There are signs that the dreaded Coronavirus is ebbing and the worst is over, as reflected in mortality due to Covid-19 touching zero in UK, Australia and many other countries; in India, recovery rate increased to 90 percent as on 27 May 2021. The daily declining trend in new cases and good recovery in most states has led to complacency, relaxations in the lockdown and loosening of restrictions. However, at this stage laxity in appropriate behaviour and neglect of precautionary measures like mask wearing and social distancing can offshoot the past achievements. Foremost among the prevention measures is the earliest nation-wide vaccination. Due to limited vaccine production capacities, globally a mere 5.6 people have been fully vaccinated so far. In resource-rich USA 50.8 percent people have been vaccinated; in India the figure of 15.5 percent coverage cannot be construed as worrisome considering the size of its population (in excess of USA, Russia, Germany, Turkey, UK, France, Italy, Spain, Poland and 14 other large countries combined) conducting world’s largest Covid-19 vaccination programme against internal non-cooperative influential groups.

Another barrier to universal Covid vaccination in India is the resistance or hesitation from certain quarters (including some public figures) doubting its efficacy against Covid-19, rather rumour mongering that it may lead to serious illnesses in future, which has, happily subdued. More unfortunate in universal vaccine drive is the inhibition borne out of ignorance particularly in countryside, about vaccination despite confirmed evidence in favour of vaccines. In a recent study on 63 people, researchers at the Rockefeller University, USA found that the vaccinated people had developed an improved, long lasting defence against the virus; also, the antibodies were further enhanced among 26 people in the group who had received one dose of the Moderna or Pfizer vaccine. Considering the fast track approach to immunise the eligible persons, Government has set a target to cover the country’s entire population above 18 years to be vaccinated by the year end despite settling procedural impediments like licensing, dual pricing etc. By encouraging and promoting fellow workers and the general population not to stay behind in vaccination, we shall be serving the national interest that is the need of the hour.

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Effectiveness of Awareness Programme on Knowledge on Oral Cancer and its Prevention among Adolescents in Selected Intermediate School of Moradabad, UP

Cindrella Burge

Abstract

Oral cancer, preventable if a person is aware of which risk factor is responsible of causing oral cancer and which risk factors a person can control or eliminate. A cross sectional study in Lucknow district (UP) found that out of 508 cases, a majority of the samples in the age group 18 - 75 years were involved. Documented cases of oral cancer in males were higher as compared to females, with poor level of knowledge. From 2012 to 2016 a retrospective study was performed in Moradabad hospital, UP. Results of 200 oral biopsies were reviewed, 130 biopsies were pre-malignant, 40 were malignant and remaining 30 were others. Pre-malignant and malignant oral lesions were infectious in the patients attending the hospital in Moradabad district. A quantitative research approach was used to conduct this study using pre-experimental one group pre-test and post-test research design on 80 participants. The conceptual framework of this study was health belief model. Non-probability purposive sampling techniques was used to select the participants, self-structured questionnaire on knowledge concerning oral cancer and prevention of oral cancer was used to collect data. There was less awareness among adolescents, as they had reported lack of knowledge on oral cancer and its prevention, risk factors, sign & symptoms and early detection or diagnostic concepts, no matter which background they were from. Out of total, 84.3 percent participants reported poor knowledge and 12.0 percent participants reported average knowledge in pre-test, in post-test, 26.5 percent of participants showed average knowledge and 69.9 percent showed excellent knowledge. Findings also showed that mean post-test level of knowledge (2.72±.449) was more than mean pre-test knowledge score (1.12±.332), with mean difference of 1.6, which specifies that awareness programme was effective in increasing level of knowledge on oral cancer and prevention of oral cancer. With the help of intervention there was an improvement in post-test score of knowledge about oral cancer and its prevention among adolescent. Present study concluded that awareness programme on oral cancer was effective as majority of participants improved their knowledge level from inadequate to excellent level of awareness regarding oral cancer and its prevention.

Objectives

1. To assess the knowledge of adolescents regarding prevention of oral cancer.

The authors is MSc Nursing Final Year student at Teerthankar Mahaveer College of Nursing, Teerthankar Mahaveer University, Moradabad (UP).

Guide: Mrs Priyanka Masih; Co-Guide: Mr Jaivin Jaisingh, both Assistant Professors, Dept of Medical Surgical Nursing, Teerthanker Mahaveer College of Nursing, TMU, Moradabad (UP).
2. To determine the effectiveness of awareness programme on knowledge regarding oral cancer and its prevention.
3. To find out association between pre-test level of knowledge of adolescents with their selected demographic variables among adolescents.

Review of Literature
Shimpi et al (2018) carried out a cross-sectional study in rural communities to assess knowledge, awareness and behaviours of suspected 504 dental patients. Out of total, 60 percent of participants had no knowledge about increased oral cancer risk and 79 percent of participants were unaware that oral cancer is also caused by human papilloma virus.

Musa et al (2018) assessed the awareness and knowledge on oral cancer on 275 non-medical background students, Malaysia. The result showed that 46.2 percent were smokers and were less aware of oral cancer. About half of total participants were unaware of the benefits of early detection.

Jain et al (2018) conducted a study to assess oral cancer awareness among 100 BDS and 100 MBBS students of Karad. It was found that BDS students were more aware and had more knowledge regarding oral cancer as compared to MBBS students.

Babiker et al (2017) in a cross-sectional study, assessed awareness about oral cancer among 500 participants in Omdurman, Sudan; 51 percent reported unawareness of oral cancer and its prevention and also showed poor knowledge of its risk factors.

Sundresh et al (2016) carried out a descriptive study to assess knowledge and awareness on oral cancer of 40 participants in Pune. The post-test showed improved and effective outcome as a result of intervention. Out of total, 47.5 percent of participants report outstanding level of knowledge and 50 percent of participants had moderate level of knowledge where only 2.5 percent showed very poor level of knowledge about oral cancer.

Kinikar K et al (2016) carried a survey on 1,125 participants. Result showed that only 48.9 percent of participants had responsiveness of oral cancer. Also, out of total, 56.8 percent had inappropriate awareness on oral cancer.

Maweri et al (2015) conducted a cross-sectional study on 697 general city people in Saudi Arab. Result revealed that out of 697 i.e. 46.4 percent of participants were unaware of oral cancer.

Thilak et al (2015) carried a descriptive study on randomly selected 267 rural people of Karna-
Tool for Data Collection

Section-A: Demographic Variables
Instruction: Please read following items carefully and put a tick next to correct option-

1. Age
   a) 16 years
   b) 17 years
   c) 18 years
   d) 19 years

2. Gender
   a) Male
   b) Female

3. Personal bad habits
   a) Smoking
   b) Alcohol abuse
   c) Tobacco/pan chewing
   d) Don’t have

4. Educational intermediate stream
   a) Science
   b) Art
   c) Commerce
   d) Other specify

5. Education of Father
   a) Illiterate
   b) Literate
   c) Primary
   d) Secondary
   e) Degree and above

6. Occupation of father
   a) Government
   b) Private
   c) Self
   d) Any other (specify)

7. Type of family
   a) Nuclear
   b) Joint
   c) Extended

8. Residence
   a) Rural
   b) Urban
   c) Semi-urban

9. Have you gone any programme regarding oral cancer?
   a) yes
   b) no
   If yes specify

10. Family history of cancer
    a) Yes
    b) No
    If yes, specify which type of cancer

Section-B: Self-Structured Questionnaires Based on Knowledge Regarding Oral Cancer
1. Following is a part of the oral cavity
   a) Ear
   b) Eye
   c) Tongue
   d) Oesophagus

2. Cancer is a
   a) Uncontrolled cell growth
   b) Entry of virus into cells
   c) Entry of bacteria into cells
   d) Cell death

3. One of the following groups is at high risk of developing oral cancer
   a) Pregnant women
   b) Chain smokers
   c) Tea drinkers
   d) Person under nutrition

4. Early sign & symptom of oral cancer
   a) White and red patches in the mouth
   b) Breathing problem
   c) Weight loss
   d) Pain in the abdomen

5. One among which age group has most cases are prompt to oral cancer
   a) Under 20 years
   b) Between 20-30
   c) Between 30-40
   d) Over 40 years

6. Beside from tobacco chewing, which of the following is a major risk factor of oral cancer?
   a) Weakened immunity
   b) Smoking
   c) Sun exposure
   d) HPV

7. The harmful effect of tobacco use is
   a) Aggressive behaviour
   b) Memory problem
   c) Pain and swelling in the gums
   d) Headache

8. Oral cancer are diagnosed and treated by
   a) Dentist
   b) Otolaryngologist /ENT doctor
   c) Dermatologist
   d) Ophthalmologist

9. One of the following months is considered as an oral cancer awareness month
   a) February
   b) March
   c) April
   d) May

10. Non-modified risk factor of oral cancer is
    a) Tobacco and alcohol
    b) Poor diet
    c) Genetic defect
    d) Poor oral hygiene

Section-C: Self-Structured Questionnaires Based on Prevention of Oral Cancer
11. Intake of high in diet, can reduce oral cancer risk.
    a) Vitamin and mineral
    b) Salt
    c) Fat and starch
    d) Sugar

12. Oral cancer which is caused by human papilloma virus can be prevented by
    a) Hepatitis b vaccine
    b) Hepatitis A vaccine
    c) HPV vaccine

13. Self-reduction of oral cancer risk is reduced by
    a) Primordial prevention
    b) Primary prevention
    c) Secondary prevention
    d) Tertiary prevention

14. Secondary level prevention aim is
    a) Reduction of risk factors
    b) Diagnostic evaluation
    c) Treatment
    d) Removal of risk factors

15. One among the options which can be restrict to avoid the occurrence of oral cancer
    a) Cold drinks
    b) Heavy Alcoholic drinks
    c) Coffee
    d) Soft drinks

16. An effective method to prevent oral cancer is
    a) Get immunized against influenza
    b) Avoid sunlight
    c) Practice good oral hygiene and regular check-ups
    d) Less intake of alcohol

17. When to do oral hygiene practice
    a) Once a day
    b) Twice a day
    c) Thrice a day
    d) Before and After each meal

18. One of the following foods that can keep your mouth healthy
    a) Full fat dairy products
    b) Oily food
    c) Red meat
    d) Green and yellow vegetables

19. Damage to the oral cavity can be reduce by avoiding
    a) Low fat dairy products
    b) Whole gain
    c) Smoky food
    d) Cheese

20. What will you do if you notice any unusual sign in or around your mouth.
    a) Seek doctor’s advice
    b) Use mouthwash
    c) Brush your teeth
    d) Avoid fast food

21. Early detection of oral cancer can
    a) Result in difficult treatment
    b) Decrease the chances for cure
    c) Saves the lives
    d) Worsen the quality of life

22. Oral problems can be reduced effectively by using
    a) Baking soda
    b) Herbal tooth paste
    c) Fluoride toothpaste
    d) Activated charcoal

23. Unusual sign of oral cancer in the oral cavity can be detected early by
    a) Biopsy
    b) Mouth self-examination
and family history of cancer.

• Section B - Self-structured questionnaires based on knowledge regarding oral cancer, it consisted of 10 items formed on basic topics about oral cancer i.e. anatomy of oral cavity, definition of oral malignance, risk aspects of oral cancer and its signs and indications, harmful effects, diagnostic concept and awareness month of oral cancer, otolaryngologist or ENT doctor.

• Section C - Self-structured questionnaires based on prevention of oral cancer, it had 20 items formed on preventive measures and awareness of oral cancer, that were based on diet/food, HPV vaccine, primordial/primary/secondary/tertiary prevention, avoidance of alcohol drinks, oral hygiene, unusual sign, early detection, oral cancer screening/mouth self-examination, nicotine replacement therapy, dental check-ups, benefits of quitting tobacco.

Criteria of level of knowledge was scored as
- Poor knowledge for score ranging from 1 to 10
- Average knowledge for score ranging from 11 to 20
- Excellent knowledge for score ranging from 21 to 30.

Table 1: Assessment of pre-test score of knowledge regarding oral cancer and its prevention among adolescents (N=80)

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Level of knowledge</th>
<th>Range of score</th>
<th>Pre-test frequency</th>
<th>Percentage</th>
<th>Post-test frequency</th>
<th>Percentage</th>
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<tr>
<td>1</td>
<td>Poor</td>
<td>1-10</td>
<td>70</td>
<td>84.3%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>Average</td>
<td>11-20</td>
<td>10</td>
<td>12.0%</td>
<td>22</td>
<td>26.5%</td>
</tr>
<tr>
<td>3</td>
<td>Excellent</td>
<td>21-30</td>
<td>-</td>
<td>-</td>
<td>58</td>
<td>69.9%</td>
</tr>
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</table>

Table 2: Comparison between the pre-test and post-test knowledge score regarding oral cancer and its prevention among adolescents (N = 80)

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>Std. deviation</th>
<th>Mean difference</th>
<th>Df</th>
<th>t-value</th>
<th>p-value</th>
<th>p &lt;0.05</th>
<th>Interpretation</th>
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<tr>
<td>Pre-test</td>
<td>1.12</td>
<td>0.332</td>
<td></td>
<td></td>
<td>1.6</td>
<td>26.40</td>
<td>.0</td>
<td>Significant</td>
</tr>
<tr>
<td>Post-test</td>
<td>2.72</td>
<td>0.449</td>
<td></td>
<td></td>
<td>1.6</td>
<td>26.40</td>
<td>.0</td>
<td>Significant</td>
</tr>
</tbody>
</table>

Discussion

Interpretation: Out of 80 participants, 63.75 percent majority of adolescent were 17 years of age. 17.5 percent of participants reported of having habit of smoking, 8.75 percent were reported as tobacco/pan chewers. Majority of participants i.e. 91.25 percent of participants respond that they have never attended any kind of health programme regarding oral cancer whereas only 8.75 percent of participants have attended programme regarding oral cancer. Finding also shows, 40 percent of them belonged to joint family, 25 percent in nuclear family and 35 percent of them fit in extended families. On asking of having cancer history in their respected families, 96.25 percent of adolescent replied no while 3.75 percent of adolescent replied yes.

Description of knowledge of adolescents regarding oral cancer and its prevention

Table 1 reveals that in pre-test: 84.3 percent participants were having poor knowledge and 12.0 percent participants were having average knowledge, and in post-test: 26.5 percent participants were having average knowledge and 69.9 percent participants were having excellent knowledge. The result of post-test is comparatively more effective than pre-test result in gaining the knowledge through awareness programme on oral cancer and its prevention.

Effectiveness of awareness programme on knowledge regarding oral cancer and its prevention.

Table 2 reveals that mean post-test level of knowledge (2.72±0.449) was more than mean pre-test knowledge score (1.12±0.332), with
mean difference of 1.6 which indicates that awareness programme is effective for improving level of knowledge on oral cancer and prevention of oral cancer among adolescents.

• The calculated t-value (26.40) was greater than the table value (t79 = 1.66) at 0.05 level of significance. The statistical analysis shows significant differences in between mean pre-test and mean post-test score. Hence, the H1 is accepted.

Association between the pre-test knowledge level with demographic characteristics

There is statistically significant association between pre-test level of knowledge about oral cancer among adolescents with educational intermediate stream (p<0.05). For rest of the variables pre-test level of knowledge does not have significant associate) on (p>0.05). No significant association was found between pre-test level of knowledge regarding oral cancer among adolescents with age, gender, bad habits, father’s education, father’s occupation, family type, family history of cancer, residence participants were asked whether they had undergone any programme regarding oral cancer. Some participants reported of having bad habits like smoking and pan chewing.

Discussion

This study was conducted in a Government Inter College in Moradabad, UP. This study gives beneficial data about participants, knowledge of oral cancer and its risk factors, and preventive measures. The study findings were based on self-structured questionnaire.

In this study, among 80 adolescents, about 63.75 percent adolescents were age 17 years old. Majority of this age attended the study and gained useful information to prevent oral cancer.

Two types of bad habits were reported by participants, out of total, 17.5 percent were smokers and 8.75 percent were tobacco/pan chewers. The awareness programme about prevention of oral cancer helps adolescents to avoid and reduce the intake of risk substances as they have accepted the hazards of consuming tobacco and were ready to quit. But this is not enough, there should be a continuous educational training or awareness programme to increase health literacy, and to reduce oral cancer prevalence, especially among those people who needs more awareness about risk factors and early detection.

Adolescent is an age range in which an individual can easily adapt bad habits, and have poor knowledge regarding health, such people may also encourage, even force others to practice risky behaviours. Awareness programme on oral cancer prevention not only helped in reducing active smoking but also helped in reducing passive smoking.

About 91.25 percent of adolescents reported that they have never attended any kind of health programme earlier, this being their first participation in health awareness programme which helped them to increase their knowledge to maintain good and healthy practice and not to include any risk factor in their lives. Only few students belonged to nuclear type family. About 40 percent and 35 percent of participants were from joint and extended families, respectively. What they had learnt in awareness programme, they can further spread the useful information to their family members, which awares others also in taking preventive measures.

Globally, there are rare cases of oral cancer which are inherited. Result of present study also indicates the same. Only 3.75 percent of adolescents have cancer history in their families. The present study mainly revealed that before intervention in pre-test, there was a less awareness among adolescents, as they had reported lack of knowledge on oral cancer and its prevention, risk factors, Signs and symptoms and early detection or diagnostic concepts, no matter what the background.

Out of total, 84.3 percent participants reported poor knowledge and 12.0 percent reported average knowledge in pre-test while in post-test, 26.5 percent of participants showed average knowledge and 69.9 percent of participants showed excellent knowledge.

Mean post-test level of knowledge (2.72 ± 0.449) more than mean pre-test knowledge score (1.12 ± 0.332), with mean difference of 1.6 specifies that awareness programme was effective on increasing the level of knowledge on oral cancer and prevention of oral cancer. Thus with the help of intervention there’s an improvement in post-test score of knowledge about oral cancer and its prevention among adolescents.

Recommendations

1. More studies can be carried out on different samples as to educate subjects about oral cancer.
2. Open-ended questions should be avoided as participants will be more unlikely to complete study with too many open-ended questions.
3. Try to use national/local language according to the sample.

**Implications**

**Nursing Practice**

School health nurse can (a) provide knowledge and skills in performing mouth care to students; (b) demonstrate mouth self-examination, and can provide awareness of early diagnosis of oral cancer in younger population; (c) make students aware by organising mime, role play, drama on oral cancer especially its risk factors and prevention in school children; (d) provide awareness about prevalence of oral cancer in school children.

**Nursing Education**

1. Nursing professionals can (a) provide information and knowledge about cancer especially oral cancer to nursing students and (b) organise educational training programme for nursing students to spread awareness in community, school etc.

2. Nursing tutors can teach nursing students about consequences of oral carcinogens.

**Nursing Administration**

Nursing administrator can (a) establish and encourage various skills for early detection or perform mouth self-screening in nurses so that they can pass on the practice to clients; (b) manage events with the help of nursing organizations and mass media as per need of patients; (c) give training to nurses regarding the awareness of oral cancer and its prevention.

**Nursing Research**

Nurse researcher can (a) work on such studies in large scale; (b) conduct study about the prevalence of oral cancer in younger or general population; (c) conduct case-control retrospective studies regarding oral cancer and its prevention among adolescents.

**Conclusion**

This study concluded that awareness programme on oral cancer was effective as majority of participants have improved their knowledge level from inadequate to excellent level of awareness regarding oral cancer and its prevention. Pre-test score was comparatively less than post-test score providing the effectiveness of intervention. Continuing awareness programme on oral cancer and its prevention, should be conducted to reduce oral cancer incidences, especially in places where incidence is recorded high. As absence of information on oral cancer, and its risk aspects and warning sign and how it can be prevented, is a major issue. By avoiding tobacco and alcoholic drinks in excess can prevent most oral cancer cases. It is most important to seek doctor’s help, immediately, if a person has any unusual symptoms in mouth. Early diagnosis is a key to raise the survival rate for oral cancer.

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World Asthma Day: 5 May

Celebrated on first Tuesday of May every year (on 4 May in 2021), World Asthma Day (WAD) is mainly an initiative of the Global Initiative for Asthma (GINA) to increase awareness about asthma, a common respiratory disease, around the world. GINA works with health care organisations and civic health officials around the world to devise ways to reduce the incidence, morbidity and deaths due to asthma. The theme of WAD 2021 is, Uncovering Asthma Misconceptions.

In persons living with asthma, the interior layer of breathing airways of lungs (mucus) are swollen, which obstruct the pattern of inhaling & exhaling leading to persistent cough and difficulty in breathing. It can affect the young and old both. Besides hereditary reasons, pollution and pollen are implicated for this condition. Asthmatic patients face recurrent attacks (which may be several times a day or in a week) of breathlessness, cough and wheezing with varying severity. Asthma remains under diagnosed and under-treated, generating a considerable load to persons and families. Due to persisting pandemic Covid all around, we are passing through a tough time for second year in row when entire world is struggling with breathing problems. Asthma is a serious public health challenge; the year 2016 witnessed 33.9 crore cases and about 4.18 lakh deaths, a tenth of all were from India.

International Midwives Day: 5 May

Over 340,000 women die each year, with millions more suffering infection and disability as a result of preventable maternal causes. Investment in midwives is considered to save 43 lakh lives every year.

From wealthy to poor nations, midwives offer affordable, compassionate and culturally-appropriate care to women during pregnancy, birth and the post-partum period. The world needs more midwives than are available. According to the UNFPA “The evidence is clear: investing in midwifery saves lives. A return on investment calculation has shown that across 58 countries as many as 3.6 million maternal, foetal and newborn deaths per year could be averted if all women had access to the full package of reproductive, maternal and newborn care. Midwives and the midwifery workforce are important in the provision of all these services.” The International Midwives Day coincides this year with launch of the 2021 State of the World’s Midwifery (SoWMy) Report developed by UNFPA, WHO and ICM. The report laments worldwide shortage of midwives to the tune of 9 lakh. Underscoring the need for education, training, management and regulating the work environment, leadership and service delivery, and need for heavy investment, the theme of IMD this year is, Follow the Data: Invest in Midwives.

Organised by the International Confederation of Midwives (ICM), together with UN agencies, WHO and a range of other international partners International Midwives Day raises awareness of the important job midwives do and the care they provide all around – in hospitals, community health institutions, maternity health centres and in home setting.

International Day of Nurses: 12 May

To coincide with the birth date of Florence Nightingale, who made historical contribution to Nursing, 12 May is the most avidly awaited D-day for the nurse community globally. This is the anniversary of Nurse Legend Florence Nightingale who defined Nursing by setting benchmarks in what Nursing profession means and implies. The event is celebrated all over at the initiative of International Council of Nurses (ICN), an umbrella organisation of nurses. Apart from conduct of talks, meets, seminars, workshops, debates, etc. the nurses having made significant contribution to the profession are recognised publicly. The theme for IND 2021 continues to be, Nurses: A Voice to Lead - A Vision for Future Health Care with focus on changes to and innovations in nursing (The IND toolkit 2021 can be accessed from the site, https://www.icn.ch/system/files/documents/2021-05/ICN%20Toolkit_2021_ENG_Final.pdf).

Beginning March last year with onslaught of Covid-19, the role of women has increased many times. They have been fighting the battle against the pandemic as frontline warriors. Now, as the pandemic confronts the more dangerous second wave, the working condition of nurses has become traumatic. Yet they continue to serve not only as backbone of the healthcare system but also as a pillar of emotional strength for affected persons and their families.

The main highlights of IND include: public honour to nurses for their outstanding performance, meetings, talks, seminars, workshops and talks, cultural events, etc. by nursing institutions. Appreciating the wonderful services rendered by nurses in India, on IND 2021 the Prime Minister, Health & Family Welfare Minister, leaders of opposition parties in union endorsed that the nation could handle the unprecedented crisis due to the hard, selfless job performed by nurses.
World Schizophrenia Day: 24 May

Schizophrenia is marked by diminished ability to work, socialise; loss of attention, concentration and memory; neglect of health care & personal hygiene; psychosis (comprising hallucinations and delusions) and disorderly thinking. It affects 20 million people worldwide, which commonly starts earlier among men, states World Health Organisation (WHO).

World Schizophrenia Day on 24 May is observed to create awareness about the disease so as to enable those suffering to get immediate help, and to increase support for all those affected by this disease. Schizophrenia, a highly heritable, affects 1 in 100 people and its onset is usually during adolescence or early adulthood.

The usual age of onset for adult Schizophrenia is 15 to 25 years; those with schizophrenia may also have persistent delusions that are culturally inappropriate and implausible, like hearing voices or see images that don’t exist in reality; irrelevant or incoherent speech, etc. The main cause is an imbalance in neurotransmitters which can only be managed through proper and timely medications; the behavioural changes are due to neurochemical imbalance. The management targets resolution of symptoms and prevention of relapse.

No Tobacco Day: 31 May

Every year on 31 May, the World Health Organization (WHO) and partners everywhere mark World No Tobacco Day (WNTD), highlighting the health risks associated with tobacco use and advocating for effective policies to reduce tobacco consumption. Attention is drawn to the pervasive use of tobacco and its variants and the deleterious negative implications its long use entails. The WNTD theme for 2021 is, Commit to Quit.

Tobacco use is the second largest preventable cause of death (after hypertension) globally accounting for 10 percent adult mortality worldwide. It causes 8 million deaths every year. Evidence released this year shows that smokers were more likely to develop severe disease with Covid-19 compared to non-smokers. The pandemic has led to millions of tobacco users saying they want to quit. Tobacco-related deaths have been linked to heart attack, stroke, cancer, lung ailment or other disease. Over 80 percent of these preventable deaths will be among people living in low- and middle-income countries.

The ultimate goal of WNTD is to contribute to protect present and future generations not only from these devastating health consequences, but also against the social, environmental and economic scourges of tobacco use and exposure to tobacco smoke. Worldwide around 780 million people say they want to quit, but only 30 percent of them have access to the tools that can help them do so.

World Environment Day: 5 June

The World Environment Day, observed by United Nations on 5 June, encourages worldwide awareness and work towards improving the environment i.e. the complex of physical, chemical, and biotic factors (such as climate, soil, and living things) that act upon an organism or an ecological community and ultimately determine its form and survival. The theme of World Environment Day 2021 is Ecosystem Restoration.

About 75 percent of land on the planet and 66 percent of oceans has already been vitiated by human activities; further approximately one million animal and plant species are threatened with extinction, partly due to loss of their natural habitat. Worldwide, 92 per cent of people do not breathe clean air; ground-level ozone pollution is expected to reduce staple crop yields by 26 percent by 2030. About one-eighth of most municipal solid waste is made up of plastic of one kind or another, and 40 per cent of the world’s garbage is burned, according to a study.

The WED 2021 is being hosted by Pakistan that launched a new platform called the ‘Ecosystem Restoration Fund’ to create green jobs, support nature-based solutions to fight climate change, and promote biodiversity conservation.

World Blood Donor Day: 14 June

Daily on an average about 800 women die from pregnancy or childbirth-related complications. Almost all of these deaths occur in developing countries. As mark of recognition to millions of people who save lives and improve the health of others by donating blood, the World Health Organisation observes 14 June as World Donor Day every year. The Day highlights the need to regularly give blood to prevent shortages in hospitals and clinics, particularly in developing countries where blood quantities are limited. This annual event motivates people to voluntarily donate blood to the needy so as to minimise the risks posed by professional donors. “Safe blood and blood products and their transfusion are critical aspects of care and public health. They save millions of lives and improve the health and quality of life of many patients every day. The need for blood is universal, but access to blood for all those who need it is not,” informs WHO. Throughout the COVID-19 pandemic, despite limited mobility and other challenges, blood donors in many countries continued to donate blood and plasma to patients who need transfusion.”
Schools and Colleges of Nursing are welcome to submit for publication in monthly TNAI Bulletin, the news items and write ups about observances of Graduation Ceremony, Annual Day, Seminars, Conferences, important workshops, etc. The charges are Rs 1000/- + GST per item including one photograph. The payment should be through a demand draft in favour of The Trained Nurses’ Association of India (TNAI), New Delhi. Neatly spaced out hand-written matter, preferably typed in double space on one side of paper with photograph may be sent, along with requisite charges, to the Editor, TNAI Bulletin.