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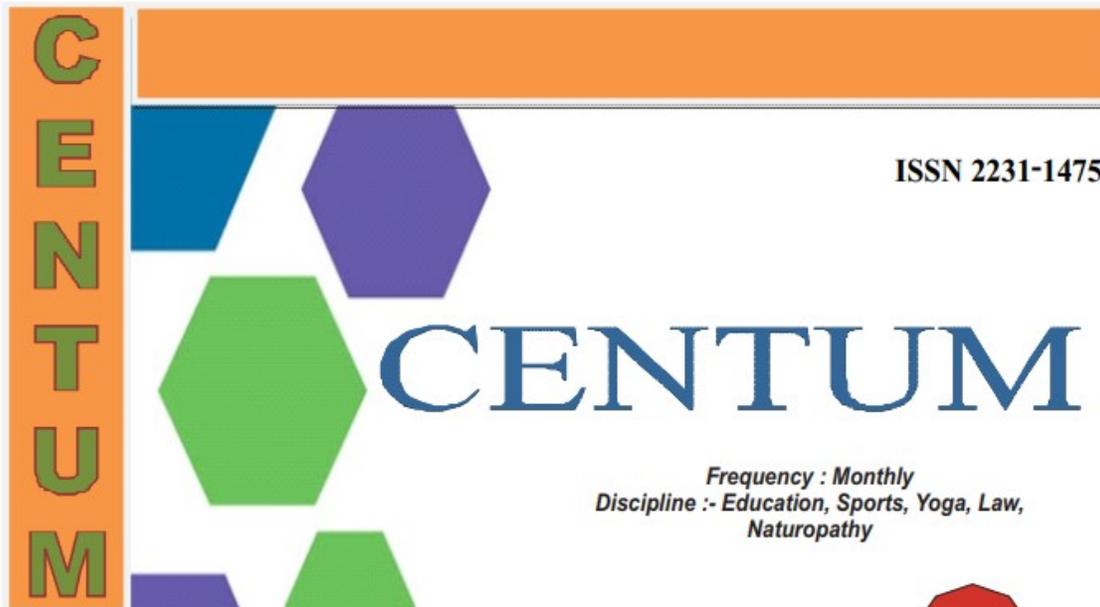


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FROM THE CHIEF EDITOR'S DESK



The “CENTUM” Journal is fast emerging as a dominant mode of education of this century, not only in technologically advanced societies, but also in the developing and the less developed parts of the societies where a majority of the human population awaits the first dawn of education. The ever changing social economic and educational needs of the society have compelled the educational institutions and the policy makers to move away from the conventional thinking and practice of research in education.

This scope of the area of school organization and administration in the earlier survey has been expanded into institutional organization with research now being conducted on the organization of other levels of education besides the schools, similarly the area of test and measurement is now modified to evaluation and measurement due to decrease in the number of researches, on the construction and standardization of various tests and the growth in research on different aspects of evaluation, the earlier category of adults and social education now features as none formal adult and continuing education in fine with change in the perspectives and programme in the area of research.

This publication of research article is expected to serve as a compendium providing information on the type of educational issues and aspects of

education studied the developments and refinements in the methodology of research and highlighting the trends in the educational research as also in the theory and practice of education. The publication is expected, like the earlier one to be of help to researchers in education and in other disciplines by providing a ready reference of the areas already researched in to, emerging areas of research, the research methods and techniques employed and the findings of the research. The readers and the scholars input enhance the quality of articles already published.

Dr. Anju Singh

Editor-in Chief, (Centum)

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Justice Will Never Stop- Even in the “Pandemic”

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It's 2021 and we are, at present, living in the situation of the Pandemic which is known as COVID19. COVID19 is a name of a disease, in which a person is affected by the Virus called Corona. It's more than Eighteen Crore peoples of the world have been affected by such virus and more than Forty Lakhs people have lost their lives in the fight against the said virus. It's a Pandemic declared by World Health Organization (WHO).

It's 27th January 2020, when the first case of COVID-19 was reported in India when a twenty years old lady was admitted to the Emergency Department of General Hospital at Thrissur in Kerala. She was suspected of a patient of COVID19. She disclosed that she had returned on 23rd January 2020, from Wuhan city, China. She was the very first patient of COVID19 found in India and after that day by day, a new record of COVID19's patient has taken place.

Its 22nd March 2020, when a 14 hours public curfew has been followed in entire India as announced by the Prime Minister of India, it was the begging as well as a trial of “**Lock-Down**” in India. After that on 24th March 2020, in the evening, the Prime Minister of India officially announced a nationwide lockdown for long 21 days to prevent and stop the spread of the virus named Corona but on the 21st day of the very first lockdown i.e. on 14th April 2020, the lockdown was extended for more 19 days i.e. till 3rd May 2020 and again it was extended till 17th May 2020 with some relief and again till 31st May 2020. And after that the “**Unlock the nation**” procedure has been started in partly.

It's more than one year has been passed since the date of unlocking the date mission but still, it's Corona here in the country still we are not fully opened, still there are protocols to defect COVID19 disease and still we are at home. All Schools, Colleges, and universities are still close due to the Pandemic.

Where everything in the world stops and for this, loss of more than 3.5 trillion Dollars has to suffer to the world's economy, our judiciary system still working. It's the first time in the world's history when a victim of any crime against him has got justice without going to the Court of Justice.

On 6th April 2020, when the whole country has to stay where they were due to the Lockdown of the entire Country, the Honorable Supreme Court of India Suo moto, in exercise of power under article 142 of the constitution, which empower the Supreme Court that in the exercise of its jurisdiction, Supreme Court may pass any order or decree for doing complete justice and such order or decree so passed shall be enforceable throughout the territory of India, passed guidelines for the functioning of the Court in all over India through Video Conferencing. In such guidelines a generic framework and some steps for functioning via Video conference for Lower and District

Courts as well as for High Courts of different states. In Such guidelines, The Honorable Supreme Court also delegated the responsibility to make necessary guidelines for separate Jurisdiction of High Courts. The division bench of the Supreme Court, comprising of *Chief Justice S.A. Bobde*, *Justice L. Nageswara Rao*, and *Justice D.Y. Chandrachud* said that all High Courts “*suo moto*” can decide for their jurisdiction to run the court so that the court will not stop their working, accordingly all High courts were approved as per their convenience some measures through the utilization of innovations. for videoconferencing. On the 1st day of June 2020, history is written as the Supreme Court of India had gone paperless. In a two-hour session, the court heard 9 listed cases and one urgent matter, and the same was first-ever live-streaming of the court proceedings. In starting this was not such easy to trial through videoconferencing. As mentioned above Supreme Court issued a basic guideline for hearing through videoconferencing and also gave the power to take necessary action to hear through videoconferencing, as per their convenience and the high court gave the same power to the District and Sessions Court of every district. As such procedure was first time introduced before us, accordingly in beginning it takes some time to settle with such procedure for the advocates, judges as well as other Court staffs because Pandemic of COVID-19 has not yet gone. For video conferencing, the court appoints an expert person as a coordinator, who have sufficient knowledge of e-world and can operate video conferencing link easily and ensuring that the trial or hearing through e-link are going smoothly and free from technical glitches. It was/is the responsibility of the selective coordinators to set up the system and sends the link to respective advocates of both state and defense sides before five to ten minutes of their fixed schedule for the hearing. They also have to maintain the protocol announce by the government and keep a distance from every person and documents, case-records, etc. It is the responsibility of the coordinators to set-up the necessary equipments such as laptop, internet connection, data transfer speed, Camera, mic, speaker and power supply are functioning properly. It has been also seen that sometimes internet connection between the court and parties disconnects or cannot be connected, in such event the Court either fixed another short date for further hearing or asked the parties of the case to try to reconnect the connection or if they can physically appear before the Court within the specified time given by the Court to them for natural justice. Except above, arrangement and preparation of necessary documents and case records which are relied upon in the proceeding of the court within time with limited court-staff due to pandemic protocol, was also a big challenge. Without such documents, proper and justified hearing would not be possible. As reported the pending cases in Indian Court has more than four and half crore, and to short out those cases was/ is a big challenge before the Indian Judiciary, and for that purpose and to decrease the number of cases in India, the courts do not stop their working even in the pandemic. The Court is still going on when the whole world is stopped. Though there are so-many old cases are pending, yet in the pandemic, allots of new cases are introduced before the court for breach of the peace (section 504 of IPC), disobedience to order duly promulgated by public servants (Section 188 of IPC), case of spread the infection of any disease dangerous to life (section 269 of IPC) cases under Disaster Management Act, 2005, Cases under Epidemic Disease Act, 1897, cases under Environmental Law etc. This causes more burden on the Indian Judiciary. Furthermore, we can say as per observation in the Lockdown due to pandemic situation in last one year in India, in many domains, when the Central, as well as State Government, became unable to tackle the situation of the chaos of litigant in all over India here and there, It was Supreme Court, who takes the “*Suo Moto*” action against the Government of India and provided strict provision to make the necessary arrangements, so that every litigant who stuck in another state or city can attend his home safely.

As we know, Corona Virus spread into human lungs very fast and it comes into the lungs through the breath or any other channel and due to non-information about the virus, and also the pandemic situation because of the virus, in the starting situation the dead bodies of those people who died due to such virus infection, was not handed over to his relatives because there was a chance of spreading the virus to another living person by the dead body. Even the situation was so worst that a person is admitting himself in running condition at the hospital and within two days that person died and no family members are allowed to see him or take his body from the institute. Here also Hon'ble Supreme Court observe the pain and right of a person i.e right to cremation/ burial and pass necessary direction upon the medical institutes as well as government that to handed over the dead body with proper sealed and/or protective or make the arrangement to do cremation of that body in the presence of a family member of the diseased if the family member is willing to do so. It is/was also reported that several dead bodies found floating in the Ganga river in UP and Bihar. So many dead bodies found in the footpath-side at vacate places. In such a horrible situation The Supreme Court of India took action and pass strict directions upon Central Government to make required efforts to prevent them.

In March 2020, the Central Government of India introduced a relief fund for financial as well as medical help to the victimized people of the Pandemic, as mentioned above which impacted fifty-six lack plus lives. It supported many charitable hospitals, healthcare NGOs and other institute relates to humanitarian aid. It was open to donating by anyone without any question. Allots of supporters stood to support it and a huge charity was given from the four corners of India. And then political suffocation, lots of issues were took place and the Prime Minister of India was asked to give proper audit/ balance-sheet of that fund. The issue increases day by day and again the biggest court of India Comes "*suo- moto*" to short out the problem and says that no one has the right to ask the details of the COVID Fund. We all know the whole world is badly affected by the Virus called Corona, and India was the first country who discover the Vaccine for such Virus and in the preliminary stage, India started to export a large number of Vaccine in other Countries and on being questioned by others, it was replied that India has sufficient stock for Indians. With the passage of time, COVID-19 became huge in quantity and more dangerous to human health. Many new variants of Corona Virus in the world has been introducing, accordingly suddenly a larger number of peoples in India tried to be a vaccinated accordingly crises of the vaccine begins in India. To protect himself, the Government says there are limited stock of vaccine and they are trying to produce more and more so that every person can be vaccinated very soon. Here again, the Supreme Court of India became aggressive towards government policy for vaccination and asked the government that if there were limited quantity of vaccine then why it was sent to other Country and also directed the government to take every possible step for vaccination of Indian People. The Supreme Court had also organized the vaccination facilities for present judges and retired judges along with their family members. As mentioned above, a lot of problems had been faced and still facing by the Judicial as well as Court officers. It was a great challenge for the entire judicial system as a new system was introduced before the court. First time in history our Justice system depends upon modern technology and a large number of advocates are still facing problems by this because of lack of proper and appropriate knowledge of the procedure, data disconnection during the hearing or not even connecting with the link of court, insufficient details because of lack of case record and other documents, dependency upon the court staffs as well as registrar etc., accordingly petitioners, as well as applicants, wishes that the Court should also provide an option for allowing litigants and/ or their lawyers for both, Video hearing and physical hearing, as per their

convenience. Justice *Dhananjaya Yeshwant* Chandrachud, Judge of the Supreme Court of India, said in a webinar that they have to take care of the lives of all those persons who used to come to the Court like advocates, litigants, media-personal etc. and it is also true that hearing through videoconferencing in the court is not be able to replace physical court hearings. On the other hand, after seeing the problems towards the advocates, the Bar Council of India (BCI) says on 21st May 2021 that some selected advocates and legal firms have hijacked the entire judicial system and proper justice is not possible by following the virtual court system only. BCI also alleged that in the virtual court system, maximum numbers of advocates and their clients are in the dark and unaware of the case status that what actually happened. They also alleged that it is not at all possible to get fair justice through the process of virtual justice because of connectivity problems as well as technical problems accordingly they want the court to resume physical hearing in the court as soon as possible. In the first week of June, The Supreme Court of India agreed to hear the matter through physical appearances of the advocates in the courtroom while adhering to follow the COVID protocol announced by the government and strictly follow physical distancing norms, so that justice to the litigants and victims may not be hampered. The Supreme Court had switched by issuing several guidelines towards the procedure from filing of the case to hearing the same by keeping and maintaining CORONA Protocols in their mind to “**Hybrid Mode**” which provides the advocates to move before the Court as per their willingness as move before the court through physical appearance or videoconferencing, So that procedure of Justice can go smoothly and may not be hampered.

Conclusion:-From the above discussion and by giving light on the importance of the Indian Judiciary system, we can say that the Pandemic introduced before us named “COVID-19” stopped the whole world, as well as our whole country, more than four lakh people had lost their lives, crores and crores, have been destroyed, more than fourteen crore people became jobless, up to 53 percent of businesses were affected, India’s major companies become fall down and when everything seems like hell, neither Central Government nor RBI nor any of individual can stand for a while before the Pandemic, and the whole country have to surrender on the knee before such Virus, then also our Judiciary system not only stands powerfully but also handle the worst situation of the whole nation and always ready to make justice towards all the litigants in the Country. The Indian Judicial System not only protects the rights of every citizen of India but also provides so many crucial directions against the Central as well as state Governments and police personals for the welfare of humanity in India. So, we can say in the pandemic, when the whole nation is not only stopped but with the uncountable loss, more than ten years back-foot, the Justice to the victims of all kinds of nature, is still going on.

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EFFECTIVE PSYCHOLOGICAL SUPPORT FOR POST-TRAUMATIC STRESS DISORDER (PTSD) CAUSED BY ROAD ACCIDENT

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Abstract:-The management of post-traumatic stress disorder (PTSD) after a road accident is a very critical status that a victim is liable to face. This essay analyses the conditions and the impacts of PTSD, in order to derive the most effective psychological support system that can be offered to the victims after road accident. The core concern is to generate awareness among public about PTSD and thereby offer adequate research based solutions to handle the victim and offer curable support.

INTRODUCTION-The psychological impacts of road accident on victims are not only severe, but also is subject to bring in devastating changes to the mental health of the person. It can also lead to a long term mental and emotional sufferance that must gain adequate attention from both medical and social frontiers. According to Zashchirinskaia (2018) Post-Traumatic Stress Disorder (PTSD) is a status of response made towards the resultants of road accidents. The scholar clarified that PTSD has *psychological manifestations* among those who have faced road accidents. However, this sensitive subject has failed to grab adequate attentions from the mainstream research initiatives and is often left unattended (Collier and Friedman, 2016; Cartwright, 2017; Zashchirinskaia, 2018; Every-Palmer, et al., 2019).

In this essay, the core objective is to initiate a research based understanding about PTSD caused by road accident. In leading this thread the main aim remains in concern with offering effective psychological support to the PTSD victims so that they can attain better and healthier lifestyle.

The foremost step in this field is to understand the condition of PTSD and gain adequate knowledge about its symptoms. According to NIH (n.d.), the condition of PTSD comes into existence as a person experiences a shock and get scared through a dangerous incident. The aftereffect of a road accident is a perfect foreground for generating PTSD in the victims. As a result of a traumatic incident like road accident, the victim is subject to trigger a sudden fear with innumerable '*split-second changes*' in its physical body as a means to give response to the danger that just happened and create a mental set up to avoid similar dangers in the upcoming future (NIH, n.d.). Though such a development helps in creating a protective sense in the victim, yet a prolonged status with fear and stress, is identified as PTSD (NIH, n.d.).

In order to treat PTSD, it is very important to know the symptoms to detect that the victim of the road accident is suffering from PTSD. Few of the most common symptoms for detecting PTSD are-

The process should be developed in terms of altering the harmful psychologically traumatic feelings by positive experiences, so that the emotions can be regulated in an improved manner. While doing so, it is necessary to consider cognitive behavioural approach that can turn the exposure to the road accident as efficacious for balancing stress and fear in the victim. In this connection, Rego and Blackmore (2012) identified three very essential elements that needs to be implied while initiating CBT for effective support to the PTSD victim of road accident. These elements are -

- Exposure offered to the triggers that provoke the anxiety, and thereby eliminating the concerns related to safety related behaviours

- Enhancement of skills for the management of respective anxiety, here the PTSD caused by road accident
- Restructuring all the faulty cognitive approaches, so that necessary alteration of feelings can be accomplished.

In the matter of PTSD caused by road accident, the considerations of feelings that leads to anxiety must get exposed and further altered in relation with either escape, avoid, or cope; or otherwise gain consciousness for the threatening instances (see Appendix 1). The purpose as established by the Cognitive Triangle is to implement CBT based techniques, so that the PTSD patient can be assisted in terms of reducing the traumatic symptoms and further embrace improvements in managing those traumas. It is by means of interconnecting the thoughts with emotions and behaviour that the patient can realize about the instances that can lead his/her mind to a better state of understanding and positive feelings about oneself.

By means of employing CBT, the patient with PTSD caused by road accident can be encouraged to offer a proper means to re-evaluate the patterns of their feelings and thoughts. As this process gets initiated, it is the responsibility of the assistant to identify all those thoughts and feelings that causes trauma to the patient. The thoughts that are identified as over-generalizing about the bad consequences should be altered by positive stream of thoughts. These thoughts should be further developed in such a manner, that the patient will start feeling the need to reconceptualise the relevance of connecting them to the road accident. As the patient starts accepting these thoughts as negative and the roots for his/her mental sufferance, then necessary alteration can be initiated with adequate understanding about the capability to cope up with the negative thoughts. The CBT approach is effective in terms of treating PTSD patients, especially those who faced road accident; as it gives the patient enough room for exposing the narrative of the trauma and keeps the patient conscious of the trauma, as well as the sufferance attached to it. As a result the patient starts accepting the trauma and in a steady manner reduce the practice avoiding the narrative of the accident. It soon becomes an integral part of his/her life, and a sense of acceptance gets developed in the patient. It is this acceptance that brings in the light to reject these negative feelings and make space for positive feelings that life has to offer. However, as noted by scholars like Resick, et al. (2017), Kozel, et al. (2018), and Valenstein-Mah, et al. (2019); this process of exposure should be done in a very careful and in a very sensitively controlled manner. A simple impatient step can lead to devastating results.

The next very effective way of supporting the PTSD caused by road accident is Eye Movement Desensitization and Reprocessing (EMDR). EMDR is a mode of treatment that gets initiated by pairing the process of exposure of the PTSD patient to those memories that are traumatic in nature, along with brain's *bilateral stimulation* by means of tracking fingers of the person who is supporting the patient (Shapir, et al. 2017). The tracking of fingers can also be altered by using eyes to follow a string with lights, or otherwise by using alternating tones. This approach is effective in managing sensational feelings and thoughts that predominates the mind of the patient. By means of using physical sensations, it becomes easier to distract the traumatic feelings and thoughts about the road accident in the PTSD patient. The use of EMDR is very appropriate in terms of generating a belief in the patient and it also supports in reducing the emotional state of helplessness in the patient (Aranda, et al., 2015; Kullack, et al., 2016). In a way, EMDR is a proven way of reducing the physiological reactions that gets hampered by the repetitive flash of the road accident in the victim. As EMDR can distract or in desensitising the mind, it is very strong in reducing and further reprocessing all kinds of negative thinking and beliefs that the victim generates for oneself (Collier and Friedman, 2016). The sense of guilt and

the loss caused by the road accident too gets well distracted and the PTSD patient starts gaining more confident about looking into other aspects of life, instead of being preoccupied by the trauma of the accident (van den Berg, et al. 2016).

In relation with the benefits of EMDR, it is also very necessary to implement this approach in a very systematic manner. For the implementation of EMDR to the patient of PTSD caused by road accident, following phases needs to be implied with adequate care (see Appendix 2).

Phase 1: Collecting History Planning Treatment

This is the first phase of EMDR that concentrates in collecting all kinds of information about the road accident and its impacts on the victim. This offer the fore ground for planning the process of treatment in the PTSD patient.

Phase 2: Support-system Preparation

In this phase it is important that the patient start having enough confidence and trust on the person who is trying to support him/her. As the trust gets build up, it is then very important to identify all those areas that creates disturbance to the PTSD patient.

Phase 3: Psychological Assessment

At this phase, the identification of negative mode of self-belief caused by the road accident must get assessed in a very elaborate manner and in a steady manner the positive self-statements must be added to the conversation approach of the patient. Use of Validity of Cognition (VOC) scale (see Appendix 3) is very effective at this phase.

Phase 4: Process of Desensitisation

All the traumatic emotions related to the road accident must be resolved at this phase. The process of shifting the focus from the traumatising thoughts to positive thoughts is the core approach of desensitisation phase.

Phase 5: Process of Installation

The core objective of this phase is to develop the positive thoughts, feelings and beliefs in the PTSD patient.

Phase 6: Responses through Body Scan

At this phase the physical responses of the PTSD patient are collected through body scan. The purpose of this scan is to identify the amount of positive thoughts that the patient could accumulate after the completion of the former phases. It also aims to detect negative thoughts, if there is any.

Phase 7: The Closure

In this phase the process of EMDR comes to a closure. This phase appears when the reports of the body scan shows that the PTSD patient can think of the traumatic road accident without any mental harassment.

Phase 8: Re-evaluation

This phase for Re-evaluation is very important as it confirms the success of EMDR approach on the PTSD patient.

The efforts of CBT and EMDR might not be effective, if the PTSD patient chooses to live alone. Any psychological support without participation of positive feelings cannot being in effective results (Chen and Spry, 2017). According to Chen and Spry (2017) the approach of Group therapy is effective as it offer scopes to the patient to get treated in a group. It is important to consider Group therapy, as an added provision along with CBT or EMDR.

References

- 1.AHRQ (2017) *Psychological and Pharmacological Treatments for Adults with Posttraumatic Stress Disorder (PTSD): Systematic Review*. Evidence-based Practice Center Systematic Review Protocol. Effective Health Care Program. Agency for Healthcare Research and Quality. USA. May 24, 2017 https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/ptsd-adult-treatment-update_research-protocol.pdf
- 2.APA (2020) *Eye Movement Desensitization and Reprocessing (EMDR) Therapy*. American Psychological Association. Retrieved on 17th May, 2020 from <https://www.apa.org/ptsd-guideline/treatments/eye-movement-reprocessing>
- 3.Aranda, B. D. E., Ronquillo, N. M., & Calvillo, M. E. N.. (2015). Neuropsychological and physiological outcomes pre- and post-EMDR therapy for a woman with PTSD: A case study. *Journal of EMDR Practice and Research*, 9(4), 174-187.
- 4.Cartwright, A. (2017): The Psychological Effects of Road Traffic Accidents (RTAs): An Exploration of a United Kingdom Medico-Legal Examiner's Career of RTA Assessments.*Psychiatry, Psychology and Law*, DOI: 10.1080/13218719.2017.1396864
- 5.Cartwright, A. & Roach, J. (2016). Fraudulently Claiming Following a Road Traffic Accident: A Pilot Study of UK Residents' Attitudes. *Psychiatry, Psychology and Law*, 23(3), 446–461
- 6.Chen, S. and Spry, C. (2017) *Group cognitive processing therapy for adults with post-traumatic stress disorder, anxiety, or mood disorders: a review of clinical effectiveness and guidelines*. Ottawa: CADTH; 2017 Jun. (CADTH rapid response report: summary with critical appraisal).https://www.cadth.ca/sites/default/files/pdf/htis/2017/RC0891%20Group%20CPT_Final.pdf
- 7.Collier, S. and Friedman, S. H. (2016) Mental illness among women referred for psychiatric services in a New Zealand women's prison. *Behav Sci Law*; 34(4):539–50.
- 8.Deblinger, E., Pollio, E. and n Dorsey, S. (2016) Applying Trauma-Focused Cognitive–Behavioral Therapy in Group Format. *Child Maltreatment*, Vol. 21(1) 59-73
- 9.Ehlers, A. (2013). Trauma-focused cognitive behaviour therapy for posttraumatic stress disorder and acute stress disorder. In Simos, G., & Hofmann, S. G. (eds). *CBT for anxiety disorders: A practitioner book* (pp. 161-190). New York, NY: Wiley.
- 10.Emond, S. and Rasmussen, B. (2012) The status of psychiatric inpatient group therapy: past, present, and future. *Soc Work Groups*; 35(1): 68-91.
- 11.Every-Palmer, S., Flewett, T., Dean, S., Hansby, O., Colman, A., Weatherall, M. and Bell, E. (2019) Eye movement desensitization and reprocessing (EMDR) therapy for posttraumatic stress disorder in adults with serious mental illness within forensic and rehabilitation services: a study protocol for a randomized controlled trial. *Trials*; 20: 642, Retrieved on 17th May, 2020 from <https://doi.org/10.1186/s13063-019-3760-2>
- 12.Frewen, P., Schmahl, C., Olf, M., 2018. Interdisciplinary approaches to understand traumatic stress as a public health problem. *European Journal of Psychotraumatology*, 8 (5), 1441582.
- 13.Gene-Cos, N., Fisher, J., Ogden, P., and Cantrell, A. (2016) Sensorimotor Psychotherapy Group Therapy in the Treatment of Complex PTSD. *Ann Psychiatry Ment Health* 4(6): 1080.
- 14.Kozel, F. A., Motes, M. A., Didehbani, N., DeLaRosa, B., Bass, C., Schraufnagel, C. D., et al. (2018). Repetitive TMS to augment cognitive processing therapy in combat veterans of recent conflicts with PTSD: a randomized clinical trial. *J. Affect. Disord.* 229, 506–514.
- 15.Kullack, C., & Laugharne, J.. (2016). Standard EMDR protocol for alcohol and substance dependence comorbid with posttraumatic stress disorder: Four cases with 12-month follow-Up. *Journal of EMDR Practice and Research*, 10(1), 33-46.

- 16.Mind (2018) Post-traumatic stress disorder (PTSD). Mind. Retrieved on 17th May, 2020 from <https://www.mind.org.uk/media-a/2950/ptsd-2018.pdf>
- 17.Monson, C. M. & Shnaider, P. (2014). *Treating PTSD with cognitive-behavioral therapies: Interventions that work*. Washington, DC: American Psychological Association
- 18.NICE (2018). Post-traumatic stress disorder. NICE guideline. National Institute for Health and Care Excellence. 5 December 2018. www.nice.org.uk/guidance/ng116
- 19.NIH (n.d.) *Post-Traumatic Stress Disorder (PTSD)*. National Institute of Mental Health.U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
- 20.Rego, S. A., and Blackmore, M. A. (2012) *Three Essential Pieces for Solving the Anxiety Puzzle*. Montefiore Medical Center. Albert Einstein College of Medicine. April 13, 2012 Retrieved on 17th May, 2020 from <https://adaa.org/sites/default/files/153%20Rego%20and%20Blackmore%20Handouts.pdf>
- 21.Resick, P. A., Monson, C. M., and Chard, K. M. (2017). *Cognitive Processing Therapy for PTSD: A Comprehensive Manual*. New York, NY: Guilford Press
- 22.Shapir, F., Wesselmann, D., and Mevissen, L. (2017) Eye movement desensitization and reprocessing therapy (EMDR). In: Landolt M, Cloitre M, Schnyder U, editors. *EvidenceBasedTreatments for Trauma Related Disorders in Children and Adolescents*. Cham: Springer.
- 23.Valenstein-Mah, H., Kehle-Forbes, S., Nelson, D., Danan, E. R., Vogt, D., and Spont, M. (2019) Gender differences in rates and predictors of individual psychotherapy initiation and completion among Veterans Health Administration users recently diagnosed with PTSD. *PsycholTrauma*. 2019 Nov; 11(8):811-819.
- 24.van den Berg, D. P. G., de Bont, P. A. J. M., van der Vleugel, B. M., de Roos, C., de Jongh, A., van Minnen, A., van der Gaag, M. (2016) Trauma-focused treatment in PTSD patients with psychosis: symptom exacerbation, adverse events, and revictimization. *Schizophr Bull*;42(3):693–702.
- 25.Vermetten, E, Olf, M., 2013. Psychotraumatology in the Netherlands. *European Journal of Psychotraumatology*, 4.
- 26.Yourglowuptherapy (2019a) 8 Phases Of EMDR. Your Glow up Therapy. Retrieved on 17th May, 2020 from <https://www.yourglowuptherapy.com/blog-1/8-phases-of-emdr>
- 27.Yourglowuptherapy (2019) Cognitive Triangle. Your Glow up Therapy. Retrieved on 17th May, 2020 from <https://www.yourglowuptherapy.com/blog-1/cognitive-triangle>
- 28.Zashchirinskaia, O., 2016. Psychological trauma as a result of hardships. Main directions for preventing and overcoming social risks in the population of Kalininsky District in Saint Petersburg. *Proceedings of the Virtual Internet Conference 1*, pp. 24–33.
- 29.Zashchirinskaia, O. (2018) Post-traumatic experience of road accident victims, at Thirteenth International Conference on Organization and Traffic Safety Management in Large Cities (SPbOTSIC 2018), *Transportation Research Procedia* 36 (2018) 826–832.

CHILDREN WITH CARDIOVASCULAR COMPLICATIONS IN URBAN SOCIETY

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INTRODUCTION:-Heart disease usually develops gradually, years before symptoms appear. Many common risk factors begin to harm the heart in childhood, and the majority of these risk factors are related. Understanding what puts children in danger can assist you in making changes to improve his or her health over the course of life.

As a result of changes in diet, physical activity, and psychosocial demands, CVD risk factors have increased. Furthermore, urbanization may increase children exposure to pollution and other environmental hazards. Adults not the only ones that suffer from heart disease. Several risk factors for cardiovascular disease, according to researchers, begin in childhood. How Does Heart Disease Start in Childhood? Fortunately, Heart disease usually develops gradually, years before symptoms appear. Many common risk factors begin to harm the heart in childhood, and the majority of these risk factors are related.

Childhood [obesity](#) is a problem in the children tends to grow into obese adults. Obesity puts a burden on the heart, boosts cholesterol and blood pressure, and increases the risk of developing type 2 diabetes. The negative effects of urbanization have increased this exposure for many of today's children. Children in cities and rural areas cities, especially those from low and middle-income areas are confronted with serious and escalating challenges. Risks to one's health include crowded living quarters and poor air quality. And degradation of the water supply, as well as a lack of sanitation scarcity of green space and an overabundance of information Tobacco, alcohol, and fast-food products are all on display.

Lifestyle” within discussions about urbanization and heart health can be problematic. It relates to the false belief that a good or unhealthy lifestyle is determined by a person's choice of lifestyle, including physical activity, dietary choices, and behavioral preferences. Children who live in regions with little green spaces or in areas with high crime rates will not have the opportunity to play. and be active outside; as a result, these children are allowed to work sedentary lifestyles.. As another example, children living in crowded environments may be at increased risk of rheumatic fever (RF), and its serious complication, RHD, which causes damage to the heart muscle and heart valves. By nature of their dependence, these children are subjected to their living environments, and are unable to make the “choice” to move elsewhere.

CHANGES IN LIFESTYLE

Children's diets in India have changed dramatically as a result of changes in lifestyle, income, and the availability of "Western-style" foods. According to the latest study of children, and over one-third eat pizza and drink sugary drinks once or more per week, and nearly one-quarter eat burgers once or more per week. The same study discovered that people consistently consume more than 7 times the recommended amount of fizzy beverages.

Aaloo Tikki, kachori, and chole bhature are famous street snacks in India. They're almost usually fried, which means they're heavy in saturated and trans fats, which can raise cholesterol and put children at risk for heart disease.



ACQUIRED HEART DEFECTS:- Pediatric acquired heart defects are that develop later in infancy as a result of an infection, an immunological reaction, or a variety of other factors. The following are the most frequent congenital cardiac abnormalities in children. Kawasaki Disease is a disease. This is a multisystem disease that affects young children and causes inflammation of the heart's blood arteries, tissues in the mouth, lips, and eyes, as well as the skin of the chest. The cardiac signs of Kawasaki disease are significant and can be fatal; there is dilatation of the coronary arteries, the blood vessels that give oxygenated blood to the heart. Coronary artery involvement can be temporary or permanent, and in the long run, it can lead to clot development, angina, and myocardial infarction.

MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN:-In this condition, the child can have a high fever with rashes and conjunctiva redness, and they often present to the hospital in a critical state with low blood pressures and loss of consciousness. Shock is a medical condition that needs intensive care unit (ICU) treatment, which involves breathing and specific medicines to keep the heart beating.. Fortunately, MIS-C patients have a quick, dramatic, and complete recovery if detected and treated appropriately, and this disease has great prognosis.

RISK FACTORS

DIET:-Eating high-calorie meals on a regular basis, such as fast food, baked goods, and vending machine snacks might lead to weight growth in your child. Candy and pastries can also contribute to weight gain, and there is growing evidence that sugary beverages, such as fruit juices and sports drinks, are contributing to childhood obesity.



ECONOMIC POSITION:- Dietary consumption, for example, may be influenced by one's financial situation. Children growing up in lower- and middle-income households may have limited dietary choices; for example, if purchasing food from a street vendor or fast-food chain is the cheapest option, a family on a tight budget may have little choice but to ingest unhealthy food rich in saturated or vegetable oils.

OBESITY IN CHILDREN

Obesity in children



Early-life obesity promotes atherosclerosis in vascular systems like the aorta and coronary arteries. Obesity throughout childhood and adolescence has a significant impact on the shape and function of the heart, particularly the left ventricle. Obesity impairs cardiopulmonary function and elevates the risk of cardiovascular disease of sleep apnoea and other breathing disorders. Neglecting childhood and adolescent obesity will threaten the cardiovascular health of children and adolescents, resulting in a significant public health issue in the future.

IMPACT OF COVID-19 ON CHILDHOOD OBESITY:-The epidemic of the COVID-19 pandemic, the resultant lockdown, the stopping of schools, and the closure of public playgrounds have all contributed to an effective home quarantine of most children, especially in urban areas. Consequently, in order to protect children from COVID infection, our society and local governments have been compelled to eliminate opportunities for children to engage in physical exercise and participate in outdoor sports. As a result, during the pandemic's final year and lockdown, when online classes have become the norm and leaving the house in the evenings to play outside has become a rarity, urban children's lifestyles have become more sedentary, in most cases with significant increases in their "screen-time," the pandemic may very well predispose to a worsening incidence of childhood obesity in the coming months.

LACK OF EXERCISE

Lack of exercise



Because they do not burn as many calories as children who cannot work out are more prone to gain weight. Sedentary activities like watching television and playing video games contribute to the condition as well. Ads for unhealthy meals that lead to CVD are frequently seen on TV shows.

FAMILY FACTORS:-If a child comes from a family of obese individuals, he or she is more likely to gain weight. This is particularly true in a setting where high-calorie foods are readily available and physical activity is discouraged.

PSYCHOLOGICAL FACTORS



Personal, parental, and family stress can all contribute to a child's obesity risk. Some youngsters eat junk to deal with difficulties or emotions like worry or to avoid boredom. It leads to heart diseases in children.

SOCIOECONOMIC FACTORS:-Particular people in some places have limited resources and grocery access. As a result, they may choose shelf-stable convenience items like frozen dinners, crackers, and cookies. Additionally, those who reside in lower-income areas may lack access to a safe location to exercise.

CERTAIN MEDICATIONS:-Some pharmaceutical medications have been associated with an increased risk of obesity. Prednisone, lithium, and amitriptyline are among them.

SMOKING:-Moreover, smoking rates among adolescents are rising in different regions of the world. Chemicals and toxins are inhaled by smokers and passive smokers, causing harm to the body's cells and systems, particularly the heart and circulatory system. As a result, smoking causes significant CVD, such as coronary heart disease and stroke. Children who smoke are especially vulnerable to the negative health effects of tobacco usage; they **are more** susceptible to the acute health effects of smoking (coughs, etc.)



• Passive smoking



PREVENTION-HEALTHY LIFESTYLE, HEALTHY HEART

Set a good example for youngster to help prevent unwanted weight gain.

Make eating well and exercising regularly a family affair. No one will feel singled out, and everyone will gain.

Have some healthful snacks on hand.

Air-popped popcorn without butter, fruits with low-fat yogurt, baby carrots with hummus, or whole-grain cereal with low-fat milk are all good choices..

New dishes should be offered several times. Don't be discouraged if your youngster doesn't take to a new cuisine right away.

To gain acceptance of food usually requires several exposures. Choose prizes that aren't edible.

It's a bad idea to promise sugar in exchange for good behavior. Make certain your child receives enough rest.

Obesity may be increased by getting too little sleep, according to several studies. Sleep deprivation might result in hormone imbalances.

TO ASSESS EFFICACY OF INTEGRATED AWARENESS PROGRAMME ON BEHAVIOURAL OUTCOME REGARDING MALNUTRITION.

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ABSTRACT:

Background of the study: -India is one of the fastest growing countries in terms of population and economy, growing at a population of 1.3 billion people. Nearly 17.7 % of the world's population lives in India. The World Bank estimates that India is one of the highest-ranking countries in the world for the number of children suffering from malnutrition.

The present study was undertaken to evaluate the efficacy of integrated awareness program on behavioral outcomes among the mothers of under five children regarding prevention and management of malnutrition from selected community areas of Aurangabad. The main aim is to improve mothers' knowledge and perception. And objectives of the study to assess the effectiveness of integrated awareness programme.

Methodology:-The research approach for the study was quantitative research study, the research design used was pre-experimental one group pretest posttest design, and the population of the study was mothers of under five children in selected community areas of Aurangabad. 30 samples selected for the study by using non probability purposive sampling technique

Findings:-The mean knowledge score regarding prevention and management of malnutrition pretest was 09.430 ± 4.49 and post test score was 27.50 ± 2.94 the mean difference of knowledge score regarding prevention and management of pre and posttest was 18.07, there was statistical significance difference in knowledge score pre and posttest ($p < 0.0001$)

The mean score of perception regarding prevention and management of malnutrition the pretest was 24.52 ± 6.54 and post test score was 39.86 ± 4.64 . The mean difference of perception level of pretest and posttest was 15.49, there was statistical significance difference of perception level of mother of under five children regarding prevention and management of malnutrition of pretest and posttest is ($p < 0.0001$).

Conclusion:-The major mean difference between pretest and posttest knowledge and perception score of mothers revealed that integrated awareness programme on behavioral outcome was effective to enhance the knowledge of mothers of under five children regarding prevention and management.

INTRODUCTION:

“Children are our most valuable resources”

Hebert Hoover

Wholesome diet allows children to survive, grow, develop, learn play, participate and contribute while malnutrition robs children of their future and leaves young lives hanging in the balance.

The concept of early detection and management of children with growth failure is very important. Child health care is very important in India for the following reasons; 42 % population are children below 15 years. 40% all death occurs in children in below 5 years. about 30% all school children are malnourished in India. ”. According UNICEF data 2019 shows the shunting prevalence has been declining since the year 2000, nearly one in four -149 million children under 5-were shunted and over 49 million suffered from wasting.

In Maharashtra according to national family health survey-4(NFHS-4) the prevalence of acute

malnutrition stands at 9.4 percent and moderate acute malnutrition at 16.5per percent. According the recent news of Lokmat .com Maharashtra in Aurangabad 1,333 children below the age 5 year evaluated as severe malnutrition and7224 are moderate malnourished evaluated. Distribution of samples based on demographic variables using frequency and percentage.

Table 1: - Distribution of subjects based on demographic variables. (N=30)

S.no	Demographic variables	Frequency	Percentage
1	Age of mother		
	18-20	02	6.7%
	21-30	24	80%
	31-40	04	13.3%
	<40	00	0%
2	Religion		
	Hindu	27	90%
	Muslim	00	0%
	Christian	03	10%
	Buddhist	00	0%
	Others	00	0%
3	Marital status		
	Married	29	96.7%
	Divorced	01	3.3%
	Single	00	0%
	Widow	00	0%
4	Type of family		
	Nuclear family	15	50%
	Joint family	14	46.7%
	Extended family	01	3.3%
5	Educational level		
	Illiterate	06	20%
	Primary	06	20%
	Secondary	03	10%
	Higher secondary	11	36.7%
	Graduate	04	13.3
	Post graduate	00	0%
	Others	00	0%
6	Occupation		
	Laborer	11	46.7%
	Housewife	16	53.3%
	Self-employee	01	3.3%
	Private employee	02	6.7%
	Government employee	00	0%
	On contract basis	00	0%
	Others	00	0%
7	Monthly income of family		
	Below 1050	07	23.3%
	1051-2101	08	26.7%
	2102-3503	05	16.7%
	3504-7007	10	33.3%
	7008 &above	00	0%
8	Number of children in family		
	One	14	46.7%
	Two	11	36.7%
	Three	04	13.3%
	Or more than three	01	3.3%
9	Family food pattern		
	Vegetarian	06	20%
	Non-vegetarian	00	0%
	Egg vegetarian/ovo	01	3.3%
	Mix vegetarian	23	76.7%
10	Source of information		
	Television	16	53.3
	Newspaper	00	0%
	Books	01	3.3%

	Health worker	12	40%
	Social media	01	3.3%
	Health worker	12	3.3%
	Other	00	0%
11	Duration of breast feeding		
	up to 1 year	12	40%
	2 years	17	56.7%
	3 years	01	3.3%
	More than 3 years	00	0%
12	Are you hospitalized any time		
	Yes	11	36.7%
	No	19	63.3%
13	Do you have any disease condition		
	Yes	01	3.3%
	No	29	97.7%
14	Does your child fall sick frequently		
	Yes	08	26.7%
	No	22	73.3%

Distribution of samples based on overall pretest and posttest knowledge score of mothers of under five

Table 2: - Frequency wise distributions of samples based on Pretest and posttest knowledge score.

Knowledge score Regarding Malnutrition	Mean±SD	Mean Difference	t-value	p-value
Pre-test	9.43±4.49	18.07	19.83	P<0.00001 S
Post-test	27.50±2.94			

Frequency wise distribution of knowledge score regarding malnutrition shows that in pretest mean had 9.43 percent and standard deviation had 4.49percent and posttest mean had 27.50 and standard deviation had 2.94. The mean difference between per and posttest had 18.07percent and table value had 19.83. The obtained valve is greater than table value hence integrated awareness programme on behavioral outcome is effective to improve mothers’ knowledge and perception regarding prevention and management of malnutrition.

Table 3: Distribution of knowledge score classification regarding Malnutrition & Management pre & Post Test N=30

Knowledge score classification	Pre-test	Post-test	Chi-square test	P-value
Inadequate [0-10]	26(86.7%)	00	78.12	P<0.0001 S
Moderately adequate [11-20]	2(6.7%)	01(3.3%)		
Adequate [>20]	2(6.7%)	29(96.7%)		
Total	30(100%)	30(100%)		

In this study majority samples had 26(86.7%) out of 30 had inadequate knowledge and 2(6.7%) had moderately adequate knowledge and remaining 2 (6.7%) had adequate knowledge regarding prevention and management of malnutrition. In post-test majority of samples had 29(96.7%) adequate knowledge and only one sample had (3.3%)1 had moderately adequate knowledge regarding prevention and management of malnutrition.

Graph 1: Frequency wise distribution of knowledge score classification regarding Malnutrition& Management pre & Post Test

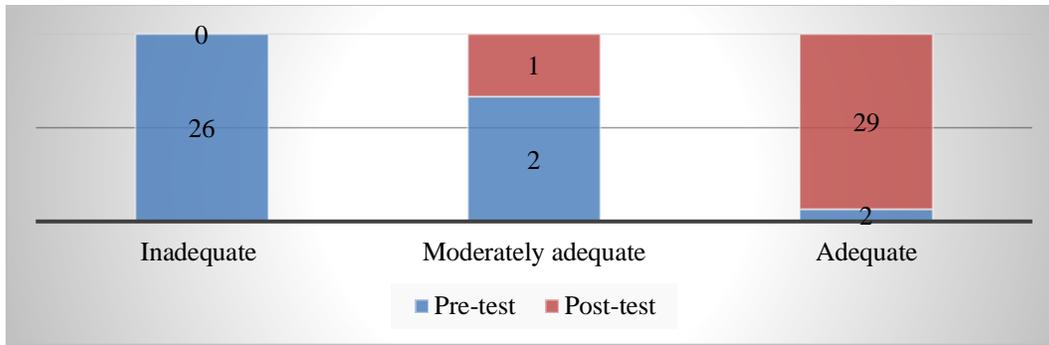
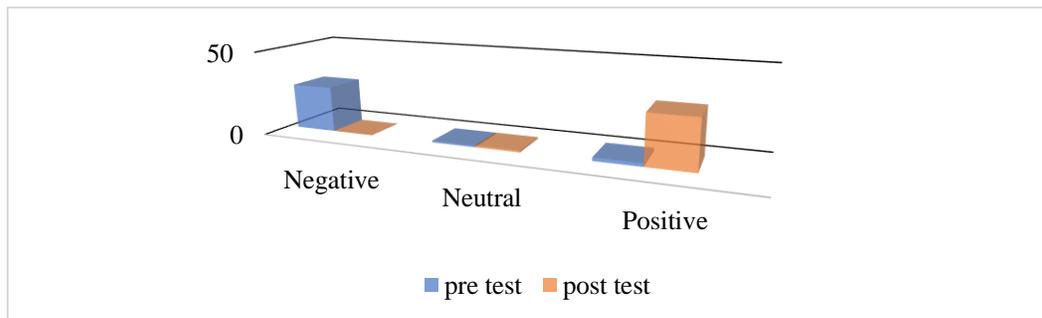


Table 4: - Distribution of samples based on overall pretest and posttest perception score.

perception score classification	Pre-test	Post-test	Degree of Freedom	Chi square	Table value	Inference
Negative [0-33]	27	00	2	43.22	5.99	Significant
Neutral [34-66]	01	01				
Positive [67-100]	02	29				
Total	30(100%)	30(100%)				

In perception related majority samples in pretest 27(97%) had negative perception followed by 2 (6.7%) had positive perception and one had neutral perception. In posttest majority had 29(96.7%) positive perception ,01 had neutral perception and no one had negative perception regarding integrated awareness program of behavioral out come on malnutrition

.Graph 2: - Distribution of samples based on classification pretest and posttest perception score.



Distribution of samples based on knowledge score shows that in pretest majority of mothers of under five children had inadequate knowledge 26(86.7%), moderately adequate had 2 (6.7%) and 2(6.7%) had adequate knowledge. In posttest29(96.7%) had adequate knowledge 01 (3.3%) had moderately adequate and no one had inadequate knowledge on prevention and management of malnutrition

To assess the preexisting knowledge regarding prevention and management of malnutrition among the mothers of under five children.

Paired t test used to find out the preexisting knowledge of integrated awareness programme on behavioral outcome on prevention and management of malnutrition. The calculated t value shows that, the obtained value 9.43 is lesser than the table value; hence, the researcher concluded integrated awareness program on behavioral outcome is necessary to improve mothers’ knowledge regarding prevention and management of malnutrition.

To find out the preexisting perception regarding prevention and management of malnutrition among the mothers of under five children.

Paired t test used to find out the preexisting perception of integrated awareness programme on behavioral outcome on prevention and management of malnutrition. The calculated t value shows that, they obtained value 7.29 is lesser than the table value; hence, the researcher mentioned integrated awareness program on behavioral outcome is necessary to improve mothers 'perception regarding prevention and management of malnutrition.

To determine the effectiveness of integrated awareness program on behavioral outcome on knowledge regarding prevention and management of malnutrition.

Paired t test was used to find out effectiveness of integrated awareness program on behavioral outcome of mothers. The calculated t value shows that the obtained value 78.12 is greater than table value 19.83 hence the of integrated awareness program on behavioral outcome on knowledge was effective to brings changes of mother's knowledge level.

To determine the effectiveness of integrated awareness program on behavioral outcome on perception regarding prevention and management of malnutrition.

Paired t test was used to find out effectiveness of integrated awareness program on behavioral outcome of mothers. The calculated t value shows that the obtained value 43.22 is greater than table value 5.99 hence the of integrated awareness program on behavioral outcome on perception was effective to brings changes of mother's behavior level.

To find out the association between pretest knowledge scores and demographic variables of the samples

Chi square test used to find out the association between selected demographic variables and pretest knowledge score of under-five mothers.

The calculated chi square value reveals that there is a significant association between pretest knowledge and selected demographic variables such as age, educational status, and religion and income of family.

To find out the association between pretest perception scores and selected demographic variables of the samples.

Chi square test used to find out the association between selected demographic variables and pretest perception score of mothers of under five children.

The calculated chi square value reveals that there is a significant association between pretest practice and selected demographic variables such as source of information.

Nursing implication:- 1.Nursing practices

Finding of the present study can be used health professionals for their routine work for making care plan.

Nursing education

Based on present study finding researcher want to include nutrition related knowledge in depth of our curriculum

Nursing administration

Nurse administrator can utilize this type of study to enhance the knowledge of staff nurses, student and female staff that are working in the institution.

Nursing research

This research study covered perception and knowledge aspect on prevention and management of malnutrition among mothers of under five children .In future this research finding can be used as review of literature for further studies.

Recommendation: - same study conduct on large population with same area and on different

population.

Conclusion: - Integrated awareness programme was effective after intervention.

REFERENCES:

1. [www.WHO](http://www.who.int/health-topics/malnutrition) int/ health topics on malnutrition.
2. Datta Parul. Paediatric nursing. Jaypee publishers. Second edition: New Delhi; 2009.
3. Manivanan c. Text book of nursing. Emmess medical publishers. second edition: Bangalore; 2010.
4. Gulani K.K. community health nursing. Kumar publishers. First edition: New Delhi; 2008.
5. Divya Chaudhari, Nutrition and dietetics for nurses; Paras medical book publication; Third edition; Hyderabad 2020.
6. Chetan s. Patil JOJ journal A Descriptive Study to Assess the Knowledge of Mothers Regarding the Nutrition for Under Five Children in Selected Areas of Bagalkot with a View to Develop a Self-Instructional Module 2018.
7. Mr. Vinod V. Bagilkar¹, Mr. Bharatesh B. Savadatti²A descriptive study on Malnutrition Asian journal of nursing research 2015.
8. Maharashtra Population Census Data 2011.
<http://www.census2011.co.in/census/state/maharashtra.html>. Accessed May 20, 2019.

Impact of the Sports Policy on the Students' Participation in Team Sports at the University Level in the State of Goa

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ABSTRACT

The present study is carried out on Goa University's updated Sports Policy 2013-related to the Sports Merit Marks. The purpose of this study is to examine the impact of the Sports Policy on students' participation in team sports at the university level in the state of Goa. The data for this study was procured using secondary sources. The secondary data pertaining to the study is quantitative data collected from the annual records of the Goa University Sports Section, depicting the actual participation records of the students over the years from 2008 to 2019; before and after implementation of the policy. The study concludes that there is an increase in students' sports participation at the university level, after the implementation of the sports policy.

Keywords: Sports Policy, Team Sports, and Students Sports Participation

INTRODUCTION:-Sports, games, and physical activity have positive effects on both individuals and society and affect the lives of all citizens, irrespective of age or gender. It significantly contributes to the national economy, culture, governance, international relations, community spirit, and the overall health of the population. Sports' benefits far exceed the costs of their development, and thus, all policymakers and stakeholders collaborate to formulate a policy that caters to the promotion and development of sports. In the last decade of the twentieth century, sports became an important part of governmental policy in developing countries, and today, the 'Sports for All' policy, which refers to state actions aimed at encouraging physical activity in society, is an important part of government-delivered sports policy (Krol, 2020). Several governments have implemented programmes and public policies for the expansion of sport, particularly competitive sports, as part of an overall strategy for the social, educational, and cultural fields (Oliveria & Bortoleto, 2012). Reforming policies and enacting change at the national, state, and local levels involves time, effort, money, and people. However, it is critical to make significant policy modifications to reshape physical education and physical activity policies in order to develop human capital in a specific and systematic manner (Cooper et al., 2016). Policies in school and college sports not only evolve over a period of time; they are also developed from the general pattern of decisions and actions within the particular sport program (VanderZwaag, 1985, p.67). The government has played a crucial role in promoting sports in India. The central government, along with the state government and other sports organizations, as well as educational institutions, have created a supportive environment and a favourable sports culture by formulating various sports programmes, schemes and policies.

The sports section of Goa University prepares programs and schemes for the promotion of university-level sports, and with the sports council's approval, executes them very systematically and successfully. The Goa University has formulated and implemented its own Sports Policy. Goa University's Sports Policy strives to promote widespread involvement in sports. As a result, young talents are promoted, giving them the opportunity to shine on both a national and international level. The first policy was implemented during the academic year 1987-88 and nearly three decades later, during the academic year 2013-2014, the new updated Sports Policy was implemented. The present study is based on Goa University's new updated Sports Policy 2013-related to the Sports Merit Marks.

Objectives of the Study

1. The objective of the study is to examine team sports participation among students from colleges in Goa affiliated with the University of Goa.
2. The study's specific objective is to compare team sports participation among students before and after the implementation of sports policy.

Hypothesis of the Study

It was hypothesized that there would be an increase in team sports participation (baseball, volleyball, handball, football, cricket, basketball and hockey) at the university level after the implementation of the sports policy.

METHODOLOGY

The study was carried out at Goa University in the state of Goa to assess the impact of the Sports Policy on students' sports participation in various team sports conducted at intercollegiate tournaments by comparing students' participation before and after implementing the Sports Policy.

Data Collection

To achieve the purpose of the study, the data was gathered by utilizing the desk study method, which involves quantitative data. It was collected from the annual records of the Goa University Sports Section from the academic year 2008-2019. Secondary information was also gathered through Goa University's internet web resources. The secondary data is the actual participation records of the students over the years before and after the implementation of the sports policy, and thus it gives the researcher a realistic view of the topic under consideration.

Statistical Procedure

There are various ways and procedures in which data can be treated and examined statistically, and the test of significance or hypothesis testing always requires the use of some form of statistical technique. In the present study, the mean, standard deviation, and independent t-test, were used to compare the data.

RESULTS AND INTERPRETAION OF DATA

To find out the significant impact of the sports policy on the students' participation in team sports such as baseball, volleyball, handball, football, cricket, basketball and hockey at the university level, the mean, standard deviation, and t-value, were computed from the collected

data, and data pertaining to this has been presented in the table.

An independent sample t-test was run to find out if there was a difference in students' sports participation before and after implementing the sports policy. In the case of students' participation in team sports, the mean of students' sports participation before implementing the sports policy (Students participated in sports from the academic year 2008-2009 to 2012-2013) is compared with the mean of students' sports participation after implementing the sports policy (Students participated in sports from the academic year 2013-2014 to 2017-2018).

Group Statistics										
Group		N	Mean	SD	Std. Error Mean	t value	Sig < 0.05	Lower	Upper	
Football	Before	10	316.80	182.621	57.750	-2.362	.027	-416.87	-27.100	Significant
	After	14	538.79	253.153	67.658					
Basketball	Before	10	153.60	65.921	20.846	-1.508	.146	-82.904	13.104	Not Significant
	After	14	188.50	47.755	12.763					
Handball	Before	10	67.20	28.955	9.156	-2.893	.009	-129.73	-21.036	Significant
	After	12	142.58	77.755	22.446					
Volleyball	Before	10	225.60	79.960	25.286	-3.976	.001	-199.19	-62.105	Significant
	After	12	356.25	74.010	21.365					
Hockey	Before	10	110.00	48.999	15.495	-2.351	.029	-89.324	-5.342	Significant
	After	12	157.33	45.326	13.084					
Cricket	Before	10	316.80	205.011	64.830	-.698	.493	-244.16	121.769	Not Significant
	After	12	378.00	204.730	59.101					
Base Ball	Before	10	24.00	53.996	17.075	-6.138	.000	-199.86	-98.472	Significant
	After	12	173.17	58.923	17.010					

Table 1: Representing Independent T-Test Results for Students' Team Sports Participation at the Goa University

Interpretation

Football

According to an independent t-test, there is a significant increase ($t = -2.362, p = 0.027 < 0.05$) in football participation after the introduction of the sports policy. After the implementation of the sports policy, the average participation increased to 538.79 (approx. 539) students per year compared to the average participation of 316.80 (approx. 317) students per year before the execution of the sports policy. The mean difference is statistically significant.

Basketball

An independent t-test indicates that there is no significant difference ($t = -.1508, p = 0.146 > 0.05$) in the participation in basketball after the implementation of the sports policy. Although there is a slight increase in participation after the implementation of the sports policy, the average participation (mean is 188.50 approx. 189 students per year) compared to the average participation of 153.60 approx. 154 students per year prior to the adoption of the sports policy. The statistical significance of the mean difference, on the other hand, is insignificant.

Handball

The students' participation in handball after the implementation of the sports policy varies significantly ($t = -2.892, p = 0.009 < 0.05$), according to an independent t-test. After the implementation of the sports policy, the average participation increased to 142.58 (approx. 143) students per year compared to the average participation of 67.20 (approx. 68) students per year before executing the sports policy. The mean difference is statistically significant.

Volleyball

The students' volleyball participation since the initiation of the sports policy differs significantly ($t = -3.976, p = 0.001 < 0.05$), according to an independent t-test. Since the sports policy was adopted, the average participation increased to 356.25 (approx. 357) students per year compared to the average participation of 225.60 (approx. 226) students per year prior to the adoption of the sports policy. The mean difference is statistically significant.

Hockey

According to an independent t-test, there is a significant difference ($t = -2.351, p = 0.029 < 0.05$) in the students' participation in hockey after the adoption of the sports policy. The average participation increased to 157.33 (approx. 158) students per year compared to the average participation of 110.00 students per year after the enactment of the sports policy. The mean difference is statistically significant.

Cricket

Following the implementation of the sports policy, an independent t-test indicates that there is no significant difference ($t = -.698, p = 0.493 > 0.05$) in the students' involvement in cricket. Although there has been an increase in average participation (mean = 378 students per year) compared to average participation of 316.80 approx. 317 students per year since the sports policy was adopted, the mean difference is statistically insignificant.

Baseball

An independent t-test reveals that there is a significant difference ($t = -6.138, p = 0.000 < 0.05$) in the students' participation in baseball after the implementation of the sports significant.

As evidenced by statistically significant t-values, there is a significant increase in students' participation in team sports like Baseball, Volleyball, Handball, Football, and Hockey, following the implementation of the sports policy.

The t-value is statistically insignificant in team sports such as Basketball, and Cricket; but there is an increase in the total students' participation after the sports policy was implemented.

Results:

1.The study results show a significant increase in college students participating in Baseball, Volleyball, Handball, Football, and Hockey at Goa University after implementing the sports policy.

2.The present study found an average increase in students' participation in Cricket and Basketball at the Goa University after introducing the sports policy.

CONCLUSIONS:

Based on the results of the data analysis, the following conclusions are drawn:

1.After the implementation of the sports policy, there has been an increase in team sports participation such as Baseball, Volleyball, Handball, Football, Hockey, Basketball, and Cricket, at the university level.

2. Goa University's Sports Policy has positively affected team sports participation in the state of Goa.

3. The Goa University sports policy is successful in achieving its goal of providing opportunities for budding talents and enhancing students' participation in intercollegiate championships at Goa University.

REFERENCES:

1.Cooper, K. H., Greenberg, J. D., Castelli, D. M., Barton, M., Martin, S. B., & Morrow Jr, J. R. (2016).Implementing policies to enhance physical education and physical activity in schools. *Research Quarterly for Exercise and Sport*, 87(2), 133-140. <http://dx.doi.org/10.1080/02701367.2016.1164009>

2.Goa University. (2013). *Ordinance OA 5.16 Instructions relating to the grace marks at the University*. 38-42.

3.Król, U. (2020). Taxes as instruments of health-related sports policy in European countries. *Journal of Physical Education and Sport*, 20, 1038-1043. doi:10.7752/jpes.2020.s2144

4.Oliveira, M. S., & Bortoleto, M. A. C. (2012). Public sports policy: The impact of the athlete scholarship program on Brazilian men's artistic gymnastics. *Science of Gymnastics Journal*, 4(1), 5-19.

5.Vanderzwaag, H. J. (1985). *Sports Management in Schools and Colleges* (1st ed.). MacMillan Publishing Company, New York and Collier MacMillan Publishers, London.

Utilization of Learning Management Systems /Apps by College Teachers During Covid - 19 Pandemic.

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Abstract:-The study was conducted on 120 college teachers from 8 colleges of Bhiwani and Charkhi Dadri districts of Haryana State. Data were collected personally through self structured questionnaire. Frequency, percentage and weighted mean scores were computed to draw inferences. The study highlighted that in govt. institutes Google meet was the maximum used platform followed by Zoom and University Learning Management System, while Google classroom and Telephonic conversation were used at medium level. Among teachers of self-financed institutes, maximum used portal with high weighted mean scores was Zooming followed by University Learning Management System and Google classroom. The platforms which were used at low extent were WhatsApp/ Telegram, Webinars, E mail, live streaming on Face book/you tube, Cisco WebEx and You tube videos. However, Microsoft Teams, Air meet and Google jam board/blackboard was never/rarely used by college teachers. Among pedagogical practices, majority of teachers in govt. institutes mostly delivered online lectures while in Self-financed institutes, majority of teachers sometimes delivered online lectures. Majority of teachers from both types of institutes rarely shared screen/ slides and none of the teachers conducted on line practical, while cent per cent teachers mostly did on line evaluation and grading. Overall utilization scores indicated that maximum percentage of teachers from government colleges had medium level of utilization while 60 per cent of self-financed college teachers had low level of overall use of virtual platforms.

Keywords:-Learning Management systems, Online pedagogy, College teachers, Utilization, Information and Communication Technologies

Introduction:-Information and Communication Technologies (ICTs) have incredible role in transforming the education system all over the world. The increase in the utilization of these technologies in teaching learning have grown enormously in past few years and is it is likely to expand in the near future. The pandemic of Covid-19 across the world necessitated educational institutions to suddenly move to an online system of teaching learning. All the educational institutions, teachers and students made adjustments to shift their traditional pedagogical approach to online /virtual teaching–learning. There has been continuous progression in the systems for such teaching learning and day by day educators are trying new methods and tools as these evolve in the market or online. Of late, several Universities have developed and adopted Learning Management Systems plus various Apps are also developed and popularized by private industries. “A Learning Management System is seen as software that operates and encompasses many services that are meant to aid teachers in managing their lectures and courses” (Ouaoud, *et al*, 2018). These systems are developed in order to teach students, for monitoring and evaluation of students, assigning grades, managing their attendance or any other function that can be decided by educational institutions. In addition, these days many Apps have been developed which function as Learning Management systems. However, it is also a fact that new technologies have put pressure on teachers and not all the teachers are familiar and comfortable with virtual platforms. There is a dearth of empirical data regarding which portals and platforms are popular among teachers and the extent to which these are being used by teachers. Therefore,

present study was conducted to assess utilization of virtual/online teaching methods by college teachers.

Methodology:-The study was conducted in two districts of Haryana state viz, Bhiwani and Charkhi Dadri. From each district, two colleges i.e. one Govt. /Govt. Aided and one self-financed/ private were selected. One college each was selected from rural and urban locations. Thus, four colleges were selected from each district making a total of eight colleges. From each college 15 teachers including males and females were selected randomly thus making total 120 teachers. A well-structured duly pre-tested questionnaire was constructed as per objectives, independent and dependent variables of the study. The data were obtained through personal visits by the researcher. The collected data were processed and analysed by using microsoft excel and SPSS software. Appropriate statistical tools such as frequency, percentage and weighted mean, were used to draw inferences.

Findings

1. Online/Virtual Pedagogical Practices used by Teachers:-Online pedagogical practices used by teachers in the pursuit of taking classes was measured in terms of frequency of use of clarifying the purpose and objective of class, delivering online lecture, conducting online practices, creating a warm and friendly atmosphere, organizing and facilitating students' participation, promoting group projects and team work, reduce anxiety and confusion in online environment, motivating students, creating online assignment and tests and online evaluation and feedback. Data has been presented in table 2. It is clear from table 36 that as regards creating announcements, about half the teachers in Govt. (48.34%) as well as self-financed institutes (50.00%) sometimes used this practice followed by rarely ((28.33% and 38.33% respectively) and mostly (23.33% in govt. and 11.67% in Self-financed institutes). Regarding creating a virtual class, only one fifth of teachers from govt. colleges mostly used it (21.67%). In Self-financed institutes, 58.33 per cent sometimes created a virtual class while 41.67 per cent rarely or never did it. Cent percent teachers from govt. colleges mostly used Creating and sharing link while in Self-financed institutes. Majority of teachers in govt. as well as Self-financed institutes never planned a calendar of activities (76.67 per cent in government institute and 86.67 per cent in self-financed institute) followed by sometimes (23.33 per cent in government institute and 13.33 in self-financed institute).

As regards delivering online lectures, majority of teachers in govt. institutes mostly used it (76.67%), while in Self-financed institutes, majority of teachers sometimes delivered online lectures (68.33%). Regarding Share content/ slides, majority of teachers from both the institutes rarely used this practice ((61.67% in government institute and 68.33 per cent in Self-financed institutes). Only one fifth teachers in govt. (20.00%) and Self-financed institutes (18.33%) sometimes used practice of Uploading files/videos/audio while rest never used this practice. Further 51.67 per cent teachers of govt. institutes followed the practice of giving assignments sometimes while one fourth (25.90 %) mostly used this practice. In Self-financed institutes, 75.00 per cent teachers never did it and only 25/00 per cent teachers used this practice. None of the teachers in both the institutes conducted on line practicals,

2. Utilization of Learning Management System/Apps by Teachers for Teaching

Table 1 elucidates various learning management systems or Apps used by teachers along with their frequency. It can be highlighted from the table that as regards govt. teachers, the mostly used teaching modes were Google meet (86.67% followed by Zoom (73.34%). The modes used sometimes in order of sequence were University Learning Management System (63.33%) followed by Google Classroom (38.33%), Zoom 23.33%) and Cisco WebEx (20.00%). As

regards self- financed colleges, cent per cent teacher rarely used Microsoft teams, Google jam board/black board, Air meet and you tube videos. Majority of teachers from Self-financed institutes rarely or never used Live streaming on face book/you tube (93.33%), Cisco Webex (81.67%), Webinars (73.33%), E mail (46.67%) and Google classroom (48.33%).The weighted mean scores clearly reflect that in govt. institutes Google meet was the most used platforms with high WMS (2.86) followed by Zoom (2,70) and University Learning Management System (2.36). Google classroom (2.25) and Telephonic conversation (1.76) were used at medium level, while the platforms which were used to low extent were WhatsApp/ Telegram (1,63), Webinars (1.48), E mail (1.38), Live streaming on Face book/You tube (1.20), Cisco WebEx(1.20) and You tube videos (1.10). Microsoft Teams, Air meet and Google jam board/blackboard were never used by teachers of Govt. institutes turning to Self-financed institutes, maximum used portal with high weighted mean scores was Zoom (2.36).University Learning Management System (2.10). Google classroom (1.75) and Telephonic conversation (1.85) were used at medium level, while the platforms which were used to low extent were Whats App/ Telegram (1.43), Webinars (1.26), E mail (1.53), Live streaming on Face book/You tube (1.06) and Cisco WebEx(1.18). However, YouTube videos, Microsoft Teams, Air meet and Google jam board/blackboard were never used by teachers of Govt. institutes with WMS 1.00 each.

3.Overall Utilization of Virtual Platforms among College Teachers:-The overall utilization of virtual platforms after combining the total scores of all the components were divided into three categories of high medium and low. Table 3 clearly shows that maximum percentage of teachers (61.67%) from government colleges had medium level of utilization followed by 40 per cent respondents who had low level of overall utilization of virtual platforms. Further, as regards self-financed college teachers, 60 per cent of respondents had low level followed by 38.33 per cent had medium level of overall use of virtual platforms among teachers. It can be observed from the

Conclusion:-The findings highlighted that teachers had moderate use of learning management systems for conducting classes and they were able to use limited pedagogical practices, particularly those requiring technical skills. This may be because they had to shift to an online mode suddenly and some were not prepared and trained for online environment. However, with the passage of time it is hoped that more user friendly learning management systems will be evolved and will be used by college faculty.

1.Table 1. On line/ virtual pedagogical practices used by teachers

		Government (n=60)			Self-financed(n=60)		
		Mostly	Sometimes	Rarely	Mostly	Sometimes	Rarely
1.	Creating announcements	14(23.33)	29(48.34)	17(28.33)	07(11.67)	30(50.00)	23(38.33)
2.	Creating a virtual class	13(21.67)	32(53.33)	15(25.00)	0(0.00)	35(58.33)	25(41.67)
3.	Creating and sharing link	60(100.00)	0(0.00)	0(0.00)	32(53.33)	28(46.67)	0(0.00)
4.	Plan calendar	0(0.00)	14(23.33)	46(76.67)	0(0.00)	08(13.33)	52(86.67)
5.	Deliver online lectures	46(76.67)	14(23.33)	0(0.00)	0(0.00)	41(68.33)	19(31.67)
6.	Share content/ slides	0(0.00)	23(38.33)	37(61.67)	0(0.00)	19(31.67)	41(68.33)
7.	Uploading files/videos/audio	0(0.00)	12(20.00)	48(80.00)	0(0.00)	11(18.33)	49(81.67)
8.	Giving assignments	15(25.00)	31(51.67)	14(23.33)	0(0.00)	15(25.00)	45(75.00)
9.	Conduct practical's	0(0.00)	0(0.00)	60(100.00)	0(0.00)	0(0.00)	60(100.00)

10.	Track learners progress	22(36.67)	38(63.33)	0(0.00)	17(28.33)	43(71.67)	0(0.00)
11.	Evaluation and grading	60(100.00)	0(0.00)	0(0.00)	60(100.00)	0(0.00)	0(0.00)
12.	Providing feedback	12(20.00)	31(51.67)	17(28.33)	0(0.00)	60(100.00)	0(0.00)
13.	Session recording	0(0.00)	0(0.00)	60(100.00)	0(0.00)	0(0.00)	60(100.00)
14.	Polls and surveys	0(0.00)	17(28.33)	43(71.67)	0(0.00)	0(0.00)	60(100.00)
15.	Break up rooms (break class in to small groups)	0(0.00)	0(0.00)	60(100.00)	0(0.00)	0(0.00)	60(100.00)

2.Utilization of Learning Management System/Apps by Teachers for Teaching

	Mode	Government (n=60)			WMS	Self- financed (n=60)			WMS
		Mostly	Sometimes	Rarely /Never		Mostly	Sometime s	Rarely /Never	
1.	University Learning Management System	22(36.67)	38(63.33)	0(0.00)	2.36	17(28.33)	32(53.33)	11(18.33)	2.10
2.	Google Classroom	26(48.34)	23(38.33)	11(18.33)	2.25	14(23.33)	17(28.34)	29(48.33)	1.75
3.	Google meet	52(86.67)	08(13.33)	0(0.00)	2.86	27(45.00)	19(31.67)	14(23.33)	2.21
4.	Microsoft teams	0(0.00)	0(0.00)	60(100.00)	1.00	0(0.00)	0(0.00)	60(100.00)	1.00
5.	Zoom	44(73.34)	14(23.33)	02(3.33)	2.70	32(53.33)	18(30.00)	10(16.67)	2.36
6.	Cisco WebEx	0(0.00)	12(20.00)	48(80.00)	1.20	0(0.00)	11(18.33)	49(81.67)	1.18
7.	Air meet	0(0.00)	0(0.00)	60(100.00)	1.00	0(0.00)	0(0.00)	60(100.00)	1.00
8.	Google jam board/blackboard	0(0.00)	0(0.00)	60(100.00)	1.00	0(0.00)	0(0.00)	60(100.00)	1.00
9.	You tube videos	0(0.00)	06(10.00)	54(90.00)	1.10	0(0.00)	0(0.00)	60(100.00)	1.00
10.	Live streaming on facebook/you tube	0(0.00)	12(20.00)	48(80.00)	1.20	0(0.00)	04(6.67)	56(93.33)	1.06
11.	Webinar	0(0.00)	29(48.33)	31(51.67)	1.48	0(0.00)	16(26.67)	44(73.33)	1.26
12.	WhatsApp/ Telegram	0(0.00)	38(63.33)	22(36.67)	1.63	23(38.33)	13(21.67)	14(23.33)	1.43
13.	E-mail	0(0.00)	23(38.33)	37(61.67)	1.38	0(0.00)	32(53.33)	28(46.67)	1.53
14.	Telephonic conversation	0(0.00)	46(76.67)	14(23.33)	1.76	12(20.00)	30(50.00)	15(30.00)	1.85

Table 3.Overall utilization of virtual platforms among teachers and students

Categories	Teachers		
	Govt. (n=60)	Self-financed (n=60)	Total (n=120)
Low	24(40.00)	36(60.00)	60(50.00)
Medium	37(61.67)	23(38.33)	60(50.00)
High	0(0.00)	0(0.00)	0(0.00)