



SKH : Estd.29/10/1965
REG.No.E-120/Ahmednagar

SEVA NURSING COLLEGE

(RECOGNISED BY INDIAN NURSING COUNCIL, DELHI. MAHARASHTRA
NURSING COUNCIL, MUMBAI. MAHARASHTRA GOVERNMENT AND
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK).

Subhash Colony, Newasa Road, Sakhar Kamgar Hospital campus, Shrirampur-413709

- ☎ (02422) 221104,
- Mob No.7887562113
- Email : sevanursingcollege@gmail.com

- Fax: (02422) 223890
- MUHS Code: 153121
- INC Code: 1903162

Annexure-XI

Maharashtra University of Health Sciences, Nashik
Inspection Committee Report for Academic Year-2026-27
Attendance Details / Research Details / Welfare Scheme Details
All report is available on web site

Name of College/Institute: Sakhar Kamgar Hospital Trusts Seva Nursing College, Shrirampur.
Faculty: Nursing

1	Attendance	Month-wise Biometric attendance uploaded by the college on College Website-copy attached
	Teaching Staff	
	Non-teaching staff	
	Hospital Staff	
	UG & PG Students	
2	Project	
	Research Articles / Publications	Copy attached
	Research Award (Student/Teacher)	Copy attached
3	Utilization of Student Welfare Schemes:-	
	Earn and Learn Scheme	Copy attached
	Dhanwantri Vidyadhan Scheme	Copy attached
	Sanjivani Student Safety Scheme	Not Applicable
	Student Safety Scheme	Not Applicable
	Book Bank Scheme	Not applicable
	Savitribai Phule Vidyadhan Scheme	Not Applicable
	Bahishal Shikshan Mandal Scheme	Not applicable
4	Sport participants/Other Activities:	
	i) Information of Student(s) who participated University level & State level Avishkar Competition.	Not applicable
	ii) Information of Student(s) who participated in Regional Sport Competition & State level Sports Competition.	Not applicable
	iii) Information of Student(s) who participated in Cultural Activities.	Not applicable
	iv) Does the college have NSS Unit?	Yes- Copy attached
5	Whether "Swaccha Bharat Abhiyan" implemented in College	Copy attached

Here by I declare all relevant document uploaded are clear and visible on web site & are true as per my knowledge & Belief

Any Other, Please Specify :- Not Any

Date: 31.12.2025

Bhosale
Principal
Principal
Seva Nursing College

MONTHLY PUNCHING REPORT OF DECEMBER : 01-12-2025 TO 31-12-2025

	EMPL. Names	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
01	Bhosale Shalini Prakash	NA PP 08:58 17:04	NA PP 09:15 17:18	NA PP 08:57 17:05	NA PP 09:05 17:04	NA PP 08:30 17:10	NA PP 08:34 17:28	NA PP 09:15 17:00	NA PP 09:06 17:36	NA PP 08:58 17:04	NA PP 08:58 17:10	NA PP 08:30 17:10	NA PP 08:34 17:30	NA PP 08:45 17:05	NA PP 09:05 17:05	NA PP 09:00 17:02	NA PP 09:04 17:18	NA PP 09:01 17:04	NA PP 08:35 17:10	NA PP 08:50 17:30	NA PP 08:55 17:30	NA PP 08:55 17:30	NA PP 08:56 17:10	NA PP 08:58 17:04	NA PP 08:31 17:10	NA PP 08:34 17:30	NA PP 08:59 17:11	NA PP 08:55 17:39	NA PP 08:47 17:23			
02	Shaikh Ajmoddin Riyajoddin	NA PP 09:01 17:25	NA PP 09:00 17:08	NA PP 09:05 17:03	NA PP 08:50 17:21	NA PP 08:51 17:11	NA PP 09:11 17:30	NA PP 09:10 17:07	NA PP 08:54 17:14	NA PP 09:00 17:10	NA PP 08:55 17:12	NA PP 08:51 17:19	NA PP 09:07 17:23	NA PP 09:00 17:00	NA PP 09:00 17:02	NA PP 09:00 17:02	NA PP 09:04 17:14	NA PP 09:09 17:07	NA PP 08:51 17:11	NA PP 09:00 17:22	NA PP 09:01 17:10	NA PP 09:01 17:10	NA PP 09:07 17:06	NA PP 09:07 17:06	NA PP 08:51 17:11	NA PP 09:02 17:16	NA PP 08:56 17:13	NA PP 09:00 17:00	NA PP 08:55 17:24			
03	Patharkar Kanchan Nandkumar	NA PP 08:56 17:19	NA PP 09:00 17:21	NA PP 08:59 17:06	NA PP 09:00 17:06	NA PP 09:06 17:06	NA PP 09:01 17:22	NA PP 08:51 17:07	NA PP 09:03 17:07	NA PP 08:59 17:07	NA PP 09:07 17:00	NA PP 08:43 17:01	NA PP 09:00 17:00	NA PP 08:58 17:02	NA PP 09:01 17:02	NA PP 08:50 17:10	NA PP 08:59 17:10	NA PP 08:50 17:10	NA PP 08:45 17:21	NA PP 08:55 17:06	NA PP 09:00 17:22	NA PP 09:00 17:22	NA PP 08:58 17:04	NA PP 09:01 17:21	NA PP 09:01 17:21	NA PP 09:05 17:18	NA PP 09:00 17:07	NA PP 09:00 17:07	NA PP 08:45 17:01	NA PP 09:10 17:25		
04	Meena Prabhakar Sanap	NA PP 09:03 17:00	NA PP 09:06 17:17	NA PP 09:08 17:03	NA PP 09:00 17:13	NA PP 08:34 17:30	NA PP 08:30 17:10	NA PP 09:01 17:16	NA PP 09:03 17:15	NA PP 09:06 17:23	NA PP 08:40 17:01	NA PP 08:44 17:30	NA PP 09:05 17:10	NA PP 09:01 17:02	NA PP 08:59 17:18	NA PP 08:59 17:18	NA PP 09:15 17:21	NA PP 08:45 17:09	NA PP 09:00 17:37	NA PP 09:09 17:03	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:08	NA PP 09:00 17:08	NA PP 08:59 17:13	NA PP 09:00 17:13	NA PP 08:55 17:33	NA PP 09:02 17:05	NA PP 09:15 17:01	NA PP 08:48 17:15		
05	Mighila Muralidhar Nair	NA PP 08:59 17:20	NA PP 09:00 17:04	NA PP 09:04 17:29	NA PP 08:55 17:11	NA PP 09:00 17:21	NA PP 09:01 17:19	NA PP 09:06 17:28	NA PP 08:57 17:09	NA PP 09:06 17:28	NA PP 08:44 17:05	NA PP 08:43 17:18	NA PP 09:05 17:11	NA PP 08:55 17:18	NA PP 08:55 17:18	NA PP 08:59 17:21	NA PP 08:59 17:21	NA PP 08:59 17:21	NA PP 09:01 17:08	NA PP 09:08 17:22	NA PP 09:05 17:21	NA PP 09:05 17:21	NA PP 09:05 17:07	NA PP 08:55 17:07	NA PP 08:59 17:13	NA PP 09:00 17:13	NA PP 08:56 17:09	NA PP 08:34 17:33	NA PP 08:56 17:27	NA PP 09:04 17:00		
06	Pabale Prasad Ramnath	NA PP 08:59 17:19	NA PP 08:55 17:13	NA PP 09:00 17:09	NA PP 08:53 17:39	NA PP 09:06 17:18	NA PP 08:45 17:31	NA PP 09:07 17:00	NA PP 08:51 17:31	NA PP 08:57 17:19	NA PP 08:57 17:22	NA PP 08:54 17:31	NA PP 08:59 17:11	NA PP 08:53 17:17	NA PP 09:00 17:17	NA PP 09:00 17:17	NA PP 08:57 17:09	NA PP 09:09 17:10	NA PP 09:05 17:07	NA PP 08:51 17:19	NA PP 09:10 17:04	NA PP 09:10 17:04	NA PP 08:51 17:04	NA PP 08:51 17:04	NA PP 08:54 17:13	NA PP 08:56 17:09	NA PP 08:56 17:09	NA PP 09:00 17:04	NA PP 09:15 17:00	NA PP 09:10 17:21		
07	Dighe Shubham Yashwant	NA PP 09:10 17:00	NA PP 08:54 17:22	NA PP 09:05 17:19	NA PP 08:59 17:21	NA PP 08:58 17:10	NA PP 08:57 17:12	NA PP 08:55 17:20	NA PP 08:46 17:16	NA PP 09:10 17:09	NA PP 08:53 17:24	NA PP 09:00 17:10	NA PP 08:54 17:21	NA PP 09:14 17:17	NA PP 09:05 17:17	NA PP 09:05 17:17	NA PP 09:05 17:17	NA PP 09:05 17:17	NA PP 08:57 17:01	NA PP 08:30 17:10	NA PP 09:00 17:14	NA PP 08:54 17:13	NA PP 08:54 17:13	NA PP 08:51 17:10	NA PP 09:00 17:06	NA PP 09:00 17:10	NA PP 08:51 17:09	NA PP 08:55 17:14	NA PP 08:59 17:26	NA PP 09:05 17:33		
08	Gaikwad Amol Rajendra	NA PP 09:00 17:11	NA PP 09:01 17:33	NA PP 09:05 17:28	NA PP 09:10 17:13	NA PP 08:50 17:19	NA PP 09:03 17:21	NA PP 09:05 17:32	NA PP 09:15 17:11	NA PP 09:00 17:08	NA PP 09:09 17:09	NA PP 09:07 17:01	NA PP 09:11 17:10	NA PP 08:57 17:13	NA PP 09:14 17:17	NA PP 09:05 17:17	NA PP 09:05 17:17	NA PP 09:00 17:25	NA PP 09:01 17:28	NA PP 08:51 17:09	NA PP 08:51 17:09	NA PP 08:51 17:09	NA PP 08:53 17:11	NA PP 09:15 17:09	NA PP 08:39 17:13	NA PP 08:51 17:09	NA PP 09:09 17:13	NA PP 09:00 17:25	NA PP 08:34 17:30	NA PP 08:55 17:27		

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Principal

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027	Absaheb Kaksahab Sagalgile	NA PP 09:06 17:05	NA PP 09:05 17:18	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 08:47 17:23	NA PP 09:00 17:27	NA PP 08:47 17:22	NA PP 09:00 17:22	NA PP 08:54 17:30	NA PP 08:55 17:30	NA PP 08:54 17:30	NA PP 08:55 17:30	NA PP 08:53 17:09	NA PP 08:53 17:09	NA PP 09:00 17:24	NA PP 08:55 17:24	NA PP 08:34 17:30	NA PP 08:34 17:30
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Bhosale
Principal

Seva Nursing College
Sakhar Kamgar Hospital Trust's
Shrirampur, Dist. Ahilyanagar

MONTHLY PUNCHING REPORT OF DECEMBER : 01-12-2025 to 31-12-2025

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2	Dr Shital Sudhakar Hivarkar	NA PP 09:01 17:25	NA AA	NA PP 09:05 17:03	NA AA	NA PP 08:30 17:10	NA PP 09:10 17:07	NA AA	NA PP 08:54 17:14	NA PP 09:00 17:14	NA PP 09:05 17:10	NA PP 08:30 17:10	NA PP 08:34 17:30	NA AA	NA PP 09:00 17:02	NA PP 08:58 17:18	NA PP 09:04 17:14	NA PP 09:04 17:14	NA AA	NA PP 08:55 17:06	NA PP 09:00 17:22	NA AA	NA PP 09:01 17:10	NA PP 09:02 17:20	NA PP 08:51 17:11	NA PP 08:31 17:10	NA PP 08:34 17:30	NA AA	NA PP 08:59 17:11	NA AA		
3	Dr Jayesh Digambar Bairagi	NA AA	NA AA	NA AA	NA PP 09:00 17:06	NA PP 09:06 17:06	NA PP 09:01 17:22	NA AA	NA PP 08:51 17:07	NA PP 08:59 17:07	NA AA	NA PP 08:40 17:01	NA PP 08:43 17:01	NA PP 09:00 17:00	NA PP 08:58 17:02	NA PP 09:01 17:08	NA PP 09:01 17:08	NA PP 09:04 17:14	NA AA	NA PP 08:55 17:06	NA PP 09:00 17:22	NA AA	NA PP 09:00 17:22	NA PP 08:55 17:06	NA PP 09:01 17:21	NA PP 08:59 17:11	NA PP 09:05 17:21	NA PP 09:02 17:05	NA PP 08:45 17:01	NA PP 09:10 17:25		
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8	Jagtap Prasad Balasaheb	NA PP 09:00 17:11	NA PP 09:01 17:33	NA AA	NA AA	NA PP 08:50 17:19	NA PP 09:03 17:21	NA AA	NA PP 09:05 17:32	NA PP 09:15 17:11	NA PP 08:44 17:05	NA PP 09:07 17:01	NA PP 09:11 17:10	NA AA	NA PP 09:14 17:13	NA PP 09:00 17:25	NA PP 09:01 17:28	NA PP 09:01 17:28	NA AA	NA PP 08:55 17:22	NA PP 09:05 17:13	NA AA	NA PP 08:53 17:11	NA PP 09:15 17:09	NA PP 08:39 17:13	NA PP 08:51 17:09	NA PP 09:09 17:13	NA PP 09:00 17:25	NA PP 08:34 17:30			

MONTHLY PUNCHING REPORT OF DECEMBER: 01-12-2025 TO 31-12-2025

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Mr. Badhakh Ajinkya Babasaheb	NA PP 09:00 17:27	NA AA 17:27	NA AA 17:06	NA PP 08:55 17:06	NA PP 09:00 17:22	NA PP 09:00 17:22	NA AA 17:22	NA PP 09:00 17:27	NA PP 08:59 17:27	NA PP 09:00 17:06	NA PP 09:00 17:27	NA AA 17:27	NA PP 09:00 17:22	NA AA 17:22	NA PP 09:00 17:27	NA PP 09:00 17:27	NA PP 08:58 17:06	NA PP 08:58 17:06	NA PP 08:58 17:06	NA PP 08:30 17:10	NA PP 08:34 17:30	NA AA 17:30	NA PP 09:05 17:27	NA PP 08:58 17:04	NA AA 17:30	NA PP 08:30 17:10	NA PP 08:34 17:30	NA AA 17:30	NA PP 09:05 17:27	NA PP 08:58 17:04	NA PP 08:30 17:10
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MONTHLY PUNCHING REPORT OF DECEMBER : 01-12-2025 TO 31-12-2025

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S. S. Joshi
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Principal

MONTHLY PUNCHING REPORT OF DECEMBER : 01-12-2025 TO 31-12-2025

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Dr. Subhash
Sakhar Kamgar Hospital Trust's
Shrirampur, Dist. Ahilyanagar

MONTHLY PUNCHING REPORT OF DECEMBER : 01-12-2025 TO 31-12-2025

MONTHLY PUNCHING REPORT OF DECEMBER : 01-12-2025 TO 31-12-2025																																
OLLMENT NO.	NAME OF STUDENTS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Principal
 Seva Nursing College
 Sakhar Kamgar Hospital Trust's
 Shrirampur, Dist. Ahilyanagar

MONTHLY PUNCHING REPORT OF DECEMBER : 01-12-2025 TO 31-12-2025

MONTHLY PUNCHING REPORT OF DECEMBER : 01-12-2025 TO 31-12-2025																																
OLLMENT NO.	NAME OF STUDENTS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Bhosale

Principal

Seva Nursing College
Sakhar Kamgar Hospital Trust's
Shrirampur, Dist. Ahilyanagar

MONTHLY PUNCHING REPORT OF DECEMBER : 01-12-2025 TO 31-12-2025

ROLLMENT NO.	NAME OF STUDENTS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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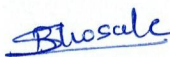
Principal

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ROLLMENT NO.	NAME OF STUDENTS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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22-0007	BHINGARKAR GAYATRI VASANT	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00	NA PP 09:10 17:00
22-0008	BHOSALE KAJAL SURESH	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11	NA PP 09:00 17:11
22-0009	BHOSALE KARUNA MAHENDRA	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25	NA PP 09:00 17:25
22-0010	BHOSALE SAYALI SURESH	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26	NA PP 08:45 17:26
22-0011	BICHAKULE PRATIKSHA HANUMANT	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27	NA PP 09:04 17:27
22-0012	BODHAK MONAL SUNIL	NA PP 08:57 17:23	NA PP 08:57 17:23	NA PP 08:57 17:23	NA PP 08:57 17:23	NA PP 08:57 17:23	NA PP 08:57 17:23	NA PP 08:57 17:23	NA PP 08:57 17:23	NA PP 08:57 17:23	NA PP 08:57 17:23	NA PP 08:57 17:23	NA PP 08:57 17:23	NA PP 08:57 17:23	NA PP 08:57 17:23	NA PP 08:57 17:23	NA PP 08:57 17:23	NA PP 08:57 17:23	NA PP 08:57 17:													

Research Projects carried out & published by teachers

name of teacher	Research Title	Date of Publication	Journal	Volume	Issue	ISSN
Dr. Ajmoddin Ajmoddin Shaikh	Study to assess the knowledge of mothers and guardians regarding early signs of girl child abuse residing in selected area of selected city guardians regarding early signs of girl child abuse in selected Area of Selected City	Dec-25	Advanced International Journal for Research	Volume No. 6	Issue No. 6	International standard of serial number 3048-7641
Ms.Kanchan Nandkumar Patharkar	A study to assess the effectiveness of music therapy on pain and anxiety among cancer patients in Pravara Rural Hospital, Loni.		International Journal of Novel Research and Development	Volume 10	Issue 6	ISSN: 2456-4184
Ms. Gayatri nakant Gawade	Study to assess the knowledge of mothers and guardians regarding early signs of girl child abuse residing in selected area of selected city guardians regarding early signs of girl child abuse in selected Area of Selected City	Dec-25	Advanced International Journal for Research	Volume No. 6	Issue No. 6	International standard of serial number 3048-7641
Shinde Sonali Bafasaheb	A study to evaluate effectiveness of interventional strategies on life style modification and knowledge among hypertensive patients at selected hospitals.	Dec-25	Journal of Emerging Technologies and Innovative Research	Volume 12	Issue 12	ISSN-2349-5162
Ajit B. Kadu	To Assess the Level of Anxiety & Depression among the Post Burn Client Admitted In Pravara Rural Hospital, Loni Bk"	Aug-25	International Journal for Research Trends and Innovation	Volume 10	Issue 8	ISSN: 2456-3315
Gholap Shivam Sunil	To Assess the Level of Anxiety & Depression among the Post Burn Client Admitted In Pravara Rural Hospital, Loni Bk"	Aug-25	International Journal for Research Trends and Innovation	Volume 10	Issue 8	ISSN: 2456-3315


Principal
Seva Nursing College
Sakhar Kamgar Hospital Trust's
Shrirampur, Dist. Ahilyanagar

Study to Assess the Knowledge of Mothers and Guardians Regarding Early Signs of Girl Child Abuse in Selected Area of Selected City

Ms. Gayatri Ramakant Gawade¹, Mr. Ajmoddin Riyajoddin Shaikh²

¹Assistant Professor, Pediatric Nursing, SKH Trusts SCON, Shrirampur

²Professor, Psychiatric Nursing, SKH Trusts SCON, Shrirampur

Introduction

In ancient times, general opinion accepted that children could be beaten and abused. The industrial exploitation of children after the middle ages was common place; with no widespread protest. Children are the most important age group in all societies. Health status and health behavior later life are laid down at this stage. Child health care should include specific biological and psychological needs that must be met to ensure the survival and healthy development of the child, the future adult. Early signs of girl child abuse have a lengthy history. In 16th and 17th centuries, American colonists carried the tradition of children being property of mothers in United States. Therefore, children have been subjected to abuse by their mothers since presumably the beginning of time.

Word abuse is derived from French word 'abuse' means "improper practice" and Latin word 'abuses' which means "a using up". Early signs of girl child abuse are defined as any act of omission or commission that end anger or impairs a child's physical or emotional health and development. Abuse refers to an act of commission by a parent of care taken resulting in harm to the child, and neglect refers to an act of omission by a parent or caretaker that produces harm. Early signs of girl child abuse is also known as battered child syndrome. The term battered child syndrome was coined by C. Henry Kempe in his landmark paper published in 1962 by the Journal of the American Medical Association. It refers to "a clinical condition in young children who have received serious physical abuse, generally from a parent or foster parent."

Research Statement: A study to assess the knowledge of mothers and guardians regarding early signs of girl child abuse in selected area of selected city.

Research Objectives:

1. to assess the level of knowledge of mothers and guardians regarding meaning of early signs of girl child abuse .
2. to assess the knowledge of mothers and guardians regarding different types of early signs of girl child abuse .
3. to assess the knowledge of mothers and guardians regarding causes of early signs of girl child abuse .

4. to assess the knowledge of mothers and guardians regarding risk factors of early signs of girl child abuse .
5. to assess the knowledge of mothers and guardians regarding features of early signs of girl child abuse .
6. to assess the knowledge of mothers guardians regarding prevention of early signs of girl child abuse .

Assumptions

1. Common mothers and guardians may have less knowledge regarding early signs of girl child abuse
2. Knowledge level may vary as per the education status of mothers and guardians.

Operational Definitions

1. Assess:

- according to oxford dictionary (2008), to measure, evaluate or judge the worth of something
- with the context of propose study assess refers to evaluate the knowledge level of common mothers and guardians residing at selected areas in selected city regarding mental illness and its prevention.

2. Knowledge :

- according to oxford dictionary knowledge or perception of a situation or facts.
- according to Cambridge dictionary, knowledge that something exists, or understanding of a situation or subject at the present time based on the information or experience.
- knowledge is the ability to directly known and perceive, to feel, or to be cognizant of events. more broadly, it is the state or quality of being conscious of something.

3. Mothers and Guardians:

- according to oxford dictionary, the citizen of a country
- with the context of proposed study the mothers and guardians refers to citizens residing at selected areas in selected city which are taken as a sample for study.

4. Early Signs Of Girl Child Abuse :

- According to oxford dictionary, early signs of girl child abuse is a physical maltreatment or sexual molestation of a child.
- Maltreatment of a child by a parent or guardian, including neglect, beating, and sexual molestation

Delimitation of research study

The study was limited to mothers and Guardians of both genders, who were,

- Residing at research site
- Above the age group of 21 years.
- Able to understand and reply in Marathi.

- Available during data collection period.
- Wasing to participate and co-operate in the study.

Criteria for the selection of sample

Inclusion criteria:

1. Age group of 20-50 yrs.
2. Mothers and guardians who were wasing to participation in research study.
3. those who were residing at selected area of research study
4. mothers and guardians were available during data collection period.
5. Mothers and guardians can read write and understand Marathi language

Exclusion criteria:

1. Not wasing to participate
2. Unavailable during data collection period
3. Unable to read and write Marathi
4. Age below 20years of age

Conceptual frame work

i. Input: Research study was conducted in selected areas of selected citytehsil, district ahilyanagar, among 30 randomly selected community mothers and guardians for the present study. research participants had been explained well the aim and process of research. written consent had been taken. input phase of research mainly consist of two sections-

a)Assessment of demographic variables: Investigators have selected demographic variables following independent variables such as age, gender, marital status, religion, education status of mothers, family type, occupation of mothers, source of information, number children in the family etc.

b)Research tool development: Structured questionnaire was developed to a study to assess the knowledge of mothers and guardians regarding early signs of girl child abuse in a selected area of shrirampur tehsil. Structured questionnaire mainly consist following headings such as meaning, causes, warning signs, prevention and management of early signs of girl child abuse. Each question of questionnaire has two options and participants were asked to choose one option as answer and the response of samples was measured as per scoring system of tool.

ii. Throughput:It implication of post test. Investigator has explained in detail the concept of early signs of girl child abuse as per pre planned schedule health education. Feedback was taken carefully and in depth discussion was emphasized after health education. All participants were explained in detail about the procedure of data collection. each sample was interviewed by investigators and data was obtained and kept confidential.

iii. Output: Data obtained from selected samples was analyzed by descriptive inferential statistical method. Average and percentage of each category of questionnaire was calculated and presented in diagrammatic format and tables. Based on the obtained information from samples investigators

interpreted the information and measured level of knowledge. Based on the collected data made final conclusion were made. Investigators noticed remarkable improvement in the level of knowledge among community mothers and guardians after health education. Findings of obtained data explained in detail in data interpretation chapter of research.

Summary: With the available sound background of literature and key concepts of health belief model were followed. Frame-work shows plan of assessment of knowledge regarding early signs of girl child abuse.

Review of literature

Child maltreatment deaths due to abuse represented slightly over one-third of all child maltreatment deaths between 2011 and 2013. National reports state that for 2011 and 2012, abuse was a primary component in 48% and 44% of U.S. child maltreatment deaths respectively.

According to data from the national early signs of girl child abuse and neglect data system, 50 states reported a total of 1,546 fatalities. based on these data, a nationally estimated 1,580 children died from abuse and neglect in 2014. this translates to a rate of 2.13 children per 100,000 children in the general population and an average of 4 children dying every day from abuse or neglect. this rate increased slightly from 2013 and showed a 1.3 percent increased from 2010.

American children are suffering from hidden epidemics of early signs of girl child abuse and neglect. National early signs of girl child abuse estimates are well known for being under –reported. the latest 2015 child maltreatment report from the children bureau was published in January 2017. the report shows an increased in early signs of girl child abuse referrals from 3.6 million to 4 million. the number of children involved subsequently increased to 7.2 million from 6.6 million. the report also indicates an increasing child death from abuse and neglect to 1,670 in 2015, up from 1,580 in 2014.

Morbidity data from newzeal and computerized files of all intentional injury fatalities among children 16 years of age and under for 1978- 1987, and all hospital discharges for intentionally injured children 16 an under for 1988, were analyze for evidence of physical and sexual abuse. among the 92 fatalities, only 21 of 68 deaths due to physical and /or sexual abuse were so coded.

Descriptive study was done to explore the knowledge of early signs of girl child abuse among the mothers of under-five children in urban setting of kathmandu district of nepal. out of the total 95 participants, 50.53% had good knowledge and 48.4 % had average knowledge on overall early signs of girl child abuse . none of the mothers had poor knowledge in terms early signs of girl child abuse .

Descriptive study was done to explore the knowledge of early signs of girl child abuse among the mothers of in rural setting of kherikalan village, faridabad. out of the total 100 participants, 8 % had good knowledge and 92 % had average knowledge on overall early signs of girl child abuse . None of the mothers had poor knowledge in terms early signs of girl child abuse .

Qualitative study was done to assess the knowledge of health care professional and primary school teacher regarding early signs of girl child abuse in Netherlands. 16 primary school teachers and 17 public health nurses and physicians were involved in the study. Findings showed that although both groups of professionals are aware of early signs of girl child abuse signs and risks, they are also lacking specific knowledge. The most salient differences between the two professional groups are related to attitude and communication skills.

Considering the great responsibility placed upon teachers to involve themselves in early signs of girl child abuse prevention, education and detection, the national committee for prevention of early signs of girl child abuse (NCPCA) conducted a nationwide survey of teachers from 40 schools districts in 29 randomly selected countries. The survey explores teacher's knowledge, attitudes and beliefs about early signs of girl child abuse and its prevention. 568 teachers responded, revealing that while the majority of teachers confront early signs of girl child abuse among their students.

Professional practitioners, nurses can promote prevention by becoming knowledgeable about all aspects of the phenomenon of early signs of girl child abuse, by carefully scrutinizing their own beliefs and values, and by monitoring their own behavior. by careful use of the problem-solving approach in their practices they can effectively intervene in potentially problematic situations. as citizens who have more complete and accurate information than their lay counterparts, they can be vital resources. they can support movements and legislation that seek to establish methods for preventing child neglect and abuse, and where neither movements nor legislation exists, they can promote both. Finally, nurses can promote and participate in relevant research that was continue to identify causes and seek solutions.

Mothers are the most important adult in child's life and to whom child looks up. Mothers are always concerned about their children and their safety. Unfortunately cannot always ensure it but they can equip their children with information and skills to build self-protective behavior.

Most important factor for your children protection is a strong self-esteem. let children know how important they are to you. be available when they need to talk. be honest and open with them when they ask difficult questions. and always believe what your child tells you, no matter how unbelievable or difficult to believe it is.

Children depend on their mothers to love, nurture and protect them. Mothers have a duty to provide for the emotional and physical well-being of their children. they are also responsible for controlling and supervising their children.

Role of mothers in prevention of early signs of girl child abuse are participate in child's activity and get to know child's friends. never leave child unattended. teach the child to use their voice to allow them to prevent abuse in their own life. listen to them and what they say. be aware of changes in the child's behavior or attitude and inquire in to it. teach the child what to do when they are separated from mothers for a while away from home. be alert for any talk that reveals premature sexual understanding. pay attention when someone shows greater than normal interest in the child and make certain the child's school or day

care center was release him or her only when their mothers or someone officially designated comes to receive them.

Methodology

Methodology of the study includes the description of research approach, setting of the study, sample and sampling techniques. Developing and testing of the tool, methods of data collection and plan for data analysis based on study objectives.

Research design and approach: research aimed at assessing the knowledge of mothers and guardians residing in manik nagar, selected city regarding early signs of girl child abuse ,the research design which was be used for the present study is non experimental descriptive study design with exploratory survey approach.

Setting of the study: study was be conducted in Manik nagar, Selected city which is slum area and located approximately 1km away from selected private hospital and 9km from Haregaon.

Population: population for the present study was be mothers and Guardians residing in the Manik nagar area of selected city Tehsil.

Sample: sample for the present study was with Manik nagar mothers and Guardians present during data collection period.

Sample size: 30 samples undergone the research

Sampling technique: Non probability, purposive sampling technique was used for selecting samples which meets the purpose of the study.

Criteria for selection of sample

The study was be limited to mothers and guardians of both sexes, who were :

1. Residing in Manik nagar area of Shirampur.
2. Age group between 20-50 years.
3. Able to understand and reply in Marathi.
4. Available during data collection period.
5. Willing to participate and co-operate in the study.

Method of data collection

Structured interview schedule wad used to collect data from mothers and Guardians residing in Manik nagar.

Development of tool: Tool was prepared under the following steps

Section A: It consists of aspects pertaining to the various Socio-demographic variables of mothers and Guardians residing in Manik nagar like age, gender, occupation, religion, educational status, marital status, type of family, residence and personal habits, residential status, source of information, educational level, personal habits & environment in the family.

Section B: It consists of items pertaining to the various aspects of early signs of girl child abuse. As questionnaire is of dichotomous type each item has two alternatives. It consisted the items pertaining to the various aspects of quality of life. Each item has two alternatives.

Table No. 1.1: Description of structured questionnaire on knowledge of mothers and guardians residing at manik nagar selected city regarding early signs of girl child abuse

SN	Sections of questionnaire
1	Meaning of early signs of girl child abuse
2	Abusers and victims of early signs of girl child abuse
3	Causative factors of early signs of girl child abuse
4	Warning signs of early signs of girl child abuse
5	Role of care givers in prevention of early signs of girl child abuse
6	Emergency care after early signs of girl child abuse
7	Effects of early signs of girl child abuse
8	Legal process for early signs of girl child abuse
9	Health education about early signs of girl child abuse

Scoring key: To assess the level of knowledge of community mothers and guardians regarding early signs of girl child abuse, a structured questionnaire is formulated with two alternatives to answer the question and it was grouped into levels like poor, average and good level of knowledge.

Table No. 1.2: Tables shows the grading system of score of research tool

Sr. No	Level of knowledge	Actual score	Percentage
1)	Poor	1-10	1% to 33.33%
2)	Average	11-20	33.34% to 66.66%
3)	Good	21-30	66.67% to 100%

Translation of tool: After validation of structured interview schedule it was be structured in English as translated into Marathi and appropriateness of research tool was be checked.

Validity : Content validity of the tools was be established in consultation with guide and experts like the department of psychiatric nursing, community health nursing, and PediatricNursing and medical surgical nursing. Tool was be modified according to their suggestions and recommendations.

Translation of tool: After validation of tool, it was translate in Marathi to check its correctness.

Preparation of the draft: Final draft was be prepared after testing the validity and consultation with guide for collecting the data from mothers and guardians residing in manik nagar.

Data collection procedure:

Ethical consideration: Prior to collection of data, written permission letter was be obtained from the principal of Seva Nursing College, Shrirampur and the informed consent from mothers and Guardians residing in Manik nagar.

Planned for data analysis: Descriptive and inferential statistics planned for data analysis; the collected data was be organized, tabulated and analyzed by using descriptive statistics i.e. percentages to assess the knowledge of mothers and guardians regarding early signs of girl child abuse .the data was planned to be presented in the form of tables and figures.

Summary: Non experimental, descriptive study design with exploratory approach was used on 30 purposefully selected mothers and guardians at manik nagar to assess the knowledgeregarding early signs of girl child abuse, dichotomous questionnaire is planned; validity was be established. the data was be analyzed by using descriptive and inferential statistics.

Data Interpretation

I). Diagrammatic presentation of Analyzed data

1) Age:



Figure1.2 Distribution of mothers and Guardians according to their age:-

Percentage wise distribution of samples as per the age shows that highest percentage 60% was 20-30 years and only 13.33% of mothers and Guardians were 41-50 years.

2) Gender: -

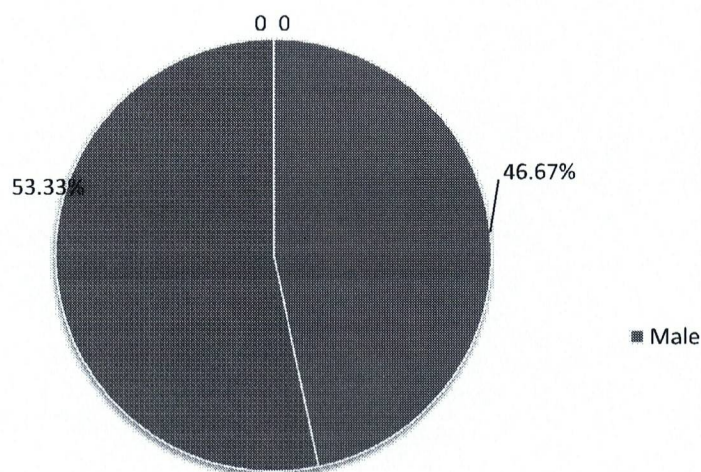


Figure1.3 Distribution of mothers and Guardians according to their gender: -

Percentage wise distribution of samples as per gender shows that highest percentage 53.33% was in female and 46.67% was in male.

3) Occupation:

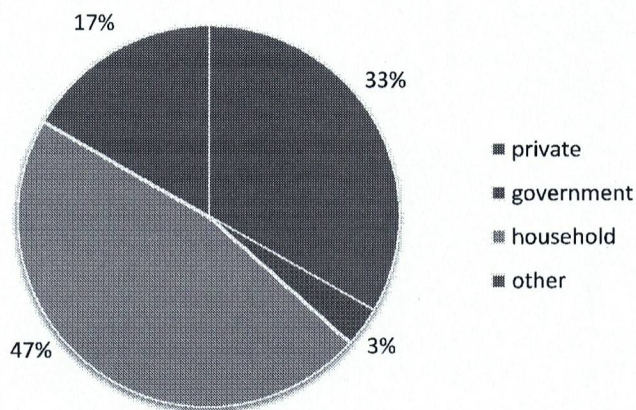


Figure No1.4 Distribution of mothers and Guardians according to their occupation:

Percentage wise distribution of samples as per occupation shows that highest percentage 47% were belongs to household work and 3% were government job.

4) Religion: -

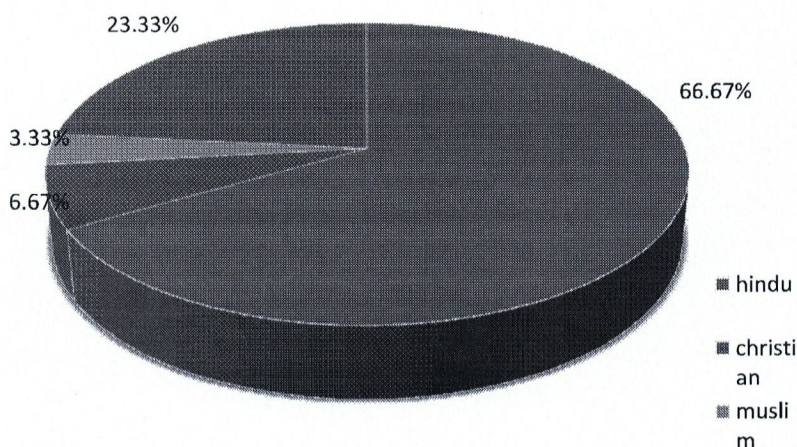


Figure 1.5 Distribution of mothers and Guardians according to their religion:-

Percentage wise distribution of samples as per religion shows that highest percentage 66.67% was belongs to Hindu religion and only 3.33% was belongs to Muslim religion.

5) Education:-

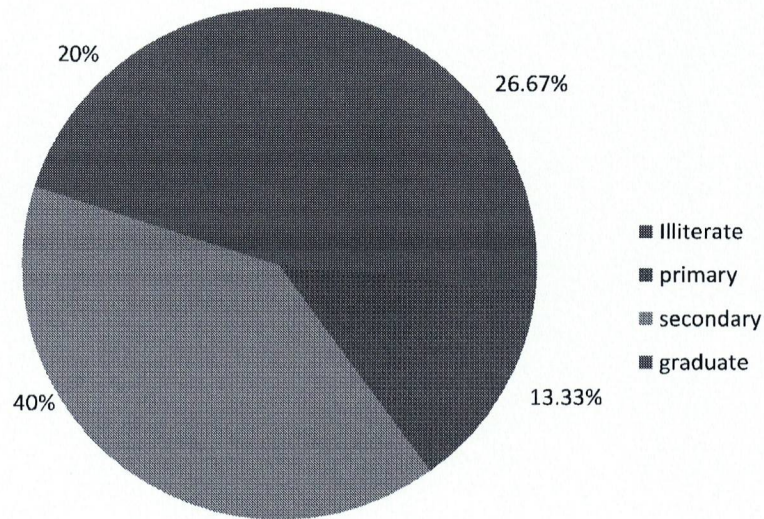


Figure 1.6 Distribution of mothers and Guardians according to their education:-

Percentage wise distribution of samples as per mothers and Guardians education shows that highest percentage 40% was belongs to secondary education and only 13.33% was belongs to primary education

.6) Marital Status:

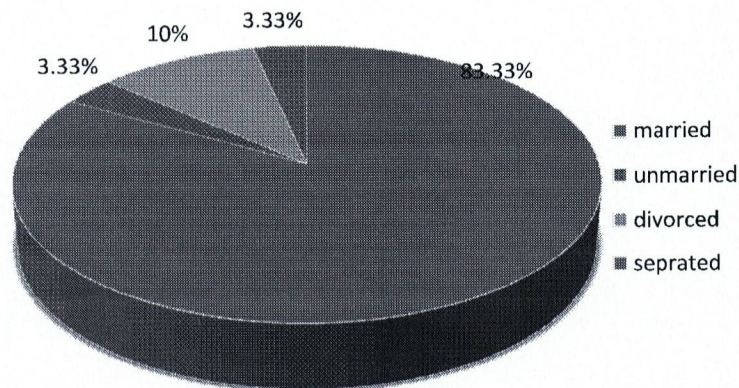


Figure 1.7 Distribution of mothers and Guardians according to their marital status:

Percentage wise distribution of samples as per marital status shows that highest percentage 83.33% was married and 3.33% was unmarried.

7) Family Type:

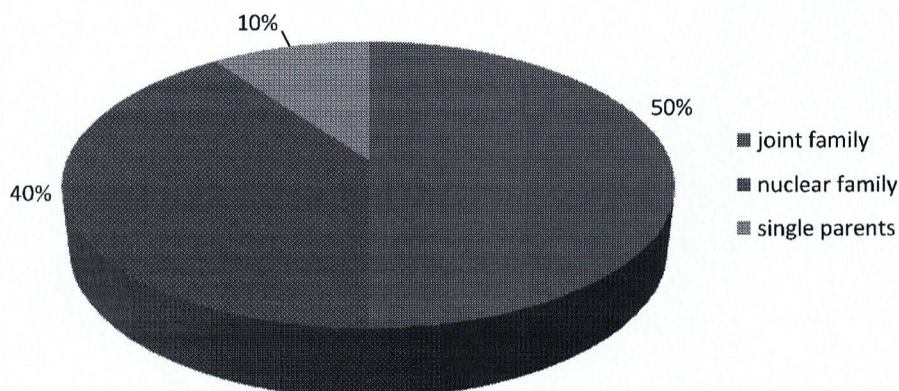


Figure 1.8 Distribution of mothers and Guardians according to their family type:

Percentage wise distribution of samples as per family type shows that highest percentage 50% was joint family and 10% were single mothers.

8) Source of information:-

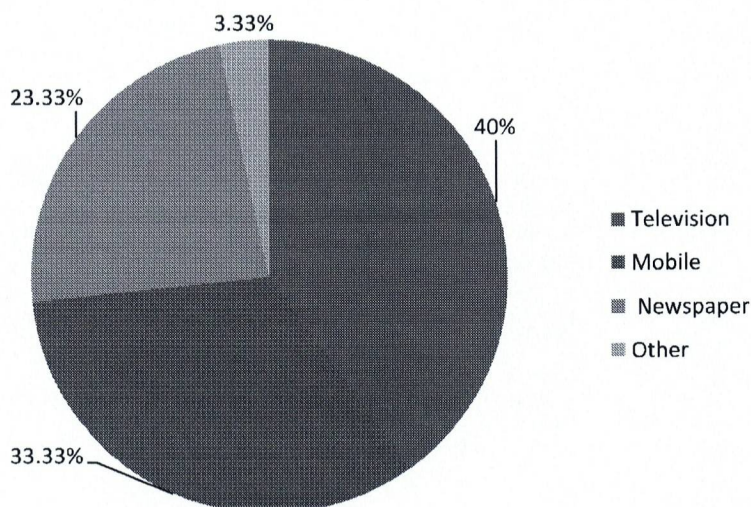


Figure 1.9 Distribution of mothers and Guardians according to their source of information:-

Percentage wise distribution of samples as per mothers and Guardians source of information shows that 40% was having television and 3.33% was having other sources of information.

9) Number of children in family:

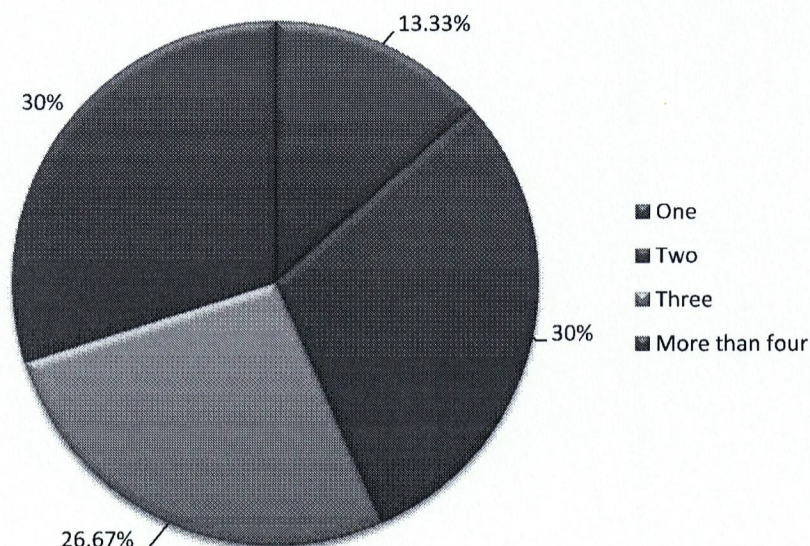


Figure 2.1 Distribution of mothers and Guardians according to number of children in the family: Percentage wise distribution of samples as per number of children in the family shows that highest percentage 30% have more than 4 children and 13.33% have only one child in the family.

11) Personal habits:

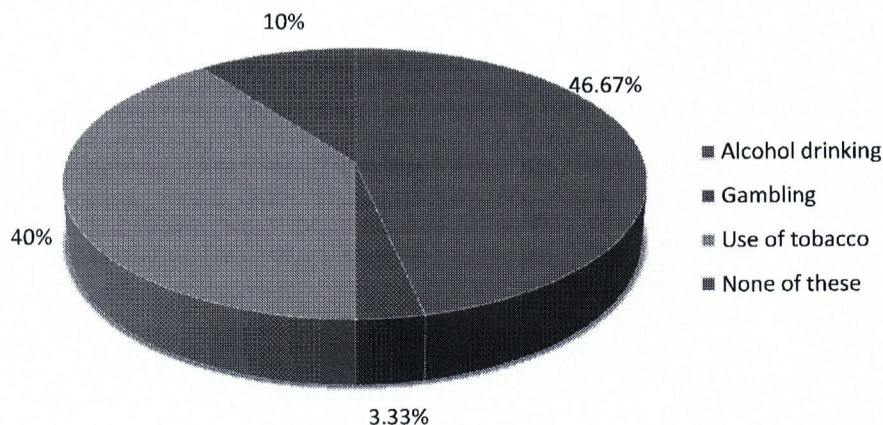


Figure 2.2 Distribution of mothers and Guardians according to their personal habits:-

Percentage wise distribution of samples as per personal habits shows that highest percentage 46.67% are alcohol drinking and 3.33% are gambling.

12) Environment in family:

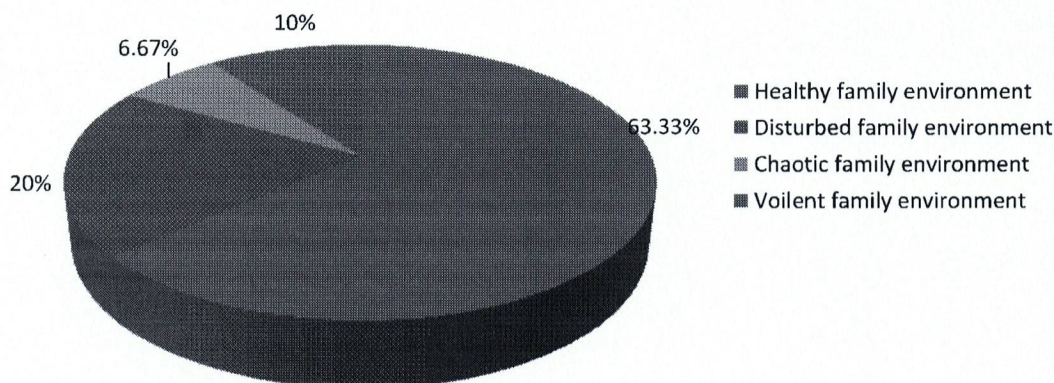


Figure 2.3 Distribution of mothers and Guardians according to their environment in family:-

Percentage wise distribution of samples as per environment in family shows that highest percentage 63.33% have healthy family environment and 6.67% have chaotic family environment.

II) Data interpretation in tables

1. Meaning of early signs of girl child abuse

Sr. No.	Items	Sample numbers	Percentage
1	What is early signs of girl child abuse	12	40%
2	What is physical abuse	25	83,33%
3	What is mental abuse	19	63.33%
4	What is sexual abuse	21	70%
5	What is child neglect	19	63.33%

Item wise distribution of common mothers and guardians residing at selected areas of Selected city regarding knowledge about early signs of girl child abuse shows that the highest percentage (83.33%) of samples were well aware about the term physical abuse and lowest percentage (40%) of samples were aware about the term early signs of girl child abuse. Also (70%) of samples were aware about the term sexual abuse, (63.33%) of samples were aware about the term mental abuse & (63.33%) of samples were aware about the term child neglect.

2. Abusers and victims of early signs of girl child abuse

Sr. No	Items	Sample Numbers	Percentage
1	Who typically abuses the child	25	83.33%
2	Who typically being abused	28	93.33%
3	What age group of child is typically abused	5	16.67%

Item wise distribution of common mothers and guardians residing at selected areas of Selected city regarding knowledge about early signs of girl child abuse shows that the highest percentage (93.33%) of samples were well aware about the victims of early signs of girl child abuse and lowest percentage (16.67%) of samples were aware about the typical age group of early signs of girl child abuse also (83.33%) of samples were aware about early signs of girl child abusers.

3. Causative factors of early signs of girl child abuse

Sr. No.	Items	Sample numbers	Percentage
1	what is common purpose of abusing the child	9	30%
2	what family factor may cause early signs of girl child abuse	22	73.33%
3	what social factor may cause early signs of girl child abuse	19	63.33%
4	what personality factor may cause early signs of girl child abuse	15	50%
5	what occupational factor may cause early signs of girl child abuse	17	56.67%
6	what psychological factor may cause early signs of girl child abuse	16	53.33%
7	what physical factor may cause early signs of girl child abuse	22	73.33%

item wise distribution of common mothers and guardians residing at selected areas of Selected city regarding knowledge about early signs of girl child abuse shows that highest percentage (73.33%) of samples were well aware about causative factors i.e. family factor & physical factor and lowest percentage (30%) of samples were aware about the common purposes of early signs of girl child abuse. also (63.33%) of samples were aware about social factor, (56.67%) of samples were aware about occupational factor, (53.33%) of samples were aware about psychological factor & (50%) of samples were aware about personality factor causing early signs of girl child abuse.

4. Warning signs of early signs of girl child abuse

Sr. No.	Items	Sample Numbers	Percentage
1	What are the warning signs of physically abused child	23	76.67%
2	What are the warning signs of emotionally abused child	25	83.33%
3	What are the warning signs of sexually abused child	21	70%

Item wise distribution of common mothers and guardians residing at selected areas of Selected city regarding knowledge about early signs of girl child abuse shows that highest percentage (83.33%) of samples were well aware about warning signs of emotionally abused child and lowest percentage (70%) of samples were aware about warning signs of sexually abused child. also (76.67%) of samples were aware about warning signs of physically abused child.

5. Role of care givers in prevention of early signs of girl child abuse

Sr. No.	Items	Sample Numbers	Percentage
1	what is role of mothers in preventing early signs of girl child abuse	25	83.33%
2	what is the role of teacher in preventing early signs of girl child abuse	16	53.33%
3	which of the following is the role of family in preventing early signs of girl child abuse	18	60%
4	what is role of family to counsel the child	30	100%

Item wise distribution of common mothers and guardians residing at selected areas of Selected city regarding knowledge about early signs of girl child abuse shows that highest percentage (100%) of samples were well aware about role of family to counsel the child and lowest percentage (53.33%) of samples were aware about role of teacher in preventing early signs of girl child abuse . also (83.33%) of samples were aware about role of mothers in preventing early signs of girl child abuse and (60%) of samples were aware about role of family in preventing early signs of girl child abuse .

6. Emergency care after early signs of girl child abuse

Sr. No.	Items	Sample Numbers	Percentage
1	What would you do if you see child is being abused	25	83.33%
2	What emergency care child requires after the incidence	26	86.67%

Item wise distribution of common mothers and guardians residing at selected areas of Selected city regarding knowledge about early signs of girl child abuse shows that highest percentage (86.67%) of samples were well aware about emergency care child requires after the incidence and lowest percentage (83.33%) of samples were aware about emergency care when they see child is being abused.

7. Effects of early signs of girl child abuse

Sr. No	Items	Sample Numbers	Percentage
1	What psychological issues child develop after being abused	15	50%
2	What are the ways to deal with PTSD	18	60%

Item wise distribution of common mothers and guardians residing at selected areas of Selected city regarding knowledge about early signs of girl child abuse shows that highest percentage (60%) of samples were well aware about ways to deal with PTSD of early signs of girl child abuse & lowest percentage (50%) of samples were aware about psychological issues child may develop after being abused.

8. Legal process for early signs of girl child abuse

Sr. No	Items	Sample Numbers	Percentage
1	whom to approach to lodge the complaint regarding the incidence	24	80%
2	what is legal process to action against early signs of girl child abuse	27	90%
3	what are the NGOS may help to abused child	15	50%

Item wise distribution of common mothers and guardians residing at selected areas of Selected city regarding knowledge about early signs of girl child abuse shows that highest percentage (90%) of samples were well aware about legal process to action against early signs of girl child abuse & lowest percent (50%) of samples were aware about NGOS helps to abused child. also (80%) of sample were aware about whom to approach to lodge the complaint regarding the incidence.

9. Health education about early signs of girl child abuse

Sr. No.	Items	Sample Numbers	Percentage
1	what early signs of girl child abuse related health education should be given to child	28	93.33%

Item wise distribution of common mothers and guardians residing at selected areas of selected city regarding knowledge about early signs of girl child abuse shows that highest percentage (93.33%) of samples were well aware about early signs of girl child abuse related health education to the child.

Discussion, summary, conclusion, implications and recommendation

Descriptive design with exploratory survey was undertaken in selected areas of selected city tehsil. data was collected from 30 samples to assess the knowledge regarding early signs of girl child abuse. Collected data were analyzed by using descriptive and inferential statistics.

Findings are summarized as follows.

- majority of (53.33%) of mothers and guardians were females.
- highest percentages (60%) of mothers and guardians were in the age group of 20-30 years.
- highest percentage (66.67%) of mothers and guardians were Christian by religion.
- majority of (83.33%) of samples were married.
- highest percentage (40%) of mothers and guardians were studied up to secondary school.
- highest percentage (46.67%) of samples were doing household work by occupation.
- highest majority (100%) of samples were residence of urban areas.
- highest percentages (50%) of samples were from joint family.
- highest percentage (40%) of samples were having television as source of information.
- highest percentage (30%) of samples have more than four children in the family.
- majority of (46.67%) of samples has alcoholism as personal habits.
- highest percentage (63.33%) of samples has healthy family environment.

Description of level of knowledge of mothers and guardians residing at selected areas of selected city regarding early signs of girl child abuse

- item wise reply of mothers and guardians residing at selected areas of Selected city regarding knowledge of early signs of girl child abuse shows that
- highest percentage (83.33%) of samples were well aware about the term physical abuse.
- majority of (93.33%) of samples were well aware about the victims.
- highest percentage (73.33%) of samples were well aware about causative factors i.e. family factor & physical factor.
- highest percentage (83.33%) of samples were well aware about warning signs of emotionally abused child.
- highest percentage (100%) of samples were well aware about role of family to counsel the child.
- Majority of (86.67%) of samples were well aware about emergency care child requires after the incidence.
- majority of (60%) of samples were well aware about ways to deal with PTSD of early signs of girl child abuse .
- highest percentage (90%) of samples were well aware about legal process to action against early signs of girl child abuse .
- highest percentage (93.33%) of samples were well aware about early signs of girl child abuse related health education to the child.

Recommendation

The researcher recommended that

- 1.a similar study can be replicated with large population.
- 2.a similar study can be conducted by comparing rural and urban population.
- 3.a study may be conducted to various age groups.
- 4.a longitudinal study may be carried out to determine the level of retention of knowledge on early signs of girl child abuse .

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Advanced International Journal For Research (AIJFR)

An International Open Access Peer Reviewed Journal • Impact Factor: 9.11 • E-ISSN: 3048-7641

www.aijfr.com • editor@aijfr.com

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The editorial board of AIJFR is hereby awarding the certificate of publication to

Ms. Gayatri Ramakant Gawade

in recognition of publication of the paper titled

**Study to Assess the Knowledge of Mothers and Guardians Regarding
Early Signs of Girl Child Abuse in Selected Area of Selected City**

published in

Volume 6, Issue 6 (November-December 2025)



AIJFR2336



Amesh

Publisher AIJFR
Principal

Co-author(s): Mr. Ajmoddin Riyajoddin Shaikh

Seva Nursing College
Sakhar Kamgar Hospital Trust's
Shrirampur, Dist. Ahilvanagar

“To Assess the Level of Anxiety & Depression among the Post Burn Client Admitted In Pravara Rural Hospital, Loni Bk”

Mr. Shivam Sunil Gholap SSEVP College of Nursing, Pravara Institute of Medical Sciences
Loni B K.

Miss. Puja Anil Dighe SSEVP College of Nursing, Pravara Institute of Medical Sciences Loni B K.

Mr. Ajit B. Kadu SSEVP College of Nursing, Pravara Institute of Medical Sciences Loni B K.

Abstract:

Background of study: The estimated annual burn incidence in India is approximately 6-7 million per year. The high incidence is attributed to illiteracy, poverty and low-level safety consciousness in the population. The goal of National programme for prevention of burn injuries (NPPBI) would be to ensure prevention and capacity building of infrastructure and manpower at all levels of health care delivery system in order to reduce incidence, provide timely and adequate treatment to burn patients to reduce mortality, complications and provide effective rehabilitation to the survivors. This study was conducted mainly focusing on psychological issues of burn patients. **Objectives of the study** 1. To assess the level of anxiety & depression among the post burn client. 2. To find out co-relation between anxiety & depression. 3. To compare and co-relate the anxiety & depression with selected demographic and clinical variable. **Materials and methods:** Descriptive research design was used. The purpose of the study was to assess the level of anxiety and depression among the post burn client admitted in, PRH Loni Bk. The collected data was analyzed by using descriptive and inferential statistics. **Result:** Aspect wise anxiety score of burn client mean is 11(59.99%) with the standard ± 1.91 . Aspect wise depression score of burn client mean is 9.72 (83.33%) with standard deviation ± 1.92 . To find out co-relation between anxiety and depression Karl Pearson coefficient of co-relation technique was used. The correlation score (R) was 0.167 it shows that there is mild positive co-relation between anxiety and depression.

Conclusion: Finding of present study shows that maximum number of burn clients having moderate anxiety and depression and the correlation score (R) was 0.167 it shows that there is mild positive co-relation between anxiety and depression.

Keywords: psychological problems, Assessment, compare, co-relate.

I. INTRODUCTION

A burn is a type of injury to skin, or other tissues, caused by heat, cold, electricity, chemicals, friction, or radiation. Most burns are due to heat from hot liquids, solids, or fire. While rates are similar for males and females the underlying causes often differ. Among women in some areas, risk is related to use of open cooking fires or unsafe cook stoves. Among men, risk is related to the work environments.

Alcoholism and smoking are other risk factors. Burns can also occur as a result of self-harm or violence between people ¹.

Burns that affect only the superficial skin layers are known as superficial or first-degree burns. They appear red without blisters thickness or third-degree burn; the injury extends to all layers of the skin. Often there is no pain and the burnt area is stiff. Healing typically does not occur on its own. A fourth-degree burn additionally involves injury to and pain typically lasts around three days. When the injury extends into some of the underlying skin layer, it is a partial-thickness or second-degree burn. Blisters are frequently present and they are often very painful. Healing can require up to eight weeks and scarring may occur. In a full-deeper tissues, such as muscle, tendons, or bone. The burn is often black and frequently leads to loss of the burned part. Burns are generally preventable. Treatment depends on the severity of the burn. Superficial burns may be managed with little more than simple pain medication, while major burns may require prolonged treatment in specialized burn centers ².

Cooling with tap water may help pain and decrease damage; however, prolonged cooling may result in low body temperature. Partial-thickness burns may require cleaning with soap and water, followed by dressings. It is not clear how to manage blisters, but it is probably reasonable to leave them intact if small and drain them if large. Full-thickness burns usually require surgical treatments, such as skin grafting. Extensive burns often require large amounts of intravenous fluid, due to capillary fluid leakage and tissue swelling. The most common complications of burns involve infection. Tetanus toxoid etc. burn occurs when some or all of the different layers of cells in the skin are destroyed by a hot liquid (scald), a hot solid (contact burns) or a flame (flame burns) ³.

The estimated annual burn incidence in India is approximately 6-7 million per year. The high incidence is attributed to illiteracy, poverty and low level safety consciousness in the population. The goal of National programme for prevention of burn injuries (NPPBI) would be to ensure prevention and capacity building of infrastructure and manpower at all levels of health care delivery system in order to reduce incidence, provide timely and adequate treatment to burn patients to reduce mortality, complications and provide effective rehabilitation to the survivors ⁴.

Shankar Gowri (2012) stated that burns constitute a major public health problem, especially in low and middle income countries where over 95% of all burn deaths occur. Fire related burns alone account for over 3 lakh deaths per year. However, deaths are only part of the problem, for every person who dies as a result of their burns; many more are left with lifelong disabilities and disfigurements ⁵.

Morten Kildal (1999) in his investigation reported that normal skin protects us from invasive infection by microorganisms, prevents fluid losses, and helps regulate body temperature. These protective properties are destroyed after burn injury, and without proper treatment the natural prognosis for extensive burns is poor because of burn shock, multiorgan failure and sepsis ⁶.

A.H.Konstantatos,M.Angliss,V.Costello,H.Cleland,S.Starface(2005)had conducted a prospective randomized clinical trial in a burn injury patients conducted during dressing to compare pain .total 88

eligible burn patient divided into two groups .Group I having intervention that is virtual reality relaxation & intervention morphine PCA(patient control analgesia).Group II having morphine PCA infusion alone study finding shows that the group I who having virtual reality relaxation plus morphine PCA infusion , having higher pain intensities during dressing (mean – 7.3) as compare to group who having or receiving morphine PCA experienced significant pain as compare to those patient having morphine PCA infusion alone ⁷.

Sandip, K.P (1997) in their study had another aspect to consider in burn injured patients, psychological factors such as depression or anxiety become a part of the experience of pain, particularly if pain medication was not initiated prior to the unpleasant procedures. It was also recognized that anxiety can worsen acute pain." Burn patients experience various forms of psychological symptoms or disorders during early trauma, 30 to 40% of patients continue to suffer significant long-lasting ⁸.

Lawrence JW (1998) had accumulating evidence which suggests that psychological distress symptoms have a short-and long-term impact on health, function, and quality of life. Prolonged functional impairment has been associated with sleep disturbance, sub syndrome PTSD, depression, body image dissatisfaction, and syndrome PTSD. The presence of such a wide range of symptoms and syndromes is not at all unexpected, given the plethora of stressors for patients with burns(e.g.,burn event, losses, pain, repeated painful procedures, disfiguring injury, and unfamiliar surroundings) ⁹.

Fauerbach JA (2007) in their investigation found much greater variability when outcomes beyond survivability are considered ¹⁰.

Ware L.(2012)in a systematic review demonstrated that most studies have shown that unrelated to the traumatic event, additional risk factors for developing PTSD include younger age at the time of the trauma, female gender, lower social economic status, lack of social support, premorbid personality characteristics and preexisting anxiety or depressive disorders increase the risk of PTSD ¹¹.

BriegerGH (1991) has reported that; on daily ward rounds many patients describe problems with nightmares and itching of the newly healed skin and scars .They feel tired and frustrated because itching or nightmares have interrupted their sleep, resulting in a lack of tolerance and motivation to comply with the strenuous and often painful rehabilitation ¹².

Kornhaber , in an integrative review on patients' experience, it was concluded that among other types of supports, peer supports event and by reinforcing feelings of self-esteem .Both condition are associated with the reduction of negative effect from exposition to physical or emotional trauma ¹³.

Klinge K, et al. J Adv nurs. (2009). They had preburn personality and coping strategies can influence long term psychological adjustment ,the relationship between postburn adjustment and burn size and severity ,and gender are poorly understood ¹⁴ .

Wiechman Setal ,J burn care (2016) conduct a study evidence to support the use of measure of depression for adult with burn injuries the goal of study to identify the most reliable, valid and efficient means of identifying adults with symptoms of depression including symptoms of depressive disorder. This

study highlights the deficiencies of validated measure of depression in the field of burn recovery and provides specific recommendation for both clinicians and researchers to advance the knowledge of depression following a burn injury ¹⁵.

Blackeney and W.J.Meyer (1996) have found in their study that the growing number of individuals surviving such devastating burn injuries has prompted an increased focus on problems of rehabilitation, independence and psychosocial adjustment the psychological consequences of sustaining burn injuries are minor to severe ¹⁶.

McNulty (2002) had estimated that one half of all burn patients becomes permanently disabled with a large segment having psychological impairment. Psychological sequel that impairs function includes fear, anxiety, stress, disorder, and behavior regression. This article reviews the various psychological issue one confronts when treating burn patients with burn injuries .a wide range of factors influence recovery and rehabilitation from adult burn. The role of family members, family dynamics, parenteral reactions, parenteral psychiatric illness, and pre-morbid psychiatric illness in the burn are important factors ¹⁷.

II. Methodology

Research Approach: Quantitative evaluative research study approach was adopted for the present study.

Research design: The descriptive cross-sectional study design was adopted for the present study.

Variable

a) Research variables: -For the present study research variables were Anxiety and Depression among post burn clients.

b) Extraneous variables: -For the present study the extraneous variables include were,
Socio-Demographic variables includes age, gender, marital status, education, occupation, religion, type of family, area of living and total family income.

Clinical Variable includes cause of burn or type of burn, percentage of burn, degree of burn, duration of hospital stays, presence of care giver, relationship with client, nature of burn, site of burn, place of burn, any other disease and any history of addiction.

Setting of the study

Physical location and condition in which data collection takes place in study.

The study was conducted in the burn ward, PRH Loni Bk village. It is Multispeciality Hospital in Ahilyanagar District of Maharashtra.

Population

The population includes clients who are admitted in (burn area PRH Loni Bk.

Sampling

Non-probability purposive sampling was used for the present study.

Sample

Sample for the present study was post burn clients admitted in burn ward willing to participate in study and fulfilling inclusion and exclusion criteria.

Sample size: The sample size for study was 30 burn clients admitted in PRH Loni Bk.

Sampling techniques: Non-probability purposive sampling techniques were used for recruiting the samples to be included in the present study on the basis of inclusion and exclusion criteria.

Criteria for sample selection

Inclusion Criteria:

The burn clients, who were

- Above 18 years of age.
- Clients who are willing to participate in this study.
- Both male and female.
- 20 to 65% burn cases.
- Understanding the language of communication.
- Clients were included in study when they were hemodynamically stable, planned for discharge or during the follow up visits.

Exclusion Criteria:

- The burn clients, who were
- Pediatric clients.
- Severe burn clients.
- Acutely ill and unable to respond to tool.
- Development of tool

The tool consisted of three sections.

Section A: Socio-demographic data: It consists of 9 items like age, gender, marital status, religion, Education, occupation, income, type of family and total family income of post burn client.

Section B: Clinical variable:- It consists of 11 items like cause of burn or type of burn, percentage of burn, degree of burn, duration of hospital stay, presence of care giver, relationship with client, nature of burn, site of burn, place of burn, any other disease and any history of addiction among post burn client.

Section C: Hamilton Anxiety and Depression Scale: - Hamilton Anxiety and Depression scale consists of 14 items where 7 items for anxiety and 7 items for depression.

In Hamilton Anxiety and Depression Scale total 7 items for Anxiety where 0-suggest no anxiety, 1-mild, 2-moderate, 3-severe and 4-very severe.

In Hamilton Anxiety and Depression Scale total 7 items for Depression where 0-suggest no anxiety, 1-mild, and 2-moderate, 3-severe and 4-very severe.

Both Anxiety and Depression overall minimum score was 0 and maximum possible score was 28.

Planned for data analysis

Descriptive and inferential statistics was used for data analysis. The collected data was organized, tabulated and analyzed by using descriptive statistics i.e. frequency, frequency %, mean, mean % and standard deviation. Karl person co-efficient and co-relation used to find out co- relation between Anxiety and Depression.

III. RESULT

The following result were drawn from the study finding

1. The majority finding of the demographic variables

Majority of the respondent in the presence study 36.66% in the age group of 18 to 30 years were as 23.33 % in age group of 41 to 50 years. Majority of the respondent 66.33% female were as 36.66% male in the present study. The majority of the respondent in the study 86.66% belonging from Hindu religion. Maximum number of respondent in the present study 76.66% were married. Majority of respondent 53.33% in the present having secondary education. Majority of respondent 56.66% burn clients are self-employed. Majority of respondent 76.66% from rural area. Maximum number of burn client 53.33% with presence of care giver.

2. The majority finding of the clinical variables

Maximum number of respondent 33.33% burn client having thermal type of burn injury. Majority of 60% having 11 to 40% of burn injury. Maximum number of burn client 63.33% were in second degree burn. Maximum number of burn clients 56.66% stay more than one month. Majority of burn client 86.66% having accidental burn injury. Maximum number of burn clients 30% burn injury in upper extremity. Majority of burn client 76.66% having burn injury at home. Maximum number of burn client having 90% addiction.

3. Aspect wise assessment of level of Anxiety- Aspect wise anxiety score of burn client mean is 11(59.99%) with the standard ± 1.91 .

4. To compare and co-relate anxiety with selected demographic variable-

Maximum number of clients in the age group of 18-30 years is 8 (10.62 ± 2.05) having moderate of anxiety. In gender wise analysis shows that females 12(11.41 ± 1.84) are having moderate anxiety and 4 females with the mean score (16 ± 0.7) having severe anxiety.

Maximum number of burn married clients 17 (11.11 ± 1.9) we having moderate anxiety and 2 unmarried burn clients with the mean score (16) having severe anxiety.

Maximum number 12 (11.25 ± 1.71) in the secondary educational qualification having moderate anxiety. Income wise analysis of burn in (6001-9000/year) high economic status shows that 8 clients (11.12 ± 1.49) having moderate anxiety.

Maximum number 12 clients (10.69 ± 1.31) having moderate anxiety and 4 client (16 ± 0.7) having severe anxiety clients living in rural area

Maximum number 7 clients (10.14 ± 2.21) were chemical cause of burn & 7 clients (11.42 ± 1.58) were thermal burn clients having moderate anxiety. Percentage wise analysis shows that maximum number 14 clients (11.57 ± 1.24) having moderate anxiety. Degree wise analysis of shows that maximum number 12 clients (11.41 ± 3.74) having moderate anxiety.

Maximum number 7 clients (10.14 ± 1.95) burn were in upper extremity & 5 clients (11.6 ± 1.85) burn were in lower extremity having moderate anxiety.

Maximum number 17 clients (11.11 ± 1.9) were not consuming any type of substance they having moderate anxiety and 4 clients (16 ± 0.7) having severe anxiety.

5. Aspect wise level of depression - Aspect wise depression score of burn client mean is 9.72 (83.33%) with standard deviation ± 1.92 .

6. To compare and co-relate depression with selected demographic variable-

Majority of burn client 9 in the age group 18-30 years with the mean score (9.22 ± 1.86) having moderate depression. The gender wise analysis shows that females 17 (9.94 ± 4.49) are having moderate depression and 8 males (9.62 ± 2.11) having moderate depression. Maximum married client 19 with the mean score (9.94 ± 2.35) having moderate depression.

Maximum number the 13 clients (9.92 ± 2.32) having moderate depression in secondary educational qualification burn clients and income wise analysis shows that low socioeconomical income were maximum number 11 clients with the mean score (8.9 ± 1.77) having moderate depression.

Majority of burn clients living in rural area 20 (9.25 ± 2.01) having moderate depression and the clients living in urban area maximum number of clients 5 (9.6 ± 2.05) having moderate depression.

Maximum number 8 client (9.12 ± 1.36) were in chemical type of burn having moderate depression & 9 client (9.88 ± 2) were in thermal type of burn.

Percentage wise analysis shows that maximum number 17 clients (9.7 ± 1.83) were in 11-40% of burn, having moderate depression. And in the degree wise analysis of the maximum number 18 clients (9.27 ± 2.27) were in 2 degree of burn, having moderate depression.

Maximum number of burn clients 6 (9.16 ± 1.21) burn in chest & abdomen they having moderate depression and 10 (10.4 ± 3.26) burn in upper extremity they having moderate depression.

Majority of clients who were not consuming any type of substance 23 (9.73 ± 2) having moderate depression and the burn client who consume tobacco 2 (9.5 ± 0.5) having moderate depression.

7. To find out co-relation between anxiety and depression –

The correlation score (R) was 0.167 it shows that there is mild positive co-relation between anxiety and depression.

IV. Discussion

A descriptive design was used to assess the level of anxiety depression among the post burn clients. Data was collected from 30 burn patients by purposive sampling technique using the tools the structured interview schedule the collected data was analyzed by using descriptive and inferential statistic, and presented in the form of table and graph or diagram.

The chapter attempt to discuss the finding of the study as per objectives. The study finding are discussed under the following headings.

- Description of demographic variables and clinical characteristic of burn clients.
- Assess the mean and SD of anxiety and depression in post burn clients.
- To find out co-relation between anxiety & depression.

A). Description of demographic variable and clinical variable of burn clients

1. Description of demographic profile- Finding of present study shows that Majority (63.33%) of clients were female and the remaining (36.66%) were male.

2. Clinical variable of burn patients: Finding of present study shows that people injured with thermal burn the higher percent (33.33%) where as 30% chemical & electrical burn and remaining 10% other burn injury.

B. The aspect wise mean and SD of anxiety in post burn patients.

1. Assessment of anxiety-

The aspect wise mean score and standard deviation of anxiety .Total number of 8 burn clients are normal with the mean score (5.5 ± 1.58), whereas 18 burn clients were having moderate anxiety with the mean score (11 ± 1.91) & 4 burn clients having severe anxiety with the mean score (16 ± 0.70).

C. To compare and co-relate anxiety with selected demographic variable- Maximum number of client in the age group of 18-30 years is 8 (10.62 ± 2.05) having moderate of anxiety. In gender wise analysis shows that females 12(11.41 ± 1.84) are having moderate anxiety and 4 females with the mean score (16 ± 0.7) having severe anxiety.

Maximum number of burn married clients 17 (11.11 ± 1.9) we having moderate anxiety and 2 unmarried burn clients with the mean score (16) having severe anxiety.

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Maximum number 7 clients (10.14 ± 1.95) burn were in upper extremity & 5 clients (11.6 ± 1.85) burn were in lower extremity having moderate anxiety.

Maximum number 17 clients (11.11 ± 1.9) were not consuming any type of substance they having moderate anxiety and 4 clients (16 ± 0.7) having severe anxiety.

B. Aspect wise mean and SD of depression in post burn patients.

2. Assessment of depression-

The aspect wise mean score and standard deviation of depression .Total number of 5 burn clients are normal with the mean score (4.8 ± 1.6), whereas 25 burn clients were having moderate depression with the mean score (9.72 ± 1.92) .

C. To compare and co-relate depression with selected demographic variable-

Majority of burn client 9 in the age group 18-30 years with the mean score (9.22 ± 1.86) having moderate depression. The gender wise analysis shows that females 17 (9.94 ± 4.49) are having moderate depression and 8 males (9.62 ± 2.11) having moderate depression. Maximum married client 19 with the mean score (9.94 ± 2.35) having moderate depression.

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Majority of clients who were not consuming any type of substance 23 (9.73 ± 2) having moderate depression and the burn client who consume tobacco 2 (9.5 ± 0.5) having moderate depression.

To find out co-relation between anxiety and depression

To find out co-relation between anxiety and depression Karl Pearson coefficient of co-relation technique was used.

Overall response about anxiety the burn client considered as (X) anxiety & overall response about depression of burn client considered as (Y) depression by using Karl Pearson coefficient of co-relation between anxiety (X) and depression (Y). The correlation score (R) was 0.167 it shows that there is mild positive co-relation between anxiety and depression.

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Sakhar Kamgar Hospital Trust's
Shrirampur, Dist. Ahilyanagar



A study to assess the effectiveness of music therapy on pain and anxiety among cancer patients in Pravara Rural Hospital, Loni.

Ms.Kanchan Nandkumar Patharkar, Msc Nursing, Associate Professor, Seva Nursing College, Shirampur

Abstract

Introduction

The incidence and prevalence of cancer in world, is Global cancer rates could increased by 50% to 15 million by 2002 the predicted sharp increased in new cases from 100 million new cases globally in 2000 to 15 million in 2020 will mainly be due to steadily ageing population in both developed & developing countries and also be current trends in smoking prevalence and the growing adoption of un healthy lifestyle. (WHO 2005).

In INDIA, "Cancer Train" offers uncertain route out of despair in India.

In India the "Cancer Express" is a train on which cheap cancer treatment is offered on the more It's a 10 hour ride from a distant in Punjab with a high prevalence discuses blamed on excessive use of pesticides to a charity cancer hospital in neighboring Rajasthan The government population control body found 103 people with cancer in a sample of 100;000 in one area of Bhatinda compared to 71 in an area near by with lower pesticide contamination

Music therapy, "A systematic process of intervention where in the therapist helps the client to promote health wing music experiences & the relationships that develop through them as dynamic force of change" The purpose of therapy always to help the client relax, cheer up or feel better in some immediate sense helps in inner healing process. In short it help in a physiological, psychological & immunological benefits.

There are many studies conducted Baily 1983 & Boldt 1996 both of which have been shown to increase specifically through music listening. People with cancer who engaged in music also have benefited in the form of greater physical relaxation & in form of decreased nausea & vomiting associated with chemotherapy.

The another study in which music appears to be particularly in the treatment of cancer related pain (Bailey 1983 Beck 1991, cook 1986) & through playing various musical instruments.

Methods:

200 Patients with chronic and advance cancer illness were prospectively evaluated. The effect of music therapy on these patients are reported. Visual analog scale and behavior scale recorded pre and post music therapy scores on standardized data collection forms.

Result:

Utilizing the Wilcoxon signed rank test and a paired t test, music therapy improved anxiety, body movement, facial expressions mood pain, shortness of breath and verbalization.

Sundar, Sumathy (March 2006)

A single case study of a squamous cell carcinoma hypo pharynx patient, to find out if receptive music therapy could be combined with comprehensive counseling and providing health information as a cognitive behavioral intervention to address psychological distress and situational anxiety which are common problems with cancer patients in a hospital environment.

Assessment were done for situational anxiety before, during & after the music therapy and counseling interventions. Pre and post-test composite anxiety scores were compared, which indicated the efficacy of the treatment.

RESULT – Her anxiety level was highest immediately after diagnosis. After music therapy and counseling session, the finding shows that the anxiety level of the client had come down.

Conclusion:

When we are working with cancer patient, who are taking chemotherapy or radiation therapy and patient for whom a medical cure is no longer possible. So, for such a patient music therapy can improve life expectancy of life by addressing the emotional, spiritual and physical needs that may arise during this time.

Music has been found to have a significant impact on reducing the perception of physical pain and chemotherapy induced nausea and vomitings.

Keywords: ASSESS, EFFECTIVENESS, EFFECTIVENESS, CANCER PATIENT

Background:

Suzanne B. Hanser, Ed.D. MT-BC(2005) The presenter details the results of a controlled clinical trial evaluating effects of music therapy with women who have metastatic breast cancer. A longitudinal random groups experimental design comparing music therapy and a usual care control included total sample of 70 patients. Patients assigned to music therapy group received three 45 minute sessions with music therapist over three months and also learned techniques to use music at home. Relaxation, comfort and happiness (using visual analog scale) & cardiovascular arousal (Heart rate & Blood Pressure) were assessed immediately pre/posttest sessions with music therapist.

Depression and anxiety (using the hospital anxiety and depression scale) & quality of life. The author evaluated effects of the music therapy intervention on symptoms, quality of life and cardiovascular arousal in advanced breast cancer patients.

GALLAGHER lisa M., LAGMAN Ruth. (2006) This study was to objectively assess the effect of music therapy on patients with advance cancer disease.

Statement of research:

A study to assess the effectiveness of music therapy on pain and anxiety among cancer patients in Pravara Rural Hospital, Loni.

Research objectives:

- 1) To assess the level of pain and anxiety before implementing music therapy
- 2) To assess effectiveness of music therapy on pain and anxiety among cancer patients.
- 3) To find association with music therapy and several democratic variables.

Materials & methods

Research Approach :-

The aim of study is to assess the effectiveness of music therapy on pain & anxiety among cancer patient by collecting information from them.

Therefore comparative study approach was adopted.

SAMPLE / POPULATION

The patient who are admitted in Pravara Rural Hospital with cancer.

SAMPLE SIZE

Randomly selected 30 samples.

STUDY DISIGN :-

Quasi Experimental study of pre-test and post-test design with without control group approach were setup.

Pre-Test CQ1	Intervention (X)	Post-test (Q2)
Assessment of pain and anxiety level before implementing music therapy on 1 st day	Music therapy Via tape Recorder	Assess pain anxiety level after sample matting music therapy

TOOLS AND TECHNIQUE :-

TOOLS :-

Democratic variable

- Anxiety scale
- Visual analog scale for pain assessment.

TECHNIQUE:-

Purposive sampling technique was used

DESCRIPTION OF TOOL :-

A tool is an instrument by which collection of research data is done based on study objective.

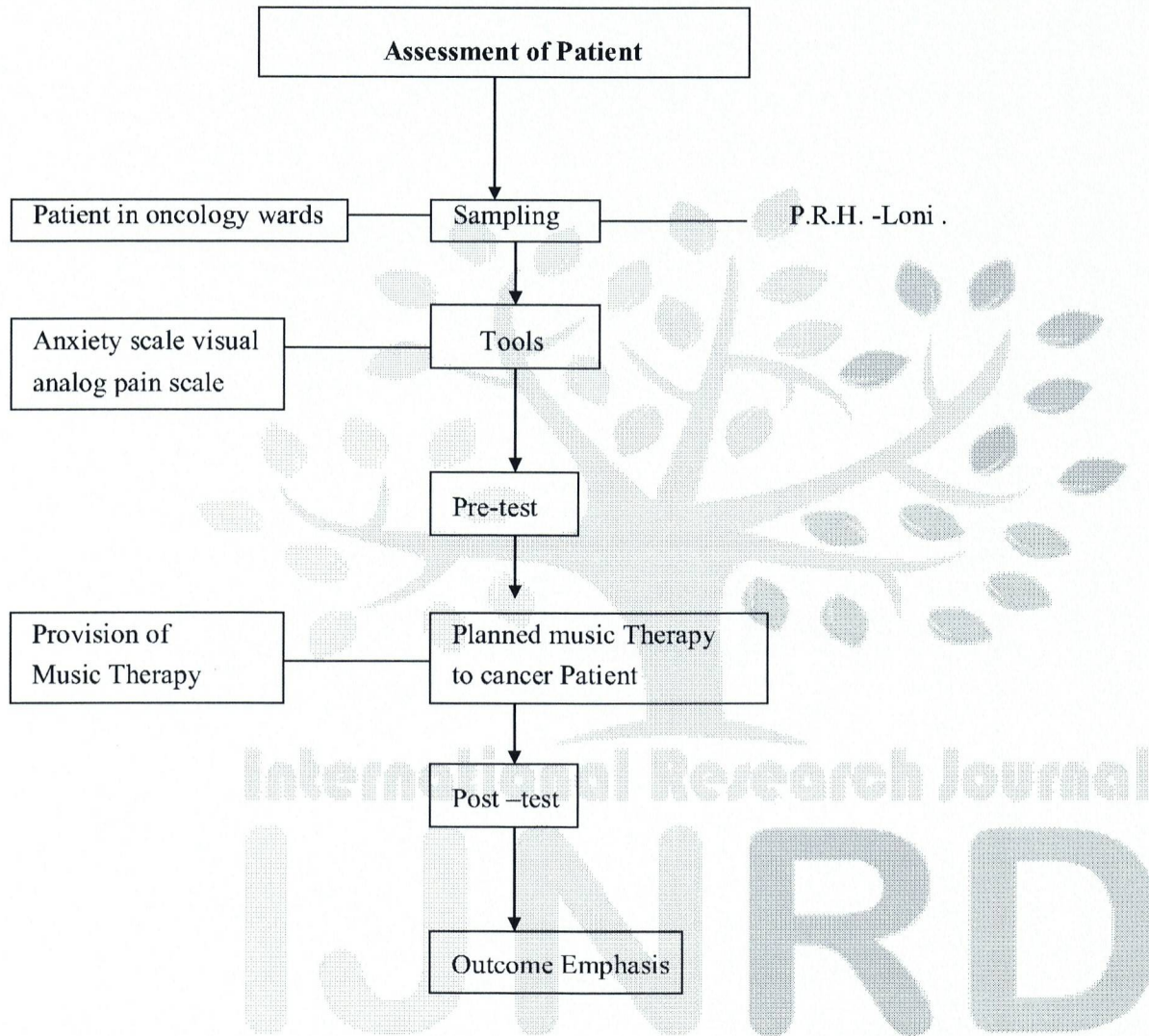
Tool used in study was anxiety scale and visual analog pain assessment scale (Rating scale).

DATA COLLECTION :-

Individual data collected by providing anxiety scale & visual analog pain scale to patient, after that music therapy was given implemented daily for 30 Mints 2 times in a day in comfortable clinical room after that post-test was conducted after 5 days then evaluation was done.

PLAN FOR DATA COLLECTION :-

Individual data was collected by providing anxiety scale and visual analog pain assessment scale to the patient and conducted pre-test and music therapy is given to the patient for five days twice time a day 30 minute and after the post-test was done for the evaluation of effectiveness between pre-test and post-test.

DATA COLLECTION PROCEDURE :-**DATA COLLECTION PERIOD :-**

Before commencing data collection investigators sought the permission from principal of college of Nursing (Appendix A) Medical Superintendent (Appendix B). The nature of study was briefly explained and data was collected from 27th of April to 1st May 2009 in the morning 8.30 am. & in the evening 4.30 pm.

PLAN FOR DATA ANALYSIS :- We had planned for to give a music therapy. We had given a anxiety scale & visual analog pain scale to patients and collected the information. After this we had given music therapy for 5 days & taken a post test. It was completed on 1st of May 09 then the data was analysed in terms of mean and percentage.

DATA ANALYSIS AND INTERPRETATION

In our study we have taken a 30 samples of cancer patient undergoing cancer treatment to assess the effectiveness of music therapy on pain and anxiety.

CONCLUSION :-

When we are working with cancer patient, who are taking chemotherapy or radiation therapy and patient for whom a medical cure is no longer possible. So, for such a patient music therapy can improve life expectancy of life by addressing the emotional, spiritual and physical needs that may arise during this time.

Music has been found to have a significant impact on reducing the perception of physical pain and chemotherapy induced nausea and vomitings.

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“To Assess the Level of Anxiety & Depression among the Post Burn Client Admitted In Pravara Rural Hospital, Loni Bk”

Mr. Shivam Sunil Gholap SSEVP College of Nursing, Pravara Institute of Medical Sciences

Loni B K.

Miss. Puja Anil Dighe SSEVP College of Nursing, Pravara Institute of Medical Sciences Loni B K.

Mr. Ajit B. Kadu SSEVP College of Nursing, Pravara Institute of Medical Sciences Loni B K.

Abstract:

Background of study: The estimated annual burn incidence in India is approximately 6-7 million per year. The high incidence is attributed to illiteracy, poverty and low-level safety consciousness in the population. The goal of National programme for prevention of burn injuries (NPPBI) would be to ensure prevention and capacity building of infrastructure and manpower at all levels of health care delivery system in order to reduce incidence, provide timely and adequate treatment to burn patients to reduce mortality, complications and provide effective rehabilitation to the survivors. This study was conducted mainly focusing on psychological issues of burn patients. **Objectives of the study** 1. To assess the level of anxiety & depression among the post burn client. 2. To find out co-relation between anxiety & depression. 3. To compare and co-relate the anxiety & depression with selected demographic and clinical variable. **Materials and methods:** Descriptive research design was used. The purpose of the study was to assess the level of anxiety and depression among the post burn client admitted in, PRH Loni Bk. The collected data was analyzed by using descriptive and inferential statistics. **Result:** Aspect wise anxiety score of burn client mean is 11(59.99%) with the standard ± 1.91 . Aspect wise depression score of burn client mean is 9.72 (83.33%) with standard deviation ± 1.92 . To find out co-relation between anxiety and depression Karl Pearson coefficient of co-relation technique was used. The correlation score (R) was 0.167 it shows that there is mild positive co-relation between anxiety and depression.

Conclusion: Finding of present study shows that maximum number of burn clients having moderate anxiety and depression and the correlation score (R) was 0.167 it shows that there is mild positive co-relation between anxiety and depression.

Keywords: psychological problems, Assessment, compare, co-relate.

I. INTRODUCTION

A burn is a type of injury to skin, or other tissues, caused by heat, cold, electricity, chemicals, friction, or radiation. Most burns are due to heat from hot liquids, solids, or fire. While rates are similar for males and females the underlying causes often differ. Among women in some areas, risk is related to use of open cooking fires or unsafe cook stoves. Among men, risk is related to the work environments.

Alcoholism and smoking are other risk factors. Burns can also occur as a result of self-harm or violence between people ¹.

Burns that affect only the superficial skin layers are known as superficial or first-degree burns. They appear red without blisters thickness or third-degree burn; the injury extends to all layers of the skin. Often there is no pain and the burnt area is stiff. Healing typically does not occur on its own. A fourth-degree burn additionally involves injury to and pain typically lasts around three days. When the injury extends into some of the underlying skin layer, it is a partial-thickness or second-degree burn. Blisters are frequently present and they are often very painful. Healing can require up to eight weeks and scarring may occur. In a full-deeper tissues, such as muscle, tendons, or bone. The burn is often black and frequently leads to loss of the burned part. Burns are generally preventable. Treatment depends on the severity of the burn. Superficial burns may be managed with little more than simple pain medication, while major burns may require prolonged treatment in specialized burn centers ².

Cooling with tap water may help pain and decrease damage; however, prolonged cooling may result in low body temperature. Partial-thickness burns may require cleaning with soap and water, followed by dressings. It is not clear how to manage blisters, but it is probably reasonable to leave them intact if small and drain them if large. Full-thickness burns usually require surgical treatments, such as skin grafting. Extensive burns often require large amounts of intravenous fluid, due to capillary fluid leakage and tissue swelling. The most common complications of burns involve infection. Tetanus toxoid etc. burn occurs when some or all of the different layers of cells in the skin are destroyed by a hot liquid (scald), a hot solid (contact burns) or a flame (flame burns) ³.

The estimated annual burn incidence in India is approximately 6-7 million per year. The high incidence is attributed to illiteracy, poverty and low level safety consciousness in the population. The goal of National programme for prevention of burn injuries (NPPBI) would be to ensure prevention and capacity building of infrastructure and manpower at all levels of health care delivery system in order to reduce incidence, provide timely and adequate treatment to burn patients to reduce mortality, complications and provide effective rehabilitation to the survivors ⁴.

Shankar Gowri (2012) stated that burns constitute a major public health problem, especially in low and middle income countries where over 95% of all burn deaths occur. Fire related burns alone account for over 3 lakh deaths per year. However, deaths are only part of the problem, for every person who dies as a result of their burns; many more are left with lifelong disabilities and disfigurements ⁵.

Morten Kildal (1999) in his investigation reported that normal skin protects us from invasive infection by microorganisms, prevents fluid losses, and helps regulate body temperature. These protective properties are destroyed after burn injury, and without proper treatment the natural prognosis for extensive burns is poor because of burn shock, multiorgan failure and sepsis ⁶.

A.H.Konstantatos,M.Angliss,V.Costello,H.Cleland,S.Starface(2005)had conducted a prospective randomized clinical trial in a burn injury patients conducted during dressing to compare pain .total 88

eligible burn patient divided into two groups .Group I having intervention that is virtual reality relaxation & intervention morphine PCA(patient control analgesia).Group II having morphine PCA infusion alone study finding shows that the group I who having virtual reality relaxation plus morphine PCA infusion , having higher pain intensities during dressing (mean – 7.3) as compare to group who having or receiving morphine PCA experienced significant pain as compare to those patient having morphine PCA infusion alone ⁷.

Sandip, K.P (1997) in their study had another aspect to consider in burn injured patients, psychological factors such as depression or anxiety become a part of the experience of pain, particularly if pain medication was not initiated prior to the unpleasant procedures. It was also recognized that anxiety can worsen acute pain." Burn patients experience various forms of psychological symptoms or disorders during early trauma, 30 to 40% of patients continue to suffer significant long-lasting ⁸.

Lawrence JW (1998) had accumulating evidence which suggests that psychological distress symptoms have a short-and long-term impact on health, function, and quality of life. Prolonged functional impairment has been associated with sleep disturbance, sub syndrome PTSD, depression, body image dissatisfaction, and syndrome PTSD. The presence of such a wide range of symptoms and syndromes is not at all unexpected, given the plethora of stressors for patients with burns(e.g.,burn event, losses, pain, repeated painful procedures, disfiguring injury, and unfamiliar surroundings) ⁹.

Fauerbach JA (2007) in their investigation found much greater variability when outcomes beyond survivability are considered ¹⁰.

Ware L.(2012)in a systematic review demonstrated that most studies have shown that unrelated to the traumatic event, additional risk factors for developing PTSD include younger age at the time of the trauma, female gender, lower social economic status, lack of social support, premorbid personality characteristics and preexisting anxiety or depressive disorders increase the risk of PTSD ¹¹.

BriegerGH (1991) has reported that; on daily ward rounds many patients describe problems with nightmares and itching of the newly healed skin and scars .They feel tired and frustrated because itching or nightmares have interrupted their sleep, resulting in a lack of tolerance and motivation to comply with the strenuous and often painful rehabilitation ¹².

Kornhaber , in an integrative review on patients' experience, it was concluded that among other types of supports, peer supports event and by reinforcing feelings of self-esteem .Both condition are associated with the reduction of negative effect from exposition to physical or emotional trauma ¹³.

Klinge K, et al. J Adv nurs. (2009). They had preburn personality and coping strategies can influence long term psychological adjustment ,the relationship between postburn adjustment and burn size and severity ,and gender are poorly understood ¹⁴ .

Wiechman Setal ,J burn care (2016) conduct a study evidence to support the use of measure of depression for adult with burn injuries the goal of study to identify the most reliable, valid and efficient means of identifying adults with symptoms of depression including symptoms of depressive disorder. This

study highlights the deficiencies of validated measure of depression in the field of burn recovery and provides specific recommendation for both clinicians and researchers to advance the knowledge of depression following a burn injury ¹⁵.

Blackeney and W.J.Meyer (1996) have found in their study that the growing number of individuals surviving such devastating burn injuries has prompted an increased focus on problems of rehabilitation, independence and psychosocial adjustment the psychological consequences of sustaining burn injuries are minor to severe ¹⁶.

McNulty (2002) had estimated that one half of all burn patients becomes permanently disabled with a large segment having psychological impairment. Psychological sequel that impairs function includes fear, anxiety, stress, disorder, and behavior regression. This article reviews the various psychological issue one confronts when treating burn patients with burn injuries .a wide range of factors influence recovery and rehabilitation from adult burn. The role of family members, family dynamics, parenteral reactions, parenteral psychiatric illness, and pre-morbid psychiatric illness in the burn are important factors ¹⁷.

II. Methodology

Research Approach: Quantitative evaluative research study approach was adopted for the present study.

Research design: The descriptive cross-sectional study design was adopted for the present study.

Variable

a) Research variables: -For the present study research variables were Anxiety and Depression among post burn clients.

b) Extraneous variables: -For the present study the extraneous variables include were,
Socio-Demographic variables includes age, gender, marital status, education, occupation, religion, type of family, area of living and total family income.

Clinical Variable includes cause of burn or type of burn, percentage of burn, degree of burn, duration of hospital stays, presence of care giver, relationship with client, nature of burn, site of burn, place of burn, any other disease and any history of addiction.

Setting of the study

Physical location and condition in which data collection takes place in study.

The study was conducted in the burn ward, PRH Loni Bk village. It is Multispeciality Hospital in Ahilyanagar District of Maharashtra.

Population

The population includes clients who are admitted in (burn area PRH Loni Bk).

Sampling

Non-probability purposive sampling was used for the present study.

Sample

Sample for the present study was post burn clients admitted in burn ward willing to participate in study and fulfilling inclusion and exclusion criteria.

Sample size: The sample size for study was 30 burn clients admitted in PRH Loni Bk.

Sampling techniques: Non-probability purposive sampling techniques were used for recruiting the samples to be included in the present study on the basis of inclusion and exclusion criteria.

Criteria for sample selection

Inclusion Criteria:

The burn clients, who were

- Above 18 years of age.
- Clients who are willing to participate in this study.
- Both male and female.
- 20 to 65% burn cases.
- Understanding the language of communication.
- Clients were included in study when they were hemodynamically stable, planned for discharge or during the follow up visits.

Exclusion Criteria:

- The burn clients, who were
- Pediatric clients.
- Severe burn clients.
- Acutely ill and unable to respond to tool.
- **Development of tool**

The tool consisted of three sections.

Section A: Socio-demographic data:- It consists of 9 items like age, gender, marital status, religion, Education, occupation, income, type of family and total family income of post burn client.

Section B: Clinical variable:- It consists of 11 items like cause of burn or type of burn, percentage of burn, degree of burn, duration of hospital stay, presence of care giver, relationship with client, nature of burn, site of burn, place of burn, any other disease and any history of addiction among post burn client.

Section C: Hamilton Anxiety and Depression Scale: - Hamilton Anxiety and Depression scale consists of 14 items where 7 items for anxiety and 7 items for depression.

In Hamilton Anxiety and Depression Scale total 7 items for Anxiety where 0-suggest no anxiety, 1-mild, 2-moderate, 3-severe and 4-very severe.

In Hamilton Anxiety and Depression Scale total 7 items for Depression where 0-suggest no anxiety, 1-mild, and 2-moderate, 3-severe and 4-very severe.

Both Anxiety and Depression overall minimum score was 0 and maximum possible score was 28.

Planned for data analysis

Descriptive and inferential statistics was used for data analysis. The collected data was organized, tabulated and analyzed by using descriptive statistics i.e. frequency, frequency %, mean, mean % and standard deviation. Karl person co-efficient and co-relation used to find out co- relation between Anxiety and Depression.

III. RESULT

The following result were drawn from the study finding

1. The majority finding of the demographic variables

Majority of the respondent in the presence study 36.66% in the age group of 18 to 30 years were as 23.33 % in age group of 41 to 50 years. Majority of the respondent 66.33% female were as 36.66% male in the present study. The majority of the respondent in the study 86.66% belonging from Hindu religion. Maximum number of respondent in the present study 76.66% were married. Majority of respondent 53.33% in the present having secondary education. Majority of respondent 56.66% burn clients are self-employed. Majority of respondent 76.66% from rural area. Maximum number of burn client 53.33% with presence of care giver.

2. The majority finding of the clinical variables

Maximum number of respondent 33.33% burn client having thermal type of burn injury. Majority of 60% having 11 to 40% of burn injury. Maximum number of burn client 63.33% were in second degree burn. Maximum number of burn clients 56.66% stay more than one month. Majority of burn client 86.66% having accidental burn injury. Maximum number of burn clients 30% burn injury in upper extremity. Majority of burn client 76.66% having burn injury at home. Maximum number of burn client having 90% addiction.

3. Aspect wise assessment of level of Anxiety- Aspect wise anxiety score of burn client mean is 11(59.99%) with the standard ± 1.91 .

4. To compare and co-relate anxiety with selected demographic variable-

Maximum number of clients in the age group of 18-30 years is 8 (10.62 ± 2.05) having moderate of anxiety. In gender wise analysis shows that females 12(11.41 ± 1.84) are having moderate anxiety and 4 females with the mean score (16 ± 0.7) having severe anxiety.

Maximum number of burn married clients 17 (11.11 ± 1.9) we having moderate anxiety and 2 unmarried burn clients with the mean score (16) having severe anxiety.

Maximum number 12 (11.25 ± 1.71) in the secondary educational qualification having moderate anxiety. Income wise analysis of burn in (6001-9000/year) high economic status shows that 8 clients (11.12 ± 1.49) having moderate anxiety.

Maximum number 12 clients (10.69 ± 1.31) having moderate anxiety and 4 client (16 ± 0.7) having severe anxiety clients living in rural area

Maximum number 7 clients (10.14 ± 2.21) were chemical cause of burn & 7 clients (11.42 ± 1.58) were thermal burn clients having moderate anxiety. Percentage wise analysis shows that maximum number 14 clients (11.57 ± 1.24) having moderate anxiety. Degree wise analysis of shows that maximum number 12 clients (11.41 ± 3.74) having moderate anxiety.

Maximum number 7 clients (10.14 ± 1.95) burn were in upper extremity & 5 clients (11.6 ± 1.85) burn were in lower extremity having moderate anxiety.

Maximum number 17 clients (11.11 ± 1.9) were not consuming any type of substance they having moderate anxiety and 4 clients (16 ± 0.7) having severe anxiety.

5. Aspect wise level of depression - Aspect wise depression score of burn client mean is 9.72 (83.33%) with standard deviation ± 1.92 .

6. To compare and co-relate depression with selected demographic variable-

Majority of burn client 9 in the age group 18-30 years with the mean score (9.22 ± 1.86) having moderate depression. The gender wise analysis shows that females 17 (9.94 ± 4.49) are having moderate depression and 8 males (9.62 ± 2.11) having moderate depression. Maximum married client 19 with the mean score (9.94 ± 2.35) having moderate depression.

Maximum number the 13 clients (9.92 ± 2.32) having moderate depression in secondary educational qualification burn clients and income wise analysis shows that low socioeconomic income were maximum number 11 clients with the mean score (8.9 ± 1.77) having moderate depression.

Majority of burn clients living in rural area 20 (9.25 ± 2.01) having moderate depression and the clients living in urban area maximum number of clients 5 (9.6 ± 2.05) having moderate depression.

Maximum number 8 client (9.12 ± 1.36) were in chemical type of burn having moderate depression & 9 client (9.88 ± 2) were in thermal type of burn.

Percentage wise analysis shows that maximum number 17 clients (9.7 ± 1.83) were in 11-40% of burn, having moderate depression. And in the degree wise analysis of the maximum number 18 clients (9.27 ± 2.27) were in 2 degree of burn, having moderate depression.

Maximum number of burn clients 6 (9.16 ± 1.21) burn in chest & abdomen they having moderate depression and 10 (10.4 ± 3.26) burn in upper extremity they having moderate depression.

Majority of clients who were not consuming any type of substance 23 (9.73 ± 2) having moderate depression and the burn client who consume tobacco 2 (9.5 ± 0.5) having moderate depression.

7. To find out co-relation between anxiety and depression –

The correlation score (R) was 0.167 it shows that there is mild positive co-relation between anxiety and depression.

IV. Discussion

A descriptive design was used to assess the level of anxiety depression among the post burn clients. Data was collected from 30 burn patients by purposive sampling technique using the tools the structured interview schedule the collected data was analyzed by using descriptive and inferential statistic, and presented in the form of table and graph or diagram.

The chapter attempt to discuss the finding of the study as per objectives. The study finding are discussed under the following headings.

- Description of demographic variables and clinical characteristic of burn clients.
- Assess the mean and SD of anxiety and depression in post burn clients.
- To find out co-relation between anxiety & depression.

A). Description of demographic variable and clinical variable of burn clients

1. Description of demographic profile- Finding of present study shows that Majority (63.33%) of clients were female and the remaining (36.66%) were male.

2. Clinical variable of burn patients: Finding of present study shows that people injured with thermal burn the higher percent (33.33%) where as 30% chemical & electrical burn and remaining 10% other burn injury.

B. The aspect wise mean and SD of anxiety in post burn patients.

1. Assessment of anxiety-

Bhosale
Principal
Seva Nursing College
Sakhar Kamgar Hospital Trust's
Shrirampur, Dist. Ahilyanagar

The aspect wise mean score and standard deviation of anxiety .Total number of 8 burn clients are normal with the mean score (5.5 ± 1.58), whereas 18 burn clients were having moderate anxiety with the mean score (11 ± 1.91) & 4 burn clients having severe anxiety with the mean score (16 ± 0.70).

C. To compare and co-relate anxiety with selected demographic variable- Maximum number of client in the age group of 18-30 years is 8 (10.62 ± 2.05) having moderate of anxiety. In gender wise analysis shows that females 12(11.41 ± 1.84) are having moderate anxiety and 4 females with the mean score (16 ± 0.7) having severe anxiety.

Maximum number of burn married clients 17 (11.11 ± 1.9) we having moderate anxiety and 2 unmarried burn clients with the mean score (16) having severe anxiety.

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Maximum number 7 clients (10.14 ± 1.95) burn were in upper extremity & 5 clients (11.6 ± 1.85) burn were in lower extremity having moderate anxiety.

Maximum number 17 clients (11.11 ± 1.9) were not consuming any type of substance they having moderate anxiety and 4 clients (16 ± 0.7) having severe anxiety.

B. Aspect wise mean and SD of depression in post burn patients.

2. Assessment of depression-

The aspect wise mean score and standard deviation of depression .Total number of 5 burn clients are normal with the mean score (4.8 ± 1.6), whereas 25 burn clients were having moderate depression with the mean score (9.72 ± 1.92) .

C. To compare and co-relate depression with selected demographic variable-

Majority of burn client 9 in the age group 18-30 years with the mean score (9.22 ± 1.86) having moderate depression. The gender wise analysis shows that females 17 (9.94 ± 4.49) are having moderate depression and 8 males (9.62 ± 2.11) having moderate depression. Maximum married client 19 with the mean score (9.94 ± 2.35) having moderate depression.

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Maximum number the 13 clients (9.92 ± 2.32) having moderate depression in secondary educational qualification burn clients and income wise analysis shows that low socioeconomic income were maximum number 11 clients with the mean score (8.9 ± 1.77) having moderate depression.

Majority of burn clients living in rural area 20 (9.25 ± 2.01) having moderate depression and the clients living in urban area maximum number of client 5 (9.6 ± 2.05) having moderate depression.

Maximum number 8 client (9.12 ± 1.36) were in chemical type of burn having moderate depression & 9 client (9.88 ± 2) were in thermal type of burn.

Percentage wise analysis shows that maximum number 17 clients (9.7 ± 1.83) were in 11-40% of burn, having moderate depression. And in the degree wise analysis of the maximum number 18 clients (9.27 ± 2.27) were in 2 degree of burn, having moderate depression.

Maximum number of burn clients 6 (9.16 ± 1.21) burn in chest & abdomen they having moderate depression and 10 (10.4 ± 3.26) burn in upper extremity they having moderate depression.

Majority of clients who were not consuming any type of substance 23 (9.73 ± 2) having moderate depression and the burn client who consume tobacco 2 (9.5 ± 0.5) having moderate depression.

To find out co-relation between anxiety and depression

To find out co-relation between anxiety and depression Karl Pearson coefficient of co-relation technique was used.

Overall response about anxiety the burn client considered as (X) anxiety & overall response about depression of burn client considered as (Y) depression by using Karl Pearson coefficient of co-relation between anxiety(X) and depression (Y). The correlation score (R) was 0.167 it shows that there is mild positive co-relation between anxiety and depression.

V. Bibliography

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Principal
Seva Nursing College
Sakhar Kamgar Hospital Trust's
Shrirampur, Dist. Ahilyanagar



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(RECOGNISED BY INDIAN NURSING COUNCIL, DELHI. MAHARASHTRA
NURSING COUNCIL, MUMBAI. MAHARASHTRA GOVERNMENT AND
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK).

Subhash Colony, Newasa Road, Sakhar Kamgar Hospital campus, Shirampur-413709

SKH : Estd.29/10/1965
REG.No.E-120/Ahmednagar

02422) 221104,

Mob No.7887562113

Email : sevanursingcollege@gmail.com

● Fax: (02422) 223890

● MUHS Code: 153121

● INC Code: 1903162

जा.क्र.SNC/SKH/13124/2024

दि. ०४/०८/२०२५

प्रति,

मा. संचालक,

विद्यार्थी कल्याण

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक,

दिंडोरी रोड, म्हस्रूळ, नाशिक- ४२२००४

विषय:- सावित्रीबाई फुले - मुलीकरिता शिष्यवृत्ती योजनेचा प्रस्ताव सादर
करणेबाबत.....

संदर्भ:- आपले दिनांक २०/०६/२०२५ रोजीचे परिपत्रक क्र. १४/२०२५

माननीय महोदय,

उपरोक्त संदर्भीय विषयास अनुसरून आमचे साखर कामगार हॉस्पिटल ट्रस्टचे, सेवा नर्सिंग कॉलेज श्रीरामपुर मधील शैक्षणिक वर्ष २०२५-२६ मध्ये नियमित शिक्षण घेत असलेल्या गरीब, गरजू व हुशार पोस्ट बेसिक बी. एस्सी नर्सिंग या अभ्यासक्रमास शिक्षण घेत असलेल्या विद्यार्थ्यांचे सावित्रीबाई फुले - मुलीकरिता शिष्यवृत्ती या योजनेस पात्र विद्यार्थ्यांचे प्रस्ताव महाविद्यालयामार्फत आपणाकडे सादर करण्यात येत आहेत.

कळावे

सोबत:- पात्र विद्यार्थ्यांचे प्रस्ताव अर्ज





Principal

Seva Nursing College
Sakhar Kamgar Hospital Trust's
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महाराष्ट्र आरोग्य विज्ञान विद्यापीठ
दिंडोरी रोड, नाशिक - ४२२ ००४

Application No.	Applicant Name	Application Date	College	Coordinator Name	Coordinator No.	Scheme Name	Status
2507000065	[TEMP-267602] MANSUKH PALLAVI PRAKASH	02-08-2025	[153121] Seva Nursing College, Shrirampur, Ahilya Nagar	MR. MANOJ BALKRUSHNA MUSMADE	024- 22221104	Savitribai Phule Girls Scholarship Scheme	Forward Pending
2507000064	[TEMP-267309] KALE NAYNA BHARAT	02-08-2025	[153121] Seva Nursing College, Shrirampur, Ahilya Nagar	MR. MANOJ BALKRUSHNA MUSMADE	024- 22221104	Savitribai Phule Girls Scholarship Scheme	Forward Pending
2507000477	[T-EE15312124000449] SAGARI SANA LAYAKALI	02-08-2025	[153121] Seva Nursing College, Shrirampur, Ahilya Nagar	MR. MANOJ BALKRUSHNA MUSMADE	024- 22221104	Savitribai Phule Girls Scholarship Scheme	Forward Pending
2507000472	[TEMP-267589] BULAR SAKSHI ANIL	02-08-2025	[153121] Seva Nursing College, Shrirampur, Ahilya Nagar	MUSMADE MANOJ BALKRUSHNA	024- 22221104	Savitribai Phule Girls Scholarship Scheme	Forward Pending
2507000066	[TEMP-267526] PATHAN AYASHA MAINUDDIN	15-07-2025	[153121] Seva Nursing College, Shrirampur, Ahilya Nagar	MANOJ BALKRUSHNA MUSMADE	024- 22221104	Savitribai Phule Girls Scholarship Scheme	Forward Pending
2507000048	[TEMP-267772] PARAB SUJATA SANTOSH	15-07-2025	[153121] Seva Nursing College, Shrirampur, Ahilya Nagar	MANOJ BALKRUSHNA MUSMADE	024- 22221104	Savitribai Phule Girls Scholarship Scheme	Forward Pending



Blasale

Principal
Seva Nursing College
Sakhar Kamgar Hospital Trust's
Shrirampur, Dist. Ahmednagar

Blasale

Principal
Seva Nursing College
Sakhar Kamgar Hospital Trust's
Shrirampur, Dist. Ahilyanagar



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NURSING COUNCIL, MUMBAI. MAHARASHTRA GOVERNMENT AND
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK).

Subhash Colony, Newasa Road, Sakhar Kamgar Hospital campus, Shrirampur-413709

(02422) 221104,

Mob No.7887562113

Email : sevanursingcollege@gmail.com

● Fax: (02422) 223890

● MUHS Code: 153121

● INC Code: 1903162

जा.क्र.SNC/SKH/1336/२०२५

दि.- १५/०९/२०२५

प्रति,

मा. संचालक,

विद्यार्थी कल्याण

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक,
दिंडोरी रोड, म्हसळ, नाशिक- ४२२००४

विषय:- कमवा व शिका योजनेबाबत

संदर्भ :- आपले दिनांक ०३/०६/२०२४ रोजीचे परिपत्रक मआविवि/एसडब्ल्यू/
स्कीम/९०१/२०२५

माननीय महोदय,

उपरोक्त संदर्भीय विषयास अनुसरून आमचे साखर कामगार हॉस्पिटल ट्रस्टचे, सेवा नर्सिंग कॉलेज श्रीरामपुर मधील शैक्षणिक वर्ष २०२५-२६ मध्ये नियमित शिक्षण घेत असलेल्या गरीब, गरजू व हुशार बेसिक बी.एस्सी. नर्सिंग अभ्यासक्रमास शिक्षण घेत असलेल्या विद्यार्थ्यांचे कमवा व शिका या योजनेस पात्र विद्यार्थ्यांचे प्रस्ताव महाविद्यालयामार्फत आपणाकडे सादर करत आहे.

कळावे

सोबत:- विद्यार्थ्यांची यादी

पात्र विद्यार्थ्यांचे ऑनलाईन व ऑफलाईन प्रस्ताव
महाविद्यालयाचा बँक तपशील



Bhosale
Principal

Seva Nursing College
Sakhar Kamgar Hospital Trust's
Shrirampur, Dist. Ahmednagar

Bhosale
Principal

Seva Nursing College
Sakhar Kamgar Hospital Trust's
Shrirampur, Dist. Ahmednagar



SKH : Estd.29/10/1965
REG.No.E-120/Ahmednagar

SEVA NURSING COLLEGE

(RECOGNISED BY INDIAN NURSING COUNCIL, DELHI. MAHARASHTRA
NURSING COUNCIL, MUMBAI. MAHARASHTRA GOVERNMENT AND
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK).

Subhash Colony, Newasa Road, Sakhar Kamgar Hospital campus, Shrirampur-413709

(02422) 221104,

Mob No.7887562113

Email : sevanursingcollege@gmail.com

● Fax: (02422) 223890

● MUHS Code: 153121

● INC Code: 1903162

कमवा व शिका या योजनेकरीता पात्र विद्यार्थ्यांची यादी
(शैक्षणिक वर्ष २०२५-२६ करिता)

अ.क्र.	विद्यार्थ्यांचे नाव	वर्ग
१	संजना संदेश आल्हाट	तृतीय वर्ष बी. एस्सी. नर्सिंग
२	मोहिनी भाऊसाहेब आग्रे	तृतीय वर्ष बी. एस्सी. नर्सिंग
३	आचल नानासाहेब गाडेकर	तृतीय वर्ष बी. एस्सी. नर्सिंग
४	धनश्री संतोष बोरुडे	तृतीय वर्ष बी. एस्सी. नर्सिंग
५	भाग्यश्री संतोष बोरुडे	द्वितीय वर्ष बी. एस्सी. नर्सिंग



Bhosale
Principal

Seva Nursing College
Sakhar Kamgar Hospital Trust's
Shrirampur, Dist. Ahmednagar

Bhosale
Principal

Seva Nursing College
Sakhar Kamgar Hospital Trust's
Shrirampur, Dist. Ahmednagar



SEVA NURSING COLLEGE

(RECOGNISED BY INDIAN NURSING COUNCIL, DEHLI. MAHARASHTRA NURSING COUNCIL, MUMBAI. MAHARASHTRA GOVERNMENT AND MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK).

SKH - Estd. 29/10/1965
No. E-120/Ahmednagar

① (02422) 221104, Mob No. 7887562113
● Email : sevanursingcollege@gmail.com,
sakharkamgar@gmail.com

● Fax: (02422) 223890
● MUHS Code: 153121
● INC Code: 1903162

जा.क्र. SNC/SKH/UL/२०२३

दि.- ०३/११/२०२३

प्रति,
मा. संचालक,
विद्यार्थी कल्याण
महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक,
दिंडोरी रोड, म्हसळ, नाशिक- ४२२००४

विषय:- सन २०२३-२४ या वर्षकरिताचे राष्ट्रीय सेवा योजना स्वयंनिर्वाहित
एकक अंशदान शुल्काबाबत

संदर्भ :- आपले दिनांक ३०/१०/२०२३ रोजीचे परिपत्रक मआवि/वि.क./
एनएसएस/१७०२/२०२३

महोदय,

उपरोक्त संदर्भीय विषयास अनुसरून आमच्या सेवा नर्सिंग कॉलेज, साकर कामगार हॉस्पिटल ट्रस्ट, श्रीरामपुर मधील शैक्षणिक वर्ष २०२३-२४ चे राष्ट्रीय सेवा योजनेच्या ४० स्वयंसेवक (विद्यार्थी) यादी, योजनेचे अर्ज तसेच स्वयंनिर्वाहित एकक अंशदान शुल्क धनाकर्ष क्र. २१५९२९ सोबत सविनय सादर करत आहोत.

कळावे.



[Signature]
Principal

Seva Nursing College
Sakhar Kamgar Hospital Trust's
Shrirampur, Dist. Ahmednagar.

- सोबत:-
- १) शैक्षणिक वर्ष २०२३-२४ चे राष्ट्रीय सेवा योजनेच्या ४० स्वयंसेवक (विद्यार्थी) यादी
 - २) राष्ट्रीय सेवा योजनेतील स्वयंसेवकांचे अर्ज
 - ३) स्वयंनिर्वाहित एकक अंशदान शुल्क धनाकर्ष क्र. २१५९२९

[Signature] ०९/११/२०२३
महाराष्ट्र आरोग्य विज्ञान विद्यापीठ
म्हसळ, वणी-दिंडोरी रोड, नाशिक- ४२२००४
[Signature]

SAKHAR KAMGAR HOSPITAL TRUSTS SEVA NURSING COLLEGE, SHRIRAMPUR
SWCHTA ABHIYAAN REPORT

GRAM SWACHTA ABHIYAN IN THE MEMORY OF SHRI. SANT GADGEBABA

1. Swachhata Abhiyan in the premises of college

- Cleaning seva nursing college classrooms, premises, road, or nearby public places
- Promotes Sant Gadgebaba's message: "Cleanliness is Godliness".

2. Floral Tribute & Lamp Lighting is done

- Garlanding Sant Gadgebaba's portrait
- Lighting a lamp to begin the program respectfully

3. Speech Competition

- Topics: students of bsc nursing college
- Life and work of Sant Gadgebaba
- Importance of cleanliness and social reform
- Relevance of Sant Gadgebaba's teachings today

4. Essay Writing Competition: Topics based on:

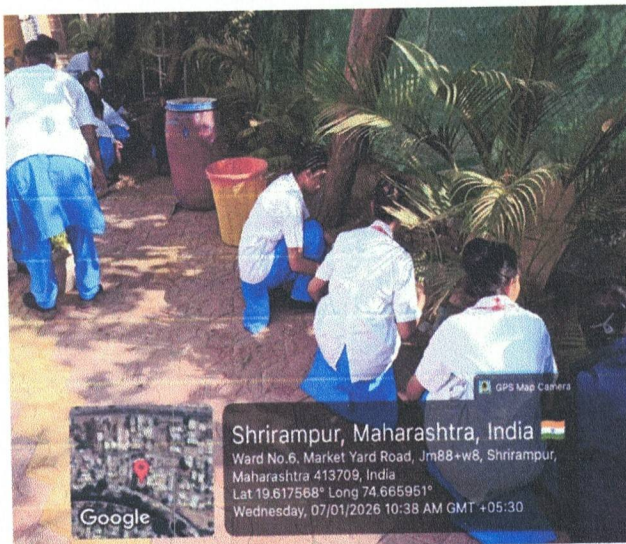
- Social equality
- Superstition eradication
- Role of saints in social reform

Report of swchta abhiyaan

- Swachta abhiyas was celebrated with great respect and enthusiasm in the memory of **Sant Gadgebaba**, a renowned social reformer and saint of Maharashtra. The program aimed to spread his message of cleanliness, simplicity, equality, and social service.
- The program began with the lighting of the lamp and floral tribute to Sant Gadgebaba's portrait. Students and guests highlighted his life and contributions through speeches. Sant Gadgebaba strongly believed in social reform, eradication of superstition, promotion of education, and cleanliness. He inspired people to keep villages clean and help the poor and needy.
- Various activities such as speeches, bhajans, and cleanliness awareness talks were conducted. Some students also participated in a cleanliness drive, following Sant Gadgebaba's ideals of "Swachhata".
- Students and staff of seva nursing college pledged to follow Sant Gadgebaba's principles in daily life and contribute to building a clean and just society. The celebration was meaningful and inspiring for all participants.

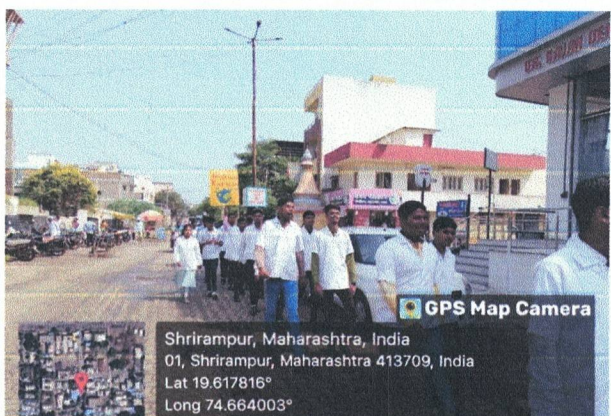
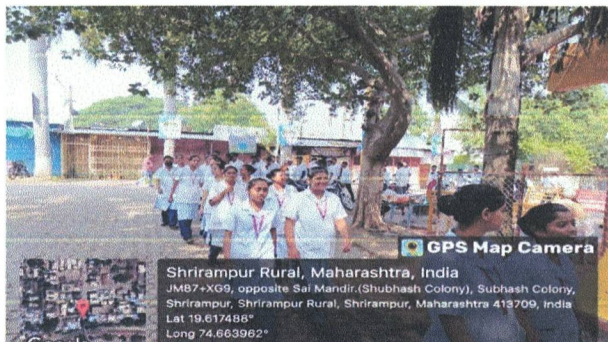


Bhosale
Principal
Seva Nursing College
Sakhari Kamgar Hospital Trust's
Shrirampur, Dist. Ahilyanagar



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Rally on theme of Swchat Abhiyan



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Tree plantation activity



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