mean Percentage (%) gain
Pre test	20*60=1200	593	9.8833	49.42%	5.4833	27.41%
Post Test	20*60=1200	922	15.366	76.83%		

Table 2.2 showed that the maximum knowledge score was 1200,the pretest obtained knowledge score was 593 and the mean of pretest knowledge score was 9.8833 with a mean percentage of 49.42% and the posttest obtained knowledge score was 922 and the mean of the posttest knowledge score was 15.366 with a mean percentage of 76.83%. The mean difference between the pretest knowledge score and the posttest knowledge score was 5.4833 and the mean percentage gain between pretest knowledge and posttest knowledge

was 27.41%. Hence, mean posttest knowledge scores were significantly higher than the pretest knowledge score.

Section-Iii: Description Of The Significant Mean Difference Between The Pretest And Posttest Expressed Practice Score Regarding The Child-To-Child Programme On Ways To Improve Physical And Mental Health Among School Children.

Table No: 3.1 Description of frequency and percentage distribution of pretest and posttest level of expressed practice

n=60

Level of Expressed Practice	Score	Pre-Test		Post Test	
		Frequency	Percentage	Frequency	Percentage
Poor Expressed Practice	1-26	13	21.67%	0	0%
Moderate Expressed Practice	27-53	46	76.66%	10	16.67%
Good Expressed Practice	54-80	1	1.67%	50	83.33%

The table 3.1 depicted that, in pretest 13 (21.67%) of school children had poor expressed practice on ways to improve physical and mental health, whereas in posttest it was 0 (0%), 46 (76.66%) had a moderate expressed practice in pretest and in posttest it was 10 (16.67%) and 1(1%)school children had good expressed practice in pretest, whereas in posttest it was increased to 50 (83.33%).

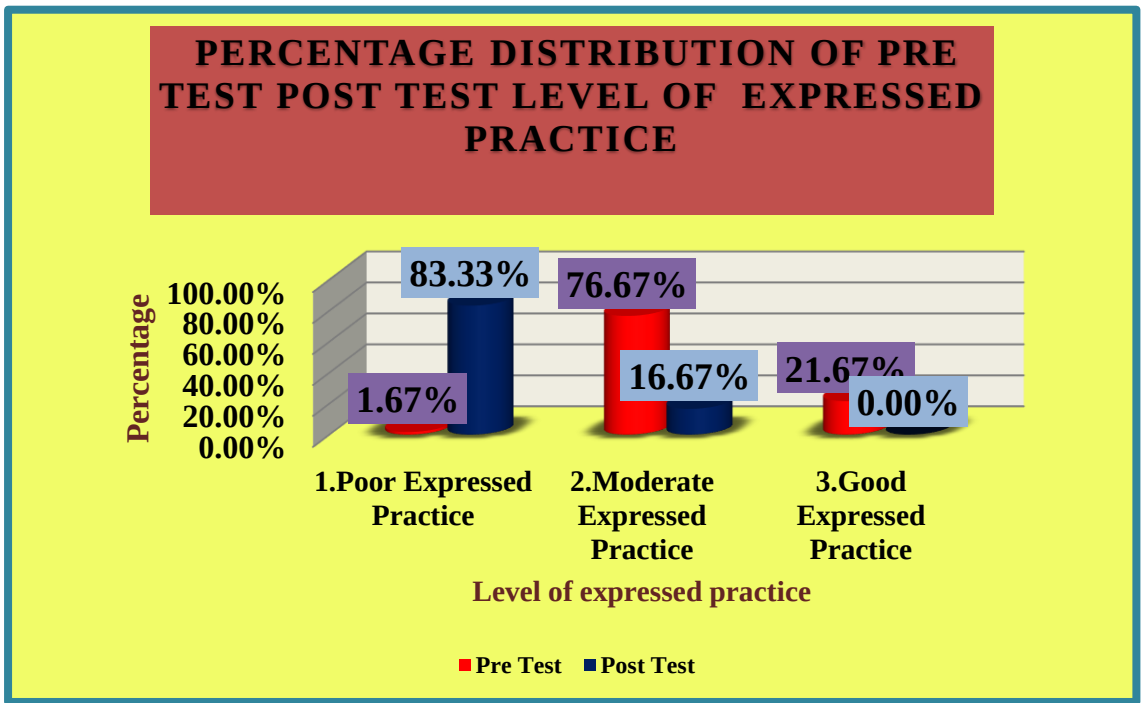

Table No: 3.2 Mean difference of pretest expressed practice score and posttest expressed practice score

n=60

Expressed Practice	Maximum score	Obtained score	Mean score	Mean %	Mean Difference	Mean Percentage (%) gain
Pre test	80*60=4800	2276	37.933	47.416%	17.383	21.729
Post Test	80*60=4800	3319	55.316	69.145%		

Table 3.2 showed that the maximum expressed practice score was 4800, the pretest obtained expressed practice score was 2276 and the mean of pretest expressed practice score was 37.933 with a mean percentage of

47.416 % and the posttest obtained expressed practice score was 3319 and the mean of the posttest expressed practice score was 55.316 with a mean percentage of 69.145%. The mean difference between the pretest expressed practice score and the posttest expressed practice score was 17.383 and the mean percentage gain between the pretest expressed practice and posttest expressed practice was 21.729%. Hence, the mean posttest expressed practice scores were significantly higher than the pretest expressed practice score.

Section-Iv: Effectiveness Of A Child-To-Child Programme On Ways To Improve Physical And Mental Health On Knowledge And Expressed Practice Among School Children, Daman

Table No: 4.1 Mean, Mean difference, Standard deviation, standard error and paired 't' test of pretest and posttest knowledge score regarding ways to improve physical and mental health among School children.

n=60

Knowledge	Mean	Mean Difference	SD	SE	Calculate value of 't'	Table Value of 't'	Inference
Pre-Test	9.8833	5.4833	2.82	0.3644	14.6344	1.671	**S**
Post Test	15.366		2.57	0.3318			

Note: S – Statistically significant t > 1.671 at the 0.05 level.

Above table 4.1 showed that the mean pretest level of knowledge regarding ways to improve physical and mental health among school children was 9.8833, which was significantly improved to 15.366 in the posttest with a mean difference of 5.4833. The standard deviation of the pretest level of knowledge regarding child-to-child programme on ways to improve physical and mental health was 2.82 and the posttest was 2.57. The standard error of pretest level of knowledge was 0.3644 and the posttest knowledge score was 0.3318. The calculated value of t was 14.6344, which was greater than the table value of t=1.671 at the level of $p < 0.05$.

Hence, the child-to-child programme on knowledge regarding ways to improve physical and mental health among the school children was effective to improve the knowledge regarding ways to improve physical and mental health among school children.

Table No: 4.2 Mean, Mean difference, standard deviation, standard error and paired 't' test of pretest and posttest knowledge score regarding ways to improve physical and mental health among school children, Daman

n=60

Expressed Practices	Mean	Mean Difference	SD	SE	Calculate value of 't'	Table Value of 't'	DF	Inference
Pre-Test	37.93	17.383	9.090	1.173	15.49	1.671	59	**S**
Post Test	55.316		5.95	0.768				

Note: S -Statistically significant t > 1.671 at the 0.05 level.

The above table 4.4.2 showed that the mean pretest level of expressed practice regarding ways to improve physical and mental health among school children was 37.933, which was significantly improved to 55.316 in the posttest with a mean difference of 17.383. The standard deviation of the pretest level of expressed practice regarding the child-to-child programme on ways to improve physical and mental health was 9.0906 and the posttest was 5.9560. The standard error of the pretest level of expressed practice was 1.1736 and posttest was 0.7689. The calculated value of t was 15.49 which is greater than the table value of t=1.671 at the level of $p < 0.05$.

Hence, the child-to-child programme on expressed practice regarding ways to improve physical and mental health among the school children was effective to improve sthe expressed practice regarding ways to improve physical and mental health among school children.

III. Findings Of The Study

Findings of the pilot study

The pilot study was done on two change agents and 6 school children who were studying in Government Higher Secondary School (English Medium), Damanwada. The pilot study was conducted from 28/08/2023 to 11/09/2023.

For the statistical analysis of change agent's reliability of knowledge was 0.9045 andthe expressed practice was 0.85. For the group of student's reliability of knowledge was 0.902 and for expressed practice it

was 0.9514. The reliability of the knowledge and expressed practice rating scale was analyzed by using the Karl Pearson Correlation Coefficient formula with test and retest method.

The final research Study

The final study was conducted from 12/10/2023 to 4/11/2023.Samples were from Government high school (English medium), Nani Daman. The study was analyzed by using descriptive and inferential statistics.

The results of the study were as follows:

- In the present study 33(55%) students were in the age group 13-14 years and 27(45%) students were in the age group of 15-16 years.
- With regard to gender the majority of 34(56.67%) school children were female and 26(43.33%) school children were male.
- In the present study the majority of 39(65%) school children belongs to the nuclear family.
- With regards to the occupation of father the majority of 39(65%) school children father occupation were private employees.
- In the present study, the majority 32(53.34%) school children mother occupation were home maker.
- In the present study, the majority of school children 36(60%) were from urban area.
- In the present studythe majority of 26(43.33%) school children were got information from mass media.
- The mean pretest knowledge score was 9.8833 and the mean posttest knowledge score was 15.366.
- The mean pretest expressed practice score was 37.933 and the mean posttest expressed practice score was 55.316.
- The difference between the knowledge score of pretest and posttest ($p<0.05$) was 5. 4833.The difference was the net benefit to the group due to child-to-child programme.
- The difference between the expressed practice score of pretest and posttest ($p<0.05$) was 17.383. The difference was the net benefits to the group due to child-to-child programme.
- The correlation betweenthe pretest knowledge and the pretest expressed practice was 0.46 and the posttest knowledge and the posttest expressed practice was 0.62.
- Out of the several socio demographic variables in the group, there was a statistical association between pretest knowledge score and gender of the school children.
- Out of the several socio demographic variables in the group, there was a statistical association between pretest expressed practice score and type of family of the school children.

IV. Interpretation

The findings of the study clearly proved that the child-to-child programme was effective in improving knowledge and expressed practice regarding ways to improve physical and mental health among school children.

Regarding the percentage of pretest knowledge score of subjects 43(71.67%) had inadequate knowledge, 17(28.33%) had moderate knowledge and none of them had adequate knowledge when compared with the percentage of posttest knowledge score 40(66.67%) had adequate knowledge, 20(33.33%) had moderate knowledge and none of them had inadequate knowledge.

Regarding the percentage of pretest expressed practice score of subjects 13(21.67%) had poor expressed practice, 46(76.66%) had moderate expressed practice and 1(1.67%) had Good expressed practice, when compared with the percentage of posttest score 50 (83.33%) had good expressed practice, 10(16.67%) had moderate expressed practice and none of them had poor expressed practice.

V. Conclusion

From the findings of the present study, it was concluded that the level of knowledge and expressed practice of school children regarding ways to improve physical and mental health among school children was inadequate during the pretest assessment. However, the findings of the posttest in the group showed that the level of knowledge and expressed practice had improved. The improvement was due to the administration of the child-to-child programme. Therefore, the knowledge and expressed practice of the school children could be further improved by providing on going education programmes.

So, this study brought out the conclusion, that lack of awareness and poor practices create a serious public health threat to school children. School health is an important intervention as a great deal of research tells us that schools can have a major effect on children's health by teaching them about health and promoting healthy behaviour. Promotion of healthy practices in schools by health care providers and school teachers through new creative methods of teaching such as child to child programme could be an effective means of communication regarding health issues and health promotion among children.

Imparting these child-to-child programme concepts to Nursing students and Community health worker and its utilization to provide health education in the schools, hospitals and communities could be used for spreading the health messages among school children. Therefore, awareness regarding the promotion of health and the prevention of diseases through healthy practices can be promoted today and for the future generations.

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International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

A Study to Assess Effectiveness of Structured Teaching Programme on Knowledge on Knowledge of Menopausal Symptoms and Its Management Among Middle Aged Women in Selected Rural Areas in Valsad, Gujarat, India

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ABSTRACT

Nature does not allow a child to bring a baby into the world and similarly avoids a baby having a mother who is beyond middle age. Menopause is the physiological cessation of menses associated with declining ovarian function. An evaluative approach with pre-experimental one group pretest posttest research design was adopted for this study. A total of 100 middle aged women were selected by convenient sampling method Data were collected by using structured interview schedule. Impacted knowledge to middle aged women by using structured teaching program. The overall mean percentage of knowledge in the pre-test was 36.5% with standard deviation of 5.5 In the post test the overall mean percentage of knowledge was 75% with standard deviation 43 with a positive difference of 15.7 and 12. There is significant association between pretest knowledge score of middle-aged women and selected demographic variables is accepted for education and occupation. Analysis data shows that posttest knowledge score is significantly higher than the pretest knowledge score at $p<0.05$ level of significance Le, mean difference is 15.7 There is significant improvement in knowledge of middle-aged women regarding menopausal symptoms and its management There is significant association between pretest knowledge score of middle-aged women and selected demographic variables is accepted for education and occupation. Thus, investigator concluded that structured teaching program is good method of conveying information to middle aged women and it is very effective in order to gain knowledge

INTRODUCTION

"*Middle age can be emotionally the mutinous transition period characterized by inner struggle before one becomes resolved to having left the Pepsi generation forever.*"

— Gelein and Heiple

One period of the life in which women loose youngness and enter in degenerative period in which they lose god gift that is reproductively which is called menopause period.

Menopause is the permanent physiologic cessation of menses associated with declining ovarian function; during this time reproductive function diminishes and ends. It is also natural event that normally occurs between the ages of 45 and 55.

The symptoms of menopause are caused by change s in estrogen and progesterone levels. As the ovaries becomes less functional they produce less of these hormones and body responds accordingly.

NEED FOR THE STUDY

Menopause is not a disease. It is a normal life process which must take place at proper time. Many women don't know about it because of education, culture norms and they will take it wrongly as a disease or illness because menopausal symptoms like hot flashes, migraine, insomnia, night sweat, irregular period, loss of libido, and vaginal changes, depression, anxiety & Many more.

According to the 2011 census of India, there were about 96 million women aged 45 year and above and this number is expected to increase to 401 million in 2026.

In a cross-sectional survey of 3,369 postmenopausal women aged 50-79 years at Bengaluru, panic attacks were most prevalent among women in the menopausal transition. These attacks were associated with negative life events and functional impairment.

menopause does not discriminate Nations around the world should continue to educate women about menopause and the benefits of promotive health care, Knowledge, Attitudes, and behaviors regarding Menopausal Issues among Women from a Rural area.

OBJECTIVES OF THE STUDY

- To assess the existing knowledge on menopausal symptoms and its management among middle aged women.
- To find the effectiveness of structured teaching programme on menopausal symptoms and its management among middle aged women.
- To find out an association between the pretest knowledge scores of women and selected demographic variables among middle aged women.

RESEARCH HYPOTHESIS

H1 There will be a significant difference between mean pretest and posttest knowledge scores on menopausal symptoms and its management among women**.**

H2 There will be a significant association between pretest knowledge scores on menopausal symptoms and its management with selected demographic variables.

ASSUMPTION

1. The middle-aged women may have some knowledge regarding menopausal symptoms and its remedial measures knowledge of middle-aged women is measurable.
2. STP could be an effective teaching tool which may enhance knowledge regarding menopausal symptoms and its remedial measures.
3. Women's level of knowledge is influenced by demographic variables.

METHADOLOGY

RESEARCH APPROACH: -

The research approach adopted for this study was evaluative approach

RESEARCH DESIGN: -

The research design provides an overall blueprint to cut out the study. research design used in this study **was** the quantitative, pre-experimental design i.e. "Pre-test, posttest with one group"

VARIABLES: -

- **Independent variable:** Structured teaching programme on knowledge regarding menopausal symptoms and its management among middle age in rural area.
- **Dependent variable:** Knowledge of rural women under middle age regarding menopausal symptoms and its management.
- **Socio-Demographic variable:** Socio- Demographic Variable are Age, education, occupation, type of family, previous source of information.

SETTING: Rural Area of Valsad.

POPULATION: -

Target Population: Middle aged women in rural area of valsad.

Accessible population:

Middle aged women who are in selected rural area of Valsad.

SAMPLE AND SAMPLING TECHNIQUE:-

Samples: - Middle aged women (who fulfill the selection criteria) of selected rural area of Valsad.

Sample Size: - 100 middle aged women of selected rural area of Valsad.

Sampling Technique: - "Non-Probability Convenient" sampling technique

CRITERIA FOR SAMPLE SELECTION: -

INCLUSION CRITERIA

1. Who had menopausal period.
2. Women are willing to participate in the study.
3. Women are present at the time of data collection.
4. Women can understand and speak Gujarati, Hindi.

EXCLUSION CRIRETIA

1. Women who are suffering from any other major illness.
2. Women who are not willing to participate in the study.
3. Women who are not present at the time of data collection.

DATA COLLECTION METHOD: -

A structured Questioner

Data collection instrument

Data collection instrument used were

✓ Demographic data

✓ Structured Questioner (pretest and posttest) to assess the knowledge of middle aged women regarding menopause, symptoms and its management

DESCRIPTION OF TOOL:

Section A- It contains socio demographic profile which consists of age, type of family, education, occupation, previous source of information.

Section B – A structured interview schedule on menopause, symptoms and its management. It consists of 40 items divided into areas like anatomy and physiology of the reproductive system, menopause and its symptoms and its management. All the items were multiple- choice questions, which had 4 alternative responses. A score of [1] for correct answer and a score of [0] for incorrect answer was answer was awarded. Thus, there were 40 maximum obtainable scores.

Knowledge

- 76% - 100% = Adequate
- 51% - 75% = Moderately adequate
- 50% below = Inadequate

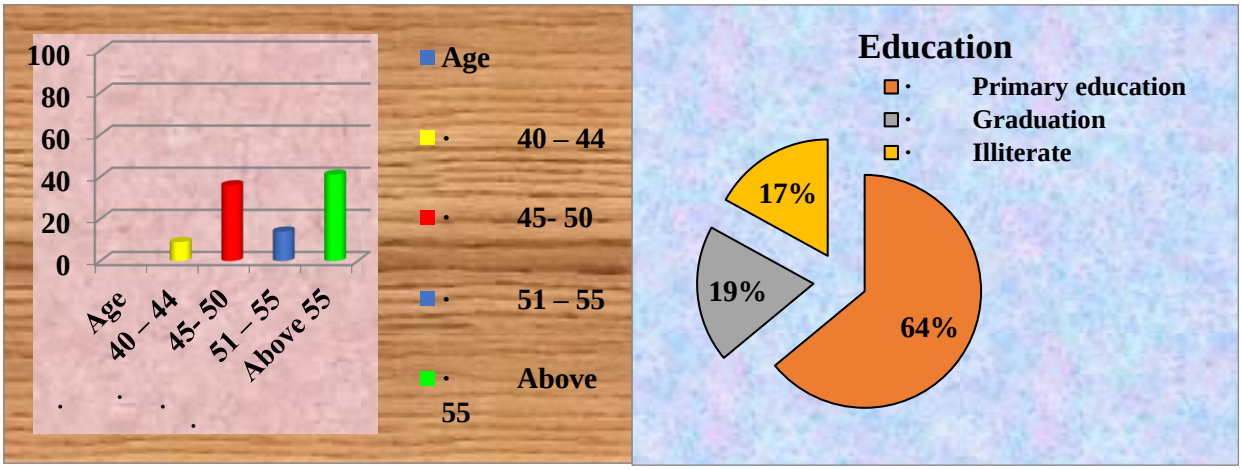
TESTING THE INSTRUMENT:-

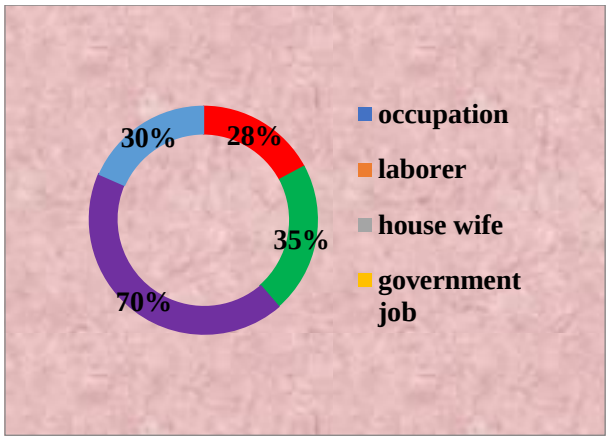
Validation of the Tool:-

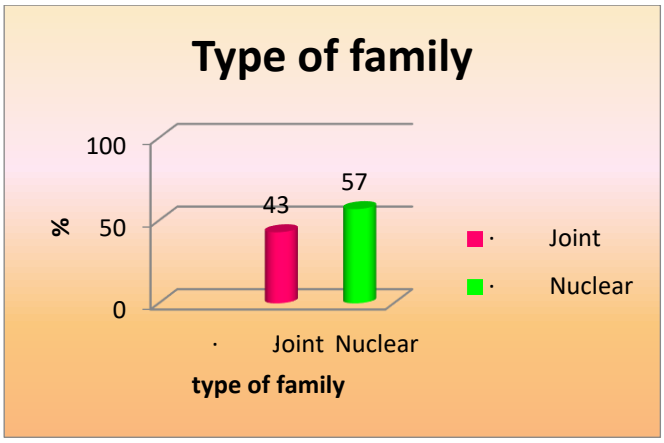
- Structured teaching programme was assessed by obtaining opinion from obstetrical gynecological health experts as per the suggestions of the experts. The investigator had made necessary modifications in the tool.
- **Reliability: -**

In order to establish reliability of the tool, structured questionnaires and observational rating scale was established through split half method. Reliability of the structured teaching program was established through split half method of knowledge and practice of instruments. Correlation co-efficient was 0.89. It shows high degree of reliability of the tool to conduct study.

RESULTS







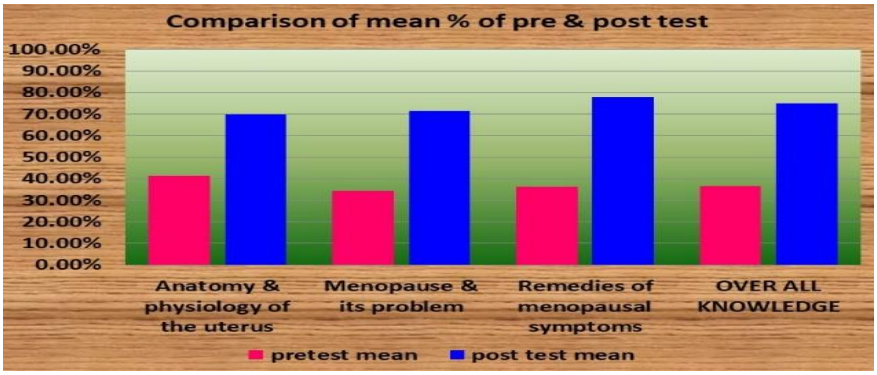
DEMOGRAPHIC PROFILE OF MIDDLE AGED WOMEN

The table – 2 indicates that majority of the subjects are belongs to age group 45-50 years (36%) and 64 (64%) the subjects had primary education 19 (19%) are graduate and 17(17%) subjects are illiterate. Most of the subjects are housewife 35(35%), private job 30(30%), and 7 (7%) are having government job. Majority are subjects living in nuclear family (57%) and no one having previous knowledge about menopause

COMPARISON OF PRE AND POST-TEST OF KNOWLEDGE OF THE MENOPAUSE, ITS SYMPTOMS AND ITS MANAGEMENT

N= 100

SR NO	KNOWLEDGE VARIABLES	PRE-TEST		POST TEST		'T' TEST	INFERENCE
		MEAN	SD	MEAN	SD		
1.	**Anatomy & physiology of the uterus**	3.3	1.8	5.64	1.1	11.14	S
2.	**Menopause & its problem**	4.8	2.19	10	1.5	32.79	S
3.	**Remedies of menopausal symptoms**	6.5	2.82	14	2.2	32.39	S
	OVER ALL KNOWEDGE	14.6	5.5	30	4.3	28.38	S



The table values revealed that the mean obtained for overall knowledge in the pretest was 14.6 and in posttest were 30. The gain in mean for overall knowledge was 15.4 with 't' value at d f 99 = 1.66 which was highly significant at $p < 0.05$. The findings reveal that the overall mean posttest knowledge scores of the subjects are significantly higher than the overall mean pre-test knowledge scores at 0.05 level of significance. Hence the hypothesis H1 is accepted.

ASSOCIATION BETWEEN DEMOGRAPHIC VARIABLES AND PRETEST KNOWLEDGE LEVEL ON MENOPAUSAL PROBLEM AND ITS REMEDIAL MEASURES

Median=15.5 **N= 100**

SR NO	VARIABLE	CATEGORY	TOTAL SCORE		CHI SQURE VALUE	TABLE VALUE	INFERENCE
			< M	> M			
9	EDUCATION STATUS	Primary	38	26	20.311	D f- 2 5.99	S
		Secondary	0	0			
		Higher secondary	0	0			
		Graduate	1	18			
		Illiterate	12	5			
10	OCCUPATION	Laborer	18	10	9.676	D f- 3 7.815	S
		Gov. job	0	7			
		Private job	16	14			
		House wife	16	19			

From the table it is evident that the obtained chi-square values for education and occupation were more than the table values and found that there is significant association between them. Hence hypothesis H_2 there is significant association between pretest practice score of middle-aged women and selected demographic variables is accepted for education and occupation.

LIMITATION

- The sample size is limited to 100 middle aged women in selected rural areas; Valsad Hence generalization is possible only to the selected settings.
- Duration of data collection is limited to 4 weeks.
- Due to time constraint and the sample availability a convenience sampling technique was used in the present study
- Randomization was not done. So, the sample may not be the true representation of the population

RECOMMENDATION

- A similar study can be conducted by including practical aspect.
- A similar study can be carried out to evaluate the efficiency of various teaching strategies like self-instructional module, pamphlets, leaflets and computer-assisted instruction on knowledge regarding menopausal problems and its remedial measures.
- Based on study findings, intervention should be given to all women through mass media, role-play, drama, and puppet show, etc. to enhance the knowledge level.

- A similar study can be undertaken with control group design.

CONCLUSION

This research revealed that there is a significant difference in knowledge of middle aged women regarding menopausal problems and its remedial measures after Structured Teaching Programme the study statistically proved that there is an association between pretest knowledge and selected socio-demographic variables of the middle aged women.

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IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

"A Descriptive Study To Assess The Utilization And Satisfaction Of Community Health Nursing Bag Among Fourth Year B.Sc. Nursing Students Of Selected Nursing Colleges Affiliated To Veer Narmad South Gujarat University, Surat."

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ABSTRACT

Introduction: India has a rural population of 900,239,774 for 2021 which is 0.25% increase from 2020 who have no access to health care insurance and cannot afford tertiary health care in institutions or hospitals. The use of Community Health Nursing Bag was started during the time of Florence Nightingale to meet the needs of people and provide basic care at their home. Nurses do experience physical discomfort related to nurse bag utilization. Bag weight and stairs were two factors that influenced discomfort.

Aim: The aim of the study was to assess the Utilization and Satisfaction of Community Health Nursing Bag among Fourth Year B.Sc. Nursing students.

Methodology: In this study Quantitative Descriptive research design was used. A total of 100 respondents who met the sampling criteria were selected by purposive sampling technique. The data were collected using Rating Scale for both variables Utilization and Satisfaction among students of Fourth Year B.Sc. Nursing of selected colleges affiliated to Veer Narmad South Gujarat University, Surat.

Results: Results showed that 63 (63%) had Excellent Utilization of Community bag, 37 (37%) had Good Utilization and no one had express poor Utilization of Community bag. Regarding the Utilization of community bag the overall Mean percentage was 81.15 %. 64 (64%) had moderately satisfied, 30(30%) were satisfied and 6 (6%) were inadequately satisfied with Community Health Nursing Bag. Mean percentage of overall level of Satisfaction obtained is 65.16 %. The study found that there was poor positive correlation between Utilization and Satisfaction. There was no significant association between Utilization and Satisfaction with selected Socio- Demographic variables like age, gender for use of Community Health Nursing Bag.

Conclusion: The study revealed that most of the respondent had Excellent Utilization towards Community Bag and Moderate Satisfaction among the respondents. So, there is need to make modification of the Community Bag.

KEY WORDS: **Utilization, Satisfaction, Community Health Nursing Bag.**

INTRODUCTION

India has a rural population of 900,239,774 in 2021which is 0.25% increase from 2020 who have no access to health care insurance and cannot afford tertiary health care in institutions or hospitals. The role of Community Nursing becomes vital, as they can make quality health care available literally at the doorsteps of the patient's house.

The use of Community Health Nursing Bag was started during the time of Florence Nightingale to meet the needs of people and provide basic care at their home. In 19th Century, When Lillian Wald founded the first formal visiting nurse service at Henry Street Settlement; visiting nurses carried bags for conducting home visits. It contained objects for imparting to the sick, maternity nursing, fitness demonstration and different capabilities inside position of public health nursing faculty and schools or non-public enterprise wherein nurses offer domestic care on couple of patients.

Community bags are an indispensable occupational tool for homecare nurses. Nurses do experience physical discomfort related to nurse bag utilization. Bag weight and stairs were two factors that influenced discomfort. Simple interventions exist that may decrease or eliminate this concern. If given information and support, nurses may then have the option of improving their occupational comfort and efficiency.

STATEMENT OF THE PROBLEM

"A Descriptive Study To Assess The Utilization and Satisfaction Of Community Health Nursing Bag Among Fourth Year B.Sc. Nursing Students of Selected Nursing Colleges affiliated To Veer Narmad South Gujarat University, Surat."

OBJECTIVES OF THE STUDY:

The objectives of the study are:

1. To assess the level of Utilization of Community Health Nursing Bag among Fourth Year B.Sc. Nursing Students of selected Nursing Colleges affiliated to Veer Narmad South Gujarat University, Surat.
2. To assess the Satisfaction of Community Health Nursing Bag among Fourth Year B.Sc. Nursing Students of selected Nursing Colleges affiliated to Veer Narmad South Gujarat University, Surat.

3. To find the correlation between Utilization and Satisfaction of Community Health Nursing Bag Among Fourth Year B.Sc. Nursing Students of selected Nursing Colleges affiliated to Veer Narmad South Gujarat University, Surat.

4. To find out the association between Utilization and Satisfaction with socio - demographic data of Fourth Year B.Sc. Nursing Students of selected Nursing Colleges affiliated to Veer Narmad South Gujarat University, Surat.

ASSUMPTIONS

There will be excellent Utilization and need modification to enhance Satisfaction of Community Health Nursing Bag among B.Sc. Nursing students.

HYPOTHESIS

The hypothesis were tested at 0.05 level of significance.

H_1: There will be a significant correlation between the satisfaction and utilization of the Community Health Nursing bag among Fourth Year B.Sc. Nursing students of selected Nursing Colleges of affiliated to Veer Narmad South Gujarat University, Surat.

H_2: There will be significant association between the Satisfaction and socio-demographic data of the Community Health Nursing Bag among B.Sc. Nursing Students of selected Nursing Colleges affiliated to Veer Narmad South Gujarat University, Surat.

H_3: There will be significant association between Utilization and Socio-Demographic Data of the Community Health Nursing Bag among Fourth Year B.Sc. Nursing Students of selected Nursing Colleges affiliated to Veer Narmad South Gujarat University, Surat.

DELIMITATION:

- Students who were absent during the time of data collection.
- Study was limited to Central Government colleges so small sample size.
- Study was limited to only graduate Nursing students.

OPERATIONAL DEFINITION

- **Satisfaction:**

In this study Satisfaction refers to the fulfilments of expectations and needs of the students in using Community Health Nursing Bag by implementing rating scale. The rating scale with 5-point Scale: satisfied, moderately satisfied, satisfied, neutral, unsatisfied with rating 5,4,3,2,1 respectively.

- **Utilization:**

In this study Utilization refers to the making practical and effective use of Community Health Nursing Bag by students by implementing rating scale. Rating scale with 3-point Scale: frequently, often, never with rating 3,2,1 respectively.

- **Community Bag:**

  Community Health Nursing Bag is a bag which is an essential and indispensable equipment of the Community Health Nurse which he/she has to carry along when he/she goes out for home visit. It contains basic medications and articles which are necessary for giving care.

- **B.Sc. Nursing students:**

  Fourth Year B.Sc. nursing students will be included in assessing the Utilization and Satisfaction of the Community Health Nursing Bag.

RESEARCH METHODOLOGY

REASERCH APPROACH: Quantitative research approach

RESEARCH DESIGN: Descriptive research design

VARIABLES:

- **Research variables:** Satisfaction and Utilization of Community Health Nursing Bag.
- **Demographic Variables:** Age, Gender, Name of college, Have you ever used community Bag? Is there need of modification?

RESEARCH SETTING: Nursing colleges of Dadra and Nagar Haveli and Daman.

POPULATION AND SAMPLE:

POPULATION: Students of Nursing colleges of Dadra and nagar Haveli , Daman and Diu.

SAMPLE: Fourth Year B.Sc. Nursing Students.

SAMPLING TECHNIQUE: Purposive Sampling Technique.

DESCRIPTION OF TOOL:

Final tool consisted of three parts:

SECTION I: **SOCIO- DEMOGRAPHIC DATA**:

In this study Section I include age, gender, name of college., Have you ever used community Bag? Is there need of modification?

SECTION II: CLIENT SATISFACTION RATING SCALE

Table 1: CRITERIA OF SCORING AND CATEGORY FOR SATISFACTION

Category	Score	Level of Satisfaction in percentage
Inadequately Satisfied	38-88	20- 46 %
Moderately Satisfied	89-139	47- 73 %
Satisfied	140-190	74 – 100%

SECTION III: UTILIZATION OF THE COMMUNITY HEALTH NURSING BAG BY STUDENTS

Table 2: CRITERIA OF SCORING AND CATEGORY FOR UTILIZATION

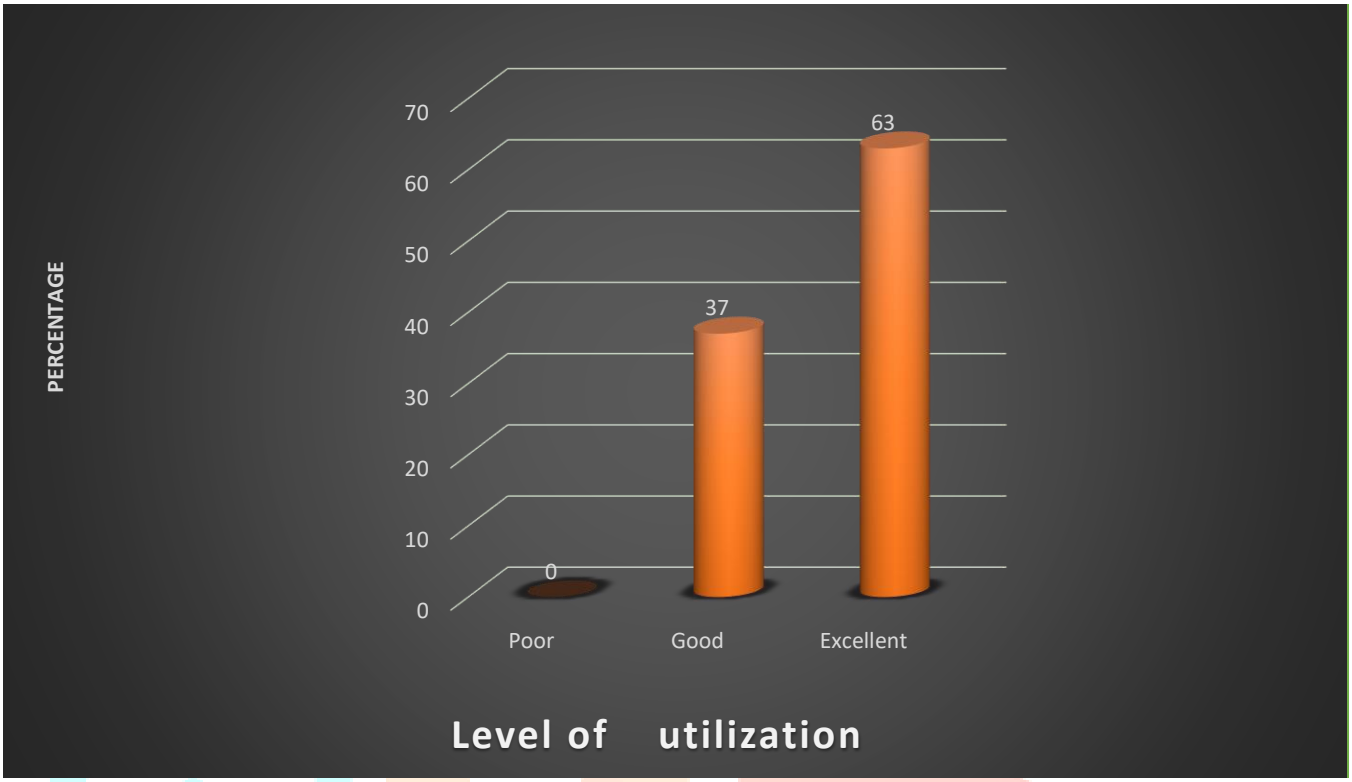
Category	Score	Level of Utilization in percentage
Poor Utilization	47-78	33 – 55%
Good Utilization	79-109	56- 77%
Excellent Utilization	110-141	78-100%

RESULTS

SECTION 1: DISTRIBUTION OF SOCIO-DEMOGRAPHIC DATA:

Demographic variables	Frequency	Percentage
1.Age (in years):		
a. 20-25	100	100
b. 25-30	0	0
c. 31-35	0	0
2.Gender:		
a. Female	100	100
b. Male	0	0
3.Name of the college:		
a. GCON	50	50
b. SVBCON	50	50
4. Use of Community Health Nursing Bag in field area:	100	100
a. Yes	0	0
b. No		
5. Need of Community Nursing Bag modification?	100	100
a. Yes	0	0
b. No		

SECTION 2: Distribution Of Respondents As Per Level Of Utilization For Usage Of Community Health Nursing Bag Among Fourth Year B.Sc. Nursing Students Of Selected Nursing Colleges Of Affiliated To Veer Narmad South Gujarat University, Surat.



The graphs show the frequency and percentage of level of Utilization of Community Health Nursing Bag. Out of 100 respondents 63 (63%) had Excellent Utilization, 37 (37%) had Good Utilization and no one had poor Utilization.

SECTION 3: Distribution Of Respondents As Per Level Of Satisfaction For Usage Of Community Health Nursing Bag Among Fourth Year B.Sc. Nursing Students Of Selected Nursing Colleges Of Affiliated To Veer Narmad South Gujarat University, Surat.

The graph shows the frequency and percentage of level of satisfaction of Community Health Nursing Bag. Out of 100 clients ,64 (64%) had moderately satisfied, 30(30%) were satisfied and 6 (6%) were inadequately satisfied.

SECTION 4: Correlation Between Utilization And Satisfaction Of Community Health Nursing Bag Among The Fourth Year B.Sc. Nursing Students Of Selected Nursing Colleges Of Dadra And Nagar Haveli And Daman.

(N=100)

	'r' value	**p-value**
Satisfaction and Utilization	0.1187	0.239

SECTION 5: Analysis Of Association Between Utilization And Socio- Demographic Variables

Demographic variables	**Poor**		**Good**		**Excellent**		**χ2-value**	**p-value**
	f	**%**	**F**	**%**	**f**	**%**		
1.Age (in years):								
20-25	0	0	37	37	63	63	0	1
25-30	0	0	0	0	0	0	(df=1)	NS
31-35	0	0	0	0	0	0		
2.Gender:								
Female	0	0	37	37	63	63	0	1
Male	0	0	0	0	0	0	(df=1)	NS
3.Name of the college:								
GCON	0	0	17	17	33	33	0.386	0.534
SVBCON	0	0	20	20	30	30	(df=1)	NS
4. Have you ever use Community Health Nursing Bag?								
Yes	0	0	37	37	63	63	0	1
No	0	0	0	0	0	0	(df=1)	NS
5. Is there need of modification?								
Yes	0	0	37	37	63	63	0	1
No	0	0	0	0	0	0	(df=1)	NS

SECTION 6: Analysis of Association Between Satisfaction And Socio-Demographic Variables

(N=100)

Demographic variables	Inadequately Satisfied		Moderately Satisfied		Satisfied		χ2-value	p-value
	f	%	F	%	f	%		
1.Age (in years):								
a.20-25	6	6	64	64	30	30	0	1
b.25-30	0	0	0	0	0	0	(df=2)	NS
c.31-35	0	0	0	0	0	0		
2.Gender:								
a. Female	6	6	64	64	30	30	0	1
b. Male	0	0	0	0	0	0	(df=2)	NS
3.Name of the college:								
a. GCON	2	2	34	34	14	14	1.05	0.592
b. SVBCON	4	4	30	30	16	16	(df=1)	NS
4. Have you ever use Community Health Nursing Bag?								
a. Yes	6	6	64	64	30	30	0	1
b. No	0	0	0	0	0	0	(df=1)	NS
5. Is there need of modification???								
a. Yes	6	6	64	64	30	30	0	1
b. No	0	0	0	0	0	0	(df=1)	NS

DISCUSSION

A total 100 respondents who met the sampling criteria were selected by purposive sampling technique. The data were collected through Rating Scale for both Utilization and Satisfaction. Utilization of bag 63 (63%) had Excellent Utilization, 37 (37%) had Good Utilization and no one had Poor Utilization. The study result showed that Satisfaction through bag of 100 respondents were 64 (64%) had Moderately Satisfied, 30(30%) Satisfied and 6 (6%) were Inadequately Satisfied. There is no significant association with Utilization and Satisfaction with selected Socio-demographic data. There was poor positive correlation between Utilization and Satisfaction.

CONCLUSION

As many research articles shown that nursing students have negative perceptions towards Community Health Nursing Bag. This study revealed that the students had Excellent Utilization and Moderate Satisfaction of Community Health Nursing Bag. The maximum Utilization is seen of Handwashing Kit, Vital signs Kit, Urine analysis Kit, Oral Medication and anthropometric Measurement and minimum Utilization in Delivery Kit, Dressing kit, PPE Kit. The maximum Satisfaction was seen in protection of Community Health Nursing Bag, restocking, sterilization, time, aesthetic comfort and minimum Satisfaction is seen in physical discomfort, usability, transport, availability and BMW. So, the study result proposes for modification in physical and aesthetic component while using of Community Health Nursing Bag.

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