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RESEARCH ARTICLE

EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING TOBACCO USE AND ITS COMPLICATIONS AMONG ADOLESCENT

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ABSTRACT

An experimental study was conducted to evaluate the effectiveness of planned teaching programme on knowledge regarding tobacco use and its complications among the adolescents in selected area of Indore, MP, India. Adolescents are the most vulnerable population to initiate tobacco use. It is now well established that most of the adult users of tobacco start tobacco use in childhood or adolescence. There has been a perceptible fall in smoking in the developed countries after realization of harmful effects of tobacco. The tobacco companies are now aggressively targeting their advertising strategies in the developing countries like India. Adolescents often get attracted to tobacco products because of such propaganda. There has been a rapid increase in trade and use of smokeless tobacco products in recent years in the country, which is a matter of serious concern to the health planners. It is important to understand various factors that influence and encourage young teenagers to start smoking or to use other tobacco products. The age at first use of tobacco has been reduced considerably. However, law enforcing agencies have also taken some punitive measures in recent years to curtail the use of tobacco products. This paper focuses on various tobacco products available in India, the extent of their use in adolescents, factors leading to initiation of their use, and the preventive strategies, which could be used to deal with this menace. The results of the study showed that, the planned teaching programme is effective in creating the awareness regarding complications of tobacco use among the adolescents and There was no significant association of pre test knowledge score with selected demographic variables.

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INTRODUCTION

India and the tobacco use in children & adolescents are reaching pandemic levels. The World Bank has reported that nearly 82,000-99000, children and adolescents.

Tobacco use is started and established primarily during adolescence. Nearly 9 out of 10 cigarette smokers first tried smoking by age 18, and 99% first tried smoking by age 26. Each day in the United States, more than 3,200 youth aged 18 years or younger smoke their first cigarette, and an additional 2,100 youth and young adults become daily cigarette smokers. Flavorings in tobacco products can make them more appealing to youth. In 2014, 73% of high school students and 56% of middle school students who used tobacco products in the past 30 days reported using a flavored tobacco product during that time.

Statement of the Problem: A Study to evaluate the effectiveness of planned teaching programme on knowledge regarding tobacco use and its complications among the adolescents in selected area of Indore, MP, India.

OBJECTIVES

- To assess the level of knowledge regarding tobacco use and complications among adolescents before administering planned teaching programme.
- To assess the level of knowledge regarding tobacco use and complications among adolescents after administering planned teaching programme.
- To find out association of pre test knowledge score with selected demographic variables.

METHODOLOGY

Research design: pre experimental research design with one group pre test post test design was used for the present study.

Setting of the study: educational schools Indore

Sampling technique: Convenient sampling technique was used to collect data from adolescents. 60 adolescents in the age group of 12 to 18 years were selected for the present study.

Tools: it consisted of demographic characteristics age, sex, religion, education, family income, type of family, source of information, consumption of tobacco. Knowledge items consisted of 24 questionnaires.

DATA ANALYSIS

Distribution of demographic characteristics

Majority 70% of the samples were in the age group of 12-15 years. 81.67% of the samples were males. Most 99.34% of the samples were Hindu. 56.67% of the samples were from nuclear family.

Table No. 1: Frequency and percentage distribution of pre test knowledge score

Scoring pattern	Frequency	Percentage
Poor (0-9)	14	23.33
Moderate (10-16)	40	66.67
Good (17-24)	6	10

Table No. 2: Effectiveness of platted teaching programme

Pretest		Posttest		T value	Inference
Mean	Sd	Mean	Sd	3.09	Significant
12.47	0.08	23.47	3.5		

Table No. 3: Association of pre test knowledge with demographic variables

Demographic Variables	Score			Frequency	Percentage	Degree of freedom	Chi square value
	Poor	Moderate	Good				
Age							
12-15	9	24	2	35	58.3	2	1.725 NS
16-18	6	15	4	25	41.6		
Sex							2.484 NS
Male	14	29	5	48	80	2	
Female	1	10	1	12	20		
Religion							0.548 NS
Hindu	15	38	6	59	98.3	2	
Muslim	0	1	0	1	1.66		
Education							
9th std	2	7	1	10	16.66	6	7.927 NS
10th std	6	24	2	32	53.33		
11th std	3	3	0	6	10		
12th std	4	5	3	12	20		
Family income						4	5.175 NS
1K-3K	5	14	0	19	31.66		
3K-5K	6	15	2	23	38.33		
7-10K.	4	10	4	18	30		
Type of family							
Nuclear family	6	17	4	27	45	4	1.321 NS
Joint family	9	22	2	33	55		
Source of information							
TV	9	22	3	34	56.66		5.8 NS
Newspaper	4	8	0	12	20	6	
Radio	0	2	0	2	3.33		
Other	2	7	3	12	20		
Tobacco use							
Yes	10	8	1	19	31.67	6	4.521 NS
No	5	31	5	41	68.33		

There was no significant association of pre test knowledge score with selected demographic variables. The above study reveals that there was significant difference in pre test and post test knowledge score which shows the effectiveness of planned teaching programme.

RECOMMENDATIONS:

- Similar study can be done with larger samples to generalize the findings.
- The above study can be done with the control group.

REFERENCES:

- King BA, Jama AO, Marynak KL, Promoff GR. Attitudes Toward Raising the Minimum Age of Sale for Tobacco Among U.S. Adults. American Journal of Preventive Medicine 2015. E-pub ahead of print: DOI: http://dx.doi.org/10.1016/j.amepre.2015.05.012 [accessed 2016 Apr 14].
- T.L. Holmen, E. Barrett-Connor, J. Clausen, et al. Gender differences in the impact of adolescent smoking on lung function and respiratory symptoms. The Nord–Trondelag Health study, Norway, 2006–2007, Respir Med, 96 (2002), pp. 796–804

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RESEARCH ARTICLE

KNOWLEDGE AND ATTITUDE OF FIRST-TIME FATHERS TOWARDS NEONATE CARE

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Knowledge, Attitude, First Time Fathers, Learning Package

ABSTRACT

A descriptive survey study was conducted to determine the knowledge and attitude of first time fathers towards neonate care. A total of 100 samples were selected by using purposive sampling technique in selected Hospitals at Mangalore. Assessment of knowledge and attitude of first time fathers was done by using self administered closed ended structured knowledge questionnaire and five-point attitude scale. The data collected was analyzed by using descriptive and inferential statistics. Learning package was prepared based on study findings and it was validated by experts and then it was posted to the 'first time' fathers who had low knowledge score. The findings of the study revealed that the mean knowledge scores in the area (79 %) on the introduction and meaning of neonate care, of (71%) on safety and comfort. Good knowledge (65.33%) on regular follow-up, average knowledge (50%) on the sleep and rest of neonate, (41.30%) on hygiene. Their knowledge is poor on care of minor illness (39.75%), general considerations (33.42%), feeding (30.46%) and developmental milestones (20.60%). The area-wise mean attitude score, in the area thinking (80.57 %), belief (75.00%) and practice (74.92%) of neonate care. There was significant correlation ($r=0.543$, $P<0.05$) between knowledge and attitude of first time fathers towards neonate care. Study revealed that about three fourth of first time fathers were lacking in knowledge regarding neonate care, and more than three fourth of first time fathers were having positive attitude towards neonate care and also shown that they were interested in neonate care activity but expressed lack of knowledge. Hence the learning package was prepared on the areas of the sleep and rest, hygiene, care of minor illness, feeding practice, developmental milestones and general considerations in neonate care and administered.

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INTRODUCTION

The days and weeks following childbirth – the postnatal period – is a critical phase in the lives of mothers and newborn babies. Major changes occur during this period which determine the well-being of mothers and newborns. Lack of appropriate care during this period could result in significant ill health and even death. Most maternal and infant deaths occur during this time with various reasons which call for a good observation and care. Yet, this is the most neglected period for the provision of quality care. The best and closest support for a postnatal mother could be her partner. If fathers are involved in the care of newborn postnatal mother will have little time herself where she can take care of her health. Many research evidences revealed that fathers lack the knowledge of neonate care which directly influence on their involvement in postnatal care.

Parenthood is often the key developmental milestone in an individual's lifespan, "the ultimate indicator of becoming a responsible adult".

Becoming a parent and raising children offers the chance to express feelings of attachment and generativity, while linking oneself to an intergenerational line and resolving the theorized midlife crisis of generativity.

Father and mother are the two pillars of a family whose contributions are essential to satisfy the needs of their child. But in India, only the mother is usually considered to be the care taker of the neonate. The concept of fatherhood has resulted in a vast array of rich, complex, and diverse insights into the meanings associated with the role of the father in the family.

Infancy is a period of complete dependency. Infant require assistance for feeding, hygiene, elimination, warmth as well as they need to be attended continuously to prevent accidents. The child is completely dependent and needs continuous care and attention which is humanly not possible by the mother only. Most the families now are nuclear families and there is no much family support for them which is major

Infancy is a period of complete dependency. Infant require assistance for feeding, hygiene, elimination, warmth as well as they need to be attended continuously to prevent accidents. The child is completely dependent and needs continuous care and attention which is humanly not possible by the mother only. Most the families now are nuclear families and there is no much family support for them which is major indicators expecting involvement of father in postnatal and new-born care. Hence, the father's participation is felt to be significant for a care of new-born. This could release mother's stress level and may be able attain good mental health, family function.

BACKGROUND OF THE STUDY

The transition to parenthood has been reported consistently as a stressful time. Research and parent education programmes focus on the mother-child relationship and often fail to include the father. Many studies showed that mothers expect great psychological and physical support from her spouse. Clear cut maternal and paternal roles no longer exist and fathers are expected to assume some traditional mothering tasks. During the past two decades, literature addressing the importance of the father's role in child development. The transition to parenthood with a newborn infant is a time of major adjustment and stress for individual parents and the couple. The transition to fatherhood can be a time when many men develop a heightened sense of responsibility toward themselves and their families. Various individuals are likely to be influenced by believes, motivations, and behaviours of others during their transition to parenthood.

The age of non-involvement of the father is over. Not only does the mother need the father to help her with household chores, but the baby also needs to develop a close relationship with the father. Today's father helps with feeding, changing diapers, bathing, putting to bed, reading stories, dressing, disciplining, homework, playing games, and calling the physician when the child is sick. Involvement of father in nurturing the infant will deepen the bond between the father and child and will help in acceptable socialization of the child. Father is the one who act in a protective, supportive and responsible way towards their children. Active father figures may play a role in reducing behaviour and psychological problem of their children. Fathers are especially important as a source of support to mothers who have the major care-giving role for the new-born infant. The father's help with household chores and childcare allows the mother time to focus on the infant and develop her maternal role.

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Involvement of father in nurturing the infant will deepen the bond between the father and child and will help in acceptable socialization of the child.

The studies have shown that a father may avoid interacting with his baby during the first year of life because he is afraid he will hurt his baby or that he won't be able to calm the child when the baby cries. The longer a father goes without learning parenting skills, the harder it becomes to master them. At a minimum, a father should hold and comfort his baby at least once a day. These all behaviours are may be due to lack of knowledge, skills and attitude towards the new-born and neonate care. Hence the researcher felt that there is need for exploring the knowledge and attitude of first time fathers towards neonate care.

PROBLEM STATEMENT

"A study to assess the knowledge and attitude of first-time fathers towards neonate care with a view to prepare a learning package in selected hospitals at Mangalore"

OBJECTIVES

1. To determine the knowledge of first-time fathers towards neonate care.
2. To determine the attitude of first time fathers towards neonate care.
3. To find out the association between the knowledge and attitude of first time fathers and selected variables such as sex of the neonate, type of family, educational status, and employment status of father.
4. To prepare and validate a learning package regarding father's involvement in neonate care.

METHODS

The research approach used in the study was survey approach with the descriptive design. Hundred subjects were randomly selected from the population as samples by using non probability purposive sampling in selected Hospitals (Govt. Lady Goshen and Father Muller Medical Hospital) at Mangalore from July2008– Jan 2009. The research data was collected after obtaining the informed consent from the subjects. Assessment of knowledge and attitude of first time fathers was done by using closed ended structured knowledge questionnaire and five point attitude scale. The data collected was analyzed by using descriptive and inferential statistics. Learning package was prepared on the basis of study findings and it was validated by experts and then it was posted to the first time fathers who had low knowledge scores.

RESULTS

The findings revealed the area wise mean knowledge scores in the areas (79 %) on the introduction and meaning of neonate care, (71%) on safety and comfort. Good knowledge (65.33%) on regular follow-up, average knowledge (50%) on the sleep and rest of neonate, (41.30%) on hygiene. Their knowledge is poor on care of minor illness (39.75%), general considerations (33.42%), feeding pattern (30.46%) and developmental milestones (20.60%). The area-wise mean attitude score, in the area (80.57 %) thinking, belief (75.00%) and practice (74.92%) of neonate care.

There was significant correlation (r=0.543, P<0.05) between knowledge and attitude of first time fathers towards neonate care. There was no significant association between knowledge and attitude of first time fathers with selected demographic variables.

Study also revealed that (88%) were interested in neonate care activity but expressed lack of knowledge, fear to handle neonate. (92%) revealed that interference by the policies of the hospital and health care takers leads to non involvement of father in early neonate care. (95%) were interested to learn about neonate care. Hence the learning package was prepared based on the study findings. The results also revealed the need for preparation and administration of the learning package on the areas of the sleep and rest, hygiene, care of minor illness, feeding practice, developmental milestones and general considerations in neonate care.

AUTHOR'S CONCLUSION

Investigator felt that this study on first time fathers may increase the nurse's awareness of knowledge and attitudes towards neonate care, psychosocial risks, associated factors, interests of fathers in neonate care. This small studies provides sufficient evidence that routine attitude and knowledge assessment of first time fathers and encouraging their involvement in neonate care itself leads to improved maternal mental health status. Further studies with better sample size and statistical power are required to further explore this important public health issue. It will also be important to examine impact of father's involvement in baby care up to one year postpartum and correlation mother's psychological status and infant's behavioural modifications.

REFERENCES

1. Lee TY, Miles MS, Davis DH. The influence of maternal and child characteristics and paternal support on interactions of mothers and their medically fragile infants. Research in Nursing and Health 2007 Dec; 30:17-30.
2. Arimoto A, Murashima S. Child-rearing anxiety and correlates among Japanese mothers screened at 18-month infant health checkups. Public Health Nursing 2007 Mar-Apr; 24(2):101-9.
3. Everett KD et al. Health risk behaviour of rural low income expectant fathers. Public Health Nursing 2006 Jul-Aug; 23(4):297-306.
4. Dutta M, Kapilashrami MC, Tiwari VK. Knowledge, awareness and extent of male participation in key areas of RCH in an urban slum of Delhi. Health and Population Perspectives and Issues 2004;27 (2):49-66.
5. Condon, J.T., Boyce, P., & Corkindale, C.J. (2004). The First-Time Fathers Study: a prospective study of the mental health and wellbeing of men during the transition to parenthood. Australian and New Zealand Journal of Psychiatry, 38(1-2), 56-64.
6. Good f athering: Father and son perceptives of what it means to be a good father. [Online]. Available from: www.About_Blended_Families.com.
7. Supporting a team approach in parenting. [Online]. Available from: www.fatherandchild.org.nz
8. Jana E, Frances F. Parenthood after primary infertility. The family journal: counselling and therapy fro couples and families.2003 April; 11:117-28
9. World health report. Life in the twenty first century - A vision for all. WHO organisation; Geneva. 1998. 3
10. First weeks at home with a newborn. [Online]. Available from: www.biomecentral.com

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RESEARCH ARTICLE

PREVAILING NUTRITIONAL AND COMMUNICABLE DISEASES AMONG THE SCHOOL CHILDREN

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Nutritional, Communicable, School Children, Disease Assessment.

ABSTRACT

A descriptive study was conducted to assess the prevailing nutritional and communicable diseases among the school children studying at Tarbhon primary school, Tarbhon Village, Bardoli from December 2016 to February 2017. A total number 150 students between the age group of 5 to 13 years including both male and female were selected through nonprobability purposive sampling methods and subjected to physical and nutritional assessment after obtaining informed consent, by using standardized physical examination tool. The results of the study revealed that, Out of 150 students, majority of the children were suffering with malnutrition 146 (97.33%), 22 (14.67%) were suffering with common cold, 13 (8.67%) were suffering with Dental carries, 11 (7.34%) were suffering with fever, 8 (5.33%) were suffering with skin problems, cough 06 (4%) and 04 (2.67%) were suffering from generalized weakness. The study concludes that, there is still majority of rural children were facing health problems and nutritional disorders and immediate attention is required by government and parents of the children towards prevention of these diseases.

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INTRODUCTION:

School Health is an important branch of community health. According to the modern concept school health service is an economical and powerful means of raising community health as well as health of the future generation.

School health refers to a state of complete physical, mental, social and spiritual wellbeing and not merely the absence of disease or infirmity among pupils, teachers and others school personnel. It refers to need based comprehensive services rendered to pupils, teachers and other personnel in the school to promote, protect their health, prevent and control diseases and maintain their health.

Each year approximately 2.3 million deaths among 6-60 months aged children in developing countries are associated with malnutrition, which is about 41% of the total deaths in this age group. A recent study, among children aged between 3 months and 3 years of age conducted in 130 districts through Demographic and Health Surveys in 53 countries over a period from 1986 to 2006 found that variance in mild under-weight has a larger and more robust correlation with child mortality than the variance in severe under-weight. infection per 100 000 adult population is 982 in Myanmar, 447 in Nepal and 1144 in Thailand. The prevalence of TB per 100 000 population is 391 in Bangladesh, 253 in India, 244 in Nepal. Malnutrition problem in India is a concentrated phenomenon that is, a relatively small number of states, districts, and villages account for a large share of the malnutrition burden — only 5 states and 50% of villages account for about 80% of the malnutrition burden.

According to WHO Global Data base on Child Growth and Malnutrition, published in 1992 states that, 87% of the malnutriated children also suffer with the common most co-morbidities such as diarrhea, malaria, sepsis, severe anaemia, bronchopneumonia, HIV, tuberculosis, scabies, chronic suppurative otitis media, rickets, and kerato-malacia. Infectious diseases resulted in 9.2 million deaths in 2013 (about 17% of all deaths).

STATEMENT OF THE PROBLEM

A descriptive study to assess the prevailing nutritional and communicable diseases among the school children studying at Tarbhon primary school, Tarbhon Village, Bardoli, Gujarat, India.

OBJECTIVE OF THE STUDY

To assess the prevailing nutritional and communicable diseases among the school children.

ASSUMPTION

The results of the study throw a light on health status of rural school children and create awareness towards prevention of disease among the children.

METHODOLOGY

A survey approach, non-experimental descriptive design was used to conduct study. A total number of 150 students including both male and female, were assessed by using physical examination tool in the month of February 2017 at Tarbhon Primary School, Tabhon, Surat. A structured socio-demographic sheet was prepared to elicit information about the children which included Age, Gender, family type and dietary pattern. The tool consist of two section a) Physical Examination b) Anthropometric measurements (Height and Weight). The reliability of the tool was elicited by using test retest method, then 'r' was computed for finding out the reliability. Reliability of the tool was r = 0.87. A prior permission was obtained before collecting the data from school head master.

RESULTS OF THE STUDY

The results of the study revealed that, out of 150 children, majority of the children belonged to the age group between 11-13 years (52%). The majority of subjects were male children 77 (51%) and rest 73 (49%) were female children. The majority of children 85 (57%) were residing at nuclear family. The majority of the children 76 (51%) were having a history of mixed dietary pattern and rest 74 (49%) were vegetarian.

Table No. 1: Distribution of Primary School Children according to their Socio demographic variables.

Sl. No	Demographic Variable	Frequency	Percentage (%)
1	Age		
	05-07 years	21	14
	08-10 years	37	25
	11-13 years	79	52
	14-16 years	13	09
2	Gender		
	Male	77	51
	Female	73	49
3	Family Structure		
	Joint Family	65	43
	Nuclear Family	85	57
4	Dietary pattern		
	Vegetarian	74	49
	Mixed	76	51

Figure No. 1:– Cylindrical diagram showing frequency and percentage distribution of school children according to their age.

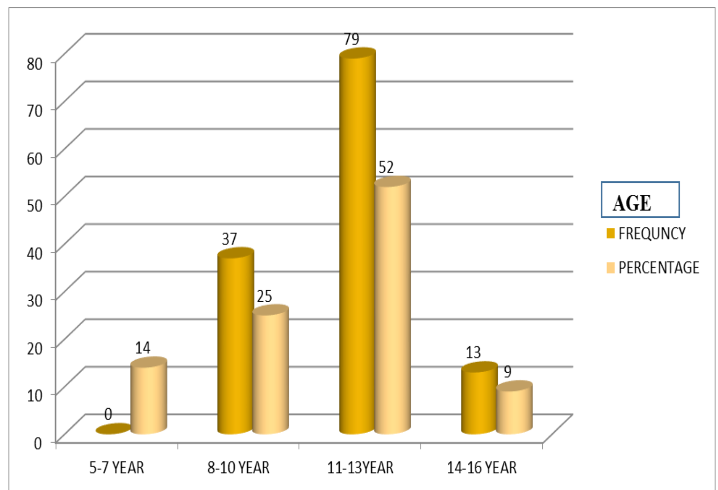


Figure No.2 – Cone diagram showing the frequency and percentage of distribution school children according to their gender.

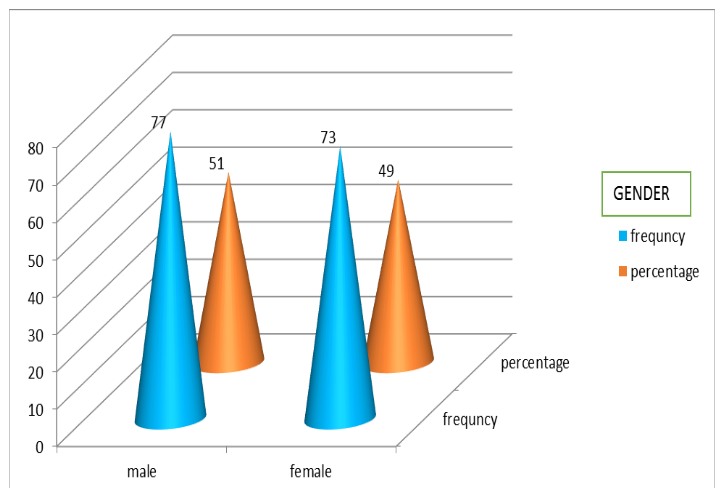
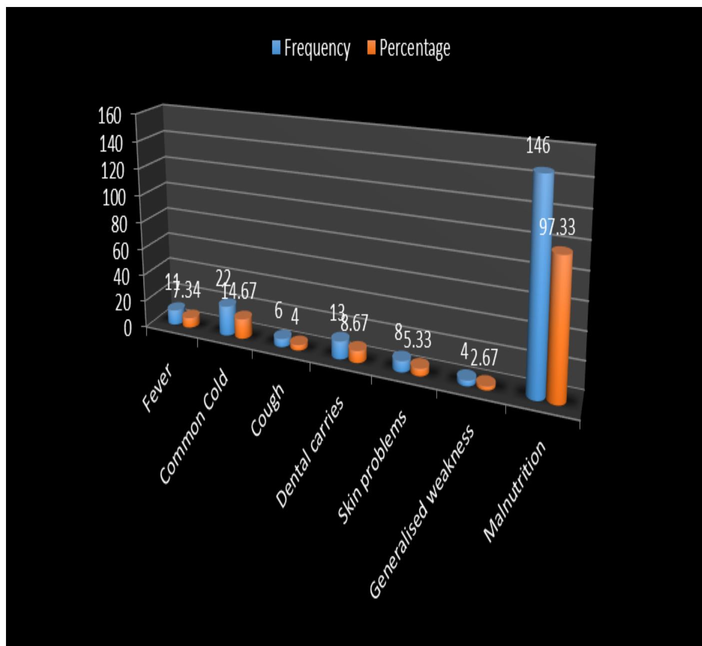


Table No. 2: Distribution of frequency and percentage of school children according to their health problems

Sl. No.	Health Problems	Frequency	Percentage (%)
1	Fever	11	7.34
2	Common Cold	22	14.67
3	Cough	06	4
4	Dental Caries	13	8.67
5	Skin problems	08	5.33
6	Generalized Weakness	04	2.67
7	Malnutrition	146	97.33

Fig. No. 3: Cylindrical diagram showing Frequency and percentage distribution of health problems of primary school children.



DISCUSSION

Out of 150 students, majority of the children were suffering with malnutrition 146(97.33%). Among that majority of children having Moderate malnutrition [79(53.5%)], minimum number of them were having severe Malnutrition [4 (2%)], and rest were having Mild malnutrition [63(42.5%)] status. Only 4 (2%) children were found to be normal. The study results are comparatively same as the study conducted by Izharul Hasan in government urdu high -school Bangalore in 2007 as well as the national statistics of India support the results as it says that 80% malnutrition burden is present among rural children of various parts of the country. And suggest that 95% of the victims of malnutrition still present in Gujrat tribal area (Times of India; 4;6; 17/04/2017).

Apart from malnutrition 22 (14.67%) were suffering with common cold, 13 (8.67%) were suffering with Dental caries, 11 (7.34%) were suffering with fever, 8 (5.33%) were suffering with skin problems, cough 06 (4%) and 04 (2.67%) were suffering from generalized weakness. This results of the study is supported by the results of the study conducted by Tragrer et. al. (2010) in Mumbai slums.

RECOMMENDATIONS

- Similar study can be done with larger samples to generalize the findings.
- The above study can be done with the control group.

REFERENCES

- Akbar Hashemi, et al. PREVELENCE OF REFRACTIVE ERRORS AMONG SCHOOL CHILDREN IN DEZFUL, IRAN. British Journal of Ophthalmology; [Online] 2007; volum-91, page no: 287: [Cited on 12th April 2017]; Available from URL https://www.google.co.in/search?sourceid=chrome-psyapi2&ion=1&espv=2&ie=UTF-8&q=british%20journal%20of%20ophthalmology&oq=british%20journal%20of%20opth&aqs=chrome.1.69i57j0l5.14632j0j7
- A.P. Visvas, B. C. KNOWLEDGE ATTITUDES AND PRACTICE OF HYGIENE AMONG SCHOOL CHILDREN IN ANGOLELA, ETHIOPIA. Journal of Preventive Medicine and Hygiene, [Online] 2010; volume-51(2) page no: 73-79 [Cited on 13th April 2017]: Available from URL: (pubmed) http://en.cnki.com.cn/Article_en/CJFDTOTAL-ZHYY20050400W.htm.
- Awate RV, keykar YA, Somaliya PA "JOURNAL OF INDIA MEDICAL ASSOCIATION; (1997), page no:410-415.
- Scrimshaw NS, "SYNERGISM OF MALNUTRITION AND INFECTION" The journal of American medical association, (1970) volume (212) (1), page no: 168-200.

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RESEARCH ARTICLE

EFFECTIVENESS OF RAJA YOGA MEDITATION ON PERCEIVED LEVEL OF STRESS AMONG NURSING STUDENTS

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ABSTRACT

An evaluative approach with one group pre-test post-test study was conducted to find the effect of Raja yoga meditation on perceived level of stress among nursing students by Perceived Stress Scale (PSS). Purposive sampling technique was used to select the nursing institute for Raja yoga meditation. Perceived Stress Scale was used to collect the data. The stress areas covered were physical, emotional, social, cognitive and spiritual. 130 samples were selected by using simple random sampling method. Pre -test was administered using Perceived Stress Scale for stress and participants attended daily session of 20 minutes Raja yoga meditation practice for 21 days. On 22nd day Post-test was administered by Perceived Stress Scale for stress to the participants after Rajayoga meditation. The results of the study revealed that the post-test stress scores were lower than the mean pre-test stress scores. There was significant difference between the pre and post-test stress scores of the participants after Raja yoga meditation. ($t_{59)}$ = 17.497 P<0.05). Thus it can be concluded that the Raja yoga meditation was found to be effective in all areas of stress among Fresher man.

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INTRODUCTION

People can be considered as maladjusted and well adjusted. This can be done on the basis of their relationship with the environment and self. Maladjusted persons have problems in adjusting whereas a well-adjusted person is in good harmony with himself and environment. Good overall adjustment and a sense of wellbeing are very crucial factors in providing positive contributions to the society. When these are problems in adjustment it will lead to stress.

Stress is a non-specific response of the body caused by stressors, which are the agents or conditions capable of producing stress. Stressors can be physical, psychological, social, and spiritual. Stress is a threat to homeostasis. Stress is not always detrimental.

OBJECTIVES

- To assess the perceived level of stress among nursing students by Perceived Stress Scale (PSS).
- To find the effect of Raja yoga meditation on perceived level of stress among nursing students.
- To find the association between the perceived level of stress and selected demographic variables like age, gender, religion, language proficiency and socioeconomic status.
- To compare the vital parameters before and after the intervention.

METHODOLOGY

An evaluative research approach is used for this study. An evaluative research is an applied form of research that involves, finding out how well a programme, practice, procedure or policy is working . The main goal of the present study is to evaluate the effectiveness of Raja yoga meditation. In one group pre-test, post-test design the group is observed before and after the independent variable is introduced. This research method is used in case where it is not possible or feasible to have control groups.

Setting of the study: The present study was conducted in a selected nursing institute in Mangalore for assessing the perceived level of stress and the effect of Raja yoga meditation.

Population: In this study population comprises of 1st year B.Sc nursing students from selected nursing institute in Mangalore.

Sample: All the 1st year B.Sc nursing students of the selected nursing institute were selected for identifying perceived level of stress.

Sampling technique: In this study purposive sampling technique was used to select the nursing institute for Raja yoga meditation.

Plan for data analysis: It was decided to analyze the data by both descriptive and inferential statistics on the basis of objectives and hypothesis of the study. Master data sheet would be prepared by the investigator to analyze the data. The data will be analysed in terms of descriptive (mean, percentage, standard deviation, mean percentage), inferential statistics (paired 't' test and ANOVA method) is used to find the difference in vital parameters before and after Raja yoga meditation.

ANALYSIS

Section I - Sample characteristics:

- Highest percentage (65%) of the subjects were in the age group of 17 – 19 years.
- Majority of (77%) the subjects were females.
- Highest percentage (78%) of the subjects belonged to Christian religion.
- Many of (41%) the subjects had income between 5000 and 10000.
- Only few (29%) of the subjects were proficient in English.
- Many (43.3%) of the subjects were studying only 2-4 hours/day.

Section II: - Calculation of perceived level of stress

The perceived level of stress was calculated by PSS. Out of 100 samples 66% of the subjects had moderate level of stress and 32% of the subjects had mild level of stress and 2% of the subjects had severe level of stress.

Section III: Effectiveness of Raja yoga meditation on perceived stress

Among 60 samples, 90% of the subjects had scores ranging between 71-110 in pre-test and 8.4% of them had scores ranging between 71-110 in post-test after Raja yoga meditation. This interpretation is substantiated by the finding that, in the pretest only 6.7% of subjects had scores ranging from 31-70 (mild stress) whereas in the posttest more than 91% of them were in mild stress. This indicates that the majority of subjects with moderate stress had a stress reduction to mild level.

1. Reduction of stress level in physical domain after Raja yoga meditation was found to be highly significant ($t_{(59)} = 15.966$ $p < 0.05$.
2. Reduction of stress level in emotional domain after raja yoga meditation was found to be highly significant. $t(59)=14.552$ $p<0.05$
3. Reduction of stress level in social domain after raja yoga meditation was found to be highly significant. $t(59)=12.65$ $p<0.05$
4. Reduction of stress level in cognitive domain after raja yoga meditation was found to be highly significant. $t(59)=13.392$ $p<0.05$
5. Reduction of stress level in spiritual domain after raja yoga meditation was found to be highly significant. $t(59)=9.354$ $p<0.05$

CONCLUSIONS AND FUTURE SCOPE OF RESEARCH

The following conclusions were drawn on the basis of the findings of the study.

- The perceived level of stress was high among the Fresher man
- In this study raja yoga meditation was found to be effective on stress among Fresher man college students.
- The mean Pre-test stress scores of the participants were higher than the mean Post-test stress scores.
- The mean post-test scores for mild stress of the participants were lower than the mean pre-test scores for mild stress.
- The mean pre-test stress scores for moderate stress of the participants were higher than the mean post-test scores for moderate stress.

RECOMMENDATIONS:

On the basis of present study, the following recommendations are formed for future study:

A similar study can be conducted to find out the effectiveness of raja yoga meditation on a long-term design.

A future study can be conducted to find out the effectiveness of raja yoga meditation with a larger sample for wider generalization.

An experimental study can be carried out on the effectiveness of raja yoga meditation among students with a control group.

Similar study can be done for the common people those who are facing stress in their lifetime.

REFERENCES

- Mangal. S.K. Abnormal psychology (1st edition) Sterling publishers pvt ltd. 1987; 32-37.
- William E Prentice, Fitness of college and life, 3rd edition; 1994: 333-354
- Weinten, W, Themes and variation (4th edition). Newyork: BROOKS / Cole publishing company. (1998).
- B.K. Jagadish Chander. Easy raja yoga. Bramhakumaris Ishwariya Vishwa Vidyalaya, Mount Abu, Rajasthan

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RESEARCH ARTICLE

STRESS AND COPING STRATEGIES AMONG MOTHERS OF CHILDREN WITH INTELLECTUAL DISABILITY

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ABSTRACT

Background: Parents having a mentally retarded child experience a variety of 'psychological stress related to the child's disability. ***Objectives:*** (1) to assess the stress among the mothers of children with intellectual disabilities,(2) to assess the coping strategies among the mothers of children with intellectual disabilities, and (3) to find out the co-relation between stress and coping strategies among mothers of children with intellectual disabilities. ***Method:*** Modified FISC-MR Section 2 scale for Stress and Coping in Mental Retardation was used to assess stress and coping strategies of 100 mothers of children with intellectual disability. Non-probability purposive sampling technique was employed for selection sample. Five point Likert's scale was used to get response from the mothers in each section of the tool. Descriptive and inferential statistics was used to compute findings. ***Result:*** the level of stress among mothers reveals that 61(61%) had moderate stress, 35(35%) had mild stress and 4(04%) had severe stress level. 90(90%) of them had moderate coping strategies and 10(10%) of them had poor coping strategies. There is a significant correlation (r=0.20) between the stress and coping strategies of mothers at $p<0.05$ level. ***Conclusion:*** Thus the overall findings of the study depicts that mothers had moderate to severe stress and adapted poor coping strategies.

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INTRODUCTION

Parenting a mentally retarded child is not an easy task (Ganguli R and Peshawaria R). Parents having a mentally retarded child experience a variety of 'psychological stress related to the child's disability. Parents especially mothers need every help and encouragement possible in their difficult task, which is, indeed, easier for them while the child is still a baby. An anxious love, on the part of the mother, may do much to exacerbate the defective's disability (Boswell).

Parenting is the single largest variable implicated in childhood illnesses and accidents. Having a child with a chronic disability is stressful for any family. Living with a disabled child can have profound effects on the entire family, which in turn can affect the health and well-being of the child who is disabled.

In the world 600 million people are physically challenged, among which one quarter or 150 million are children. It is estimated that 6 to 10% of children in India are born disabled. Among them thirty percent are children below the age of fourteen years. Of these, 48 percent are visually impaired, 28 percent are movement impaired, 14 percent are mentally disabled and 10 percent have hearing and speech disabilities (UNICEF).

There is abundant evidence that parents of retarded children undergo more than the average amount of psychological stress. There is no universal parental reaction to the added psychological stress of raising a retarded child. A number of factors can influence reaction and adjustment, including the severity of the retardation. Family adaptation is also influenced by the parent's prior psychological makeup, availability and quality of professional services, marital interaction, religious beliefs, attitudes, family size

and structure. The amount of support the parents receive from friends, relatives and professionals, self determination and intellectual functioning of the parents (Featherstone, 1986).

Research has indicated that families, who are successful in coping with having a mentally retarded child, are able to mobilize their internal and external means of support to deal effectively with the special needs of their child. Resources that act as facilitators to effective coping can be of two types: internal coping strategies (i.e., coping through passive appraisal, reforming, spiritual and religious support) and external coping strategies (i.e., coping through use of social support or formal support). Parents know their children best and the best for their children (King, 2002).

Regular and active participation by mothers during all phases of care of children with intellectual disabilities plays a vital role in their children's quality of life. However, providing a high level of care that is required by a child with intellectual disabilities may affect the psychological health of the mothers. So it is clear that the presence of child with intellectual disabilities in the family causes tremendous stress particularly to the mothers. The purpose of this study was to identify the stress among mothers in taking care of children with intellectual disabilities and to identify the coping strategies adopted by them. This will contribute in improving services such as counseling and educational interventions to such mother.

OBJECTIVES OF THE STUDY

1. To assess the stress among the mothers of children with intellectual disabilities.
2. To assess the coping strategies among the mothers of children with intellectual disabilities.
3. To find out the co-relation between stress and coping strategies among mothers of children with intellectual disabilities.

METHODOLOGY:

Sample: Quantitative approach, Non experimental descriptive design was used to describe the stress and coping strategies among mothers of children with intellectual disabilities. The study population was mothers of children with intellectual disabilities and accessable population was mothers who visited selected child guidance clinics in Rishikesh. A total of 100 mothers of children with intellectual disability were selected by employing non probability purposive sampling technique. **Assessment Tools:** A structured socio demographic sheet was prepared to elicit information about the mothers which included (i) specific variables of the child such as age, sex and severity of intellectual disability. (ii) Socio demographic variables such as mothers age, education, occupation, family income and type of family. Mothers were administered the modified FISC-MR Section 2 scale for Stress and Coping in Mental Retardation, developed at NIMHANS Bangalore. The tool consists of 2 sections: 1. Measuring Stress (Daily care, emotional stress, social stress and financial stress) and 2. Measuring mediators of stress or coping strategies (awareness, attitudes& expectations, child rearing practices, social support and global adaptation). **Procedure:** Permission from respective authority was taken for collection of data. Informed consent was taken from the mothers and three point Likert scale was used to get response from the mothers regarding stress and coping strategies. Descriptive and inferential statistics was used to compute findings the coping strategies of mothers with health education 7.71 ($p<0.05$). As the monthly income is high the stress level of mothers gets decreases. This may be due to the life style pattern and the affordability to keep a helper for household activities. Hence there is a reduction in stress.

DISCUSSION

The conclusions related to the major findings are as follows; the level of stress among mothers reveals that 61 (61%) of them had moderate stress levels, 35(35%) of them had mild stress levels whereas 4(04%) of them had severe stress level and no one had normal stress. 90 (90%) of them had moderate coping strategies and 10 (10%) of them had poor coping strategies and none of them had well coping strategies. There is a significant correlation (positive correlation, $r=0.20$) between the stress and coping strategies of mothers at $p<0.05$ level. There is a significant association between the level of stress among mothers with monthly family income 27.59 ($p<0.01$), and significant association between the coping strategies of mothers with health education 7.71 ($p<0.05$).

CONCLUSION:

Thus the overall findings of the study depicts that mothers had moderate to severe stress and adapted poor coping strategies. So it clear that all mothers of children having intellectual disability should be given adequate counseling and psychological support in order to cope with the disability more effectively.

SUGGESTIONS:

Parental training by government, non-government organizations, educational or research services and better parents caregivers relationship are essential in bringing about a positive change in the condition of children with intellectual disabilities and their families. Intervention programmes should be developed for the parents to enhance coping strategies.

REFERENCES:

- William and Don McQueen. UNICEF & Disabled Children and Youths. Disability world [cited on 10th November, 2016] Available from: URl:http://www.disabilityworld.org/index.htm.
- Betty V, Graliker, Arthur H, Parmelee and Rich and Koch. Attitude Study of Parents of Mentally Retarded Children, Pediatrics; 24. 819-821.
- Girimaji, S.C., Shobha. S., et al. Family interview for stress and coping in mental retardation (FISC-MR). Indian Journal of Psychiatry.1999; 41(4). 341-349.

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RESEARCH ARTICLE

Knowledge and Attitude of Primary School Teachers Towards Prevention of Vector Borne Diseases Among Children

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Primary School, Teacher, Knowledge, Attitude, Vector and Disease.

ABSTRACT

A Study was conducted on knowledge and attitude regarding Prevention and Control of Vector Borne Diseases among the Primary School Teachers of selected Primary Schools of Gujarat State. The objectives of the study were to assess the knowledge and attitude regarding Prevention and Control of Vector Borne Diseases among the Primary School Teachers before and after administration of planned teaching programme and also to find correlation between post-test knowledge and post-test attitude score. Quasi experimental research approach was used with one group pre test and post test design. The investigator used simple random sampling technique for selecting the 40 samples. A planned teaching programme on prevention and control of vector borne diseases was prepared for the samples. A structured knowledge questionnaire and likert's attitude scale were prepared to assess the knowledge and the attitude of the samples. Descriptive and inferential statistics were used to analyze the data. The mean pre test knowledge score was 22.35 and the mean post test knowledge score was 37.4. The mean pre test attitude score was 89.6 and the mean post test attitude score was 118.7. Significance of the difference between pre test and post test knowledge and attitude was statistically tested using paired 't' test and it was found significant at 0.05 level. Also there is significant positive correlation between the post—test knowledge and attitude score(r=0.32). There was increase in the knowledge and change in attitude of Primary School Teachers after the administration of the Planned Teaching Programme on Prevention and Control of Vector Borne Diseases. Hence it was concluded that Planned Teaching Programme was effective in improving the knowledge and attitude of Primary School Teachers of selected Primary Schools of Gujarat State.

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INTRODUCTION:

More than half the world's population is at risk from diseases such as malaria, dengue, leishmaniasis, lyme disease, schistosomiasis, and yellow fever, carried by mosquitoes, flies, ticks, water snails and other vectors. Every year, more than one billion people are infected and more than one million die from vector-borne diseases. On this World Health Day -7th April, WHO is highlighting the serious and increasing threat of vector-borne diseases with the slogan "Small bite, big threat". (World Health Day 2014: Preventing vector-borne diseases, Geneva) Now a day the major health problems in India are more in rural as well as urban areas. In rural areas mosquito borne diseases are more due to unhygienic practices. Worldwide malaria is a leading cause of premature mortality, particularly in children under the age of five with around 2 million deaths annually. According to the centres for disease control, during rainy season mosquitoes breeds in stagnant water.

Water storage, containers for drinking, washing, bathing, is the primary source of larval accounting for 90% of the total breeding place. Important breeding place of mosquitoes is in slums, and open drainage, waste disposal.
The people living in the hereby area are easily become the victims of vector – borne diseases. Recurrent outbreaks of mosquito borne diseases are malaria, dengue fever, chikungunya and japanese encephalitis. These are major diseases which can be transmitted by mosquitoes. (Gubler DJ, Clark G.G, "The emergency of global health problem emergency infection diseases". CAB International 1995)
The objectives of the study were to assess the knowledge and attitude regarding Prevention and Control of Vector Borne Diseases among the Primary School Teachers before and after administration of planned teaching programme and also to find correlation between post-test knowledge and post-test attitude score.

STATEMENT OF THE PROBLEM

"A study to assess the effectiveness of Planned Teaching Programme on Knowledge and Attitude regarding Prevention and Control of Vector Borne Diseases among the Primary School Teachers of selected Primary Schools of Gujarat State"

HYPOTHESIS

H_{01}: There will be no significant difference between pre-test and mean pre-test knowledge score of the samples after administration of planned teaching programme on prevention and control of vector borne diseases as evident from the structure knowledge questionnaire at 0.05 level.

H_{02}: There will be no significant difference between pre-test and mean pre-test attitude score of the samples after administration of planned teaching programme on prevention and control of vector borne diseases as evident from the five point Likert's Rating scale at 0.05 level.

H_{03}: There will be no correlation between post-test knowledge score and attitude score of prevention and control of vector borne diseases among primary school teachers.

METHODOLOGY

Quasi experimental research approach was used with one group pre test and post test design. The study was conducted in the selected primary schools of Gujarat State. The investigator used simple random sampling technique for selecting the 40 samples. A planned teaching programme on prevention and control of vector borne diseases was prepared for the samples.
A structured knowledge questionnaire and likert's attitude scale were prepared to assess the knowledge and the attitude of the samples. Content validity of tools and planned teaching programme was done by the experts. Collected data was analyzed by using descriptive and inferential statistics in terms of frequencies, percentage, mean, standard deviation, and 't'test.

RESULTS

The percentage gain in areas as per area was introduction about vector borne diseases (37%), malaria (19.66%), dengue(38.5%), chikungunya(53.75%), filaria(31.75%), kala-azar(51.75%), japanese encephalitis (23.25%) and vector management(47.42%). So the investigator concluded that there was significance increase in the mean post-test knowledge score as compared to mean pre-test knowledge score in all areas after Planned Teaching Programme on Prevention & Control of Vector Borne Diseases which is statistically proved.

The calculated 't' value is more than the table value. Hence the Planned Teaching Programme was effective and' null hypothesis was rejected and the research hypothesis was accepted.

The percentage gain in areas as per area was accordingly introduction(21.8%), malaria(20.92%), dengue(24.84%), chikungunya(22.34%), filaria(27%), kala-azar(21.7%), Japanese encephalitis(21.7%) and vector management(32.93%). So the investigator concluded that there was significance increase in the mean post-test knowledge score as compared to mean pre-test knowledge score in all areas after planned teaching programme on prevention & control of vector borne diseases which is statistically proved.

The calculated' value is 64.67 at 39 degree of freedom with 0.05 level of significance. The calculated 't' value is more than the table value. Hence the planned teaching programme was effective and null hypothesis was rejected and the research hypothesis was accepted.

Thus the increase in the mean knowledge score in the post test phase indicates that the planned teaching programme was effective. Thus the investigator concluded that there is significant positive correlation between the knowledge and attitude of the primary school teachers of the selected primary schools of Gujarat State. It signifies that if the knowledge of the samples increases then the attitude of samples is also tends to increase. Thus the null hypothesis H_{03} was rejected and the research hypothesis H_3 was accepted.

Table – 1

Area wise Mean, Mean Percentage, Percentage Gain, Mean Difference, Standard Deviation (SD) of Pre-Test and Post-Test Knowledge Scores of samples on Prevention & Control of Vector Borne Diseases.

[N=40]

Area	Max. Score	Pre-Test Score			Post-Test Score			Mean % Gain	Mean Differ-ence
		Mean Score	Mean %	S.D	Mean Score	Mean %	S.D		
Introduction	5	3.08	61.6	0.69	4.93	98.6	0.81	37	1.85
Malaria	6	4.75	79.17	1.06	5.93	98.83	0.27	19.66	1.18
Dengue	6	3.49	58.17	0.91	5.74	96.67	0.60	38.5	2.25
Chikungunya	4	1.41	35.25	0.93	3.56	89	0.60	53.75	2.15
Filaria	4	2.21	55.25	0.79	3.48	87	0.55	31.75	1.27
Kala-azar	4	1.11	27.75	0.84	3.18	79.5	0.75	51.75	2.07
JE	4	2.81	70.25	0.65	3.74	93.5	0.52	23.25	0.93
Vector manage-ment	7	3.59	51.29	0.84	6.91	98.71	0.27	47.42	3.32
TOTAL	**40**	**22.35**			**37.4**				**15.05**

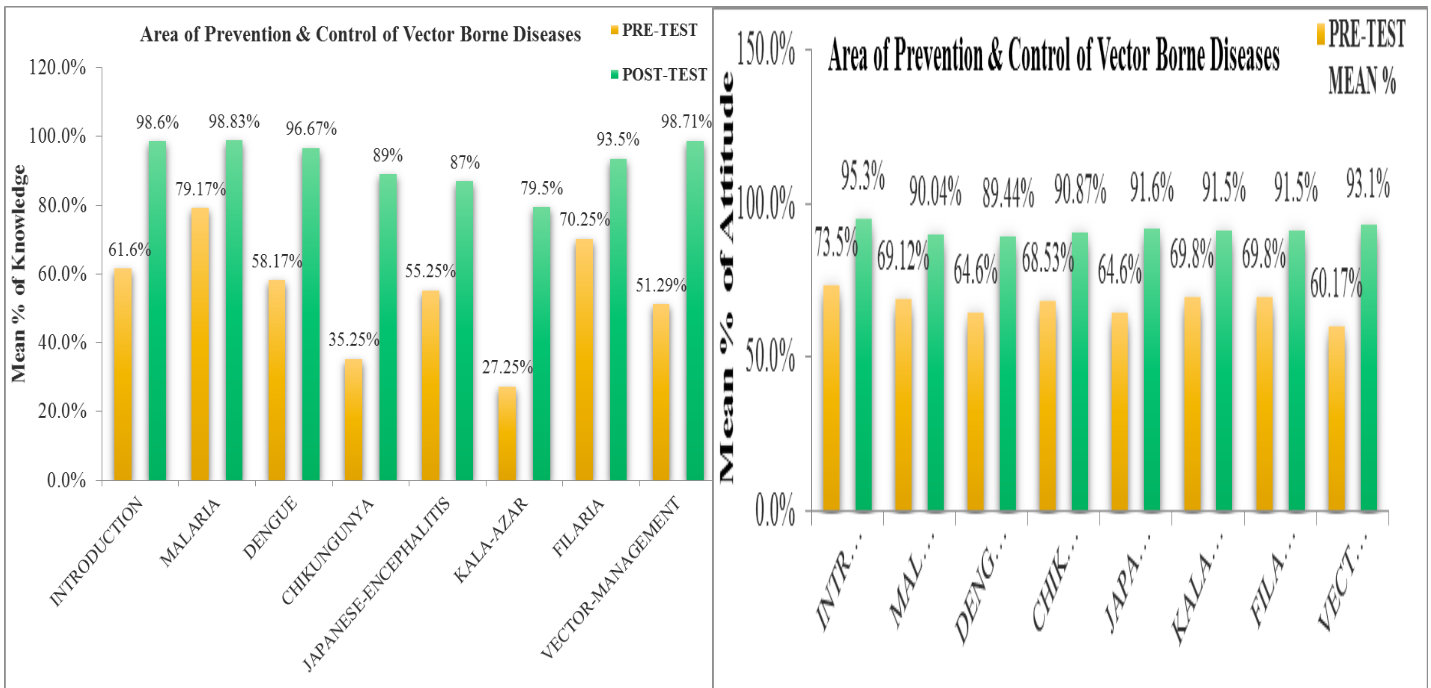

TABLE-2

Mean Score, Mean Difference, SD &'t' Value of pre & post test Attitude Score of samples **(N=40)**

Attitude	Mean	Mean Differ-ence	SD	SE	Calculated 't' test	Tabulated 't' test
pre-test	89.6	29.1	2.49	0.45	64.67	2.03
post – test	118.7		1.36			

Note: *t= p < 0.05 df= 39

CONCLUSION

The study was conducted to assess the effectiveness of Planned Teaching Programme on Knowledge and Attitude regarding Prevention and Control of Vector Borne Diseases among the Primary School Teachers of selected Primary Schools of Gujarat State.The findings indicated that planned teaching programme was an effective strategy to increase the knowledge and attitude of respondents. Primary School Teachers gained significant increase in knowledge and change in attitude which shows that the planned teaching was effective. The Planned teaching programme on Prevention and Control of Vector Borne Diseases was acceptable and useful method of teaching for primary school teachers.

RECOMMENDATIONS

The following recommendations are made on the basis of the findings of present study.

1. A similar study can be replicated in large samples and in all districts of Gujarat State or other State so that findings can be generalized for a large population.
2. A descriptive study can be conducted to assess the knowledge and attitude of people regarding prevention and control of vector borne diseases.
3. A study can be conducted to determine the existing role of nursing personnel regarding education of the community regarding prevention and control of vector borne diseases.
4. A comparative study can be carried out between urban and rural population to identify the difference in terms of knowledge and attitude regarding prevention and control of vector borne diseases.
5. A study can be conducted to assess effectiveness of training regarding prevention and control of vector borne diseases among health staff.

REFERENCES

- Basvanthapa B. T. (2003). *Community Health Nursing (1st Ed.).* New Delhi: Jaypee Medical Publication.
- Burns, N. & Susan, K. G. (2007). *Understanding Nursing Research Building an Evidence Based Practice (4th Ed.).* New Delhi: Elsevier.
- Gulani K. K. (2007). *Community Health Nursing (1st Ed.).* New Delhi: Kumar Publications.
- Park K. (2009). *Preventive and Social Medicine (20th Ed.).* Jabalpur: M/S Banarasidas Bhanot publication.
- A. Binsaeed, A. A. Sahil, M. Nourelddin et al. (2015). Knowledge, attitude and preventive practice of dengue fever among secondary school students in Jazan, Saudi Arabia.
- *An international Research Journal of Environmental Science*, 10(3).
- Martha cacilia, Cristiano L M., Virginia Torres. (2011). Effect of participatory educational programme on primary school teachers's knowledge of malaria.
- *Revista de Saude Publica; Epub*, Vol.45.
- Eiko KANEDA & Tiengkham P. (2010). Basic knowledge of dengue & malaria

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RESEARCH ARTICLE

Knowledge of Tax payers and what affects Tax compliance Behavior

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ABSTRACT

A cross-sectional study was conducted at various department of selected universities, in this study salried employees were selected using Purposive sampling technique. Data was collected using structured questionnaire, which contains socio-demographic characteristics, knowledge questionnaire on Income tax and tax saving investment and questionnaire on compliance behavior. Study reveled that in regards to income tax payment majority (56.5%) of tax payers have inadequate knowledge, in regards to tax saving investment majority (72.8%) had inadequate knowledge & also majority (46.7%) had average compliance behaviour interm of tax payment.

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INTRODUCTION

Nearly 58% of Tax payers underreport their income to save tax according to an online survey conducted by ET wealth last month. The survey had 953 respondents across the age groups and income levels. On the face of it, the results of the survey validate PM Narendra Modi's resent assertion that "Indians are inherently honest" over 82% of tax payers have never knowingly given incorrect information in their Tax returns and 13.6% have done it "once or twice". A mare 4.4% is bad apples who have under reported their income many times in their returns. Over 22% will not report cash receive reports from freelance work and 23% will not mention rent received in cash in their returns.[1]

One disturbing finding of survey is that few peoples are willing to take proactive steps against tax evasion by family members. If their spouse are close relatives are evading tax, only 32% of respondents will forcefully dissuade them from doing so. Nearly 54% will gently advised them against it and 14% will not even interfere in their matter. There is no social stigma for being tax offender in India. Even if someone gets caught for evasion or is served a scrutiny notice, it is acceptable in the society, majority 73% tax payers feel that Indian Tax rules are not fare. Interestingly 68% of those who complain that the system favors the dishonest have fudged their returns or are willing to underreport income to save tax.[1]

The tax dept. is under lot of pressure to improve compliance because the Prime minister wants the tax base to increase from the current 5.43 crore assesses.

Above study revels most of the tax payers believe that taxpaying rules are not fare and lot of misconception and ignorance regarding taxpaying and tax saving investments that we believes it is necessary to bring awareness among tax payers regarding tax saving plans, benefits and importance of IT returns.[1]

OBJECTIVES

- Assess the knowledge of tax payers regarding Income tax
- Assess the knowledge of tax payers regarding tax saving investment
- Assess the compliance behavior of tax payers.
- Associate the knowledge of tax payers regarding Income tax, tax saving investment & compliance behavior with selected demographical variable.

Review of Literature: A cross sectional survey was conducted from Tao Zeng Wilfrid Laurier University regarding existing tax compliance studies, the factors that affect tax compliance behaviour fall into three categories. They are, (1) the tax law system - complexity, ambiguity, and fairness of tax law; (2) the enforcement

of the law – penalty and probability of auditing; and (3) nature of government expenditures. This paper provides survey evidence collected from business and economics students in Canada, who have knowledge on personal income tax and who are (potential) taxpayers. It finds that the tax law system is the most important factor that affects individuals' tax compliance behaviour. Justification of using tax revenue by the government may also be important, but enforcement, audit and penalty by tax agency do not play a significant role in affecting people's tax reporting behaviour. The study also finds that participants are affected differently dependent upon their gender and filing experience.[2]

MATERIALS AND METHODS

A cross-sectional study was conducted at various department of selected universities, in this study salaried employees were selected using Purposive sampling technique. Data was collected using structured questionnaire, which contains socio-demographic characteristics, knowledge questionnaire on Income tax and tax saving investment and questionnaire on compliance behavior.

RESULT

Section 1: Assessment of socio-demographic variables of the tax payers

Table 1.1: Frequency and percentage distribution **n=92**

SI NO	Socio demographic variables	Number	Percentage
1.	**Age (in year)**		
	25-30	59	64.1%
	30-35	26	28.3%
	35-40	7	7.6%
2.	**Gender**		
	Male	61	66.3%
	Female	31	33.7%
3.	**Qualification**		
	PG	76	82.6%
	Ph.D.	16	17.4%
4.	**Income**		
	< 2.5 L	14	15.2%
	2.5-5L	29	31.5%
	>5L	49	53.3%
5	**Experience**		
	<5 yrs	55	59.8%
	5-10 yrs	33	35.9%
	>10 yrs	4	4.3%
6	**ITR filed**		
	ITR filled	71	77.2%
	ITR not Filled	21	22.8%
7	**Mode of ITR**		
	Self	49	53.3%
	Financial Advisor	26	28.3%
	Not filled	17	18.5%

Section 2: Assessment of knowledge of tax payers regarding Income tax, Tax saving Investment & Tax compliance Behavior

Table 2:1: Assessment of knowledge regarding Income tax **n=92**

Level of knowledge	No of respondents	
	Frequency	**Percentage**
Inadequate (<50%)	52	56.5
Moderate (50-75%)	30	32.6
Adequate (>75%)	10	10.9

Table 2:2: Assessment of knowledge regarding Tax saving Investment **n=92**

Level of knowledge	No of respondents	
	Frequency	**Percentage**
Inadequate (<50%)	67	72.8
Moderate (50-75%)	25	27.2

Table 2.2 shows that 72.8% participants had inadequate knowledge regarding tax saving investment whereas 27.2% had moderate knowledge, none of the participants had adequate knowledge.

Table 2:3: **Assessment of Tax compliance Behavior** **n=92**

Level of knowledge	No of respondents	
	Frequency	Percentage
Good compliance	16	17.4
Average compliance	43	46.7
Poor Compliance	33	35.9

Table 2.3 shows that 46.7% participants had Average compliance behavior whereas only 17.4% had good compliance behavior.

Table 2.4: Range, Mean & standard deviation for level of knowledge regarding Income tax, Tax saving Investment & Tax compliance Behavior **n=92**

Category	Range	Min.	Max.	Mean	Standard Deviation
Knowledge regarding Income Tax	**09.0**	**1.00**	**10**	**4.84**	**1.79**
Knowledge regarding tax Saving Investment	**11.0**	**1.00**	**12**	**6.23**	**2.66**
Behaviour Compliance	**38.0**	**5.00**	**43**	**31.67**	**9.70**

Table2.4 shows that mean of knowledge regarding income tax was 4.84 and Standard Deviation was 1.79, mean of knowledge regarding tax saving investment was 6.23 and standard deviation was 2.66 and mean of behavior compliance was 31.67 and standard deviation was 9.70.

Table 2.5: One way ANOVA to compare the differences among the groups

n=92

		Sum of Squares	df	Mean Square	F	Sig.
Knowledge on Income Tax	Between Groups	4.16	2	2.081	.639	.530
	Within Groups	289.70	89	3.255		
	Total	293.87	91			
Knowledge on investment	Between Groups	77.73	2	38.863	6.10	.003
	Within Groups	567.01	89	6.371		
	Total	644.74	91			
Behaviour compliance	Between Groups	355.1	2	177.55	1.92	.152
	Within Groups	8215.1	89	92.305		
	Total	8570.2	91			

Table 2.6.Post Hoc Analysis- Multiple Comparison/ Tukey HSD

Dependent Variable	(I) Department	(J) Department	Mean Difference (I-J)	Std. Error	Sig.
Knowledge On income	Paramedical	Others	.22414	.56187	.916
		Engineering	-.31842	.42603	.736
	Others	Paramedical	-.22414	.56187	.916
		Engineering	-.54255	.52221	.554
	Engineering	Paramedical	.31842	.42603	.736
		Others	.54255	.52221	.554
Knowledge On tax saving investment	Paramedical	Others	2.66379*	.78605	.003
		Engineering	1.39252	.59602	.056
	Others	Paramedical	-2.66379*	.78605	.003
		Engineering	-1.27128	.73057	.196
	Engineering	Paramedical	-1.39252	.59602	.056
		Others	1.27128	.73057	.196
Behaviour Compliance	Paramedical	Others	5.52802	2.99198	.160
		Engineering	.64637	2.26867	.956
	Others	Paramedical	-5.52802	2.99198	.160
		Engineering	-4.88165	2.78082	.191
	Engineering	Paramedical	-.64637	2.26867	.956
		Others	4.88165	2.78082	.191

Table 2.5 shows output of the ANOVA analysis and whether there is a statistically significant difference between the group means, we can see that the significance value 0.003 (i.e P=0.003) which is below 0.05 and therefore there is statistically difference in the knowledge regarding tax saving investment among the groups. ANOVA was carried out after confirming value of test normality by Shapiro–Wilk test was >0.05.

Table 2.6 Multiple Comparison shows that which group differed from each other, there is a statistically difference in knowledge regarding tax saving investment between the paramedical and others (includes science, arts and commerce) P value is <0.005 (P=0.003), However there were no significant difference between paramedical and engineering and engineering and others (includes science, arts and commerce) regarding knowledge regarding tax saving investment. There was no significant difference among any group regarding knowledge on income and behaviour compliance of participants.

Section 3: Associate the knowledge of tax payers regarding Income tax with selected demographical variables.

Table 3.1: Association of knowledge of tax payers regarding Income tax with selected demographical variables.

n=92

Socio demographic variables	Knowledge on Income Tax			df	Chi Square ($\chi2$)	Significance 0.05
	In Adt	Mod	Adqt.			
Age (in year)						
25-30	28	24	7	4	6.79	0.147
30-35	19	4	3			
35-40	5	2	0			
Gender						
Male	36	20	5	2	1.391	0.499
Female	16	10	5			
Qualification						
PG	40	27	9	2	2.69	0.260
Ph.D.	12	3	1			
Income						
< 2.5 L	4	7	3	4	7.30	0.121
2.5-5L	20	8	1			
>5L	28	15	6			
Experience						
<5 yrs	26	22	7	4	6.31	0.177
5-10 yrs	24	7	2			
>10 yrs	2	1	1			
ITR filed						
Filled	37	24	10	2	4.16	0.125
Not Filled	15	6	0			
Mode of ITR						
Self	37	24	10	4	6.37	0.173
Financial Ad.	15	6	0			
Not filled	37	24	10			

Table 3.2: Association of knowledge of tax payers regarding tax saving investment with selected demographical variables.

n=92

Socio demographic variables	Knowledge on Tax saving Investment			df	Chi-square Value (χ2)	Significance at 0.05
	Inadequate	Moderate	Adequate			
Age (in year)						
25-30	48	11	59	2	7.02	0.30
30-35	16	10	26			
35-40	3	4	7			
Gender						
Male	37	24	61	1	13.54	0.00S*
Female	30	1	31			
Qualification						
PG	59	17	76	1	5.09	0.33
Ph.D.	8	8	16			
Income						
< 2.5 L	11	3	14	2	0.661	0.718
2.5-5L	22	7	29			
>5L	34	15	49			
Experience						
<5 yrs	38	17	55	2	0.990	0.610
5-10 yrs	26	7	33			
>10 yrs	3	1	4			
ITR filed						
Filled	50	21	71	1	0.908	0.413
Not Filled	17	4	21			
Mode of ITR						
Self	35	14	49	2	0.163	0.922
Financial Advisor	19	7	26			
Not filled	13	4	17			

S* significance

Table 3.2 shows that there was significant association between knowledge regarding tax saving investment and gender and no significant association found with other demographic variables.

Table 3.3: Association of compliance behavior of tax payers with selected demographical variables.

n=92

Socio demographic variables	Behaviour Compliance			df	Chi-square Value (χ2)	Significance at 0.05
	Inadequate	Moderate	Adequate			
Age (in year)						
25-30	9	27	23	4	2.791	0.593
30-35	6	11	9			
35-40	1	5	1			
Gender						
Male	6	30	25	2	7.49	0.24
Female	10	13	8			
Qualification						
PG	13	33	30	2	2.63	0.268
Ph.D.	3	10	3			
Income						
< 2.5 L	2	4	8	4	3.82	0.430
2.5-5L	6	15	8			
>5L	8	24	17			
Experience						
<5 yrs	12	23	20	4	2.92	0.571
5-10 yrs	3	18	12			
>10 yrs	1	2	1			
ITR filed						
Filled	10	34	27	2	2.44	0.294
Not Filled	6	9	6			
Mode of ITR						
Self	13	20	16	4	6.63	0.156
Financial Advisor	1	14	11			
Not filled	2	9	6			

Table 3.3 shows that there was no significant association between knowledge regarding income tax and any of demographical variables.

DISCUSSION: Similar study was conducted on "What affect's Tax compliance behavior", study reveals that majority 59% participants were males, 64% participant filled ITR and mean value of income Tax compliance behavior was 26.29, whereas in this study 61% participants were males, 77.2% had filled their ITR and mean value of Income tax compliance behavior was 31.67. Study recommends that majority of salaried employee had inadequate knowledge regarding Income tax and Tax saving investment and also tax compliance behavior was average among tax payers. These needs to be addressed either in the orientation program by employers or refreshment course to be organized for proper tax planning and investment. **CONCLUSIONS :** The study conclude that most of the participants were unaware about change in Income Tax Slab Rates every year and also are having inadequate knowledge regarding Tax free on interest from investment such as Mutual funds, PPF, etc. Proper planning can avoid last minute tax saving investments and must know all tax implication. No individual can avoid paying tax but can minimize by proper way of tax planning.

References:

1. Chandralekh Mukarji. Article on "will you evade Tax if you can?. Times of India: Times personal finance Ahmedabad. 18/07/2016:16
2. Available at URL address http://www.ipedr.com/vol69/005-ICEMM2014-M00011.pdf
3. Available at URL address http://www.incometaxindia.gov.in/Supporting%20Files/2016/InstructionITR1_2016.pdf

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RESEARCH ARTICLE

Knowledge of Postnatal Mothers Regarding Postnatal Exercises

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ABSTRACT

Postnatal exercises promote weight loss, restore muscle strength, improve mother's mood and relieve stress and postpartum depression etc. A major reason for the high maternal mortality rate is lack of care at birth and less awareness about the postnatal exercise. So, it is benefited to provide knowledge regarding postnatal exercise. **Objectives:** The main objective of the pre-experimental study is to assess and provide the knowledge regarding postnatal exercises. **Sample:** 30 postnatal mothers were selected by using non probability sampling technique. Structured knowledge questionnaire were used to assess the knowledge. Data was analysed by using descriptive and inferential statistics. **Results:** The mean pre-test knowledge score was 7.2 and post-test knowledge score was 9.6. The mean difference between pre-test and post-test knowledge score was significant, t=7.10, $p<0.05$ level. There was no significant association between the post-test knowledge score and selected demographic variables age, education status, number of child. There was significant association between the post-test knowledge score and occupation.

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INTRODUCTION

Exercise is any bodily activity that enhances or maintains physical fitness and overall health and wellness. Regular physical activity and more specifically regular exercise play an important role to fight against stress. Regular exercise after pregnancy helps to improve postnatal recovery and return to pre pregnancy shape more quickly. Postnatal exercise offers a whole range of benefits for the mother. These exercises promote weight loss, restore muscle strength, improve mother's mood and relieve stress and postpartum depression etc[1].

Post natal exercise is playing important role such as, encourage drainage of lochia , encourage ante-version of the uterus, Movement in and outside the bed and breathing exercises are advised during this period to minimize the risk of deep venous thrombosis (DVT), contraction and relaxation of the pelvic floor muscles, diminish respiratory and vascular complications, minimize future Prolapse and stress incontinence, prevent back ache and genital prolapse, including losing that extra baby weight and getting fit and healthy, Concentrate on proper postures, body alignments and keep abdominal muscles contracted[2].

The postnatal exercise is important during postpartum period, neglecting the mother doing postnatal exercise is the one of the factor contributing to the mother to develop. A major reason for the high mortality rate is lack of care at birth and less awareness about the postnatal exercise. In India most the mothers are not aware of

postnatal exercise. It is the responsibility of the nurse to educate mothers regarding the postnatal exercise, which is an extended activity for promotion of maternal and child well being[2].

There are several reasons why it's a good idea to start some gentle exercise soon after the mother had a baby. It help boost the mood, help to regain the pre-baby figure and lose weight, protect from aches and pains and give more energy if the mother is feeling tired, improve physical strength and stamina which will make looking after a new born baby easier, Speedier healing and recovery from the rigours of the birthing process, helps to reduce post-natal depression known as the "baby blues and Stress release[3].

Postnatal period demands a lot a physical and psychological adaptation. While some exercise is very good for a new mother, doing too much too soon can be harmful also. About of exercise helps to suppress and appetite.

Every minute at least one woman dies from complications related to pregnancy or childbirth that means 529000 women a year. In addition, for every woman who dies in child birth, around 20% more suffers from injuries, infections or diseases which accounts for 10 million women in each year[4].

Statement of the Study: A study to assess the effectiveness of planned teaching programme on knowledge regarding postnatal exercises among postnatal mothers of Shree Sardar Smarak Hospital, Bardoli.

OBJECTIVES

- To assess the existing level of knowledge regarding Postnatal exercises among postnatal mothers.
- To prepare and administer the planned teaching programme regarding postnatal exercises among postnatal mothers.
- To evaluate the effectiveness of planned teaching programme in terms of gain on knowledge regarding postnatal exercises.
- To find relationship of post-test knowledge score with selected demographic variable.

HYPOTHESIS

H_{01} : There will be no gain in post knowledge scores

H_{02} : There is no significant association between post-test knowledge scores and demographic variables.

METHODOLOGY

Research Approach: Quantitative research approach

Research design: Pre-Experimental one group Pre-test Post-test design

Setting: Postnatal Ward of Shree Sardar Smarak Hospital, Bardoli

Population: Postnatal Mothers

Sample size: 30

Sampling technique: Non-probability sampling technique was used for the selection of sample.

- Postnatal mothers who are willing to participate in the study.
- Postnatal mothers who have under gone for normal vaginal delivery.

Exclusion Criteria

- Postnatal mothers who are not admitted in Shree Sardar Smarak Hospital, Bardoli.
- Postnatal mothers underwent the caesarean delivery.
- The mothers who delivered through forceps and ventous extraction.

Description of Tool:

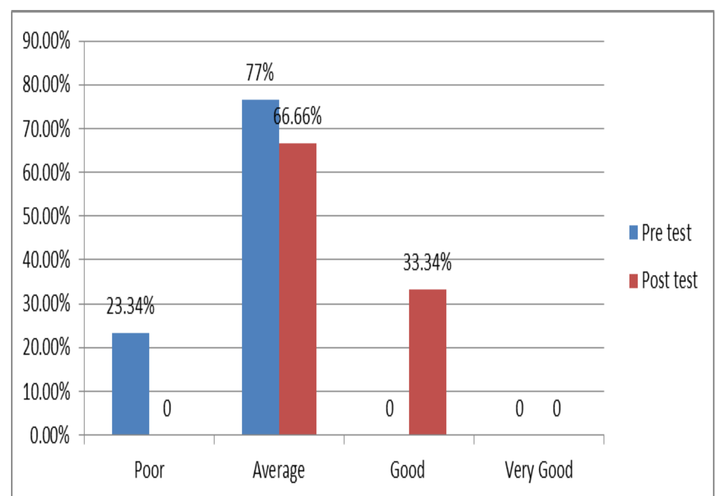
Part 1: Demographic information: It includes age, Monthly income of family, religion, education status, type of family, Occupation, Number of child.

Part 2: Structured Knowledge Questionnaire consists of question related to postnatal exercise. It consisted 22 question divided into five area of postnatal exercise such as, Introduction, Abdominal breathing Exercise, Head and Shoulder raising exercise, Leg raising exercise, Kegal exercise.

Result: Section I: Knowledge of mothers.

The present study shows that 73.34% of the samples were of age group of 21 – 25 years and 93.34% of the samples were Hindu. 56.66% of the samples were live in joint family. 53.33% of the samples were primary educated. The halves of the samples were house wife. 43.34% of the samples income was above 5000. 56.66% of the samples were have two child.

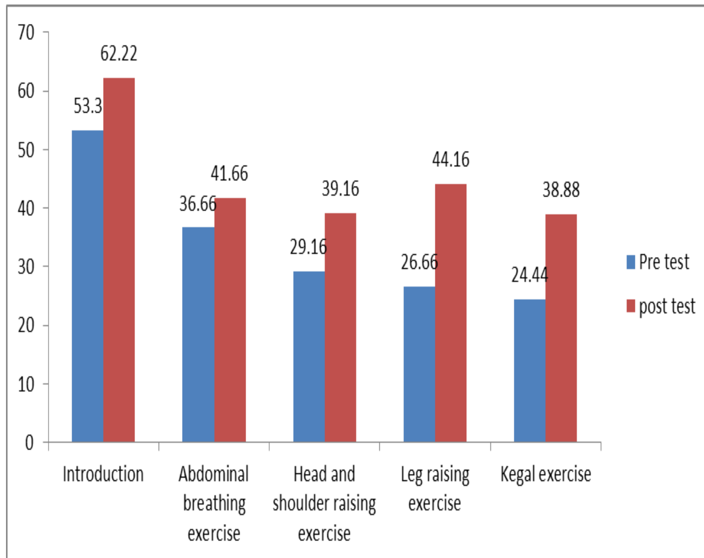
Figure 1: Bar diagram showing the distribution of sample according to pre test and post test knowledge.



The study found that in the pre test 23.34% postnatal mothers having poor knowledge, 76.66% postnatal mothers were having average knowledge, no postnatal mothers were having good knowledge and very good knowledge, where as in the post test 66.66% postnatal mothers were having average knowledge, 33.34% postnatal mothers were having good knowledge, no postnatal mothers were having poor and very good knowledge.

The study shows that the area wise knowledge regarding postnatal exercise among postnatal mothers was more in post test compare to the pre test. Majority 17.5% gain occur in the area of leg raising exercise where as 5% in abdominal breathing exercise.

Figure 2: Bar diagram showing the distribution of sample according to area wise knowledge.



Section-II: Testing Hypothesis.

A. Paired 't' test (effectiveness of PTP)

Table 1: Comparison between pre test and post test knowledge score of postnatal mothers regarding postnatal exercise. n=30

Group	Mean knowledge score		Mean difference	Standard deviation		't' calculated value	t' tabulated value	significance
	Pre test	Post test		Pre test	Post test			
Postnatal mothers	7.2	9.6	2.4	0.4712	0.4963	7.1	2.05	P<0.05 significant

It was found that the difference between the mean pre test (7.2) and the mean post test (9.6) knowledge score was found to be significant. ('t' value =7.10, $p<0.05$). Hence H_{01} is rejected.

There was no significant association between the post test knowledge score and selected demographic variables such as age, education status, number of child. But occupation has significant association with post test knowledge score.

B. Association between knowledge scores and selected socio-demographic variables.

Table number 2 depicts that, there was no significant association between the post test knowledge score and selected demographic variables such as age, education status, and number of child. But occupation has significant association with post test knowledge score. Hence H_{02} is accepted.

Table 2: Association between the post test knowledge scores and demographic data.

Categories	Knowledge		Df	Chi-Square X2	P-Value	Table Value	Inference
	Above Median	Below median					
Type of Family							
Joint	11	7	1	1.08	0.05	3.84	NS
Nuclear	5	7					
Education Status							
Illiterate	0	0	3	8.65	0.05	16.92	NS
Primary education	12	4					
Secondary and Higher secondary	3	10					
Graduation and Post graduate	1	0					
Occupation							
House wife	8	7	3	37.44	0.05	16.92	Significant
Labourer	7	7					
Job	1	0					
Any other	0	0					
Number of children							
One	3	6	3	4.5	0.05	16.92	NS
Two	9	8					
Three	4	0					
Four	0	0					

Discussion:

Review were emphasize that there is inadequate knowledge and practice regarding post natal exercise among postnatal mother and that was improve after administration of planned teaching program.

This study reveals that mothers have inadequate knowledge regarding postnatal exercise which was improved after administration of planned teaching program. The finding of the study was supported by the study which was conducted by Kalariya M. (2015) and Ramchandra M. (2016)

The study conducted by Sarkar J. (2014) showed contrast result from my study that age, parity, education & occupation had association with knowledge regarding post natal exercise where as my study supported to only occupation association with the knowledge.

IMPLICATION OF THE STUDY

The results of the study concluded that, the postnatal mothers got good knowledge regarding postnatal exercise after conduction of planned teaching programme. The planned teaching programme regarding postnatal exercise interpretation was highly effective in improving the knowledge among postnatal. The study findings also have implication in different branches like nursing education, nursing administration and nursing research.

RECOMMENDATIONS

- A similar study can be replicated in large samples and in the other district of Gujarat state or other state so that findings can be generalized for a larger population.
- A comparative study can be carried out between primi and multi gravida mothers.
- A similar study can be conducted with control group.
- A quasi experimental study can be carried out to assess the effectiveness of demonstration of postnatal exercise among postnatal mothers.

CONCLUSION

The study was done to determine effectiveness of PTP on knowledge of postnatal mothers regarding postnatal exercise. The result of study showed that there was significant gain in knowledge score of postnatal mothers after conduction of PTP. The PTP had great potential for accelerating the awareness regarding postnatal exercise. The occupation of mother had great impact on knowledge regarding postnatal exercise among postnatal mothers.

REFERENCES

- Sarkar J, Konwara G and Das L. Assessment of knowledge and practice regarding postnatal exercises among mothers admitted in postnatal ward in Gauhati Medical College and Hospital. *Obstet Gynaecol Barpeta.* Vol. 1(1). Pp: 52-56 Retrieved from: http://journal.barpetaogs.co.in/pdfs/1152.pdf
- Kalariya M. A Study to Assess Effectiveness of Structured Teaching Programme on Knowledge and Practice Regarding Postnatal Exercises among Postnatal Mother in Selected Hospitals of Valsad District. *International Journal of Education and Research.* Vol.3(3). Retrieved from: http://ijneronline.com/AbstractView.aspx?PID=2015-3-3-8
- Ramchandra M. Knowledge of Primigravida Mothers Regarding Postnatal Exercise. *Indian Journal of Applied Research.* Vol: 6(7). Pp:434-437 Retrieved from: https://www.worldwidejournals.com/indian-journal-of-applied-research-(IJAR)/file.php?val=July_2016_1467435855__130.pdf

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RESEARCH ARTICLE

Awareness Programme on Knowledge and Practice regarding Environmental Hygiene in view of Promotion of Health among People.

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ABSTRACT

Environmental hygiene is activities aimed at improving or maintaining the standard of basic environmental conditions affecting the wellbeing of people. About 2.4 billion people globally live under highly unsanitary conditions and have such poor hygiene behaviours that their exposure to risks of incidence and spread of infectious diseases, are enormous. Hence, understanding the level of knowledge and practices related to healthy hygienic practice among target populations is needed to plan and design behavioural interventions. Hence the current study was planned to find out the knowledge and practice regarding healthy hygiene practices among people residing at Sarbhon Village will help to identify hygienic practices and full fill the gap of healthy hygienic practices which help to lead them a healthy life. **Research design** is pre experimental one group pretest – posttest design. **Sample size** is 50. **Sampling technique** is non – probability convenient sampling technique. **Results** are Mean pre test knowledge score was 8.56 and mean of post test knowledge score was 26.48, Pre test Practice score was 5.98 and mean of post test practice score was 11.8, The calculated value for knowledge is (t= 17.55) and for practice(t=24.322) greater than the table value(0.21) so null hypothesis is rejected and research hypothesis is accepted**. Conclusion** is revealed that there was significant gain in the knowledge and practice of people after introducing awareness programme. There is positive relationship between knowledge and practice score.

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INTRODUCTION

Good hygienic practices are the first step towards healthier behaviour. Personal hygiene is one of the most effective ways to protect from illness. Hygiene is a set of practices performed for the preservation of health. According to World Health Organization (WHO), "Hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases"[1]. Basic hygiene refers to practices that help to prevent the spread of diseases and maintain health. It involves regular washing of the body (bathing), washing the hands when necessary, washing ones clothing, washing the hair, brushing the teeth, cutting the nails, and caring for the gums .

People those who are living in, slums and overcrowded areas are particularly vulnerable to neglect of basic personal hygiene[1].

India is still lagging far behind many countries in the field of environmental sanitation practices. The basic problem of safe water supply and sanitary disposal of human excreta are yet to be solved. Most of the problems in the country are due to defective environment, which in turn rob people of their health, destroy their livelihoods, and undermine their overall developmental potential. Environmental hygiene is activities aimed at improving or maintaining the standard of basic environmental conditions affecting the wellbeing of people.

These conditions include (1) clean and safe water supply, (2) clean and safe ambient air, (3) efficient and safe animal, human, and industrial waste disposal, (4) protection of food from biological and chemical contaminants, and (5) adequate housing in clean and safe surroundings.[2]

About 2.4 billion people globally live under highly unsanitary conditions and have such poor hygiene behaviours that their exposure to risks of incidence and spread of infectious diseases, are enormous. Water stored at home is frequently contaminated by inadequate water management in the home. These issues are receiving increasing attention, but considering the huge backlog within the sector there is still a need for greater mobilization of resources and involvement of decision-makers at all levels.[3]

As a consequence, water- and sanitation-related diseases are widespread. Nearly 250 million cases are reported every year, with more than 3 million deaths annually—about 10,000 a day. Diarrheal diseases impact children most severely, killing more than 2 million young children a year in the developing world. Many more are left underweight, stunted mentally and physically, vulnerable to other deadly diseases, and too debilitated to go to school. This situation in today's world is humiliating, morally wrong, and oppressive. The global community has made advances in many fields but it has failed to ensure these most basic needs of deprived people. Worse still, if unprecedented global action is not taken, the lot of the poor is expected to worsen in the foreseeable future.[4]

Almost fifty per cent of the developing world's population – 2.5 billion people lack improved hygienic practices, sanitation facilities, and over 884 million people still use unsafe drinking water sources. Inadequate access to safe water and sanitation services, coupled with poor hygiene practices, kills and sickens thousands of children every day, and leads to impoverishment and diminished opportunities for thousands more. Poor sanitation, water and hygiene have many other serious repercussions.

A multi-country study by the United Nations in 2005 suggests that a mean reduction in diarrhea of 37.5% is possible following the introduction of improved water supply and sanitation in developing country environments. Ensuring access to safe drinking water and sanitation could therefore drastically reduce the incidence of water-borne diseases, which contribute significantly to the mortality rate in developing countries.

Understanding the level of knowledge and practices related to healthy hygienic practice among target populations is needed to plan and design behavioural interventions. And the target population can improve their hygienic practices by modified strategies from all aspects.

STATEMENT OF THE PROBLEM

A study to assess the Effectiveness of awareness programme on knowledge and practice regarding environmental Hygiene in view of promotion of health among people residing in Sarbhon Village, Bardoli, Gujarat.

OBJECTIVES

- To assess the knowledge and practice regarding Environmental Hygiene in view of promotion of health among people residing in Sarbhon Village, Bardoli.
- To evaluate effectiveness of awareness programme on knowledge and practice regarding Environmental Hygiene among people residing in SarbhonVillage, Bardoli.
- To find out relationship between knowledge and practice regarding Environmental Hygiene among people residing in Sarbhon Village, Bardoli.
- To determine association between knowledge and practice regarding Environmental Hygiene among people residing in Sarbhon village with selected demographic variables.

HYPOTHESIS

H_{01} – There is no significant differences between pre and posttest knowledge and practice score regarding Environmental Hygiene among people residing in Sarbhon Village.

H_{02} -There is no significant relationship between knowledge and practice regarding environmental Hygiene among people residing in Sarbhon Village.

H_{03} -There is no significant association between knowledge and practice regarding Environmental Hygiene among people residing in Sarbhon Village with selected demographic variables

METHODOLOGY

- **Research approach –** quantitative pre experimental research approach
- **Research design-** pre experimental one group pretest – posttest design
- **Variables of the study**
  - **Independent Variable-** Awareness programme
  - **Dependent Variable -** Level of Knowledge and Practice.
- **Research setting –** Sarbhon Village
- **Population –** People residing in Sarbhon Village.
- **Sample size –** 50
- **Sampling technique** – non – probability convenient sampling technique.

Tool for data collection:

Tool was divided into 3 parts:

Part –A Socio demographical variables – This part consisted of items for obtaining information about demographic variables such as age, gender, religion, education, family income, source of information.

Part – B Structured knowledge questionnaires on Environmental Hygiene

Part – C : Observational checklist on practices regarding Environmental Hygiene.

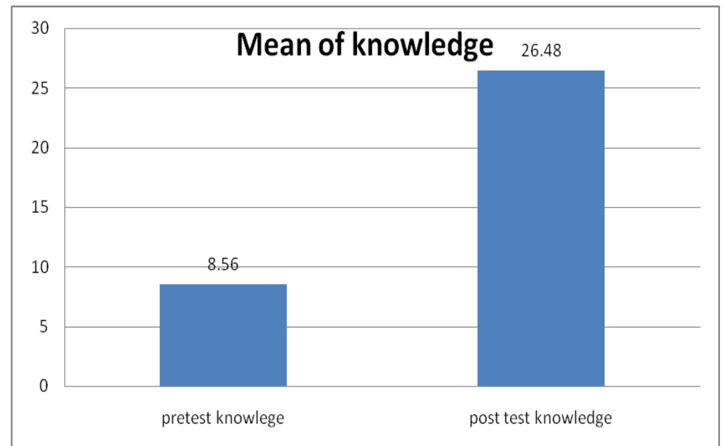
RESULTS

Table no (1): Frequency and percentage distribution of samples according to socio demographic Variables. n=50

S. No	Demographic variables	Frequency	Percentage (%)
1	**Age in years**		
	a. 60-64	7	14
	b. 65- 69	13	26
	c. 70-74	20	40
	d. Above 75	10	20
2	**Gender**		
	a. Male	14	28
	b. Female	36	72
3	**Education Status**		
	a. Primary	14	28
	b. Secondary	25	50
	c. Graduation	6	12
	d. Professional	5	10
4	**Dietary Patten**		
	a. Vegetarian	35	70
	b. Mixed	15	30
5	**Occupational status**		
	a. Homemaker	9	18
	b. Farmer	15	30
	c. Business	20	40
	d. Others	6	12
6	**Type of Family**		
	a. Nuclear	29	58
	b. Joint	16	32
	c. Extended	5	10
7	**Income**		
	a. Less than 5000	25	50
	b. 5001-10000	20	40
	c. 10001-15000	4	8
	d. more than 15000	1	2
8	**Do you have any bad habits**		
	a. Smoking	16	32
	b. Alcohol Consumption	10	20
	c. Drug Abuse	5	10
	d. Others	19	38

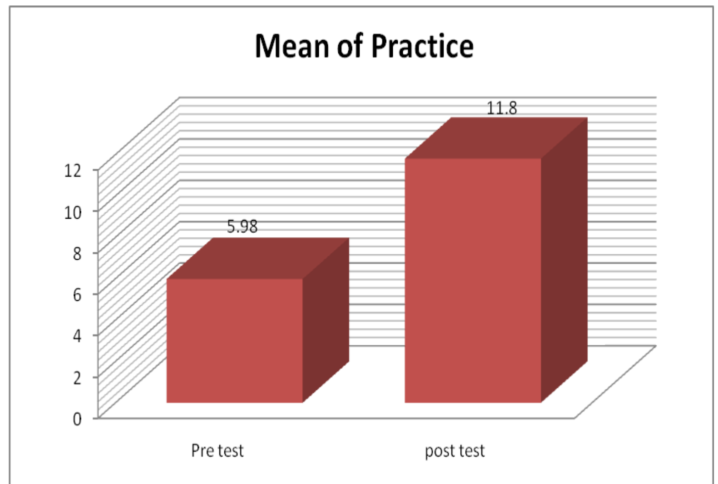
Table – 1 shows that The data shows that majority of the respondents 20 (40%) were in the age group of 70-74 years and followed by 10 (20%) respondents the age group of above 75 years. Out of 50 people majority of the respondents were females 36 (72%). Majority 35 (70%) of respondents were vegetarian. Data represents that majority respondents 29(58%) were having nuclear family. Majority of respondents 25(50%) were having family income between less than Rs 5000 followed by respondents 20(40%) were having family income between less than Rs 5000- 10000.

Figure No: 1 Data on Mean knowledge score



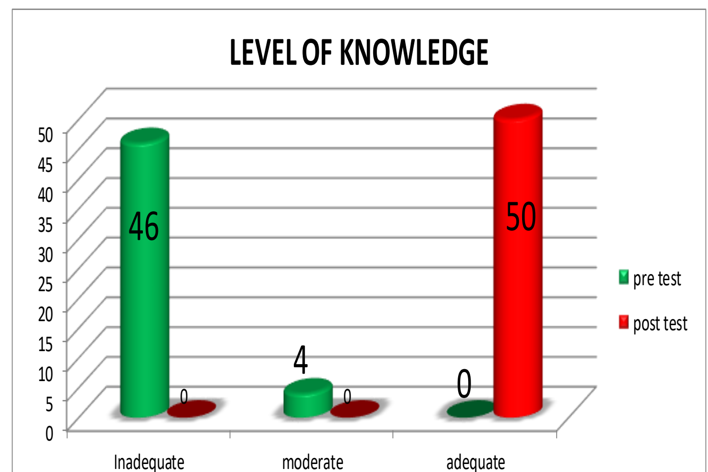
Mean pre test knowledge score was 8.56 and mean of post test knowledge score was 26.48.

Figure No: 2 Data on Mean Practice score



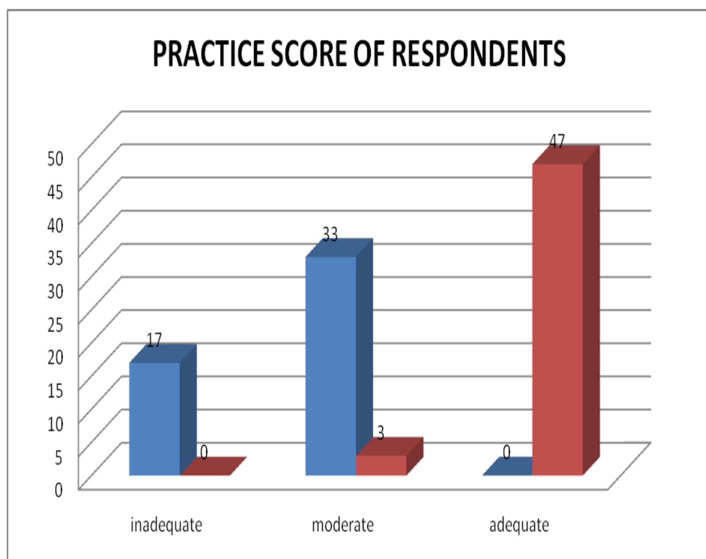
Pre test Practice score was 5.98 and mean of post test practice score was 11.8

Figure No: 3 Data on Level of knowledge regarding environmental hygiene among samples



Data in above Graph shows that 46 samples were having inadequate knowledge, 4 samples were having moderate knowledge in pre test and 50 samples were having adequate knowledge in post test.

Figure No 4 Data on Level of practice regarding environmental hygiene among samples.



Data in above graph shows that 17 samples were having inadequate Practice, 33 samples were having moderate practice in pre test and 47 samples were having adequate practice and 3 samples were having moderate practice in post test.

TESTING HYPOTHESIS

Ho_1 – There is no significance differences between pre and posttest knowledge and practice score regarding Environmental Hygiene among people residing in Sarbhon Village

Table no (2): Data on T table value

Area of Assessment	Mean	S. D	Cal. 't' Value	Table value	Df
Pre test knowledge score	8.56	1.4	17.55	0.21	49
Post test knowledge score	26.48	1.6			
Pre test practice score	5.98	1.5	24.22	0.21	49
Post test practice score	11.8	1.3			

The calculated value for knowledge is (t= 17.55) and for practice(t=24.322) greater than the table value(0.21) so null hypothesis is rejected and research hypothesis is accepted. It revealed that there was significant gain in the knowledge and practice of people after introducing awareness programme at 0.05 levels of significance.

Table No. 3 Data on Correlation coefficient between knowledge and practice score.

Score	Mean	Correlation coefficient
Knowledge	8.56	**0.6**
Practice	5.98	

There is positive relationship between knowledge and practice score

There was no significant association between knowledge

RECOMMENDATIONS

- Similar study can be replicated in large sample to generalize the findings.
- Comparative study can be conducted to assess the knowledge, attitude and practice regarding hygiene and health practices in urban and rural population.
- An explorative study to assess misconception related to Hygiene and Health.
- Experimental study can be under taken with a control group for effective comparison of the result similar study can be replicated in large sample to generalize

REFERENCES

1. http://www.sulabhenvis.nic.in/sanitation%20and%20environment.htm
2. http://www.businessdictionary.com/definition/environmental-sanitation.html
3. WHO. Water sanitation and health. Available from URL:http://www.who.int/water_sanitation_health/hygiene/envsan/en/
4. http://www.sulabhenvis.nic.in/sanitation%20and%20environment.htm
5. Banks, S. (2003-2011). What is environmental sanitation Retrieved January 13, 2011, from http://www.who.int/
6. Unite for children. UNICEF. Update: 6 July 2010. http://www.unicef.org/wash
7. Curtis VA, Danquah LO, Aunger RV. Planned, motivated and habitual hygiene behaviour: an eleven country review. Health Educ Res. 2009;4:655–673.
8. Banda K, Sarkar R, Gopal S, Govindarajan J, Harijan BB, Jeyakumar MB, et al. Water handling, sanitation and defecation practices in rural southern India: a knowledge, attitudes and practices study. Trans R Soc Trop Med Hyg. 2007; 101:1124–30.
9. http://www.ehow.com/about_5472498_importance-personal-hygiene.html.
10. Bloomfield, S.F., Exner, M., Fara, G.M., Nath, K.J., Scott, E.A. & Van der Voorden, C. (2009). The global burden of hygiene-related diseases in relation to the home and community.

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RESEARCH ARTICLE

THE PREVALENCE OF MINOR AILMENTS IN PREGNANCY AMONG ANTENATAL MOTHERS

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ABSTRACT

Pregnancy is the happiest event of every woman in her life cycle. Every Pregnancy is a unique experience for the women and each pregnancy that the women experience will be new and uniquely different. The majority of discomforts experienced during Pregnancy can be related to either hormonal changes or the Physical changes related to growing fetus. Descriptive study is conducted with the main objective is to assess prevalence of minor ailments among antenatal mothers at Sharda hospital, Surat. Total 50 samples are selected by non probability purposive sampling technique. The data is collected with the help of observation checklist by interview method. The data is analyzed with the help of descriptive & inferential statistics. The main findings of the study reveals that 80% of antenatal mothers were having urinary frequency, 68% of antenatal mothers were having fatigue, 66% were having back pain and 60% were having nausea and vomiting and leg cramps during the pregnancy. There is no significant association between selected minor ailments with selected socio demographic variables.

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INTRODUCTION

Every Pregnancy is a unique experience for women and each pregnancy that women experience will be new and uniquely different. Pregnancy is a long and very special journey for the woman. It is a journey of dramatic Physical, Psychological and social change of becoming a mother for the newborn child. The majority of discomforts experienced during Pregnancy can be related to either hormonal changes or the Physical changes related to growing fetus. Minor ailments are generally defined as conditions that will resolve on their own and can be reasonably self-diagnosed. Studies on minor acute illness during pregnancy suggest that despite being non-life threatening, the high prevalence of these conditions has a major effect on productivity and may have profound impact on the lives of pregnant women and their families.

NEED FOR THE STUDY

Minor ailments during the pregnancy also affect the general health of mother during the pregnancy. It affects the growth and development of fetus also at some extent. Nausea and vomiting are present in 50% of pregnancies.

The prevalence of nausea and vomiting during the pregnancy is 0.5-2%. The exact cause of Nausea and vomiting is not truly explained but is thought to be a combination of hormonal changes, psychological adjustment and neurological factors.

The prevalence of back pain during the pregnancy is 22-28%. It is very common minor ailment present during the pregnancy.

STATEMENT OF THE STUDY

"A study to assess the prevalence of minor ailments in pregnancy among antenatal mothers in Sharda Hospital and Miracle Test Tube Baby Centre, Surat."

OBJECTIVES

- To assess the socio demographic variables of the study.
- To assess the minor ailments present during the pregnancy.
- To associate the minor ailments during the pregnancy with selected socio demographic variables.

HYPOTHESIS

Ho- There will be no significant association between prevalence of minor ailments with their selected demographic variables.

DELIMITATION

The study is limited to pregnant women of Sharda hospital and Miracle test tube baby centre, Surat.

PROJECT METHODOLOGY

Project Approach: Non experimental- quantitative approach

Project Design: Descriptive design.

Project Setting: Obstetrics & Gynecology outpatient department; Sharda hospital and Miracle test tube baby centre surat.

Population: The population of the study is antenatal mothers.

Target Population: Antenatal mothers with gestational age of 13-40 weeks.

Accessible Population: Samples who are fulfilling the inclusion criteria.

Sample: The sample for this study are antenatal mothers irrespective of gravidity and parity having the gestational age of 13-40 weeks, selected from Sharda hospital and miracle test tube baby centre Surat.

Sample Size: 50.

Sampling Technique: Non –probability purposive sampling technique

Sampling Criteria

Inclusion criteria

- Mothers who are pregnant with natural and artificial conception.
- Antenatal mothers who are willing to participate.
- Antenatal mothers who having gestational age of 13 to 40 weeks irrespective of gravidity and parity.
- Antenatal mothers who understand Gujarati language.

Exclusion Criteria

- Antenatal mothers who are sick.
- Antenatal mothers who having gestational age of less than 13 weeks.

Development of the Tool

Data collection tool is developed by the investigators after the review literature on relevant topic and discussion with the experts and guides.

Data collection tool includes the following information:

Part: A- socio demographic data

Part: B- checklist for minor ailments during the pregnancy

Description of the Tool

Observation checklist is prepared for the data collection process. It includes two parts.

Part- A: Demographic data

This part includes the items related to personal data regarding age, religion, education, occupation, duration of marriage life, gravidity, parity, gestational age, past history of abortion, ante partum hemorrhage and any bad habits.

Part- B: 12 questions to assess minor ailments during the pregnancy

This part includes 12 questions to assess the minor ailments during the pregnancy. It consists of observational checklist on following points.

- Nausea & vomiting
- Back pain
- Constipation
- Heart burn
- Fatigue
- Sleep difficulty
- Pedal edema
- Varicose vein
- Urinary frequency
- Leg cramps
- Breathing difficulty
- Increase salivation

RESULTS

Part-A: Description of demographic variables:

Table-1: Frequency & percentage distribution of variables of the antenatal mothers. n=50

Sr. No.	Variables	Frequency (f)	Percentage (%)
1	Age of mothers		
	20-25 years	20	40
	25-30 years	24	48
	30-35 years	5	10
	35-40 years	1	2
2	Religion of mother		
	Hindu	50	100
	Muslim	0	0
	Christian	0	0
	Any other	0	0
3	Education of mother		
	Illiterate	1	2
	Primary education	5	10
	Secondary & higher secondary	21	42
	Graduation	23	46
4	Education of husband		
	Illiterate	0	0
	Primary education	4	8
	Secondary & higher secondary	15	30
	Graduation	31	62
5	Occupation of mother		
	Housewife	42	84
	Job	6	12
	Labour work	1	2
	Personal business	1	2
6	Occupation of husband		
	Farming	1	2
	Job	29	58
	Labour work	2	4
	Personal business	18	36
7	Duration of marriage		
	0-4 years	32	64
	5-8 years	13	26
	9-12 years	3	6
	13-16 years	2	4

Sr. No.	Variables	Frequency (f)	Percentage (%)
8	Gravidity of mother Primi Second Multi	 21 21 8	 42 42 16
9	Parity of mother Nulli para Primi Second Multi	 25 20 5 0	 50 40 10 0
10	Any unwanted event in last pregnancy Abortion APH PPH Preterm labour No any	 16 0 0 0 34	 32 0 0 0 68
11	Gestational age of mother 13-19 weeks 20-26 weeks 27-33 weeks More than 34 weeks	 11 11 13 15	 22 22 26 30
12	Disease present in this pregnancy PIH Anaemia Gestational Diabetes Thyroid disease No any	0 1 1 2 46	0 2 2 4 92
13	Any bad habits of mother Smoking Alcoholism Tobacco chewing No any	 0 0 0 50	 0 0 0 100

Table 1 depicts that the majority of the antenatal mothers 40% were in the age group of 25-30 years, 100% following Hindu religion,46% were graduate, 84% were housewives, 64% were having duration of marriage 0-4 years, 42% were primi gravida and second gravida, 50% were nulli para and 100% were having no any bad habits.

Table 1 depicts that 32% of antenatal mothers were having the past history of abortion and 2% of antenatal mothers are having anemia and diabetes in the present pregnancy.

Part: B: Description of minor ailments:

Bar graph showing the frequency & percentage distribution of minor ailments during the pregnancy among antenatal mothers.

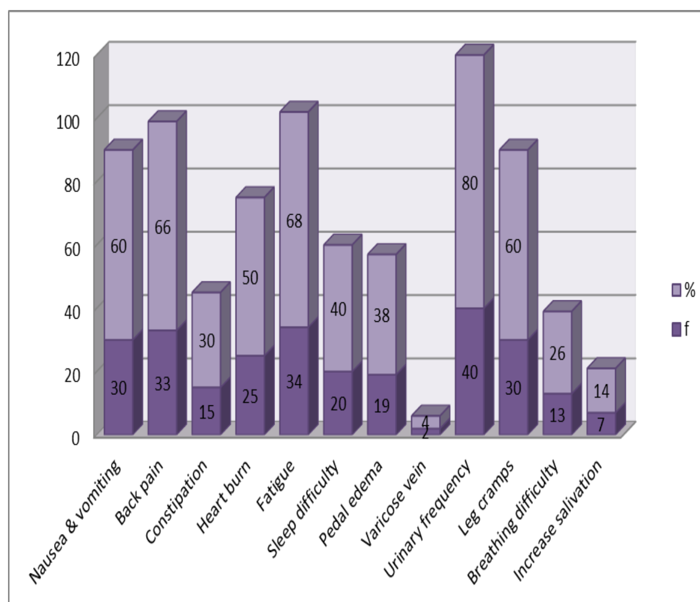

Table-3: Association between selected socio demographic variable with selected minor ailments (Urinary frequency, Fatigue and Back pain): n=50

Minor aiments	Variable	Chi Sq. Cal. Val.	Chi Sq. Tab. Val.	df	Significance
Urinary frequency	Age	0.43	7.82	3	NS
	Education of mother	0.22	7.82	3	NS
	Duration of marriage	0.09	7.82	3	NS
	Gravidity	0.20	5.99	2	NS
	Parity	0.09	5.99	2	NS
	Gestational age	0.01	7.82	3	NS
Fatigue	Age	0.18	7.82	3	NS
	Education of mother	0.11	7.82	3	NS
	Duration of marriage	0.57	7.82	3	NS
	Gravidity	0.23	5.99	2	NS
	Parity	0.75	5.99	2	NS
	Gestational age	0.24	7.82	3	NS
Back pain	Age	0.05	7.82	3	NS
	Education of mother	0.23	7.82	3	NS
	Duration of marriage	0.11	7.82	3	NS
	Gravidity	0.01	5.99	2	NS
	Parity	0.00	5.99	2	NS
	Gestational age	0.36	7.82	3	NS

Table 3 depicts that there is no association between selected socio demographic variable with selected minor ailments like urinary frequency, fatigue & back pain.

Table-3: Association between selected socio demographic variable with selected minor ailments (Nausea & vomiting & leg cramps): n=50

Minor ailments	Variable	Chi Sq. Cal. Val.	Chi Sq. Tab. Val.	df	Significance
Nausea & vomiting	Age	0.03	7.82	3	NS
	Education of mother	0.14	7.82	3	NS
	Duration of marriage	0.07	7.82	3	NS
	Gravidity	0.82	5.99	2	NS
	Parity	0.89	5.99	2	NS
	Gestational age	0.21	7.82	3	NS
Leg cramps	Age	0.62	7.82	3	NS
	Education of mother	0.67	7.82	3	NS
	Duration of marriage	0.65	7.82	3	NS
	Gravidity	0.34	5.99	2	NS
	Parity	1	5.99	2	NS
	Gestational age	0.97	7.82	3	NS

Table 3 depicts that there is no association between selected socio demographic variable with selected minor ailments like nausea, vomiting & leg cramps.

DISCUSSION

The findings are discussed under following parts

PART 1: Description of demographic variables

PART 2: Description of minor ailments

Part 1: Data on demographic variable among antenatal mothers.

The findings reveal that majority of antenatal mothers were in the age group of 26-30 years, 100% were following Hindu religion, 46% of antenatal mothers were graduate, 84% of mothers were housewife, 64% of antenatal mother's marriage duration was 0-4 years, 42% of mothers were primi gravida and second gravida and 30% of mothers were having gestational age of more than 34 weeks.

Part 2: Data on minor ailments during the pregnancy among antenatal mothers.

The findings of the present study reveal that 80% of antenatal mothers were having urinary frequency, 68% of antenatal mothers were having fatigue, 66% were having back pain and 60% were having nausea and vomiting and leg cramps during the pregnancy.

Same study has been conducted by Polit D, Beck CT (2004) to find out the incidence rate of minor ailments during the pregnancy. The most common minor ailments were frequency of micturition (80%), nausea and vomiting (80%), fatigue (80%), back pain (70%) and leg cramps (55%). The findings are similar to our study.

Nursing Implications: Nursing Education: The present project is emphasizing on the prevalence of minor ailments during the pregnancy. The knowledge of minor ailments during the pregnancy helps the nursing students in providing the information and educates the ante natal mothers in the management of minor ailments.

Nursing Practice: The project study helps in the field of nursing practice by providing the knowledge regarding the minor ailments during the pregnancy.

Nursing Research: The findings of the study serve as the basis for the profession and the student to conduct the further study. The project study helps in identification of common minor ailments and the prevalence of minor ailments during the pregnancy.

Recommendations: Keeping in view the findings of the present project study, the following recommendation have been made for the study:

- Similar study can be replicated on large samples.
- A study can be conducted to assess the knowledge regarding minor ailments during the pregnancy among the antenatal mothers.
- A study can be conducted to assess the knowledge regarding management of minor ailments during the pregnancy.
- A study can be conducted to assess the knowledge regarding the home remedies for minor ailments during pregnancy.

CONCLUSION

- The findings of the study showed that all 100% sample were antenatal mothers, highest percentage 80% sample were having urinary frequency.
- The study findings concluded that antenatal mothers had more commonly minor ailments which include urinary frequency, fatigue, back pain, nausea and vomiting and leg cramps.
- There is no significant association between selected minor ailments with selected socio demographic variables.

REFERENCES

- Diane M Fraser Margaret A Cooper. Myles Text Book For Midwives, 14th edition; 2003, Elsevier publication, China, pp:110-114.
- Gilian V Pepper, NCBI journal, Rates of nausea and vomiting in pregnancy and dietary characteristics, vol-273, 2006, pp: 2675-2679, cited on- 19 April, 2017, available from URL- https://www.ncbi.nim.nih.gov>NCBI>Literatur>pubmed central
- Nitanjali Patil, International Journal of Science and Research, Assessment of knowledge on minor ailments during the pregnancy and home remedies, vol-4, Jan-2015, pp- 675 -679, cited on 18th April, 2017, available from- URL- https://www.ijsr.net/archeve/v4i1/04011503.pdf
- Polit D, Beck CT. Nursing research principals and method 5th edition Philadelphia, Lippincott Williams Wilkins 2004:675.

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REVIEW ARTICLE

ENHANCING WOMEN'S PERCEPTIONS OF THE CHILDBIRTH EXPERIENCE

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INTRODUCTION

Birth stories are personal narratives grounded in the pivotal life experience of giving birth. Richly descriptive birth narratives from culturally diverse childbearing women document the importance of listening to the voices of women. Benefits of sharing birth stories include the opportunity for integration of a major event into the framework of a mother's life; the opportunity to share a significant life experience; the opportunity to discuss fears, concerns, "missing pieces" or feelings of inadequacy or disappointment; the opportunity for the woman to gain an understanding of her strengths; and the opportunity to connect with other women. Providing women with the opportunity to share their birth stories is an important nursing intervention

Being pregnant and giving birth is an amazing life event and one that a woman ordinarily remembers for most of her life. The experience of giving birth has long-term implications for a woman's health and wellbeing. The birth experience and satisfaction with birth have been associated with several factors and emotional dimensions of care and been shown to influence women's overall assessment. Individualized emotional support has been shown to empower women and increase the possibility of a positive birth experience. How women assess their experience and the factors that contribute to a positive birth experience are of importance for midwives and other caregivers. A negative childbirth experience can affect a woman's health well beyond the episode of the labour and birth itself.

Support from the midwife during labour and birth and the opportunity to participate in decision-making are also important. Furthermore, women's views of and satisfaction with maternity care are important indicators of quality service provision.

OPINION OF EXPERTS

A recent major focus has been to identify the prevalence of (and associated factors for) a negative birth experience in order to improve care. Although equally as important, research relating to the factors associated with a positive birth experience have been less well studied. Learning from women's birthing stories and adapting care during birth based on what women actually consider important will likely enhance the birth experience and promote normality in the context of the much medicalized birth environment.

Woman's perceived control during birth is significant. Findings from a mid-European study show that the most important factor contributing to a woman's satisfaction with birth was having her expectations fulfilled. Self-efficacy and personal control were other factors related to satisfaction with birth. The experience of personal control had a protective effect on labour pain. In a prospective, longitudinal study, 303 women (32.7 %) had a very positive birth experience assessed on a five-point Likert scale ranging from very positive to very negative.

Annikta Karlstorm, Astrid Nystedt (2015) in their study on meaning of a very positive birth experience: focus groups discussions with women states that obstetric outcome is a major measure of the quality of care provided. However, how women assess their experience and the factors that contribute to a positive birth experience are also of importance for caregivers. The aim of the above mentioned study was to describe women's experience of a very positive birth experience. This study is a further example amongst the literature showing that it is difficult to separate the birth experience from the care give . Focusing solely on the experience will overlook the birthing environment and overlook the synergistic effect of a caring and reassuring midwife working together with the woman and her partner.

In a recent study, women who stated that they were looked after very well and had a very positive birth experience were significantly more likely to have experienced high postnatal functioning This again highlights how it is possible to enhance a positive birth experience by developing maternity care customized to deliver what women want.

Several studies show that women benefit from a consistent, continuing relationship during the childbearing process (Fontein, 2010; Sandall et al., 2010; Williams et al., 2010; Gagnon, 2011

A woman's sense of trust and support from the father of the child was also important. The feeling of safety promoted by a supportive environment was essential to gaining control during birth and focusing on techniques enabling women to manage labour.

CONCLUSION

It is an essential part of midwifery care to build relationships with women where mutual trust in one another's competence is paramount.

The midwife is the active guide through pregnancy and birth and should express a strong belief in a woman's ability to give birth. Midwives are required to inform, encourage and to provide the tools to enable birth, making it important for midwives to invite the partner to be part of a team, in which everyone works together for the benefit of the woman and child.

BIBLIOGRAPHY

Text books

1. Abdella G.Faye and Eugene Levene., (1974). "Better patient care through nursing
research" London., Mac Millan Publisher Company.
2. Basavanthappa, B.T., (2007). Nursing theories, Jaypee Brothers, New Delhi, 1st ed.
3. Bennett Ruth and Linda K. Brown.(1994). "Myles Text Book for Midwives,
Hormonal cycles: Fertilisation and early development", London, Elbs with Churchill
Livingstone.
4. Bobak, Irene M., Margaret Duncan Jensen., (1993). Maternity and Gynaecologic

Journals:

1. Sophie D. Hickey,Sarah-Jade Maidment Kayla M. Heinemann |anticipatory action research opens doors: Mentoring Indigenous researchers to improve midwifery in urban Australia. online 8 November 2017
2. Britni L. Ayers , Nicola Hawley. Providers' perspectives of barriers experienced in maternal health care among Marshallese women; Available online 7 November 2017
3.Vahideh MoghaddamHosseini ,Milad Nazarzadeh , Shayesteh Jahanfar et .al, Interventions for reducing fear of childbirth: A systematic review and meta-analysis of clinical trials. 7 November 2017

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REVIEW ARTICLE

Reproductive Health : A Challenge to Developing World

"It is easy to add, but difficult to maintain"

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ABSTRACT

Reproductive health implies that people are able to have a responsible, satisfying and safer sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Reproductive health should be looked at through a lifecycle approach as it affects both men and women from infancy to old age. According to UNFPA, reproductive health at any age profoundly affects health later in life. The lifecycle approach incorporates the challenges people face at different times in their lives such as family planning, services to prevent sexually transmitted diseases and early diagnosis and treatment of reproductive health illnesses. As such, services such as health and education systems need to be strengthened and availability of essential health supplies such as contraceptives and medicines must be supported.

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INTRODUCTION

Within the framework of the World Health Organization's (WHO) definition of health is stated as it is a complete physical, mental and social well-being, and not merely the absence of disease or infirmity, whereas reproductive health, or sexual health/hygiene, addresses the reproductive processes, functions and system at all stages of life. Reproductive health implies that people are able to have a responsible, satisfying and safer sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. One interpretation of this implies that men and women ought to be informed of and to have access to safe, effective, affordable and acceptable methods of birth control; also access to appropriate health care services towards sexual, reproductive medicine and implementation of health education programs, so as to stress the importance of women to go safely through pregnancy and childbirth. It could provide couples with the best chance of having a healthy infant..

Individuals do face inequalities in reproductive health services. Inequalities based on socioeconomic status, education level, age, ethnicity, religion, and resources available in their environment. It is possible for example, that low-income individuals lack the resources for appropriate health services and the knowledge to know what is appropriate for maintaining reproductive health.

The WHO assessed in 2008 that "Reproductive and sexual ill-health accounts for 20% of the global burden of ill-health for women, and 14% for men." Reproductive health is a part of sexual and reproductive health and rights.

According to the United Nations Population Fund (UNFPA), unmet needs for sexual and reproductive health deprive women of the right to make "crucial choices about their own bodies and futures", affecting family welfare. Women bear and usually nurture children, so their reproductive health is inseparable from gender equality. Denial of such rights also worsens poverty.

Reproductive health should be looked at through a lifecycle approach as it affects both men and women from infancy to old age. According to UNFPA, reproductive health at any age profoundly affects health later in life. The lifecycle approach incorporates the challenges people face at different times in their lives such as family planning, services to prevent sexually transmitted diseases and early diagnosis and treatment of reproductive health illnesses. As such, services such as health and education systems need to be strengthened and availability of essential health supplies such as contraceptives and medicines must be supported.

SEXUAL HEALTH

WHO working definition for sexual health is that it "is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled." However, while used by WHO as well as other organizations, this is not an official WHO position, and should not be used or quoted as a WHO definition.

HISTORY

`The programme of action (PoA) of the International Conference on Population and Development (ICPD) in Cairo in 1994 was the first among international development frameworks to address issues related to sexuality, sexual and reproductive health, and reproductive rights. The PoA defined sexual health as, dealing "with the enhancement of life and personal relations, not merely counselling and care related to reproduction and sexually transmitted diseases. It refers to the integration of the somatic, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love."

Emerging research in the field of sexual and reproductive health (SRH) identifies a series of factors that enhance the translation of research into policy and practice. These include discursive changes (creating spaces for public debate); content changes (to laws and practices); procedural changes (influencing how data on SRH are collected) and behavioural changes (through partnerships with civil society, advocacy groups and policy makers).

CHILDBEARING AND HEALTH

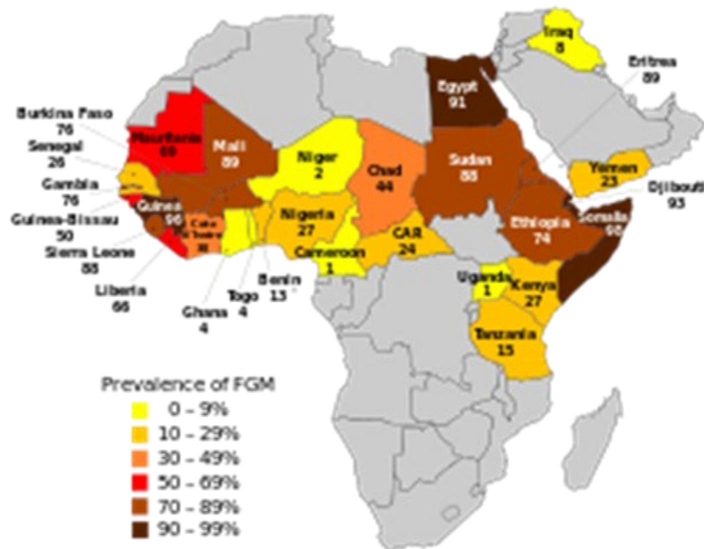
Early childbearing and other behaviours can have health risks for women and their infants. Waiting until a woman is at least 18 years old before trying to have children improves maternal and child health. If an additional child is to be conceived, it is considered healthier for the mother, as well as for the succeeding child, to wait at least 2 years after the previous birth before attempting to conception. After a foetal fatality, it is healthier to wait at least 6 months.

The WHO estimates that each year, 3,58,000 women die due to complications related to pregnancy and childbirth; 99% of these deaths occur within the most disadvantaged population groups living in the poorest countries of the world. Most of these deaths can be avoided with improving women's access to quality care from a skilled birth attendant before, during and after pregnancy and childbirth.

AVAILABILITY OF MODERN CONTRACEPTION

Modern contraception is often unavailable in certain parts of the world. According to the WHO, about 222 million women worldwide have an unmet need for modern contraception, and the lack of access to modern contraception is highest among the most disadvantaged population: the poor, those living in rural areas and urban slums, those living with HIV, and those who are internally displaced. In developing parts of the world, the lack of access to contraception is a main cause of unintended pregnancy, which is associated with poorer reproductive outcomes. According to UNFPA, access to contraceptive services for all women could prevent about one in three deaths related to pregnancy and childbirth.

Female genital mutilation



Prevalence of FGM by country, according to a 2013 UNICEF report

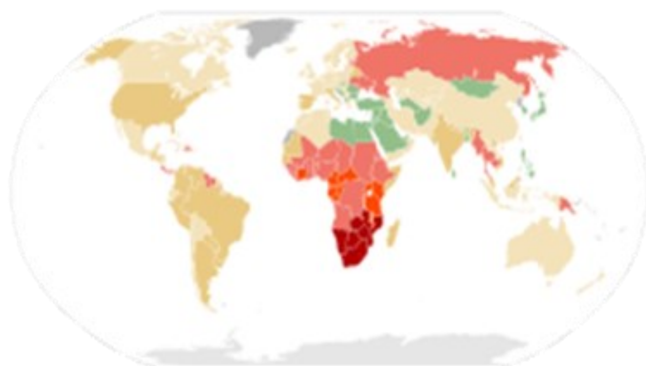
Female genital mutilation (FGM), also known as female genital cutting or female circumcision, "comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons". The practice is concentrated in 29 countries in Africa and the Middle East; and more than 125 million girls and women today are estimated to have been subjected to FGM. FGM also takes place in immigrant communities in Western countries, such as the UK.

FGM does not have any health benefits, and has negative effects on reproductive and sexual health, including severe pain, shock, haemorrhage, tetanus or sepsis (bacterial infection), urine retention, open sores in

the genital region and injury to nearby genital tissue, recurrent bladder and urinary tract infections, cysts, increased risk of infertility, childbirth complications and new-born deaths. FGM procedures that seal or narrow a vaginal opening (known as type 3) lead to a need for future surgeries of cutting open in order to allow for sexual intercourse and childbirth, estimates suggest 90% of females in the Ismaili Shia Muslim Bohra community in India undergo the trauma.

According to UNFPA, “FGM violates human rights principles and standards – including the principles of equality and non-discrimination on the basis of sex, the right to freedom from torture or cruel, inhuman or degrading punishment, the right to the highest attainable standard of health, the rights of the child, and the right to physical and mental integrity, and even the right to life, among others.

SEXUALLY TRANSMITTED INFECTIONS



Estimated prevalence in % of HIV among young adults (15–49) per country as of 2011.

No data
<0.10
0.10–0.5
0.5–1
1–5
5–15
15–50

A sexually transmitted infection (STI)—formerly called sexually transmitted disease (STD) or venereal disease (VD)—is an infection that has a significant likelihood of transmission between humans by means of sexual activity.

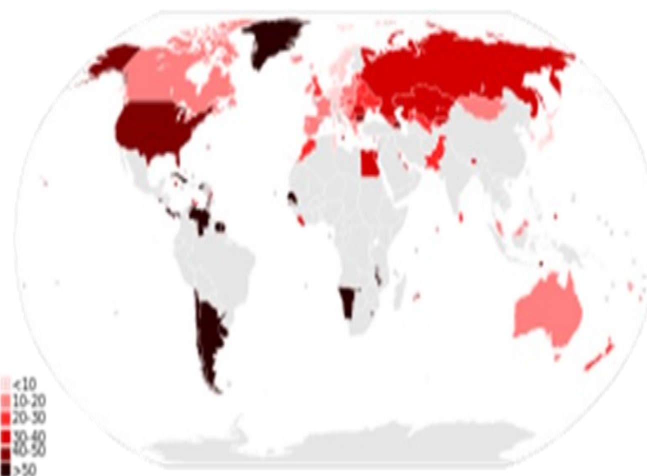
Common STIs inlude chlamydia, gonorrhoea, herpes, HIV, hepatitis B, human papillomavirus (HPV), syphilis, and trichomonas’s.

Sexually transmitted infections affect reproductive and sexual health, having a profound negative impact worldwide. Programs aimed at preventing STIs include comprehensive sex education, STI and HIV pre- and post-test counselling, safer sex/risk-reduction counselling, condom promotion, and interventions targeted at key and vulnerable populations. Having access to effective medical treatment for STIs is very important.

ADOLESCENT HEALTH

Issues affecting adolescent reproductive and sexual health are similar to those of adults, but may include additional concerns about teenage pregnancy and lack of adequate access to information and health services. Worldwide, around 16 million adolescent girls give birth every year, mostly in low- and middle- income countries. The causes of teenage pregnancy are diverse.

In developing countries, girls are often under pressure to marry young and bear children early. Some adolescent girls do not know how to avoid from becoming pregnant, are unable to obtain contraceptives, or are coerced into sexual activity. Adolescent pregnancy, especially in developing countries, carries increased health risks, and contributes to maintaining the cycle of poverty. The availability and type of sex education for teenagers varies in different parts of the world. LGBT teens may suffer additional problems if they live in places where homosexual activity is socially disapproved and/or illegal; in extreme cases there can be depression, social isolation and even suicide among LGBT youth.



Teenage birth rate per 1,000 females aged 15–19, 2000–2009

UNFPA recommends “Comprehensive sexuality education” (CSE) as it enables young people to make informed decisions about their sexuality. According to the UNFPA, CSE should be taught by introducing content which is age-appropriate to the capacities of young people over a span of several years. The curriculum includes scientifically accurate information on physical development, anatomy, pregnancy, contraception and sexually transmitted infections (STIs), including HIV. It should encourage confidence and skills for communication topics include social issues around sexuality and reproduction.

International Conference on Population and Development, 1994:

The International Conference on Population and Development (ICPD) was held in Cairo, Egypt, from 5 to 13 September 1994. Delegations from 179 States took

part in negotiations to finalize a Programme of Action on population and development for the next 20 years. Some 20,000 delegates from various governments, UN agencies, NGOs, and the media gathered for a discussion of a variety of population issues, including immigration, infant mortality, birth control, family planning, and the education of women.

In the ICPD Program of Action, 'Reproductive health' is defined as: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of birth control which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

This definition of the term is also echoed in the United Nations Fourth World Conference on Women, or the so-called Beijing Declaration of 1995. However, the ICPD Program of Action, even though it received the support of a large majority of UN Member States, does not enjoy the status of an international legal instrument; it is therefore not legally binding.

The Program of Action endorses a new strategy which emphasizes the numerous linkages between population and development and focuses on meeting the needs of individual women and men rather than on achieving demographic targets. The ICPD achieved consensus on four qualitative and quantitative goals for the international community, the final two of which have particular relevance for reproductive health:

Reduction of maternal mortality: A reduction of maternal mortality rates and a narrowing of disparities in maternal mortality within countries and between geographical regions, socio-economic and ethnic groups.

Access to reproductive and sexual health services including family planning: Family planning counselling, pre-natal care, safe delivery and post-natal care, prevention and appropriate treatment of infertility, prevention of abortion and the management of the consequences of abortion, treatment of reproductive tract infections, sexually transmitted diseases and other reproductive health conditions; and education, counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Services regarding HIV/AIDS, breast cancer, infertility, delivery, hormone therapy, sex reassignment therapy, and abortion should be made available. Active discouragement of female genital mutilation (FGM).

The keys to this new approach are empowering women, providing them with more choices through expanded access to education and health services, and promoting skill development and employment. The programme advocates making family planning universally available by 2015 or sooner, as part of a broadened approach to reproductive health and rights, provides estimates of the levels of national resources and international assistance that will be required, and calls on governments to make these resources available.

MILLENNIUM DEVELOPMENT GOALS

Achieving universal access to reproductive health by 2015 is one of the two targets of *Goal 5 - Improving Maternal Health* - of the eight Millennium Development Goals.

To monitor global progress towards the achievement of this target, the United Nations has agreed on the following indicators:

- contraceptive prevalence rate
- adolescent birth rate
- antenatal care coverage
- unmet need for family planning

According to the MDG Progress Report, regional statistics on all four indicators have either improved or remained stable between the years 2000 and 2005. However, progress has been slow in most developing countries, particularly in Sub-Saharan Africa, which remains the region with the poorest indicators for reproductive health. According to the WHO in 2005 an estimated 55% of women do not have sufficient antenatal care and 24% have no access to family planning services.

Reproductive health and abortion: An article from the World Health Organization calls safe, legal abortion a "fundamental right of women, irrespective of where they live" and unsafe abortion a "silent pandemic”. The article states "ending the silent pandemic of unsafe abortion is an urgent public-health and human-rights imperative." It also states "access to safe abortion improves women’s health, and vice versa, as documented in Romania during the regime of President Nicolae Ceausescu" and "legalisation of abortion on request is a necessary but insufficient step toward improving women’s health" citing that in some countries, such as India where abortion has been legal for decades, access to competent care remains restricted because of other barriers. WHO’s Global Strategy on Reproductive Health, adopted by the World Health Assembly in May 2004, noted: “As a preventable cause of maternal mortality and morbidity, unsafe abortion must be dealt with as part of the MDG on improving maternal health and other international development goals and targets." The WHO's Development and Research Training in Human Reproduction (HRP), whose research concerns people's sexual and reproductive health and lives, has an overall strategy to combat unsafe abortion that comprises four inter-related activities:

- to collate, synthesize and generate scientifically sound evidence on unsafe abortion prevalence and practices;

- to develop improved technologies and implement interventions to make abortion safer;
- to translate evidence into norms, tools and guidelines;
- and to assist in the development of programmes and policies that reduce unsafe abortion and improve access to safe abortion and high quality post-abortion care

Reproductive health and India

Sound reproductive health is integral to the vision that every child is wanted, every birth is safe, every young person is free from HIV, and every girl and woman is treated with dignity. Implicit in this vision is the idea that men and women will be able to exercise their rights to information on and access to safe, affordable and acceptable methods of fertility regulation as well as quality health care services. The latter will enable women to experience safe pregnancy and childbirth, across the world.

Poor women, especially in developing countries, suffer disproportionately from unintended pregnancies, maternal death and disability, sexually transmitted infections including HIV, gender based violence and other problems related to their reproductive system and sexual behaviour.

India snapshot

There are several reproductive health concerns in India which need to addressed in order to improve reproductive health status of people. In the following paragraphs, an attempt has been made to highlight some of the major concerns.

High unwanted fertility

As per the National Family Health Survey III - 2005-2006 (NFHS-III), nearly 21% pregnancies are either unwanted or mistimed. Total fertility refers to mean number of children born per woman in the age group of 15-49 years. Total wanted fertility represents the level of fertility that will result theoretically, if all unwanted births are prevented. Total wanted fertility rate in urban areas is 1.6 and in rural areas 2.6, while total fertility rate is 2.06 in urban areas and 2.98 in rural areas.

Unmet need for family planning is an important indicator for assessing potential demand for family planning in India There is a high unmet need for family planning, with 6.2 % for spacing and 6.6% for limiting methods among currently married women. Unmet need is also high amongst the illiterate and in the lowest wealth quintile. Male participation in sharing responsibility for contraception is low. As per NFHS –III, male sterilisation was accepted by only 1% of currently married couples.

High maternal mortality

India's maternal mortality ratio is unacceptably high at 230 per 100,000 live births (2008) as per UN estimates. Nearly 63,000 Indian women, accounting for almost 18 per cent of estimated global maternal deaths, die every year due to causes related to pregnancy and childbirth. The lifetime risk of maternal mortality is 1 in 70; i.e. one in every 70 pregnant women is at risk of death, even as she gives birth. Available data also indicates that a significant proportion of women suffer from obstetric morbidities.

Sexually Transmitted Infections/Reproductive Tract Infections

Several studies highlight the widespread prevalence of sexually transmitted and reproductive tract infections. In a nation-wide community-based study, prevalence was nearly 6% in the 15-50 years age group. The problem is further compounded by the prevailing culture of silence, as women are generally reluctant to seek medical treatment for these symptoms.

Government policies/programmes

In 1951, India became the world's first nation to launch a family planning programme. Decades later, when the International Conference on Population and Development (Cairo, 1994) prompted a paradigm shift in population programmes, with the advocacy of client-centred and quality-oriented reproductive health approaches, India formulated appropriate policy and programmatic responses:

- The National Population Policy was formulated in the year 2000. It affirms the government's commitment to promote voluntary and informed choice, and continuation of the target-free approach in family planning service delivery.
- The National Rural Health Mission (NRHM) was launched in 2005. It aims to revamp the public healthcare delivery system and seeks to provide accessible, affordable and quality healthcare to rural population
- A national level Reproductive and Child Health Programme II (RCH II) was introduced in 2005 and focuses on addressing reproductive health needs of the population through evidence-based technical intervention through wide range of service delivery network. There is implicit emphasis on addressing the equity dimension in coverage, while maintaining focus on quality.
- Conditional Cash Transfer schemes like Janani Suraksha Yojana (for promoting institutional deliveries) were introduced to help address economic barriers for access to services.

Better access to services is the key

Reproductive health programmes must place emphasis on improving access to quality reproductive health services by gender sensitive providers. Maternal death and disability can be reduced dramatically if every woman has access to health services throughout her lifecycle, especially during pregnancy and childbirth. The highest priority needs to be given to ensuring that women have access to skilled birth attendants at the time of giving birth and that women who develop life-threatening complications during pregnancy, childbirth or post partum can immediately access treatment at adequately-equipped facilities.

The focus needs to be on eliminating delays in decision- making to seek services, ensuring timely transportation to proper facilities and enabling prompt

treatment on arrival at facilities.

The importance of Family Planning: The number of unwanted and closely spaced births can be drastically reduced by providing access to quality contraceptive services. It is vital that services are available to women and men from lower income quintiles, especially in rural areas, which are currently under serviced.

Moreover, a set of emerging issues, such as infertility, reproductive cancers, morbidities such as prolapse and gender based violence, need to be studied and addressed.

In addition, programmes need to focus on preventing and treating reproductive tract and sexually transmitted infections and meeting unmet reproductive health needs of underserved groups, such as adolescents and people living with HIV/AIDS with special reference to information, counseling and services.

What UNFPA India does?

UNFPA works with a range of partners to promote reproductive health in India. It pools a significant proportion of its country programme resources in the Reproductive and Child Health II (RCH-II) programme, aimed at reducing maternal mortality, child mortality, as well as provision of range of quality contraceptive services.

UNFPA also delivers technical assistance for effective implementation of the RCH-II programme at the national as well as state level, particularly in the states of Rajasthan, Maharashtra, Madhya Pradesh, Orissa, and Bihar. Additionally intensive facilitation for RHC 2 PIP implementation is being focused in 13 high priority districts in these states except Maharashtra. Programme management is strengthened by augmenting human resource availability and by building capacities in programme planning, monitoring and evaluation. Additional support is organised for formulating evidence-based service delivery guidelines and support for training of providers in adherence with these guidelines.

UNFPA supports demand led interventions largely through civil society partners. These interventions focus on empowering community-based organizations and village-based health/sanitation committees to monitor service provision and articulate community perspectives on access and quality of reproductive health services.

UNFPA also engages itself in developing programmatic interventions in the areas of chronic obstetric morbidities, infertility and women's other RH problems.

Reproductive health concerns cut across many socio–economic aspects. Indeed, the health sector alone cannot resolve them. Yet, many problems and their costly consequences can be averted if reproductive health is routinely addressed within the context of primary health care as a first line of prevention and care. To achieve this, it is vital to strengthen health systems, build trust among the communities they serve and expand access to reproductive health programmes that take in to account to social, cultural, economic and gender dimensions.

CONCLUSION

Reproductive health refers to the diseases, disorders and conditions that affect the functioning of the male and female reproductive systems during all stages of life. Disorders of reproduction include birth defects, developmental disorders, low birth weight, preterm birth, reduced fertility, impotence, and menstrual disorders. Research has shown that exposure to environmental pollutants may pose the greatest threat to reproductive health. Exposure to lead is associated with reduced fertility in both men and women, while mercury exposure has been linked to birth defects and neurological disorders. A growing body of evidence suggests that exposure to endocrine disruptors, chemicals that appear to disrupt hormonal activity in humans and animals, may contribute to problems with fertility, pregnancy, and other aspects of reproduction.

BIBLIOGRAPHY

- WHO health topics. Reproductive health [Online] [Cited on 2017].Available from URL: http://www.who.int/topics/reproductive_health/en/
- PMC Journal article. Determinants of and Disparities in Reproductive Health Service Use Among Adolescent and Young Adult Women in the United States, 2002–2008[Online][Cited on February 2012].Available from URL https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3483992/
- WHO programs.Sexual and reproductive health [Online] [Cited2017] . Available in URL : http://www.who.int/reproductivehealth/en/
- WHO Media Centre. Sexually transmitted Infections [Online][Cited on August 2016]Available in URL: http://www.who.int/mediacentre/factsheets/fs110/en/
- United Nations Static Division, Demographic Yearbook [Online] [Cited on 2017]. Available in URL: nstats.un.org/unsd/demographic/products/dyb/dyb2009-2010/Table10.pdf
- WHO Fact Sheets.Adolescent Pregnancy[Online] [Cited on sept 2014]Available in URL; http://www.who.int/mediacentre/factsheets/fs364/en/

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RESEARCH ARTICLE

EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON KNOWLEDGE AND ATTITUDE OF PARENTS REGARDING CHILD LABOR

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Effectiveness, Knowledge, Attitude, Child, Labour, Teaching

ABSTRACT

A pre experimental study was conducted to find out the effectiveness of structured teaching program on knowledge and attitude of parents regarding child labor in selected area of Bardoli, Gujarat in December 2016. A total 30 parents of child laborers were selected by using convenient sampling method to collect the data. Knowledge questionnaire schedule and Likert Attitude scale was used to collect the data. The results of the study revealed that, Majority of parents 43.33% had poor knowledge regarding child labor, least 20% of parents had good knowledge and rest of parents had (36.66%) average knowledge regarding child labour. Majority of parents (30%) had average attitude regarding child labour, least (36.66%) of parents had poor attitude and rest of parents had 33.34% good attitude regarding child labour. The study summarizes that, The overall experience of conducting study was good. Constant encouragement and guidance of guide, cooperation, interest of parents of selected area contribute to the successful completion of the study. Respondents were satisfied and happy with information they received.

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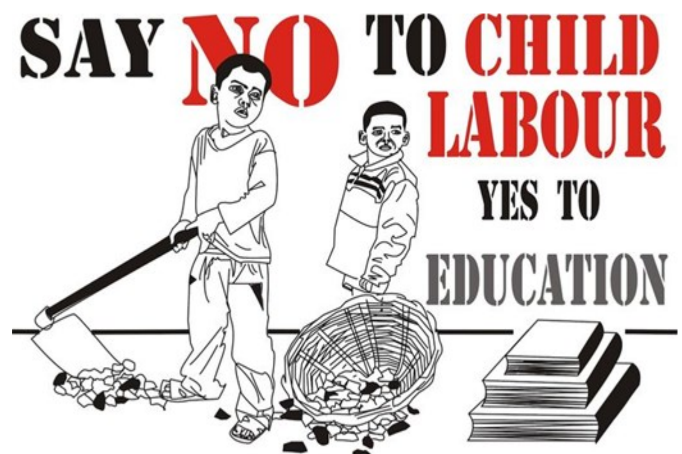
INTRODUCTION

Globally the incidence of child labour decreased from 25% to 10% between 1960 and 2003, according to the World Bank. Nevertheless, the total number of child laborers remains high, with UNICEF acknowledging an estimated 168 million children aged 5–17 worldwide, were involved in child labour in 2013.

A variety of Indian social scientists as well as the non-governmental organizations (NGOs) have done extensive research on the numeric figures of child labour found in India and determined that India contributes to one-third of Asia's child labour and one-fourth of the world's child labour. Due to a large number of children being illegally employed, the Indian government began to take extensive actions to reduce the number of children working, and to focus on the importance of facilitating the proper growth and development of children.



In 2015, the country of India is home to the largest number of children who are working illegally in various industrial industries.

Agriculture in India is the largest sector where many children work at early ages to help support their family. Many of these children are forced to work at young ages due to many family factors such as unemployment, a large number of family members, poverty, and lack of parental education. This is often the major cause of the high rate of child labour in India

NEED FOR THE STUDY

Child labour is usually considered as a socio-economic problem (Government of India, 1993) and several factors are expected to be the causes of the participation of children in economic activities like, poverty, adult unemployment, large size of the family, neighborhood effects etc. Basically these factors are interlinked and exert their influence directly and/or indirectly on the work participation of children.

India is the 2nd highest populated country in the world with around 40% children under age 18 in which half of the total number are engaged in this crime of child labour. A huge number of poor parents are still not aware of the disadvantages of child labour that affects their children in terms of their education, health, physical, mental and social growth.

Child labour is the worldwide problem and it is the biggest matter of concern for our country too as future of our new generation is going towards darkness due to this social evil. Instead of enjoying their childhood, they are being forced, either because of the parental selfishness or because of the lack of their basic needs for survival, to go for work as labour on part time or full time basis at very low payment also future of our nation belongs to the holistic development of next generations.

STATEMENT OF THE PROBLEM

"A study to assess the effectiveness of structured teaching program on knowledge and attitude of parents regarding child labor in selected area of Bardoli, Gujarat.

OBJECTIVES OF THE STUDY

The objectives of study are

- To assess the knowledge regarding child labour among the parents of selected rural area of Bardoli.
- To assess the attitude regarding child labour among the parents of selected rural area of Bardoli.
- To assess the effectiveness of structured teaching programme on child labour.
- To find out the association between knowledge regarding child labour among parents of selected rural area with selected demographic variables.

HYPOTHESIS

H_{01}-There is no significant difference between pretest knowledge score and posttest knowledge score regarding child labour

H_{02}- There is no significant difference between pretest attitude score and posttest attitude score regarding child labour

H_{03} – There is no correlation between knowledge and attitude regarding child labour

H_{04} - There is no significant association between knowledge and attitude regarding child labour with selected demographic variables.

DELIMITATION

The study is only subjected to selected rural area of Bardoli, Gujarat

CONCEPTUAL FRAME WORK

The conceptual framework for the study is drawn on the basis of health belief model development by Hochbaum, Rosenstock and Kegels. The health belief model is a psychological model that attempts to explain and predict health behavior, this done by focusing on knowledge and behavior of individual. The model contains four principle components that interact to bring out the desire behavior.

- Individual perception
- Modifying factor
- Cue to action
- Likelihood of action

RESEARCH METHODOLOGY

Research Approach: Quantitative (Experimental)

Design: Pre experimental (One group pre-post test)

Setting: Selected rural community at Bardoli

Population: Parents of Children aged between 10 to 18

Target Population: Child laborer's parents

Accessible Population: Samples who are fulfilling the inclusion criteria.

Samples: Parents of child labors

Sample Size: 30

Sampling Technique: Convenient Sampling Technique

Sampling Criteria

Inclusion criteria

- Parents of child labourers from selected rural areas at Bardoli ,Gujarat
- Parents who are present at the time of data collection.

Exclusion Criteria

- Parents who are not willing to participate in the study.
- Parents who cannot speak and understand Gujarati.

RESULTS

Majority of parents 43.33% had poor knowledge regarding child labor, least 20% parents had good knowledge and rest of the parents had 36.66% average knowledge regarding child labour.

Majority of parents 30% had average attitude regarding child labour, least 36.66% of parents had poor attitude and rest of parents 33.34% had good attitude regarding child labour.

Fig.1.: Pie diagram showing the knowledge score of parents regarding child labour.

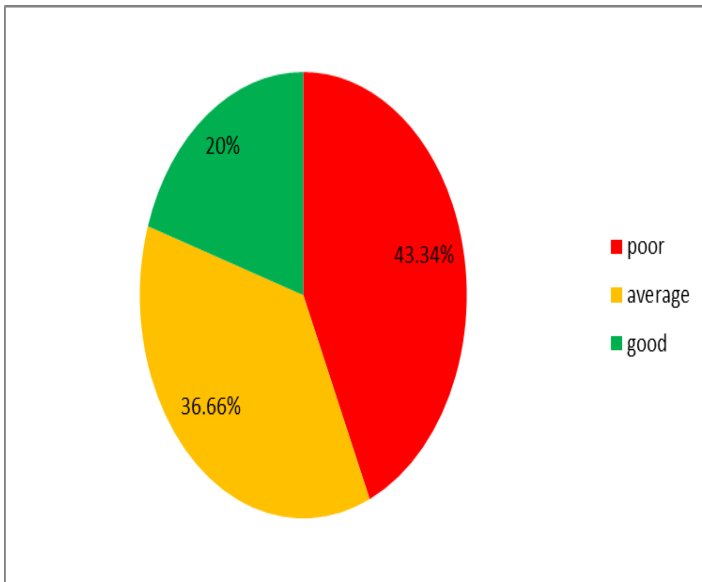
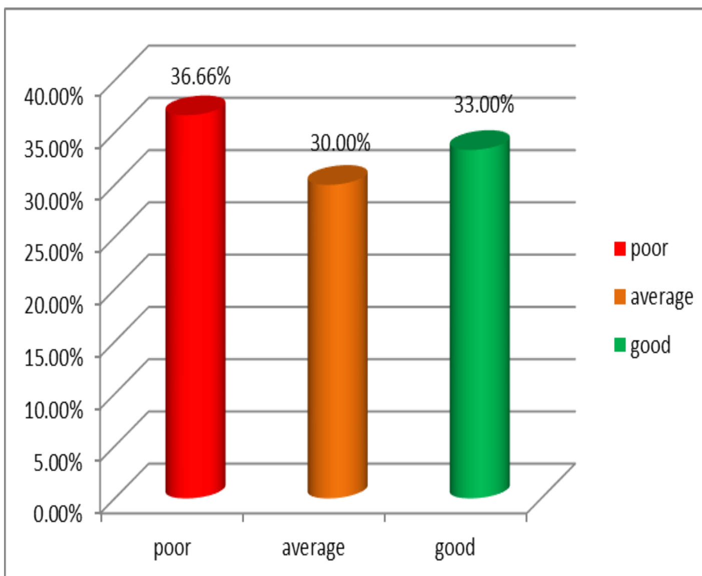


Chart 2.Cylindrical diagram showing the attitude score of parents regarding child labour.



The overall experience of conducting study was good. The constant encouragement and guidance of guide, cooperation, interest of parents of selected area contribute to the successful completion of the study. Respondents were satisfied and happy with information they received.

SUMMARY

The purpose of the study was to assess the knowledge and attitude regarding child labour among parents of child labours. Child labour is one of the emerging problems facing by emerging and developing India. Awareness regarding child labour can help in controlling child labour. Ultimately resulting in healthy child and healthy family as well as healthy nation.

RECOMMENDATIONS

- Similar study can be done with larger samples to generalize the findings.
- The above study can be done with the control group.

REFERENCES

- Bedi, Arjun S. and John. H. Y. Edwards's 2002.The impact of school quality on earnings and education returns evidence from a low income country." Journal of development economics.
- Smith, J. Risky choice: The dangers of teens using self induces abortion attempts. Journal of paediatric healthcare.
- Raju TN. The economics of child labour. American Economic Review 1999.
- Mathew R. Economic growth and the persistence of child labour: Evidence from an Indian city of Development.
- Prevalence of child domestic work, the related socio economic and culture factors.
- Ranjan Roy, Asian pacific economic literature, knowledge regarding child labour, Nov 2016
- Ravallion, Matrin, and Quentin Wondon.2000.''Does Child Labour Displace schooling? Evidence on Behavioral Responses to an Enrollment Subsidy.'' economic journal.

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A CASE STUDY

REIKI: A MEANINGFUL THERAPY TO REDUCE STRESS

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ABSTRACT

Reiki is an ancient healing practice that originated in Tibet and was rediscovered by Dr. Mikao Usui in Japan in the 1920's. Reiki (ray-key) is a technique that aids the body in releasing stress and tension by creating deep relaxation. Because of this, Reiki promotes healing and health. The word Reiki is made of two Japanese words - Rei which means "the Wisdom of God or the Higher Power" and Ki which is means 'life force energy.' So Reiki means 'spiritually guided life force energy.' The Reiki system of healing is a technique for transmitting this subtle energy to yourself and others through the hands into the human energy system. Reiki restores energy balance and vitality by relieving the physical and emotional effects of unreleased stress. It gently and effectively opens blocked meridians, chakras, and clears the energy bodies, leaving one feeling relaxed and at peace. Good health isn't just the absence of disease. It is a complete wellbeing including a healthy body, emotional stability, mental agility and peace of mind. With our lives increasing pace every day, health seems to be disappearing into oblivion. It doesn't have to, not anymore! Just spending about half an hour a day, healing yourself, will see you in better shape than ever before, at all levels of your being.

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INTRODUCTION

Stress is one of the most common hurdle of our day today life and everyone wants to reduce it or completely through away from their life. Reiki is one of the natural therapy to dissolve stress effortlessly which makes it so attractive to people in this modern age. Stress is a normal part of life but when prolonged, it may have negative effects on our health. Working long hours, carrying out family obligations, stewing in traffic jams, coping with financial issues and running out of time to coordinate healthy meals and so on….. will contribute to elevate the levels of stress in our lives. This built-up stress eventually creates imbalance in our physical, physiological and mental health. This can be classified as follows;

- **From a physical perspective**, stress causes blood to rush to the extremities, and stimulates the nervous, endocrine, and immune systems. While there is a possibility that the short term effects of stress might be very useful, in case we come face to face with a tiger for example, the short and long term effects of stress in modern life are largely just detrimental.

- **From an emotional perspective**, stress happens because we feel that we are at some level, incapable of handling a situation. Nature meant for stress to help us in life-threatening scenarios in the jungle. We do not live in the forests anymore, and it is only when we consciously or subconsciously perceive a situation as a threat, that we feel stressed.

When I was working in Wadia Hospital Mumbai, came across with one of the colleague who was from north India who had a problem of stress and facing the consequences such as irregular menses, heavy bleeding, anemia, and comfortability during work schedule and mental disturbances. I thought to give Reiki therapy to her on daily basis nearly one and half hour up to 15 days. We planned a schedule for Reiki before that let me explain what is Reiki?

What is Reiki?

An understanding of our energy systems will show us that stress is only possible when our energy bodies are weak. Several aspects of modern life such as traveling, television, computers and the internet, video games, junk food, etc. lead to increase in the air element in our bodies. This means that every situation affects us very deeply, leaving us susceptible to stress, and depression and a lack of connection with our loved ones.

Reiki is scientifically proven to be effective in stress reduction and management, in reducing the blood pressure and rate of heartbeats and boosting the immune system. For a long term solution to stress, it is best to learn and practice Reiki on oneself. Reiki improves physical health and emotional and mental agility, which not only improve your efficiency at work, but also increase the level of calm ness one experiences in daily life.

Reiki is a method of stress reduction that also promotes healing. It is administered by laying-on hands. Lay practitioners have used it for more than 90 years, and its popularity is growing. A study done in 2007 by the National Health Interview Survey indicates that 1.2 million adults and 161,000 children received one or more sessions of energy healing therapy such as Reiki in the previous year. According to the American Hospital Association, in 2007, 15% or over 800 American hospitals offered Reiki as part of hospital services.

Historical Background of Reiki

Reiki is an ancient healing practice that originated in Tibet and was rediscovered by Dr. Mikao Usui in Japan in the 1920's. Reiki (ray-key) is a technique that aids the body in releasing stress and tension by creating deep relaxation. Because of this, Reiki promotes healing and health. The word Reiki is made of two Japanese words - Rei which means "the Wisdom of God or the Higher Power" and Ki which is means 'life force energy.' So Reiki means 'spiritually guided life force energy.' The Reiki system of healing is a technique for transmitting this subtle energy to yourself and others through the hands into the human energy system. Reiki restores energy balance and vitality by relieving the physical and emotional effects of unreleased stress. It gently and effectively opens blocked meridians, chakras, and clears the energy bodies, leaving one feeling relaxed and at peace. Good health isn't just the absence of disease. It is a complete wellbeing including a healthy body, emotional stability, mental agility and peace of mind. With our lives increasing pace every day, health seems to be disappearing into oblivion. It doesn't have to, not anymore! Just spending about half an hour a day, healing yourself, will see you in better shape than ever before, at all levels of your being.

Reiki can

- Accelerate healing
- Assist the body in cleansing toxins
- Balance the flow of subtle energy by releasing blockages

Help the client contact the 'healer within.'

Now the question that arise in our mind is;

Does Reiki relieve stress?

For that my personal experience will give you the answer which will be explained in further paragraphs.

Once I learned the Reiki therapy under the guidance of Reiki Master, I tried to apply this therapy on my own colleague and we planned a schedule i.e.

The Reiki therapy includes relaxation therapy for 1 hour 45 minutes which will be as follows.

- Explanation of the therapy for 10 minutes
- Provide proper position
- Eye relaxation by applying hand healing process for 3 minutes
- Applying hand healing on temporal region of head for 3 minutes
- Applying hand healing on both the ears for 3 minutes
- Applying hand healing on forehead and occipital region for 3 minutes
- Applying hand healing on both hand on occiput for 3 minutes
- Applying hand healing on back of the neck region for 3 minutes
- Applying hand healing on neck region for 3 minutes
- And all parts of the body with seven chakras for each 3 minutes

This I tried on my colleague for 15 days and her problems such as mental disturbance, physical and physiological problems solved eventually. Hence actually, Reiki and stress management go hand in hand. The moment we 'On' Reiki, Reiki energizes our cells, tissues, muscles and recharges our entire body. We can feel the effect of Reiki on stress. We can feel as if steam is evaporating from our body. We can feel the nerves relaxing. We can feel the waves of Reiki energy flowing through us like a river. It's a beautiful feeling.

Reiki is a safe, gentle, hands-on healing technique that utilizes universal life-force energy - also known as Chi or Ki. In the West, Reiki is used as a complementary therapy to balance all aspects of a person.

Reiki is a holistic system and a healing tool, used to harmonize body, mind, emotions, and sprit. Reiki restores sense of well-being, promotes relaxation and stress relief. It is non-invasive and it is for you and everyone else who is interested in healing.

Supporting Studies for Reiki Therapy

The study was conducted by Punitha S,Neelakshi G, (2014) to assess the effect of Reiki therapy on depression among elderly people in a selected village at Thiruvallur district. Sample size was 30. Here researcher used pre experimental ne group pretest and posttest design. The setting selected for the study was Anaikattucheri village, Thiruvallur district. The sampling technique used for selecting participants was purposive sampling technique. There was a statistical significant decrease level of depression among elderly people in the posttest with paired t test value of 17.47 at $p < 0.001$.This study conclude that the practices of Reiki Therapy enhances the positive thoughts and strengthen the energy vibration in elderly people with depression

An other study was conducted by Saumya Suresh Vasudev and Shailaja Shastri on effect of hands on reiki on perceived stress among software professionals in bangalore .The sample size was 60 software professionals .Sample was divided into two groups experimental and control group (30 in each group). Hands on reiki healing was done for each participant in the experimental group for 5 minutes daily over 21 days. Pre and post assessment was done for the experimental group. The control group was not given any intervention program however; the control group was assessed at two time intervals- pre and post assessment. The obtained data was analysed using descriptive statistics and t-test to assess statistically significant difference within the group and between the groups before and after assessment.

The results of the study reveal that there is significant reduction in symptoms of perceived stress for the experimental group. Experimental group has obtained a mean of 30.07 and S.D of 6.81 before intervention and mean of 23.23 and S.D of 6.02 after intervention. The Control group has obtained a mean of 28.23 and S.D of 7.15 before intervention and mean of26.47 and S.D of 5.51 after intervention. The obtained t-value1.83 comparing the mean values of the experimental and control group before intervention is not significant at 0.05 level. While comparing the mean value of the Experimental Group, before and after intervention, a t-value of 4.85 was obtained, which is significant at 0.001 level. Comparison between the mean values of the Control Group, before and after intervention gives 1.84 as the t-value, which is not significant at 0.05 level.

The obtained t-value 3.233, comparing the mean values of Experimental group and control group after intervention is significant at 0.01 levels. Since the experimental group has consistently scored a significant lower mean than the control group, the alternate hypothesis "Hands on Reiki has a significant effect on Perceived stress among software professionals" is accepted. There was no significant change in the stress levels of the control group from pre to post assessment.

Health benefits of Reiki

1. Helps in stress reduction and promotes relaxation: Stress reduction and relaxation are the best proved health benefits of Reiki. Actually, this Japanese energy healing therapy is designed to trigger your body's relaxation response and reduce stress. Most ailments today are somehow linked to the stress factor, be it environmental stress, work stress, or emotional stress. In fact, most of the therapy's health benefits are based on these factors.

•Stress can lead to irregular heart rhythms that could result in angina or stroke.

•Stress triggers gastrointestinal problems because common hormones such as leptin and ghrelin regulate the brain and stomach.

•Eating disorders are a common consequence of stress, since you tend to overeat when you are stressed out, or you have an aversion to food.

•Mood disorders and many psychological problems arise because of stress.

•Stress can lead to sexual problems in men.

2. Reduces depression and anxiety by changing your mood: Changes in mood are very much associated with anxiety and depression. A number of studies have demonstrated overall mood benefits with Reiki. The benefits are specific to those with negative mood. The studies showed that once your mood improves, the improvements are accompanied by reduced anxiety. Not only does your anxiety reduce, you can also see significant decrease in depression, anger, and confusion. Your positive energy increases and the loss of vigor that comes with depression also improves.

3. Increases mobility in case of shoulder pain, wrist pain, lower back pain: An interesting study published in the journal Evidence Based Complementary and Alternative Medicine which compared the effectiveness of improving range of motion through physical therapy and Reiki, found that both showed the same effect in improving the range of motion (ROM) of the affected part. These results suggest that the beneficial effects of Reiki and on ROM may arise from alterations in local joint or muscle structures rather than the pain system.

4. **Heals infections and inflammations:** Reiki like a miracle, one intriguing finding reported in the journal of Alternative and Complementary Medicine showed a result with Reiki. An obese hypertensive patient was treated for Hepatitis C. The side effect of the treatment was anemia and neutropenia (severe deficiency of neutrophils, a type of white blood cell, leading to susceptibility to infection). Reiki therapy was administered to him to relieve anxiety and to enhance his sense of well-being. Incidentally, the doctors noted that his neutrophil count and hematocrit improved significantly, which in turn improved bone marrow function. So much so, that the patient was infection-free even after one year of treatment.

5. Treats symptoms associated with cancers

Reiki, or for that matter, any mind-body therapy cannot cure cancer. But they can effectively treat associated symptoms of cancer such as depression, pain, and fatigue. For example, in a study published in the journal Integrative Cancer Therapy, researchers reported that treatment

with Reiki for 5 consecutive days, followed by 1-week no treatment, then 2 additional Reiki sessions, in various cancer patients could significantly decrease tiredness, pain, and anxiety, and improve quality of life. In the same vein, Reiki relieves pain from migraine, sciatica, and arthritis. It also helps reduce symptoms of asthma, menopause, and insomnia.

7. Enables emotional clarity and spiritual growth: Reiki not only heals you physically, it also heals you emotionally. One of the most endearing effects of Reiki is that it can enhance your capability to love, to empathize as it enables you to deeply connect with people. It can strengthen your relationships. It can heal your personal relationships. Reiki brings about inner peace and harmony, the essential qualities of spiritual growth. It 'cleans' and clears your emotions.

Reiki is thus fast becoming an accepted presence in hospitals and clinics maybe because the healing approach is non-traumatic and easily integrated with conventional therapies.

When to start Reiki?

- When you start feeling stiff, tired, fatigued or foggy, just do Reiki. When that ease is missing. When you find yourself getting irritated, frustrated or angry. That's the time to take a 5 minute dip in Reiki.
- While doing Reiki our breath becomes slow and steady. And the body enters a deep state of relaxation that grows deeper with every breath.
- When the mind is still, the body also becomes still and relaxed. A Reiki session feels like a power nap. As if we have had a nice sleep. It is so relaxing that the stress accumulated during the day melts away.
- When you are able to get rid of the daily stress like this with Reiki, you feel energetic. You are lively and you are excited about the opportunities of life. You are able to respond to life demands with ease and grace.

Benefits of Reiki in Patient Care:

This excellent first aid tool hastens the healing process in emergency situations and at any circumstance in which the body has undergone an invasion. For those coping with stress depression, pain, trauma, injury or energy depletion, Reiki offers a way to relieve discomfort and recuperate. Within patient care, these benefits are of obvious significance and have multiple applications.

Also of particular relevance for medical professionals are the many ways in which Reiki can benefit as a simple, portable method of self-care. During periods of stress, when many demands compete for available time, Reiki restores energy, mental and emotional clarity, fostering optimism and creativity. Within short or long term patient care settings, these benefits can make the difference between thriving and merely surviving.

Overall, Reiki acts synergistically with all other types of healing. It does not conflict or interfere with other methods, but acts as a support, enhancing results and facilitating benefits. It assists the body in its own highest level of wellness; speeding the healing process, and providing a source of restorative energy.

Whether used as a method of self or patient care, Reiki is a powerful and natural system which unlocks the inner flow of vital energy within the sender and the receiver. It is a tool for use at anytime, anywhere, for on-the-spot energy as well as stress and pain relief.

Conclusion

From ancient civilizations to modern medical practice, Reiki is emerging as a time-honored method of preventative health care. Both straightforward and profoundly effective, it offers a natural way to complement traditional approaches to health and wellness. Reiki healing is a short but very relaxing session. For serious problems more than one reiki healing sessions might be required, but for minor issues and for temporary stress relief, a Reiki session can help you feel a lot better.

BIBLIOGRAPHY

- International Journal of Recent Scientific Research Vol. 7, Issue, 6, pp. 11604-11607, June, 2016
- Baldwin, A.L., Schwartz, G.E. (2006). Personal Interaction with a Reiki Practitioner Decreases Noise-Induced Microvascular Damage in an Animal Model. Journal of Alternative and Complementary Medicine, 12(1):15–22, 2006. In Center for Reiki Research, Retrieved June 23, 2012 http://www.centerforreikiresearch.org/
- Stress relief tools.com [Online] [Cited on 25th Nov. 2017]; Available from URL: http://www.stress-relief-tools.com/reiki-for-stress-relief.html
- Reiki FAQ .com [Online][Cited on 25th Nov .2017];Available from URL:http://www.reiki.org/faq/whatisreiki.html
- Stress and anxiety. Com [online][Cited on 25th Nov.2017;Availble from URL:www.mindbodygreen.com/0-21100/how-reiki-can-help-reduce-stress-anxiety.html
- Reiki and Stress Management.com [Online]Cited on 25th Nov.2017];Available from URL:www.reiki-classes-level-123.com/2015/09/reiki-and-stress-management.html
- J Integer Med. 2015 Sep;13(5):336-40. doi: 10.1016/S2095-4964(15)60190-X. https://www.ncbi.nlm.nih.gov/pubmed/26343105
- Reiki-for-traumatic-stress-relief [online] Cited on 25th Nov .2017]; Available from URL https://iarp.org/reiki-for-traumatic-stress-relief/
- Stress-relief [online] [Cited on 25 th Nov .2017]; Available from URL: http://holistichealingcenternj.com/tag/stress-relief/
- Reiki energy and the effects of stress [Online] Cited on 25th Nov .2017];Available from URL https://www.shineholistic.co.uk/self-care/reiki-energy-and-the-effects-of-stress-on-our-health/
- Stress Relief [Online] Cited on 25th Nov.2017]; Available from URL:from http://www.reiki-reiki-for-stress.shtml