



AMALA COLLEGE OF NURSING

AQAR (2022-2023)



CRITERION 3– Research, Innovations and Extension

Key Indicator 3.1– Resource Mobilization for Research

Metric No. 3.1.2- Number of teachers awarded national/international fellowships / financial support for advanced studies/collaborative research and participation in conferences during the year

SUBMITTED TO



National Assessment and Accreditation Council

COLLABORATIVE RESEARCH



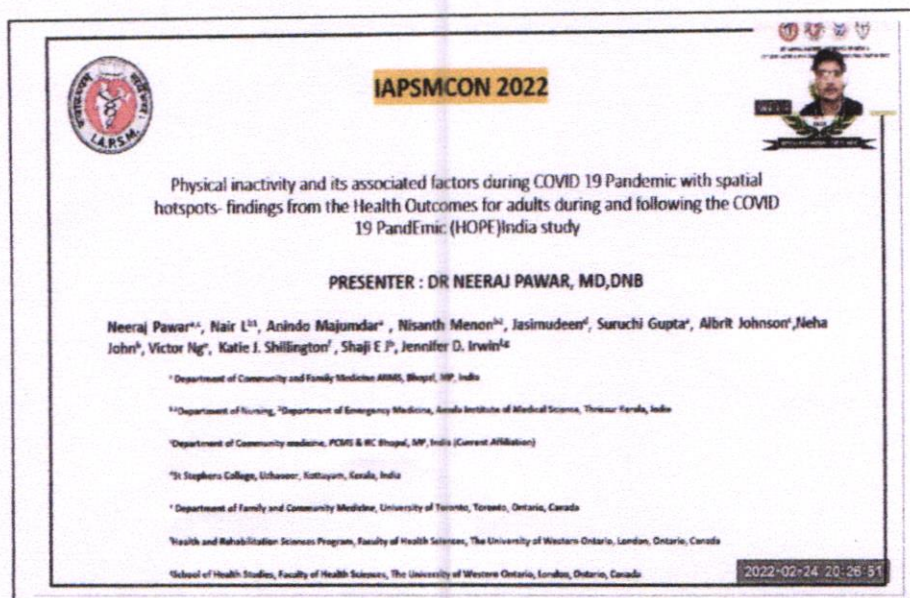
AMALA COLLEGE OF NURSING

(An undertaking of Amala Cancer Hospital Society)

Amala Nagar P.O., Thrissur-680 555, Kerala, India.

Report on International collaborative research

Faculty of Amala College of Nursing and Amala Medical College in collaboration with eminent faculty from various other universities at national and international level conducted a research on topic **"Health outcome for adults during and following the COVID 19 Pandemic: THE HOPE India Study."** The main purpose of the study were To explore lifestyle related behaviours, To explore lifestyle related behaviours (movement and diet), To assess the impact of stringent social distancing on lifestyle behaviours during and following pandemic. It was a longitudinal follow up repeated measures survey based study conducted at 3 levels –during COVID 19, release of lockdown and during post lockdown period. Study focused on Kerala, Madhya Pradesh and Delhi. Total sample size was 694 and were selected using snow ball sampling methods. 30-59 year age group adult were selected. Tool prepared in 3 languages Hindi, English, Malayalam and validated by language /subject experts. Tools were administered using Microsoft forms. Tools used for the purpose of Data collection were Demographic questionnaire, Questions related to food and beverage intake, Global physical activity questionnaire, Question on screen view time, Pittsburgh sleep quality Index, Personal Wellbeing Inventory Audit, Patient health questionnaire 2 and generalised anxiety disorder 2 item scale. Geographical correlates of physical inactivity and sleep was analysed used spatial hotspot mapping for the selected districts of targeted states. Data analysed using descriptive statistics and MANOVA, Post Hoc testing. The project started on 13/7/2020, Research data was presented in IAPSMCON 2022 international conference.



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Dr. Anindo

Dr. Neera

lated social distancing and lock
ed behaviours among adults across
al survey

Magnitude and patterns of Physical activity, diet and other
risk factors of NCDs among adults in three states across
India during COVID-19 pandemic

Self reported sleep pattern and sleep qu
backdrop of COVID 19 lockdown: A multi
cross-sectional survey

projection of the various behaviours
ls

Will give baseline assessment of these risk factors and when
we do a follow up paper, the this first paper can be referred to. Some associations with COVID+ve, -ve can be checked in
subanalysis

1. use of standard tool -PSQI (Pittsburgh
Quality Index)
2. Relevant topic considering the context
lockdown)

with physical and psychological
in three states of India during

Prevalence of mental health concerns/issues in an adult
population across three Indian states during the COVID-19
pandemic

Perceived well being and mental health
among adults during COVID 19 lockdown
multicentric analytical study

of the relation between the
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be substantiated with second

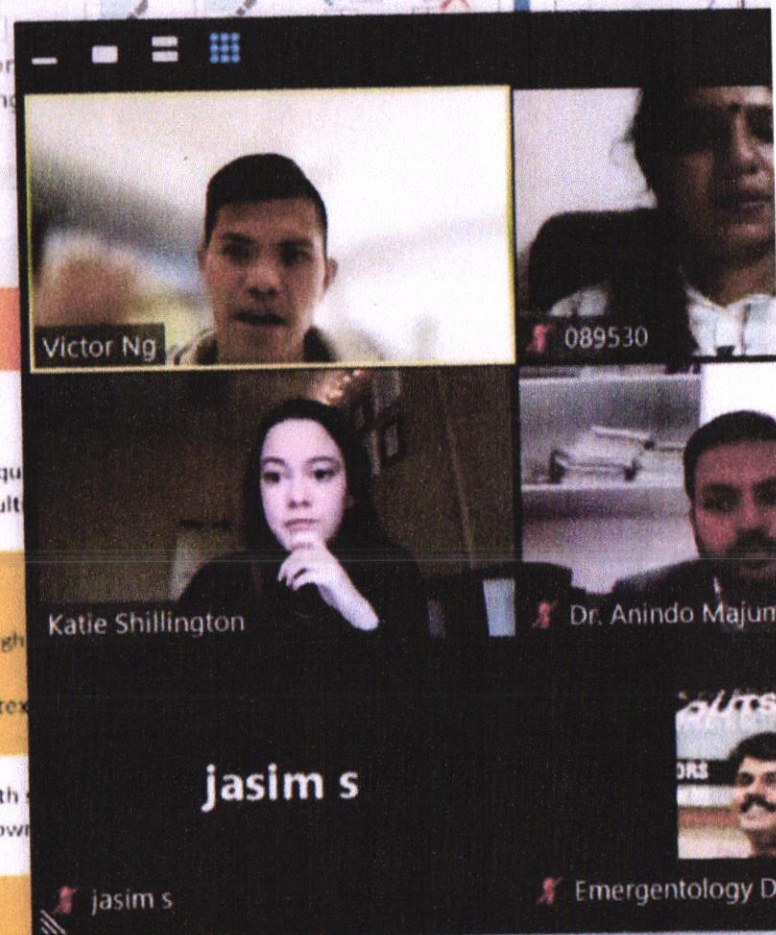
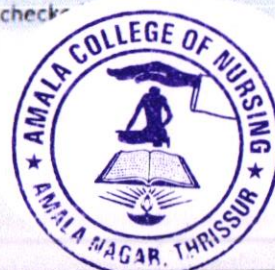
Sleep disturbances, depression, anxiety and personal well
being questionnaires can be put together. Some associations
with COVID+ve, -ve can be checked

1. Use of standard tool
2. neglected NCD (Mental health) consequence of
pandemic

LOCK DOWN-a cross sectional
states of India on patterns and
activity among adults

Physical activity and dietary pattern during COVID 19
lockdown: a multicentric epidemiological survey

Metabolic effects of CONFINEMENT during the COVID-19
Pandemic; a multicentric epidemiological survey



Physical activity and its associated factors during COVID 19 Pandemic with spatial hotspots- findings from the Health Outcomes for adults during and following the COVID 19 Pandemic (HOPE)India study

Neeraj Pawar^{a,c}, Lakshmi G^{b1}, Anindo Majumdar^a, Jasimudnn^d, Suruchi Gupta^a, Nisanth Menon^{b2}, Albrit J Vadakkan^{b1}, Neha John^b, Victor Ng^e, Katie J. Shillington^f, Shaji E J^b, Jennifer D. Irwin^g

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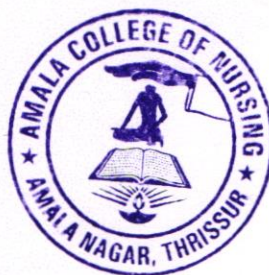
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Abstract:

Introduction: During COVID 19 pandemic with mobility restrictions, like quarantine, isolation, and lockdown, it becomes difficult to stay physically active. Physical inactivity has proven detrimental effects on physical and mental health. We aimed to determine the prevalence and predictors of physical inactivity and identify spatial hotspots in the study area.

Methods: From October 2020 to April 2021, and as part of a larger longitudinal study, 694 residents (aged 30-59 years) of Kerala, Madhya Pradesh (MP), and Delhi completed an online survey. The questionnaire included socio-demographics, food habits, clinical details, and the Global Physical Activity Questionnaire (GPAQ). Individuals, with weekly, MET minutes (Metabolic Equivalents) values less than 600, were labeled as physically inactive, and respective hotspot districts were mapped.

Results: The proportion (P) of adults with physical inactivity in our study was 61.7% (428/694). Mean (SD) time spent sitting idle was 2.9(1.9) hours. The contribution of physical activity at work was 64.8 %, leisure time activity was 25.6%, travel time activity was 9.6%. Association, of physical inactivity with variables like gender, residence, screen time, and family income, were found statistically significant. (p value <0.05). Ten Hotspot districts (with $P > 75\%$), were identified and mapped. Two districts were from Delhi, three from Kerala and five were from MP.

Most study participants were physically inactive. Understanding the health implications of physical inactivity, the government should plan public health interventions with provisions on lifestyle changes and develop and disseminate home-based exercise regimens.

Keywords – COVID 19, Physical Activity, Adults, Lockdown, Pandemic

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COVID-somnia: Sleep disturbances during the pandemic with spatial Hot spots - findings from the HOPE India study conducted in three states

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ABSTRACT:

Introduction: Covid19 pandemic and, its associated control measures such as strict social distancing and lockdown had a multifaceted effect on psychosocial wellbeing. Sleep is a major determinant of one's physiological and psychological homeostasis. Therefore we aimed to document the sleep quality with its predictors during the pandemic across three states of India and geo-locate state and district-level findings on sleep quality.

Methods: We report here baseline analyses of ongoing longitudinal study: 'Health Outcomes for Adults During and Following the Covid-19 Pandemic: The Hope India Study' conducted among 694 adults aged 30-59 years, residing in states of Kerala, Madhya Pradesh, and Delhi. An online survey was conducted from October 2020 till April 2021. Pittsburgh Sleep Quality Index (PSQI) was used to assess sleep quality. Average PSQI scores were Geomapped.

Results: Out of 694 participants, the mean (SD) global PSQI score was found to be 5.99 ± 3.2 . About 54 % of the participants had poor sleep quality (PSQI Score >5). A total of 8 hotspot districts, with severe sleep disturbances (Avg. PSQI >6.5), were identified and geolocated. Multivariable logistic regression analysis showed regional differences in sleep quality. Also, people with anxiety showed higher odds of disturbed sleep (aOR=2.4, P=0.006*)

Conclusion: Overall, sleep quality was poor during the pandemic. States should design their own programs for tackling anxiety and sleep issues based on the respective burden of these issues.

Keywords – COVID 19, Sleep, Adults, Pandemic

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Physical inactivity and its associated factors during COVID 19 Pandemic with spatial hotspots- findings from the Health Outcomes for adults during and following the COVID 19 Pandemic (HOPE) India study

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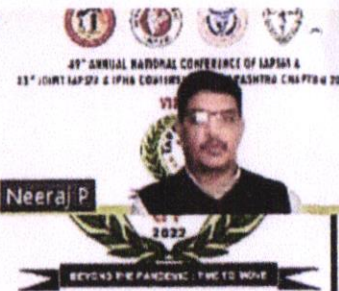
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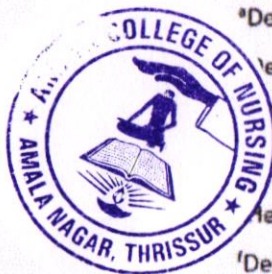
IAPSMCON 2022



COVID-somnia: Sleep disturbances during the COVID-19 pandemic with spatial Hot spots - findings from the Health Outcomes for adults during and following the COVID-19 Pandemic (HOPE) India study

PRESENTER : DR NEERAJ PAWAR, MD,DNB

Neeraj Pawar^{a,b}, Anindo Majumdar^a, Lakshmi G^{c2}, Jasimudeen^d, Suruchi Gupta^a, Nisanth Menon^{c1}, Albrit Johnson^c, Neha John^c, Katie J. Shillington^e, Victor Ng^f, Jothish^c, Jennifer D. Irwin^{e,g}



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Amala COLLEGE OF NURSING

(An undertaking of Amala Cancer Hospital Society)

Amala Nagar, Thrissur – 680 555, Kerala

First Nursing College accredited by NAAC with A grade in the first cycle (RAF)

Affiliated to Kerala University of Health Sciences and recognized by Kerala Nurses and Midwives Council & Indian Nursing Council
(Certificate No. 18-16/2893-INC)

DECISION OF ETHICS COMMITTEE

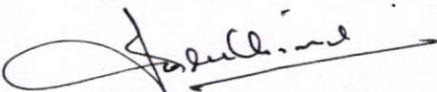
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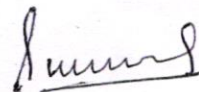
Protocol Title	Development of Resilience protocol on prevention of emotional derangement among postnatal women in a selected hospital, Thrissur
Study Period	1 year
Principal Investigator	Dr. Ambika C.
Guide	----
Co-Guide	----
Name & Address of the institution	Amala College of Nursing Amala Nagar P. O, Thrissur-680555
Date of Review	22.03.2023
Date of Ethical Committee Meeting	24.03.2023
Members Present	7 out of 7
Quorum	Fulfilled
Decision of Ethics committee	Approved

PS: Principal Investigator or Guide is to report to the Ethics Committee

1. Cases, if any, of
 - i. Adverse event (s)
 - ii. Amendment (s) protocol and alteration (s) in procedure, site or Investigator
 - iii. Premature termination of study and reasons and
2. Six monthly review and final outcome of research


Dr. Joby Thomas K
Chairman
Ethics Committee

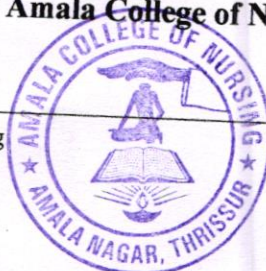




Dr. Sr. Merly John (Molly John)
Member Secretary
Ethics Committee

To

Dr. Ambika C, Professor Amala College of Nursing, Thrissur – 680555

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"Development of Resilience Protocol on Prevention of Emotional Derangement among Post natal Women in a Selected Hospital, Thrissur."

Introduction

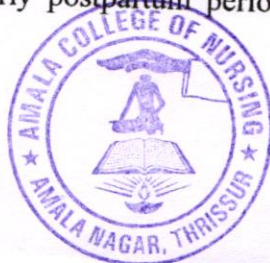
Pregnancy and the postpartum period are associated with profound physical and emotional changes. It is a complex and sensitive period that presents many challenges for women, including the development of postpartum mental disorders (PPDs). These conditions may range from postpartum depression and anxiety, which are relatively common, to less frequent but more severe postpartum psychosis. According to DSM IV TR, the postpartum mental conditions appear within four weeks of postpartum. The onset of symptoms may vary from the transient postpartum blues to the very severe postpartum psychosis. Postpartum depression which is a later, more prolonged and serious condition generally occurs within 4-6 weeks after child birth and the symptoms include low mood, anhedonia, forgetfulness, irritability, anxiety, sleep disturbance and poor functioning.


The mental symptoms associated with emotional derangement in the postpartum may pose a serious obstacle in fulfilling the role of a mother, as they hinder the emotional relationship with the child, affect the quality of its care, and lower the self-esteem of women and their faith in a successful close relationship with the child. Susceptibility to parental stress is an important predictor of the quality of the parent-child relationship. The shaping of the maternal attitude implies, among many socio demographic, personality, and psychological factors, also the psychological well-being of a woman already during pregnancy.

PPD is of concern to primary and mental health care professionals because it may severely affect the health of the mother as well as the health and development of the baby. It has been reported that depressed mothers tend to express behaviors that have a negative impact on their children, including being intrusive or withdrawn, emotionally deranged, or not interacting with their babies. Furthermore evidence from developing countries suggests that poor maternal mental health is associated with malnutrition and poor physical health in the infants.

Need for the study

Many females experience a wide range of overwhelming emotions such as anticipation, excitement, happiness, fulfillment, as well as anxiety, frustration, confusion, or sadness/guilt during pregnancy and postpartum period. At times, the postpartum psychiatric condition can become so severe that it warrants hospitalization. Evidences suggest that 80% of Postpartum depression is often undetected and under diagnosed and women at risk are rarely recognized during pregnancy or at the time of delivery. The high rate of post natal depression represents a compounded public health hazard and highlights the need for further research in order to improve treatment and prevention. Early identification and intervention during pregnancy and early postpartum periods may lead to a decrease in the long-term




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negative effects on child development, as well as a decrease in the debilitating effect on new mothers.

Despite the launch of National Mental Health program in 1982, maternal mental health is not a prominent component of the program. Dedicated maternal mental health services are largely deficient in health care facilities and health workers lack mental health training. The availability of mental health specialists is limited or non-existent in peripheral health care facilities. Furthermore there is currently no screening tool designated for use in clinical practice and no data are routinely collected on the proportion of perinatal women with postpartum depression. As there is a great decline in the maternal mortality rate due to various programs implemented by the government, it will be of great use if there is a focus on reduction of maternal morbidity especially through improving maternal mental health and ultimately improving the health of upcoming generation.

The findings of a previous study conducted at Amala College of Nursing projects the increased prevalence (11.2%) of postpartum depression among 200 postnatal mothers. Hence the researchers identified the need for the development of a protocol for the identification and prevention of emotional derangement among postnatal mothers. Early screening, diagnosis, and management are very important and must be considered as mandatory part of postpartum care.

Future considerations

After development of the protocol, the researchers are planning to implement it as a routine care in the selected hospital and find out the prevalence of postpartum depression. If this found to be effective, this can be done on a large scale and a new policy can be implemented to incorporate this screening tool along with the routine antenatal care.

Title of the study

Development of Resilience protocol on prevention of emotional derangement among postnatal women in a selected hospital, Thrissur.

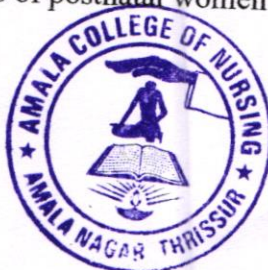
Objectives

Primary

1. To develop resilience protocol on prevention of emotional derangement among postnatal women

Secondary

1. To assess predictors of emotional derangement among postnatal women
2. To explore lived experiences of postnatal women on emotional derangement




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Operational definitions

Emotional derangement: In this study, emotional derangement refers to emotional disturbance in terms of stress, anxiety and postnatal depression with the scores of Perceived Stress Scale, Beck's Anxiety Scale and Edinburgh Postnatal Depression Scale respectively.

Postnatal woman: In this study, postnatal woman refers to the woman within the age group of 19-40 years, from 4-8 weeks of child birth vaginally, emergency or elective LSCS without any complications at Amala Institute of Medical Sciences.

Methodology

Research approach: Mixed method

Research design: Concurrent parallel design

Setting: Amala Institute of Medical Sciences

Sample: Postnatal women

Sample size: Will be finalized after pilot study

Sampling: Purposive

Inclusion criteria

Postnatal mothers in the age group of 19-40 years

Exclusion criteria

Postnatal women with

- Diagnosis of mental disorder
- Previous episode of postpartum depression
- Unable to read and write Malayalam
- Not willing to participate in the study


Tools

1. Structured questionnaire to assess
 - a. Baseline variables
 - b. Obstetric variables
2. Perceived stress scale
3. Beck Anxiety scale
4. Edinburgh postnatal depression scale

Ethical considerations

Permission will be obtained from IRB and IEC of Amala institute of Medical Sciences. Informed consent will be obtained from the participants.




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Study procedure

After obtaining administrative permission and ethical committee permission, informed consent will be obtained from subjects. The baseline and obstetric variables will be collected using structured questionnaire. Stress, anxiety and depression will be assessed using Perceived stress scale, Beck Anxiety scale and Edinburgh postnatal depression scale. The lived experiences will be collected from participants who get a higher score in emotional derangement.


Analysis

After analysing the normality using Kolmogorov- Smirnov test, baseline data, stress, anxiety and depression will be analysed using descriptive statistics. The lived experiences will be analysed using content analysis.

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