"A STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING SHEEHAN'S SYNDROME AMONG STAFF NURSES WORKING AT SELECTED HOSPITAL, KOLAR".

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Ms.VINTHIYA.S

PROJECT REPORT SUBMITTED TO,
Sri Devaraj urs College of Nursing Tamaka, kolar,
As a Part of Curriculum Requirement for
The Degree of Basic B Sc. (N)

UNDER THE GUIDANCE OF,
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TAMAKA, KOLAR.

DECLARATION BY THE CANDIDATES

We hereby state that project entitled **"A STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING SHEEHAN'S SYNDROME AMONG STAFF NURSES WORKING AT SELECTED HOSPITAL, KOLAR",** is a bonafide and genuine research work carried by the students of 4th year BSc (N) students under the guidance of Ms.Gayathri K.V, Associate professor, Department of OBG Nursing, Sri Devaraj Urs College of Nursing, Tamaka, Kolar.

Signature of the candidates,

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<u>**CERTIFICATION BY THE GUIDE**</u>

This is to certify that the project entitled **"A STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING SHEEHAN'S SYNDROME AMONG STAFF NURSES WORKING AT SELECTED HOSPITAL, KOLAR"** is a bonafide research work done by Ms. Sophiya.Y Ms. Supriya V, Ms. Tessy mol PJ, Ms. Trinypaul and Ms. Vinthiya.S as a part of curriculum requirement for the degree of Basic B Sc. (N) Program.

Signature of the guide

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Place: Tamaka, Kolar.
Date:

ENDORSEMENT BY THE H.O.D AND PRINCIPAL OF THE INSTITUTION

This is to certify that this project entitled **"A STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING SHEEHAN'S SYNDROME AMONG STAFF NURSES WORKING AT SELECTED HOSPITAL, KOLAR"** is a bonafide research done by Ms. Sophiya.Y, Ms. Supriya.V, Ms. Tessymol PJ, Ms. Trinypaul and Ms.vinthiya.s, Under the guidance of Mrs.Gayathri.K.V, Associate Professor, Department of OBG Nursing, Sri Devaraj Urs College of Nursing, Tamaka, Kolar.

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DATE:

ACKNOWLEDEGEMENT

ABSTRACT

BACKGROUND OF THE STUDY

Sheehan's syndrome remains a frequent cause of hypopituitarisim in undeveloping countries, but due to improvement in obstetric care, it is rare in developed countries. We aimed to evaluate the effectiveness of video assisted teaching on Sheehan's syndrome among staff nurses to increase the awareness of this syndrome which helps to identify the symptoms early and treat it so that complications can be prevented.

OBJECTIVIES:

- To assess the knowledge on Sheehan's syndrome among staff nurses working at selected hospital using structured knowledge questionnaire.
- To evaluate the effectiveness of video assisted teaching on sheehan's syndrome among staff nurses working at selected hospital, kolar.
- Find out the association between posttest knowledge scores with selected demographic variables.

METHODS:

Quantitative approach, one group pre-test, post-test design was Adapted for the study, 200 staff nurses were selected by purposive sampling technique who fulfilled Inclusive criteria as selected hospital, Kolar. by using self-reporting techniques, data was collected by structured knowledge questionnaire .data was analyzed using descriptive statistics like Mean, Median, Mode ,SD, Mean% paired 't' test and inferential statistics like chi- square test.

RESULTS:

1. Findings related to socio demographic profile:

The majority141 (70.5%) of the staff nurses belong to the age group <25 years, 38(19%) of staff nurses belong to 26-29 year of age. 17(8.5%) of staff nurses belongs to 30-34 years of age and the minority 4(2%) of the staff nurses were >35 years of age. Maximum 182(91%) of the staff nurses had BSC Nursing, and 7(3.5%) of staff nurses had MSC Nursing, 7(3.5%) staff nurses had GNM qualification and the minimum 4(2%) of the staff nurses had ANM qualification. Majority 108 (54%) of the staff nurses had <1-year experience, 68(34%) of staff nurses had 2-5 years of experience, 17(8.5%) of staff nurses had 5-7years of experience and the minority 7 (3.5%) of the staff nurses had >7years of experience.

2. Findings related to pre and post-test knowledge scores among staff nurses on Sheehan's syndrome.

Findings of the study in pre-test showed that 20 (10%) had Good knowledge, 32 (16%) had average knowledge and 148 (74%) had poor knowledge in post-test, study findings showed that 24 (12%) had Good knowledge, 42 (21%) had average knowledge and 134 (67%) had poor knowledge.

3. Findings related to effectiveness of Video assisted teaching on Sheehan's syndrome among staff nurses.

Study findings related to effectiveness of video assisted teaching using paired 't' test showed that $t_{(tab199)}$ was1.646 was greater than $t_{(cal199)}$0.636 value. Which showed video assisted teaching was not much effective in improving the knowledge on Sheehan's syndrome among staff nurses.

4. Findings related to Association between post test scores with selected socio demographic variables.

Findings related to association between post-test knowledge scores and selected demographic variables showed that there was statistically significant association between age in years, qualification, year of experience and previous knowledge on Sheehan's syndrome.

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INTRODUCTION

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<u>INTRODUCTION</u>

Sheehan's syndrome also known as postpartum pituitary gland necrosis in hypo-pituitarism decreased functioning of the pituitary gland. Which is caused by ischemic necrosis due to blood loss and hypovolemic shock during or after child birth[1]

Sheehan's syndrome although named after Harold Sheehan, postpartum ischemic pituitary necrosis and was reported for the first time before 100 year by przeglad kakarikis by Leoncorned G Liriski.

Sheehan's syndrome is honour of Harold Sheehan's who categorized the syndrome as the consequences of ischemia after sever peripheral hemorrhage with the advancement of obstetrical care. It occurs because of vasospasm. A report on a case of 23years old Saudi Arabia women who presented to the medical intensive care unit with severe hyponatremia hypoglycemia following a cesarean section delivery complicated by hemorrhage due to disseminated intravascular coagulopathy. It includes mechanism of Sheehan's syndrome vasospasm; thrombosis and vascular compression of the hypophyseal arteries have also been described as possible causes of the syndrome. Enlargement of pituitary gland, small cellar size, disseminated intravascular coagulation and auto immunity have been suggested to play a role in pathogenesis of Sheehan 'syndrome. The Sheehan's syndrome is characterized by varying degrees of anterior pituitary dysfunction. Some degree of hypo pitutarisim occurs in nearly one third of patients with severe post-partum hemorrhage. Although symptomatic posterior pituitary is uncommon. Many have impaired neurohypophyseal function test[2]

It is one of the most common causes of hypopituitarism in under developed or developing countries. A recent epidemiological study from Kashmir valley of Indian subcontinent estimated the prevalence to be about 3% for women above 20 years of age, almost two third of women had delivered babies at home[3]

However, it is a rare cause of hypopituitarism in developed countries. In a study on Harold Sheehan's syndrome, 1034 hypopituitary adults, Sheehan's syndrome was sixth most frequent causes of growth hormone deficiency G H D, being responsible for 3.1% of cases. [4]

In a retrospective national wide analysis in ice land, the prevalence of Sheehan's syndrome in 2009 was estimated to be 5.1 per 100,000women. The aim of the present review is to discuss the progress on the Sheehan's syndrome. [5]

Sheehan's syndrome can be present in the post-partum period with lactation failure or after many months to year following the incision delivery. In many affected women, anterior pituitary dysfunction is not diagnosed for many years in study of 60 patients, the average time between the previous obstetric event and diagnosis of Sheehan's Syndrome was 13 years.[6]

Characteristic manifestations include failure to lactate or to resume menses, genital and auxiliary hair loss, asthenia and weakness, fine wrinkles around the eyes and lips, signs of premature aging, dry skin, hypo pigmentation and other evidence of hypopituitarism[7]

The absence of amenorrhea or the presence of postpartum lactation, however, does not rule out the diagnosis. Uncommonly, it can present acutely with circulatory

collapse, severe hyponatremia, diabetes insipidus, hypoglycemia, congestive cardiac failure or psychosis.[8]

Secretion of growth hormones and prolactin (90–100%), while deficiencies in cortisol secretion, gonadotropin and thyroid stimulating hormone ranged from 50 to 100%.[9] At least 75% of pituitary must be destroyed before clinical manifestations become evident. Growth hormone deficiency is very common in Sheehan's syndrome because somatotropins are located in the lower and lateral regions of the pituitary gland and are most likely to be damaged by ischemic necrosis of the pituitary.

Sheehan's syndrome is a frequent cause of hypopituitarism in underdeveloped countries. The clinical features of hypopituitarism are often subtle and years may pass before the diagnosis is made following the inciting delivery. History of postpartum hemorrhage, failure to lactate and cessation of menses are important clues to the diagnosis. Early diagnosis and appropriate treatment are necessary to reduce the morbidity and mortality of patients.[10]

NEED FOR THE STUDY

Sheehan's syndrome means pituitary gland secretions become deficiency due to ischemic infraction of pituitary gland and as a result it leads to massive postpartum uterine hemorrhage. Its diagnosis is often over looked and it can be life threatening, this study on Sheehan's syndrome aims to gain knowledge among staff nurses in identifying the clinical, laboratory, radiological aspects of Sheehan's syndrome in large number of patients and able to manage the cases effectively. [11]

Sheehan's syndrome is a syndrome where the nurses have a little knowledge and, there have been no reports on successful pregnancies after acute Sheehan's syndrome, this study help nurses to understand a rare condition, and helps to review and discuss the literature pertaining to it. [12]

This condition is most frequently seen in underdeveloped and developing countries. Incidence of Sheehan's syndrome accounts of 1 out of every 100,000 births globally, its prevalence in India is around 2.5% to 4% in women above 20 years.

A study was conducted by giblons KJ.Albright.(M,Rouse DJ) which aims to study on Sheehan's syndrome to explore the complexities and an effect to help practionaries to provide early diagnosis and as appropriate treatment to women with this condition as the diagnosis of this condition which is often substantially delayed due to some circumstance surrounding delivery and broad spectrum of clinical presentation.[13]

A study was conducted by JG Gonzaly-Gonzaly on Sheehan's syndrome which helps to assess the importance of study relative to individual values, where it remains as a frequent obstetric complication with and certain pathophysiology, and allows to assess the incidence of hypopituitarism within the first six month of child birth and to determine existence of anti-pituitary antibodies. The role of auto immunity in

Sheehan's syndrome remain uncertain so the further studies are needed to improve the remaining knowledge gaps.[14]

Hence, this study helps the staff nurses to know about sheehan's syndrome which inturn helps in early diagnosis and appropriate treatment, also help to reduce morbidity and mortality rate from people suffering with Sheehan's syndrome.

STATEMENT OF THE PROBLEM

"A STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING SHEEHAN'S SYNDROME AMONG STAFF NURSES WORKING AT SELECTED HOSPITAL, KOLAR".

OBJECTIVES OF THE STUDY:

1. To assess the knowledge on Sheehan's syndrome among staff nurses working at selected hospital using structural knowledge questionnaire.

2. To evaluate the effectiveness of video assisted teaching on Sheehan's syndrome among Staff nurses working at selected hospital, kolar.

3. Find out the association between post-test knowledge scores with selected demographic variable.

HYPOTHESIS:

H_{01}:There is no significant difference between pretest and posttest knowledge scores on sheehan's syndrome

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

Assumptions:

* Staff Nurses may have some knowledge regarding Sheehan's syndrome.

* Video assisted teaching may help in improving knowledge level on Sheehan's syndrome among staff Nurses.

<u>**OPERATIONAL DEFINITION:**</u>

1. Effectiveness:

It determines the subject's merit, worth and significance, systematically by using criteria governed by set of standards. In this study it shows the improvement in knowledge score which is evaluated by structure knowledge questionnaire given to staff nurses by marking correct answers on Sheehan's syndrome.

2. Video assisted teaching:

It is the visual and audio tape instruction module prepare on the following headlines:

1. Introduction

2. Risk factors and causes

3. Pathophysiology

4. Clinical features

5. Management of disease conditions

3. Knowledge:

The knowledge in this study refers information staff nurses have on Sheehan's syndrome by staff nurse.

4. Staff nurses:

Staff nurses are the persons who have completed the nursing course and got certified by the apex bodies and licensed to practice and offer health care services i.e. GNM, BSC Nursing, P.B.BSC Nursing, and M.SC nursing staff nurses.

REVIEW
OF
LITERATURE

CHAPTER – 2

REVIEW OF LITERATURE

Studies related to Sheehan's syndrome;

1. A case study was conducted by Sheehan's syndrome by Fabio A. Nascimento; Juliane Nery; Gustavo Lenci Marques, Felipe Dunin dossantos, Mauricio DE Carvalho. Sheehan's syndrome occurs as a result of ischemic pituitary necrosis due to severe post-partum hemorrhage report 41 years old women with a history of severe postpartum haemorrhage 18 years prior to presentation. During this period of time she experience severe fatigue 3 months prior to being admitted to our hospital the patient started to noticed alopecia generalized edema and cognitive impairment after proper investigation laboratory test and clinical findings indicated pan hypopituitarism. In addition to neuroimaging and past medical history, Sheehan's syndrome was diagnosed and treatment started We emphasize the importance of through investigation, further diagnosis and, management of this condition (especially in third world countries) since Sheehan's syndrome is a neurological and endocrinological emergency and potentially life threatening[16]

2. A case study was conducted on Sheehan's syndrome: by shivapresad.c at MS. Ramaiah hospital Bangalore. The study explained that Sheehan's syndrome is postpartum hypopituitarism caused by necrosis of the pituitary gland. It is usually the result of severe hypotension or shocks caused by massive hemorrhage during or after delivery patient with Sheehan's syndrome have varying degree of anterior pituitary hormone deficiency. Its frequency is decreasing worldwide and it is rare case of hypopituitarism in developing countries owing to advance in obstetric care. However,

it is still frequent in underdeveloped and developing countries. Sheehan's syndrome often evolves slowly and hence is diagnosed late. History of post-partum hemorrhage, failure lactate and cessation of menses are important clues to the diagnoses. Early diagnosis and appropriate treatment are important to reduce morbidity and mortality of the patient.[17]

3. A case study was conducted on Sheehan's syndrome, by Dr. Deepika Baskaran and Allah Satya Narayana reddy the study explained that hypopituitarism developed countries. In India context it is still an uncommon serious problem. Presentation depends on the extent of the necrosis, severe cases presenting years or decades after episodes. A young woman had pre-eclampsia, ante partum hemorrhage at her premature twin pregnancy delivery. Three year later she presented with secondary amenorrhea associated symptoms of weakness, hypotension, cold intolerance, loss of sexual hair, breast and vulva low Atrophy, loss of libido clinched the diagnosis low level ACTH, TSH, FSHLH, Prolactin and also of estradiol, cortisol, sodium confirmed the diagnosis. Hormones replacement of her general condition her menstrual cycle are established, genital organs rejuvenated and libido regained.[18]

4. A Case study was conducted on seizures: A rare presentation of Sheehan's syndrome by MSA Cooray, Uditha Balugahapiti at Srilanka. The study explained that Sheehan's syndrome is well-known cause of pan hypopituitarism following ischemic damage to the pituitary gland or stalk during peripartum period. Degree of hypopituitarism in Sheehan's syndrome can vary and due to the slow evaluation, the diagnosis can be delayed. Here we report a case presented with hyponatremia,2 years after her complicated delivery, which highlight the importance of recognizing hyponatremia as a presentation of hypopituitarism in Sheehan's syndrome.[19]

5. A Case study was conducted on diagnosis and treatment challenges of Sheehan's syndrome by Brittany gasper. The study explains that Sheehan's syndrome is a chronic health condition specific to women who have experienced post-partum hemorrhage. It is characterized by varying degrees of pituitary hormone imbalance related to the pathological process of pituitary gland necrosis after hemorrhage has occurred. Though the syndrome is a rare complication of hemorrhage, diagnosis is often substantially delayed due to the circumstance surrounding delivery and the broad spectrum of clinical presentation. The aim this paper is to explore the complicities of the syndrome in an effort to help practitioners provide the early diagnosis and appropriate treatment to women with the condition. This is achieved by synthesizing relevant and delayed presentations of the condition via the frame of a clinical vignette. Sheehan's syndrome.[20]

6. A Case study was conducted on successful management of patient with Sheehan's syndrome presenting with psychosis catatonia. By Rajeev Ranjan, Devadatta Mohapatra at India, Odisha. The study explained that Sheehan's syndrome is a neuroendocrine condition that manifests with symptoms of hypopituitarism. It mostly occurs as a complication of parturition due to severe postpartum hemorrhage compromising pituitary circulation. Reports of neuropsychiatric manifestations of Sheehan's syndrome are available with most cases describing psychosis. There was a finding of interesting case of Sheehan's syndrome which presented with catatonia on a psychotic background and its successful management. The possible pathophysiological underpinning for the causation of catatonia and psychosis in this condition are also discussed. Were including Catatonia, Hypopituitarism, Psychosis, Sheehan's syndrome. [21]

7. A Case study was conducted on Sheehan's syndrome; new insight in to a disease. By Halit diri and Zuieyha karirica. The study explained that Sheehan's syndrome is a parturition-related pituitary disease resulting from severe post-partum hemorrhage and can present with varying degrees of pituitary in sufficiency. Pathological and clinical findings of Sheehan's syndrome were first described by Harold L. Sheehan's syndrome in previous century. Although the definitionare still valid, various study and records including new data have subsequently been published. Additionally, the diagnosis of Sheehan's syndrome has often been over looked and thus delayed for long years due to its nonspecific signs and symptoms. Therefore, a large number of patients may be reminded and diagnose and treated. Sheehan's syndrome is not as rare as assumed in developed countries, probably due to migrant women and un awareness of physician regarding the syndrome. In this review, we provide a detailed review of the epidemiology.[22]

8. A Study was conducted on the changing phase of Sheehan's syndrome Alex H. Tessnoew at America. The study explained that post-partum necrosis of the anterior pituitary gland is known as Sheehan's syndrome in honor of Harold Lemming Sheehan who characterized the syndrome as the consequence of ischemia after severe puerperal hemorrhage. With advancements of obstetrical care, Sheehan's syndrome has become uncommon except in developing countries. In many affected women, anterior pituitary dysfunction is not diagnosed for many years after the inciting delivery. This review emphasizes the long period of time that may elapse between the puerperal hemorrhage and the eventual diagnosis of hypopituitarism. The pathophysiology, epidemiology, clinical features and treatment of this disorder are discussed. [23]

9. A case study was conducted on Sheehan's syndrome: a rare complication of postpartum hemorrhage case report and review of the literature. By polbinaiye, s avidime. The study explained that Sheehan's syndrome is a condition that may occur in a woman who bleeds severely during childbirth. Severe bleeding childbirth can cause   tissue death in the pituitary gland, which may cause the (+0) gland to lose its ability to function properly. A case of 21 years old lady gravid 1 Para 1 (alive) who developed Sheehan's syndrome six months after extreme postpartum hemorrhage. High level of suspicious was employed based on clinical history and couples with the laboratory blood tests and magnetic resonance imaging (MRI). Findings in arriving at diagnosis of this rare complication, the life-threatening blood loss during or after childbirth. It highlighted on the importance of proper medical care in preventing extreme bleeding during childbirth, and its importance Sheehan's syndrome is not preventable. [24]

10. A case study was conducted on Sheehan's syndrome a case study report: by Mohammed Nasir Uddin. The study explained that Sheehan's syndrome is defined by varying degrees of anterior pituitary deficiency due to postpartum ischemic necrosis of the pituitary gland after massive bleeding. Sheehan's syndrome, though rare, is still one of the commonest causes of hypopituitarism in developing countries like ours. He clinical presentation is variable with abrupt or insidiously developing pituitary insufficiency after a heavy intra- partum or post-partum hemorrhage. A case of a young lady with this syndrome who had slowly progressive pan hypopituitarism 6 years after a severe hemorrhage associated with the delivery of male baby was discussed; the findings are Sheehan's syndrome refers to postpartum hypopituitarism as a result of pituitary necrosis occurring during severe hypotension or shock secondary to massive bleeding during or just after delivery. Though first described by

HL Sheehan in 1837, it was known as Simmonds disease was due to postpartum necrosis of the anterior pituitary following postpartum hemorrhage.[25]

11. The study was conducted on Sheehan's syndrome by Jose Gerardo Gonzales-Gonzalez, which aimed to assess the incidence of hypopituitarism (>_2 hormonal axis impairment) within the first six post childbirth months and to determine the existence of anti-pituitary antibodies. From 2015 to 2017, adult pregnant women, who developed moderate to severe postpartum hemorrhage (PPH), Were consecutively included in the study. Pituitary function was assessed 4 and 24 weeks after PPH. At the end of the study, anti-pituitary antibodies were assessed. Twenty women completed the study. Mean age was 26.35(+-5.38) years. The main etiology for severe PPH was uterine atone (65%) Which resulted mostly in hypovolemic shock grades III-IV Within the first four weeks of the deliver, 95% of patient had at least one hormonal pituitary affected and 60% of the patients fulfill diagnostic criteria for hypopituitarism. At the end of the study period, five patients (25%) were diagnosed with hypopituitarism (GH and cortisol axes affected). Anti-pituitary antibodies were negative in all patients. At 6 months follow-up, one in every four women with a history of moderate-to-severe PPH was found with asymptomatic no autoimmune – mediated hypopituitarism. The role of autoimmunity in Sheehan's syndrome remains uncertain on conclusion further studies are needed to improve the remaining knowledge gaps.[26]

12. A case the study was conducted on Sheehan's syndrome revisited: underlying auto immunity are hyper fusion. By Elizondo- Plazas', Roberto Monte's- de- oca-luna. The explained that Sheehan's syndrome occur because of severe post-partum hemorrhage causing ischemic pituitary necrosis. Sheehan's syndrome Is the well-known condition that is generally diagnosed several year's post-partum. However, acute Sheehan's

syndrome is rare and clinicians have little exposure to. It can be life-threatening. There have been no reviews of Sheehan's syndrome and no report of success full pregnancies after acute Sheehan's syndrome. To understand this rare condition, they have reviewed an discussed the literature pertaining to it. An electronic search for acute Sheehan's syndrome in the literature from January 1990 and may 2014 was performed.[27]

METHODOLOGY

CHAPTER- 3

METHODOLOGY

This chapter deals with the methodology selected for the study. It includes research approach, research design, setting sample, and sampling technique, development and description of the instrument for the data collection regarding the procedure and plan for data analysis.

The present study is to evaluate the effectiveness of video assisted teaching among staff nurses on Sheehan's syndrome.

MATERIAL AND METHODS:

Source of data:

Data can be defined as the quantitative or qualitative values of variables. Data can be numbers, images, words, figures, facts or ideas. In this study, source of data collection is staff nurses.

Research approach and design:

Research design is the set of methods and procedure used in collecting and analysing measure of the variables specified in the research problems.

Research approach for present study is quantitative approach;

Research design, one group pre-test post-test design.

Variables:

In this study the study variables are

Independent variables: video assisted teaching on Sheehan's syndrome.

Dependent variables: knowledge on Sheehan's syndrome.

Setting:

The setting in the study was be R.L.J. hospital and research Centre.

Population:

The population of the study was the staff nurses.

Sample:

The sample of the study was staff nurses working at R.L.J. Hospital and research center, Kolar.

Sampling size: In this study, sample size consists of 200 staff nurses working at R.L.J Hospital and Research centre.

Sampling technique:

In this study non - probability sampling, purposive sampling technique was used to select the sample.

Sampling criteria:

INCLUSION CRITERIA:

1. Who will be willing to participate in the study.

EXCLUSION CRITERIA:

1. Who are not present at the time of the data collection.

2. Who has already attained classes on Sheehan's syndrome.

Data collection tool:

Self-administered questionnaires was used to collect the data. The tool consists of two sections.

SECTION- A

Socio-demographic variable.

SECTION-B

Consisting of structured knowledge questionnaire on Sheehan's syndrome.

Method of data collection:

1. Institutional ethical committee permission was obtained.

2. Permission from medical superintendent of R.L.J Hospital and Research centre was obtained.

3. Written consent from participants was obtained.

4. 200 staff nurses working at R.L.Jallapa Hospital who fulfilled inclusion criteria through purposive sampling technique criteria were selected.

5. Pre-test was conducted by self-reporting technique using structured knowledge questionnaire.

6. Video assisted teaching was administered after pre-test on Sheehan's syndrome.

7. Post-test was conducted after 7days by using structure knowledge Questionnaire.

8. Data was analyzed using both descriptive and inferential statistics.

Plan for data analysis:

The data will be analyzed using both descriptive and inferential statistics.

Descriptive statistics are mean, median, standard deviation, paired t-test, mean percentage and inferential statistics using chi square test.

ANALYSIS, INTERPRETATION AND DISCUSSION

CHAPTER-4

ANALYSIS, INTERPRETATION AND DISCUSSION

PROBLEM STATEMENT:

OBJECTIVES OF THE STUDY ARE:

1. To assess the knowledge on Sheehan's syndrome among staff nurses working at selected hospital using structural knowledge questionnaire.

2. To evaluate the effectiveness of video assisted teaching on Sheehan's syndrome on knowledge among staff nurses working at selected hospital, kolar.

3. Find out the association between post-test knowledge scores with selected demographic variable.

ORGANIZATION OF FINDINGS:

Analysis of the data is presented under the following headings:

1. Findings related to socio demographic data of staff nurses.

2. Findings related to knowledge scores on Sheehan's syndrome.

3. Findings related to the effectiveness of video assisted teaching on Sheehan's syndrome.

4. Findings related to association between post-test knowledge scores with selected demographic variables on Sheehan's syndrome.

1. **FINDINGS RELATED TO SOCIO DEMOGRAPHIC Profile:**

Table 1: Frequency and percentages distribution of socio demographic variables.

N = 200

Sl. No	Socio demographic variables	Frequency (f)	Percentage (%)
1.	Age in years		
	1.1)<25yrs	141	70.5%
	1.2) 26-29 yrs	38	19%
	1.3) 30-34yrs	4	2%
	1.4) >35yrs	17	8.5%
2.	Qualification		
	2.1) ANM	4	2%
	2.2) GNM	7	3.5%
	2.3) BSC	182	91%
	2.4) MSC	7	3.5%
3.	Year of experience		
	3.1) <1year	108	54%
	3.2) 2-5 year	68	34%
	3.3) 6-7 year	17	8.5%
	3.4) >8 year	7	3.5%
4.	Previous knowledge of Sheehan's syndrome		
	4.1) Yes	101	50.5%
	4.2) No	99	49.5%

1. AGE IN YEARS
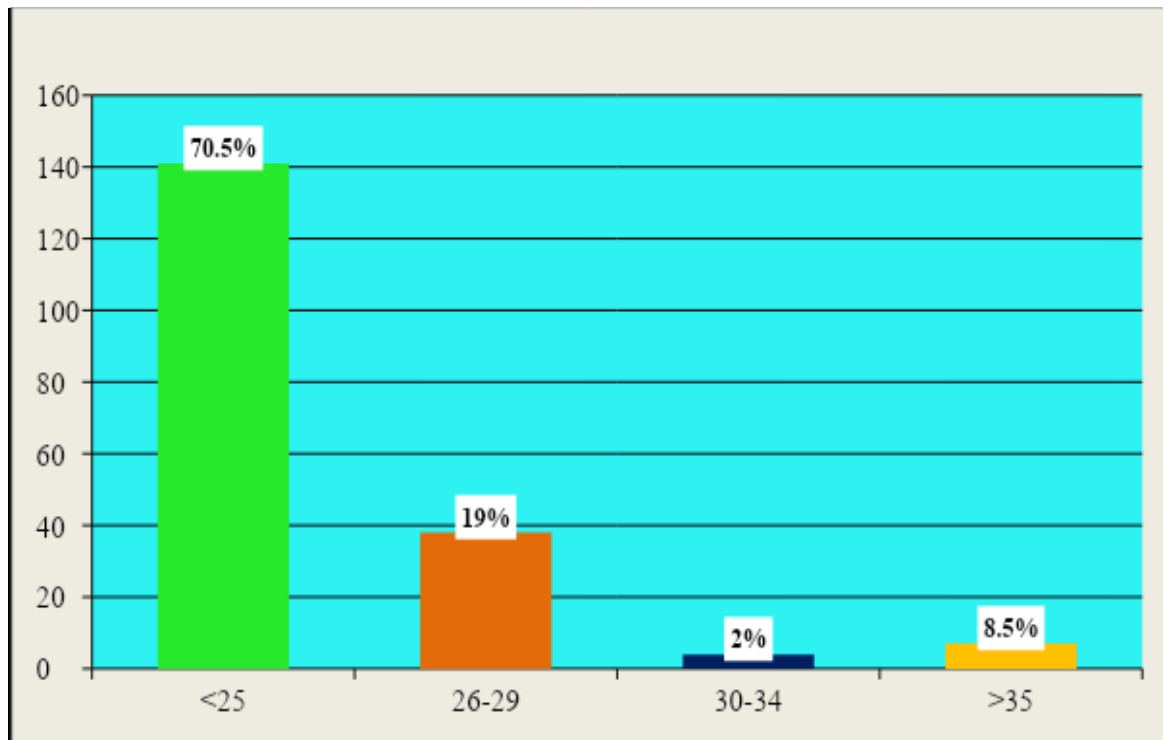
Fig 1: **Bar diagram showing age of Staff Nurses**

The study findings showed that, majority 141 (70.5%) of the staff nurses belong to the age group of <25 years, 38(19%) of staff nurses belong to the age group of 26-29 year. 17(8.5%) of staff nurses belongs to 30-34 years of age and the minority 4(2%) of the staff nurses were >35 years of age.

2. <u>QUALIFICATION:</u>

QUALIFICATION

- 2%
- 4%
- 3%
- 91%

Legend:
- ANM
- GNM
- BSC
- MSC
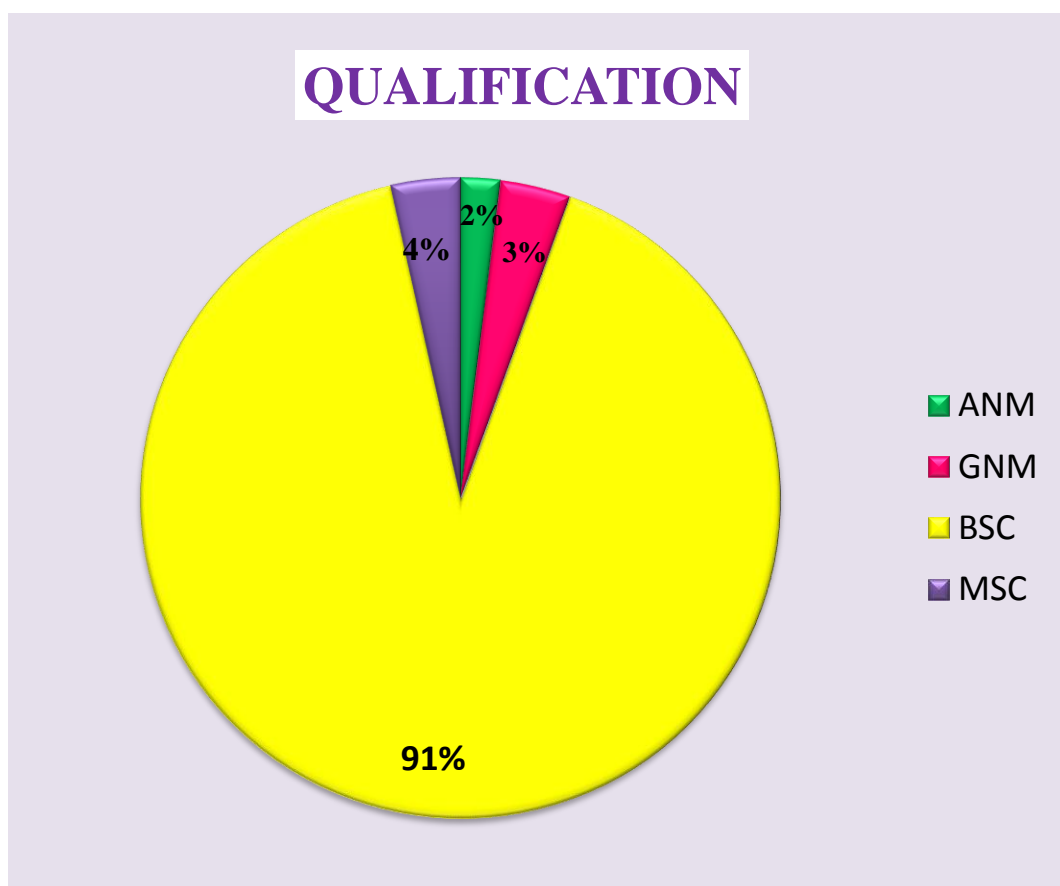
Fig 2: Pie diagram showing the Qualification of the nurses.

The study findings showed that, majority of 182(91%) of the staff nurses had BSC Nursing education, 7(3.5%) of staff nurses had MSC Nursing, 7(3.5%) & GNM qualification and minority 4(2%) of the staff nurses had ANM qualification.

3. YEAR OF EXPERIENCES:
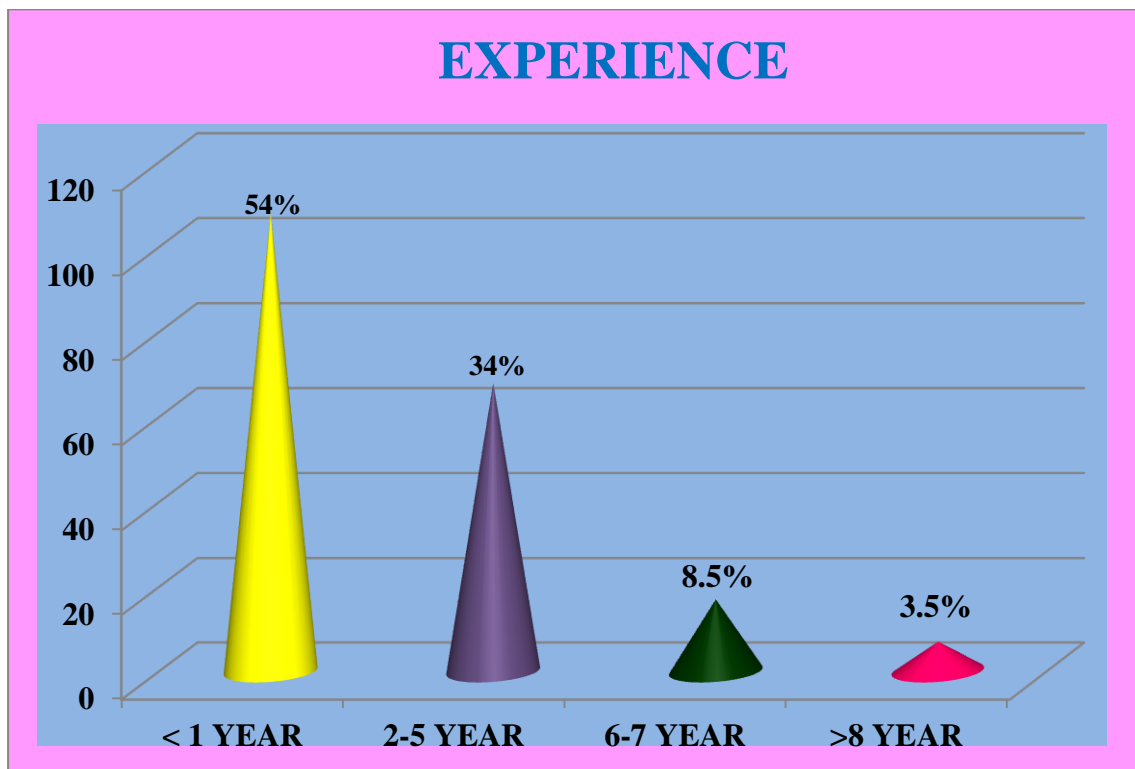
Fig 3: Cone diagram showing the year of experience of staff nurses.

The study findings showed that, majority of 108 (54%) of the staff nurses had <1 years, 68(34%) of staff nurses had 2-5 years of experiences. 17(8.5%) of staff nurses had 5-7years of experience and the minority 7 (3.5%) of the staff nurses had >7years of experience.

4. PREVIOUS KNOWLEDGE OF SHEEHAN'S SYNDROME:
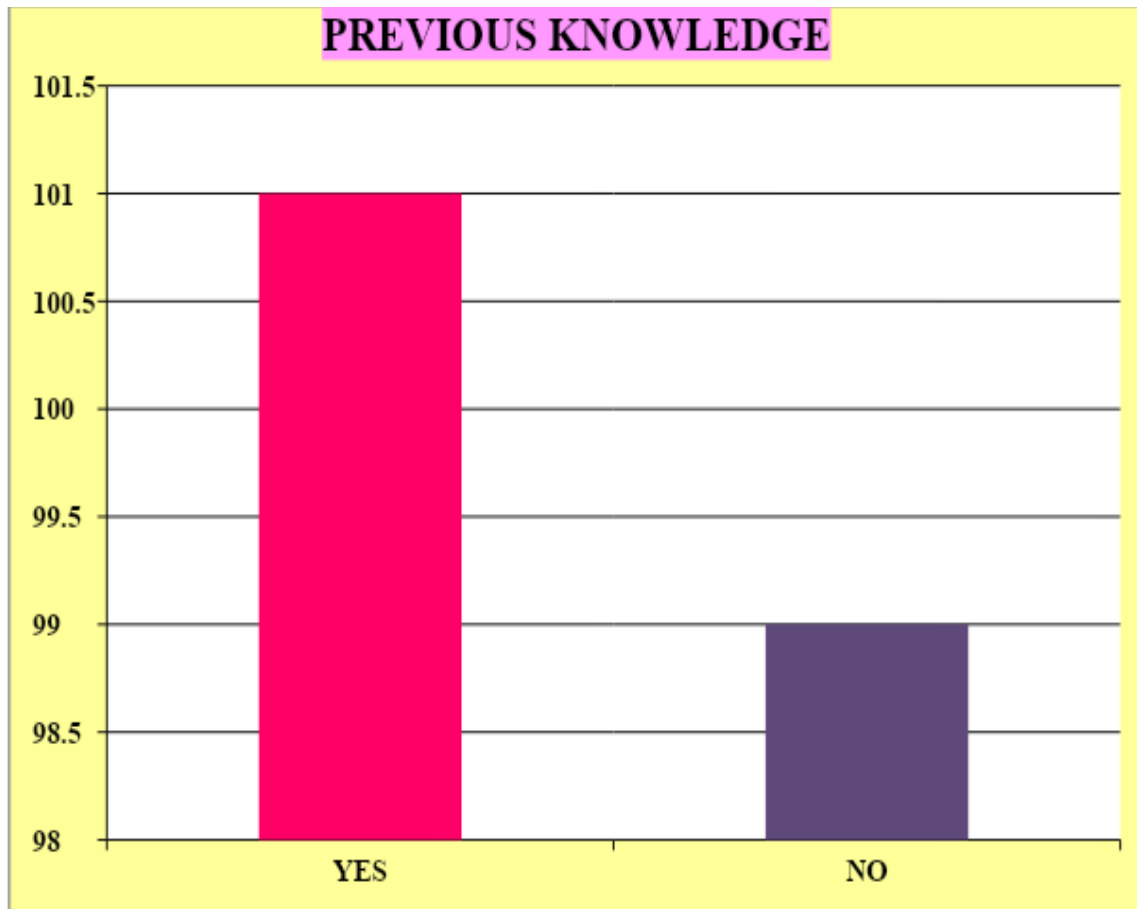
Fig 4: Bar diagram showing previous knowledge of staff nurses on Sheehan's syndrome.

The study findings showed that, maximum 101(50.5%) had previous knowledge on Sheehan's syndrome from reading text books and minimum 99(49.5%) didn't had previous knowledge on Sheehan's syndrome.

2. Findings related to pre and post test knowledge scores among staff nurses on Sheehan's syndrome.

Table - 2: Findings related to pre and post test mean, median, range, standard deviation among staff nurses.

N=200

	Mean	Median	Range	Standard Deviation	Mean%
Pre-test	6.99	6	1-16	1	43.25%
Post-test	7.20	7	0-16	1	45.43%

Findings of the study showed that in pre-test mean was 6.99, median was 6, range was 1-16 , standard deviation was 1 and mean% was 43.25%, in post-test, mean 7.20, median-7 range was 0-16, standard deviation was 1 and mean % was 45.43%.

Table-3: Findings Related to pre and post test knowledge scores among staff nurses on Sheehan's syndrome.

N=200

Knowledge Scores	Pre – test		Post – test	
	Frequency	Percentages %	Frequency	Percentages %
Good (13-16)	20	10%	24	12%
Average (9-12)	32	16%	42	21%
Poor (0-8)	148	74%	134	67%

Findings of the study in pre-test showed that 20 (10%) had Good knowledge, 32 (16%) had average knowledge and 148 (74%) had poor knowledge. In post-test study findings showed that 24 (12%) had Good knowledge, 42 (21%) had average knowledge and 134 (67%) had poor knowledge.

3. Findings related to effectiveness of Video assisted teaching on Sheehan's syndrome among staff nurses.

Study findings related to effectiveness of video assisted teaching using paired 't' test showed that $t_{(tab199)}$ was1.646 was greater than $t_{(cal199)}$0.636 value. Which showed video assisted teaching was not mucheffective in improving the knowledge on Sheehan's syndrome among staff nurses. Hence we are accepting H_{02} hypothesis.

4. Findings related to Association between post test scores with selected socio demographic variables.

N=200

Sl. No	Demographic Variables	Knowledge Level		X² Calculated value	df	P value inference
		Below Median <7	Above Median >7			
1.	**Age in years** 1.1) <25 yrs. 1.2) 26 – 29 yrs. 1.3) 30 -34 yrs. 1.4) >35 yrs.	104 30 02 12	31 10 08 03	8.1	3	7.815 P>0.05 NS
2.	**Qualification** 2.1) ANM 2.2) GNM 2.3) BSC 2.4) MSC	02 04 140 5	4 3 40 02	6.4	3	7.815 P>0.05 NS
3.	**Year of Experience** 3.1) <1yrs. 3.2) 2-5 yrs. 3.3) 5-7 yrs. 3.4) >7 yrs.	60 20 40 10	20 10 25 5	21.67	3	7.815 P>0.05 NS
4.	**Previous knowledge Of Sheehan's syndrome.** 4.1) Yes 4.2) No	31 10	70 89	12.9	1	3.841 P>0.05 SS

Findings related to association between post-test knowledge scores and demographic variables showed that there was statistically significant association between age in years, year of experience and previous knowledge on Sheehan's syndrome and no statistically significant association between qualification and post- test knowledge scores.

Association of demographic variables knowledge scores

Age in years:

The table $df_{(3)}$ value (7.815) was lesser than calculated x^2 value (8.1). Hence there was statistically significant association between age in years and knowledge score at $p>0.05$ level.

Qualification:

The table value $df_{(3)}$ x^2 (7.815) was greater than calculated x^2 value (6.4). Hence there was no statistically significant association between Qualification and knowledge score at $p>0.05$ level.

Year of experience:

The table value $df_{(3)}$ x^2 value (7.815) was Lesser than calculated x^2 value (216.71). Hence there was statistically significant association between years of experience and knowledge score at $p>0.05$ level.

Previous knowledge on Sheehan's syndrome:

The table value $df_{(3)}$ x^2 value (3.84) was Lesser than calculated x^2 value (12.9). Hence there was statistically significant association between previous knowledge on Sheehan's syndrome and knowledge score at $p>0.05$ level.

DISCUSSION

The study was aimed at finding out the knowledge and association between post test knowledge scores with selected demographic variables on Sheehan's syndrome among staff nurses in hospital. The data was collected from 200 staff nurses and the study was conducted over a period of three months.

The following tools were used to collect information from the samples:

1) Socio demographic data

2) Knowledge scores on Sheehan's syndrome

3) Knowledge association between post test knowledge scores with selected demographic variables on Sheehan's syndrome

The findings of the study were discussed under the following headings:

1. Findings related to socio demographic data of staff nurses.

2. Findings related to knowledge scores on Sheehan's syndrome.

3. Findings related to the effectiveness of video assisted teaching on Sheehan's syndrome.

4. Findings related to association between post test knowledge scores with selected demographic variables on Sheehan's syndrome.

1. Findings related to social demographic data of staff nurses.

The majority of 141 (70.5%) of the staff nurses belong to the age group of <25 years, 38(19%) of staff nurses belong to 26-29 year of age. 17(8.5%) of staff nurses belongs to 30-34 years of age and the minority 4(2%) of the staff nurses were >35 years of age. The majority of 182(91%) of the staff nurses belong to the education of nurse in BSC Nursing, and 7(3.5%) of staff nurses belong to MSC Nursing. 7(3.5%) of staff nurses belongs to GNM Nursing and the minority 4(2%) of the staff nurses were ANM. The majority of 108 (54%) of the staff nurses belong to the experiences of <1 years, 68(34%) of staff nurses belong to 2-5 years of experiences. 17(8.5%) of staff nurses belongs to 5-7years of experience and the minority 7 (3.5%) of the staff nurses were >7years of experience.

No studies were done to support this data.

2. Findings related to pre and post test knowledge scores among staff nurses on Sheehan's syndrome.

Findings of the study in pre-test showed that 20 (10%) had Good knowledge, 32 (16%) had average knowledge and 148 (74%) had poor knowledge, in post-test study findings showed that 24 (12%) had Good knowledge, 42 (21%) had average knowledge and 134 (67%) had poor knowledge.

No sufficient studies were done to support this data.

3. Findings related to effectiveness of Video assisted teaching on Sheehan's syndrome among staff nurses.

Study findings related to effectiveness of video assisted teaching using paired 't' test showed that $t_{(tab199)}$ was 1.646 was greater than $t_{(cal199)}$ 0.636 value. Which showed video assisted teaching was ineffective in improving the knowledge on Sheehan's syndrome among staff nurses. Hence we are accepting H_{02} hypothesis.

4. Findings related to Association between post test scores with selected socio demographic variables.

Findings related to association between post-test knowledge scores and demographic variables showed that there was statistically significant association between age in years, qualification, year of experience and previous knowledge on Sheehan's syndrome.

RECOMMENDATION:

1. Different teaching methods can be used to update the knowledge for staff nurses.

2. Pamphlet can be distributed to all health workers, who are working in antenatal ward and post natal ward.

3. Awareness on Sheehan's syndrome will prevent postnatal pituitary gland complications; hence CNE programs can be conducted on it.

4. Sample size and settings can be increased to know the effectiveness of the study.

5. Studies related to practice in Mx of Sheehan's syndrome can be conducted.

6. Case studies of this condition can be presented.

SUMMARY

AND

CONCLUSION

CHAPTER-5

SUMMARY AND CONCLUSION

SUMMARY:

Sheehan's syndrome is a condition that affects women who experience life-threatening blood loss during or after childbirth, severe blood loss depuratives your body of oxygen and can seriously damage vital tissues and organs and it is a rare complications of pregnancy, usually occurring after excessive blood loss during or after childbirth. The presence of disseminated intravascular coagulation. (In amniotic fluid embolism or HELLP Syndrome) also appears to be a factor in its development.

Two key signs of Sheehan's syndrome involves absence of lactation and or difficulties with lactation or you failed to start menstruating after delivery. Sheehan's syndrome is still a common problem in our country. Especially in rural areas considering the duration or disease, important delay's occur in diagnosis and treatment of the disease.

CONCLUSION:

In conclusion Sheehan's syndrome is a frequent cause of hypopituitarism in underdeveloped countries. The clinical features of hypopituitarism are often subtle and years may pass before the diagnosis is made following the inciting delivery. History of postpartum hemorrhage, failure to lactate clues to the diagnosis early diagnosis and appropriate treatment are necessary to reduce the morbidity and mortality of patients.

BIBILOGRAPHY

1. Kelestimur F. Sheehan's syndrome. Pituitary. 2003; 6:181–8. Available from: http: pubmed.ncbi.nlm.nih.gov/15237929-sheehans'syndrom/

2. At maca H, Tanriverdi F, Gocke C, Unluhizarci K, Kelestimur F. Posterior pituitary function in Sheehan's syndrome. Eur J Endocrinal. 2007; 156:563–7. Available from: https://pubmed.ncbi.nlm.nih.gov/17468192-posterior-pitutiary-fuction-in-sheehans-syndrom/

3. Zargar AH, Singh B, Laway BA, Masoodi SR, Wani AI, Bashir MI. Epidemiologic aspects of postpartum pituitary hypo functions (Sheehan's syndrome) FertileSterile. 2005; 84:523–8] Available from: https://pubmed.ncbi.nlm. nih.gov/16084902-epidermiologic-aspects-off-postpartum-pitutary-hypofuction-sheehans-syndrom/

4. Abs R, Bengtsson BA, Herzberg-Stahl E, Monson JP, Tauber JP, Wilton P, et al. GH replacement in 1034 growth hormone deficient hypopituitary adults: Demographic and clinical characteristics, dosing and safety. ClineEndocrinal (Oxf) 1999; 50:703–13. Available from: https://pubmed.ncbi.nlm.gov/10468941-41-gh-replacement-in-1034-growth-hormone-deficient-hypopituitary-adults-demographic-and-clinical-characteristics-dosing-and-safety/.

5. Kristjansdottir HL, Bodvarsdottir SP, Sigurjonsdottir HA. Sheehan's syndrome in modern times: A nationwide retrospective study in Iceland. Eur J Endocrinal. 2011; 164:349–54. Available from: https://pubmed.ncbi.nlm.nih.gov/21183555-sheehans-syndrome-in-modern-times-a-nationwide-reproductive-study-in-iceland/.

6. Gei-Guardia O, Soto-Herrera E, Gei-Brealey A, Chen-Ku CH. Sheehan's Syndrome in Costa Rica: Clinical experience on 60 cases. Endocr Pract. 2010;

1:1-27 Available from: https://pubmed.ncbi,nlm.nih.gov/21041170-sheehan-syndrome-in-costa-rica-clinical-experience-with-60-cases/.

7. Collins ML, O'Brien P. Diabetes insipidus following obstetric shock. Obstetric Gynecol. 1979; 53:16– Available from: https://www.ncbi.nlm.nih.gov/ pmc/articles/PMC3183525/

8. Bunch TJ, Dunn WF, Basu A, Gosman RI. Hyponatremia and hypoglycemia in acute Sheehan's syndrome. Gynecol Endocrinal. 2002; 16:419–23 Available from: https://pubmed.ncbi.nlm.nih.gov/12587538-hyponatremia-and-hypoglycemia-in-acute-sheehans-syndrome/.

9. Huang YY, Ting MK, Hsu BR, Tsai JS. Demonstration of reserved anterior pituitary function Among Patients with amenorrhea after postpartum hemorrhage. Gynecol Endocrinal. 2000; 14:99–104 Available from: https;//pubmed.ncbi.nlm.nih.gov-10836196-demonstration-of-reserved-anterior-pituitary-function-among-patients-with-amenorrhea-after-postpatrum-hemorrhage/.

10. Banzal S, Ayoola EA, Banzal S. Sheehan's syndrome in Saudi Arabia. In J Gynaecol Obstet. 1999; 66:181–2. Available from: https;//pubmed.ncbi.nlm.nih.gov-10468346-sheehans-syndrome-in-saudi-arabia/.

11. C. Shiva Prasad. Sheehan's syndrome; newer advance; Indian journal of endocrinology and metabolism. 2011; 15:7-203-207.Available from: https://www.ijem.in/artical.asp?issn=2230 8210;year=2011;volume=15;issue=7;spage=203;epage=207;aulast=shivaprasad.

12. Matsutake, et.al. A case of acute Sheehan's syndrome and literature Review: rare but life-threatening complications of postpartum hemorrhage. BMC pregnancy and childbirth.2017 January 14; 17:188. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC5471854/

13. Gibbons KJ. Albright (M, Rouse DJ). Diagnosis and Treatment challenges of Sheehan's syndrome; postpartum hemorrhage in developed world: 2013. Available from: https;//www.oatext.com/diagnosis-and-treatment-challenges-of-sheehans-syndrome.php.

14. JG.Gonzaly-Gonzaly. Sheehan's syndrome revisited: underlying Autoimmunity or hypoperfusion:26 Feb. 2018: Available from: https://www.hindawi.com/journals/ije/2018/8415860/.

15. Halite dire, Farhi Bayram. Etiopathogenesis of Sheehan's syndrome; Role coagulation factors and TNF-Aipha.10 April 2014. Available from :https:/www.hindavi.com/journals/ije/2014/514891/.

16. Brittany E Gaspar diagnosis and treatment challenges of Sheehan's syndrome; 2010.10-195. Available from: https://www.oatext.com/diagnosis-and-treatment-challenges-of-sheehans-syndrome.php

17. C. Shivaprasad. Sheehan's syndrome; newer advance; Indian journal of Endocrinology and Metabolism. 2011;15:7-203-207.Available from: http://www.ijem.in/article.asp?issn=22308210;year=2011;volume=15;issue=7;spage=203;epage=207;aulast=Shivaprasad

18. *Deepika B, Allah S, Harish B.***Sheehan`s Syndrome: A Case Report: Journal of medical science andclinical research; 2017; 5:10. Available from:**http://jmscr.igmpublication.org/home/index.php/archive/143-volume-05-issue-10-october-2017/3483-sheehan-s-syndrome-a-case-report

19. MSA Cooray, uditha Balagagahapitiy, and Ranasinghe, D. Seizures: a rare presentation of Sheehan's syndrome. Journal of Diabetes Endocrinology and Metabolism, 19 Jan 2014; 3(2), pp.88–90. AvailableFrom:https://sjdem.sljol.info/articles/abstract/10.4038/sjdem.v3i2.6368/.

20. Brittany E. Gaspar diagnosis and treatment challenges of Sheehan's syndrome; 2010.10-195. Available from : https://www.oatext.com/diagnosis-and-treatment-challenges-of-sheehans-syndrome.php

21. Rajeev Ranjan, Debadatta Mohapatra, Biswa Ranjan Mishra; Successful Management of Patient with Sheehan's syndrome presenting with psychosis and catatonia.

22. Halit diri, Zuleyka karaka, falih T. Sheehan's syndrome; new insight in to an old disease. 2015-51-726 Availablefrom: https://www.researchgate.net/publication/281518984_Sheehan's_syndrome_new_insights_into_an_old_disease

23. Alex H. Tess now, jean D Willan. The changing face of Sheehan's syndrome; American journal of medical science 2010:5-402-406. Available fromhttps://www.researchgate.net/publication/47415383_The_Changing_Face_of_Sheehan's_Syndrome

24. Polibinaiya, S. Avidin, NDchom. Sheehan's syndrome, A rare complication of PPK, Care report. Topical journal of medicine 2009;26-15. Available from : https://www.ajol.info/index.php/tjog/article/view/85114

25. Mohammed Nasir Uddin, Sheehan's syndrome a case report science and education publishing 2015; 12-251. Available from: http://pubs.sciepub.com/ajmcr/2/3/2/9.

26. Jose Gerardo Gonzales-Gonzalez, Omar David Borjas-Almaguer, Alejandro Salcido-Montenegro, Rene Rodrigues-Guajardo, Ana Sofia Elizondo-Plazas, Roberto Montes-de-Oca-Luna and Rene Rodriguez-Gutierrez; Sheehan's syndrome Revisited: Underlying Autoimmunity or Hypoperfusion. Available from: https://doi.org/10.1155/2018/8415860

27. Collins ML, O' Brien P. Diabetes insipidus following obstetric shock. Obstetric Gunecol. 1979; 53: 16-7. Available from: http://www.nbi.nih.gov/pmc/articles/PMC3183535/

ANNEXURE

PERMSION LETTER

From,

    4ᵀᴴ year B.sc (N) students,
    Sri Devaraj Urs College of nursing,
    Tamaka, kolar.

To,

    The principal,
    Sri Devaraj Urs College of Nursing,
    Tamaka , kolar.
    (Through the principal)

    Subject: Requesting permission for data collection for our research programme.

Respected Madam,

With reference to the above, we the 4ᵗʰ year B.sc (N) students of Sri Devaraj Urs College of nursing, are conducting a research project title "A study to evaluate the effectiveness of video assisted teaching on knowledge regarding Sheehan's syndrome among staff nurses working at selected hospital, kolar".

Objectives of the study:

- To assess the knowledge regarding on Sheehan's syndrome among staff nurses working at selected hospital, using structured knowledge questionnaire.
- To evaluate the effectiveness of video assisted teaching on Sheehan's syndrome on knowledge among staff nurses working at selected hospital Tamaka, kolar.
- Find out the association between post test knowledge scores with selected demographic variables.

      Hence we request you to grant us permission to collect the necessary data from RLJ Hospital of staff nurses which will be solely used for research purpose. kindly consider the above request and oblige.

Thank You,   **Yours Faithfully,**

                                            Ms Sophiya
                                            Ms Supriya
                                            Ms Tessy
                                            Ms Triny paul
                                            Ms Vinthiya

Date:

Place: kolar.

<u>CONSENT FORM</u>

From ,

4ᵗʰ year Bsc (N). Students

Sri Devarj Urs College of Nursing,

Tamaka, kolar.

Dear participants,

We the 4ᵗʰ year bsc (n) students are required to conduct a research as a part of our curricular activity. The topic is "A study to evaluate the effectiveness of video assisted teaching on knowledge regarding Sheehan's syndrome among staff nurses working at selected hospital, kolar.

We request you to participate in the study by answering the questionnaire which requires 10-30 minutes, we assure you that your response will be used only for the study purpose and will be kept confidential.

Thanking You.

Yours sincerely,

4ᵗʰ year BSc Nursing

Student,

Date:

Place:

Consent:

I _____give my consent for the above mentioned study knowing that all information provided by us will be treated confidentiality by the investigator.

Signature of the participant

ANNEXURE : 3

SOCIO DEMOGRAPHIC DATA:

SECTION –A

INSTRUCTION:

    A.   Read the following questions and answer appropriately.

    B.   Requesting not to skip any questions.

    C.   Your information will be kept confidential.

1.   Age in years

a.   < 25 years

b.   >25years

c.   30-35

d.   35 years

2.   Qualification

a.   GNM

b.   BSC

c.   MSC

d.   ANM

3.   Year of experience

a.   < 1year

b.   2-5 year

c.   5-7 year

d.   >7 year

4.   Previous knowledge of Sheehan's syndrome
    Yes/No
    If yes (source of information)

STRUCTURED KNOWELDGE QURSTIONNAIRE ON SHEEHAN'S

SUNDROME SECTION –B

INSTRUCTION:

A. Read the following questions and answer appropriately.
B. Requesting not to skip any questions.
C. Your information will be kept confidential.

5. What do you mean by Sheehan's syndrome
    5.1) Ischemic necrosis of shock/haemorrhage
    5.2) Ischemic necrosis of pituitary gland during after labor
    5.3) Decrease size in pituitary gland
    5.4) All the above

6. Sheehan's syndrome can also referred as
    6.1) Postpartum syndrome
    6.2) Simmonds disease
    6.3) Postpartum necrosis
    6.4) Postpartum hyper pituitaries

7. Which is the prominent risk factor associated with Sheehan's syndrome
    7.1) Postpartum haemorrhage
    7.2) Antepartum haemorrhage
    7.3) Postpartum hemorrhage with hypotension
    7.4) Antepartum hemorrhage with shock

8. In Sheehan's syndrome the size of pituitary gland is
    8.1) Increased
    8.2) Decreased
    8.3) Unchanged
    8.4) Initially increased and then decreased

9. Which of the below hormone released from anti pituitary may be deficient in patients with Sheehan's syndrome
    9.1) Adreno cortico tropine hormone
    9.2) Estrogen hormone
    9.3) Insulin
    9.4) Serotonin hormone

10. The incidence rate of Sheehan's syndrome in developing countries is
    10.1) 1 out of every 100,000 births
    10.2) 4 out of every 100,000 births
    10.3) 5 out of every 100,000 births
    10.4) 9 out of every 100, 000 births

11. What is the range of time frame between hemorrhage and diagnosis in Sheehan's syndrome
    11.1) 1 to 33 years
    11.2) 2 to 35 years
    11.3) 2 to 38 years
    11.4) 4 to 45 years

12. Within how much time span should pituitary gland return to its pre pregnancy size after delivery
    12.1) 4 months
    12.2) 6 months
    12.3) 10 months
    12.4) 12 months or mores

13. Which results in the decreased blood flow to pituitary gland during postpartum haemorrhage
    13.1) Hypotension and hypovolemic shock
    13.2) Hypotension and cardiogenic shock
    13.3) Hypotension and septic shock
    13.4) Hypotension and anaphylactic shock

14. Which anti-bodies are developed by necrosed tissue antigen which further destructs the tissue in pituitary-gland?
    14.1) IGA
    14.2) IGD
    14.3) IGM
    14.4) Anti-pituitary Abs

15. Which are the main signs of Sheehan's syndrome
    15.1) Dysmenorrhea
    15.2) Hypermenorrhea
    15.3) Secondary amenorrhea
    15.4) Primary menorrhagia

16. Which are the chief symptoms of Sheehan's syndrome related to breast feeding
    16.1) Post-partum failure of lactation
    16.2) Ante partum failure of lactation
    16.3) Over supply of breast milk
    16.4) None of the above

17. Name the primary diagnostic approach of Sheehan's syndrome
    17.1) Post-partum haemorrhage
    17.2) Ante partum haemorrhage
    17.3) Decreased blood loss
    17.4) Absence of hemorrhage

18. what is the associate condition related to Sheehan's syndrome
    18.1) Hyperthyroidism
    18.2) Hypothyroidism
    18.3) Parathyroidism
    18.4) Hypo parathyroidism

19. which are the pathological findings of Sheehan's syndrome in laboratory diagnostic approach
    19.1) Hyper trophy of pituitary gland
    19.2) Hyperplasia of pituitary gland
    19.3) Hypoplasia of pituitary gland
    19.4) Necrosis of pituitary gland

20. which are the early signs of Sheehan's syndrome
    20.1) Oligomenorrhea and metrorrhagia
    20.2) Dysmenorrhea
    20.3) Amenorrhea
    20.4) Hypomenorrhea

ANNEXURE: 5

PRE – TSET

MASTER SHEET

SAMPLE	SOCIO DEMOGRAPHY DATA				Questionnaire																Total	%
1	35	MSc	>7yr	NO	1	1	0	0	1	1	1	1	1	1	0	1	1	0	0	0	10	62.5%
2	<25	BSc	>1yr	Yes	1	1	1	1	1	1	1	1	0	1	1	1	0	1	1	0	13	81.25%
3	<25	BSc	<1Yr	NO	1	1	1	1	1	0	1	1	1	1	1	0	1	1	0	1	13	81.25%
4	<25	BSc	<1Yr	NO	1	1	0	1	0	1	1	1	1	1	1	0	1	1	1	0	12	75%
5	<25	BSc	<1Yr	NO	1	1	0	1	0	1	1	1	1	1	1	0	1	1	1	0	12	75%
6	<25	BSc	<1Yr	NO	1	1	1	1	0	0	0	1	1	1	1	1	1	1	1	0	12	75%
7	<25	BSc	<1Yr	NO	0	0	0	0	1	0	0	1	0	1	0	1	1	1	0	0	06	37.5%
8	<25	BSc	<1Yr	YES	0	1	0	1	0	1	1	1	1	1	0	1	1	1	1	0	11	68.75%
9	<25	BSc	<1Yr	NO	0	1	1	1	1	1	1	1	1	1	0	1	0	0	1	0	11	68.75%
10	<25	BSc	<1Yr	YES	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	0	03	18.75%
11	<25	BSc	<1Yr	YES	1	1	0	0	0	0	0	0	1	1	0	1	1	0	1	0	07	43.75%
12	<25	BSc	<1Yr	NO	1	1	1	0	1	1	1	1	1	0	1	0	1	1	1	0	12	75%
13	<25	BSc	5yr	NO	1	1	1	1	1	0	1	0	1	0	0	1	0	0	0	0	08	50%
14	26-29	BSc	5yr	NO	0	0	0	0	0	0	1	0	1	0	0	1	1	0	0	0	04	25%
15	35	BSc	7yr	NO	0	1	0	0	0	0	0	1	1	1	1	0	1	0	0	0	06	37.5%
16	<25	BSc	5yr	NO	0	0	0	1	0	1	1	1	0	0	0	0	1	0	1	0	05	31.25%
17	<25	BSc	5yr	NO	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	0	14	87.5%
18	<25	BSc	<1yr	NO	1	1	1	1	1	0	0	0	1	1	1	1	1	1	1	0	12	75%
19	<25	BSc	<1yr	NO	0	0	1	1	1	1	1	1	0	1	0	0	1	0	1	0	09	56.25%
20	<25	BSc	<1yr	YES	1	1	0	1	0	0	0	1	1	0	0	0	0	1	0	1	08	50%
21	26-29	MSc	<1yr	NO	0	0	1	0	1	1	0	0	1	0	0	0	0	0	1	0	04	25%
22	26-29	BSc	<1yr	NO	0	1	1	1	0	0	1	0	0	1	0	1	1	1	1	0	09	56.25%
23	26-29	BSc	<1yr	NO	0	1	0	1	0	1	O	1	0	0	0	0	1	0	0	1	06	37.5%
24	<25	BSc	<1yr	NO	0	0	1	0	1	0	1	1	1	0	1	0	0	1	1	0	08	50%
25	<25	Gnm	<1yr	NO	1	1	1	1	1	0	0	1	1	0	1	1	1	0	1	0	11	68.75%
26	35	BSc	5yr	NO	0	0	1	1	1	0	1	0	0	0	1	0	0	0	0	0	05	31.25%
27	<25	BSc	<1yr	NO	0	0	0	0	0	0	1	0	1	0	0	1	1	1	0	0	05	31.25%
28	<25	BSc	<1yr	NO	1	0	1	1	1	1	0	0	0	1	0	0	1	0	0	1	08	50%
29	<25	BSc	<1yr	NO	0	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	03	18.75%
30	<25	BSc	5yr	NO	0	1	0	0	0	0	0	0	0	0	1	0	0	0	1	0	03	18.75%
31	<25	BSc	<1yr	NO	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	02	12.5%
32	35yr	Gnm	<1yr	NO	0	0	0	1	0	1	0	0	1	0	0	1	1	0	1	0	06	37.5%
33	<25	BSc	5yr	NO	1	0	0	1	1	1	1	0	1	0	0	1	1	0	0	1	09	56.25%
34	26-	BSc	5yr	NO	1	0	0	1	1	1	0	0	0	0	0	1	1	1	0	0	07	43.75%

#	Age	Edu	Exp	Q	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total	%
	29																					
35	<25	BSc	<1yr	NO	0	0	0	1	0	1	1	1	0	0	0	1	1	0	0	0	06	37.5%
36	<25	MSc	<1yr	YES	0	0	0	1	1	1	0	1	1	0	0	0	0	0	0	1	06	37.5%
37	<25	BSc	5yr	NO	0	0	0	1	0	0	0	1	0	0	0	1	1	1	0	0	05	31.25%
38	35yr	Anm	5yr	YES	0	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	03	18.75%
39	<25	Anm	5yr	YES	1	0	0	1	1	0	0	1	1	0	0	1	1	0	0	0	0	43.75%
40	26-29	BSc	5yr	NO	0	0	1	1	0	1	0	1	1	0	0	0	0	1	1	0	07	43.75%
41	26-29	BSc	<1yr	YES	1	0	0	0	1	0	1	1	1	0	0	1	1	0	1	0	08	50%
42	<25	BSc	<1yr	YES	1	0	0	1	1	1	1	0	1	0	0	1	1	0	0	1	09	56.25%
43	<25	BSc	<1yr	YES	0	0	0	0	0	0	1	0	1	0	0	1	0	0	1	0	04	25%
44	<25	BSc	<1yr	NO	0	0	1	0	0	0	0	0	0	1	0	0	0	1	0	0	03	18.75%
45	<25	BSc	<1yr	NO	0	0	0	0	0	0	1	0	1	0	0	1	0	0	1	0	04	25%
46	<25	BSc	5yr	NO	0	1	0	1	0	0	0	1	0	0	1	0	0	1	0	0	05	31.25%
47	35	BSc	7yr	YES	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0	03	18.75%
48	26-29	BSc	5yr	YES	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	0	03	18.75%
49	<25	BSc	<1yr	NO	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	14	87.5%
50	<25	BSc	<1yr	YES	0	1	1	1	1	0	1	1	1	0	1	1	1	1	1	0	12	75%
51	<25	BSc	5yr	NO	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	12.5%
52	<25	BSc	<1yr	NO	0	0	1	0	1	1	0	1	1	0	1	1	1	1	1	0	10	62.5%
53	<25	BSc	5yr	NO	0	1	1	1	0	0	0	0	0	1	0	0	1	1	0	0	06	37.5%
54	<25	BSc	<1yr	NO	0	0	1	1	1	1	1	1	0	1	1	0	0	0	0	1	09	56.25%
55	<25	BSc	5yr	NO	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	0	03	18.75%
56	<25	BSc	5yr	YES	0	0	0	1	1	0	1	0	1	0	0	0	0	0	1	1	06	37.5%
57	<25	BSc	5yr	YES	0	0	1	0	1	0	1	1	1	1	1	1	0	0	0	0	08	50%
58	<25	BSc	<1yr	YES	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	02	12.5%
59	<25	BSc	<1yr	NO	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	03	18.75%
60	<25	Anm	5yr	YES	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0	14	87.5%
61	<25	BSc	5yr	YES	0	0	0	1	0	1	0	1	0	1	1	0	0	0	1	0	06	37.5%
62	<25	BSc	7yr	NO	0	0	1	0	0	0	0	1	1	0	0	0	0	0	0	0	03	18.75%
63	<25	BSc	<1yr	NO	0	1	0	0	0	1	0	0	1	0	0	0	1	1	0	1	06	37.5%
64	<25	BSc	<1yr	YES	0	0	0	1	1	0	1	1	1	0	0	1	1	0	1	0	08	50%
65	<25	BSc	<1yr	NO	0	0	1	0	1	0	1	0	0	1	0	1	1	0	0	1	07	43.75%
66	<25	BSc	<1yr	NO	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	02	12.5%
67	<25	BSc	<1yr	NO	0	0	1	1	1	0	0	1	1	0	0	1	0	0	0	0	06	37.5%
68	<25	BSc	<1yr	NO	1	1	1	1	1	0	1	1	0	1	0	1	1	1	1	1	13	81.25%
69	<25	BSc	<1yr	YES	0	0	0	0	1	1	0	0	1	0	0	1	1	1	0	1	07	43.75%
70	<25	BSc	<1yr	NO	0	1	0	0	1	0	0	1	0	1	0	0	0	0	0	0	04	25%
71	<25	BSc	<1yr	NO	0	1	0	0	1	0	0	1	0	1	0	0	0	0	0	0	04	25%
72	<25	BSc	5yr	NO	1	1	0	1	1	0	1	0	1	1	1	1	0	1	1	1	12	75%
73	26-29	BSc	<1yr	NO	0	1	0	1	1	1	0	1	0	0	0	0	0	1	0	1	06	37.5%
74	<25	BSc	<1yr	NO	0	0	1	0	0	0	0	1	0	0	0	1	1	1	0	0	05	31.25%
75	<25	BSc	<1yr	NO	0	1	1	0	0	0	0	1	0	0	1	0	0	1	0	0	05	31.25%
76	<25	BSc	5yr	NO	0	0	1	0	0	0	0	0	0	0	0	1	1	1	0	0	04	12.5%

77	35	BSc	<1yr	NO	0	0	0	0	1	1	0	1	1	0	0	1	1	1	0	0	07	43.75%
78	<25	BSc	<1yr	NO	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0	03	18.75%
79	<25	BSc	<1yr	YES	0	0	0	0	0	0	1	0	1	0	0	1	0	0	1	0	04	25%
80	<25	BSc	5yr	NO	0	0	0	0	1	0	0	1	1	0	0	0	0	0	0	0	03	18.75%
81	<25	BSc	<1yr	NO	0	0	0	0	1	1	1	0	1	0	0	1	1	0	0	1	08	50%
82	26-29	BSc	5yr	YES	0	0	0	0	1	0	0	1	1	0	0	0	0	1	1	0	04	25%
83	<25	BSc	5yr	NO	0	1	0	0	0	0	0	0	0	1	1	0	1	1	0	0	05	31.25%
84	26-29	BSc	5yr	YES	0	0	0	0	1	1	1	0	0	0	0	0	1	0	1	0	05	31.25%
85	26-29	BSc	<1yr	NO	0	0	1	1	0	0	1	1	1	0	0	1	1	1	1	1	10	62.5%
86	26-29	BSc	5yr	NO	0	0	1	1	1	0	0	1	0	0	0	1	1	1	1	0	08	50%
87	<25	BSc	<1yr	NO	0	1	1	0	1	1	0	0	0	0	0	1	0	1	1	0	07	43.75%
88	26-29	BSc	<1yr	NO	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	03	18.75%
89	<25	BSc	<1yr	NO	0	0	0	0	0	1	1	1	0	0	0	0	0	1	1	0	05	31.25%
90	26-29	MSc	5yr	YES	0	0	1	0	1	0	1	1	1	0	1	1	1	1	1	0	10	62.5%
91	<25	BSc	<1yr	NO	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	13	81.25%
92	<25	BSc	>7yr	NO	0	0	1	0	1	1	0	0	1	0	0	0	0	1	0	0	05	31.25%
93	26-29	BSc	<1yr	YES	0	0	1	0	1	1	0	1	0	0	1	1	1	1	1	0	09	56.25%
94	<25	BSc	<1yr	NO	0	0	1	0	1	1	0	1	1	0	0	1	0	1	0	1	08	50%
95	<25	BSc	<1yr	YES	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	93.75
96	35	Gnm	5yr	NO	0	0	0	1	0	0	0	0	1	0	0	0	0	1	1	0	03	18.75%
97	<25	BSc	5yr	NO	0	1	1	0	1	0	0	0	0	0	1	0	0	1	0	0	05	31.25%
98	35	BSc	7yr	NO	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	03	18.75%
99	26-29	BSc	<1yr	YES	0	1	0	1	0	0	0	0	0	0	1	0	0	1	0	0	04	25%
100	<25	BSc	<1yr	NO	0	0	0	0	1	1	1	1	1	0	1	1	1	1	1	0	09	56.25%
101	<25	BSc	<1yr	YES	0	1	1	0	1	1	1	0	0	0	0	1	1	0	0	1	08	50%
102	<25	BSc	5yr	NO	0	0	0	1	1	1	1	1	0	0	0	0	1	1	1	0	08	50%
103	26-29	MSc	5yr	NO	0	0	1	0	1	0	0	1	0	0	0	0	0	1	0	0	04	25%
104	<25	BSc	<1yr	NO	0	0	1	0	1	0	0	0	1	0	0	1	1	1	1	0	07	43.75%
105	<25	BSc	>1Yr	NO	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	02	12.5%
106	26-29	BSc	<1Yr	YES	1	0	0	1	0	0	1	1	0	0	0	1	1	0	0	0	06	37.5%
107	26-29	BSc	7Yr	NO	0	1	1	1	1	1	1	1	1	0	1	1	1	1	1	0	13	18.25%
108	35	BSc	5Yr	YES	1	0	1	1	1	1	1	1	1	0	0	0	1	1	1	1	12	75%
109	<25	BSc	<1Yr	NO	0	0	1	0	1	0	1	1	1	0	1	1	1	1	1	0	10	62.5%
110	26-29	BSc	5Yr	YES	1	0	0	1	1	0	0	1	O	O	O	O	1	O	1	0	06	37.5%
111	26-29	BSc	7Yr	NO	0	0	0	1	0	1	0	0	0	0	1	1	0	0	0	1	04	25%
112	26-29	BSc	5Yr	NO	0	0	0	1	1	0	0	1	1	0	1	1	1	0	1	0	08	50%
113	26-	BSc	5Yr	NO	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	02	12.5%

	29																				
114	26-29	BSc	5Yr	YES	1	1	0	0	0	1	1	0	1	1	0	1	1	1	1	0	10	62.5%
115	26-29	BSc	<1Yr	NO	0	0	1	1	1	0	1	1	1	0	1	1	1	1	1	0	11	68.75%
116	<25	BSc	<1Yr	NO	0	0	0	1	1	0	1	1	1	0	0	0	0	0	1	0	06	37.5%
117	<25	BSc	<1Yr	NO	0	0	0	0	1	1	0	0	0	0	0	1	0	1	1	1	06	37.5%
118	<25	BSc	<1Yr	NO	0	0	1	1	1	1	1	1	1	0	1	1	1	1	1	0	12	75%
119	<25	BSc	<1Yr	NO	0	0	1	1	1	1	1	1	1	0	1	1	1	1	1	0	12	75%
120	<25	BSc	<1Yr	YES	0	1	0	0	0	0	1	1	1	0	0	0	0	1	0	1	06	37.5%
121	26-29	ANM	<1Yr	NO	0	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0	03	18.75%
122	<25	BSc	>7Yr	NO	0	1	1	0	1	1	1	0	0	0	0	0	0	0	0	1	06	37.5%
123	<25	BSc	5Yr	NO	0	0	0	0	0	1	0	0	0	0	0	0	1	1	1	0	0	25%
124	26-29	BSc	<1yr	YES	1	0	0	1	1	0	0	0	1	1	1	0	0	0	0	0	06	37.5%
125	26-29	BSc	<1yr	NO	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	15	93.75%
126	<25	BSc	<1yr	NO	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	16	100%
127	<25	BSc	<1yr	NO	1	0	0	1	0	0	1	1	0	0	0	1	0	0	1	1	07	43.75%
128	<25	BSc	<1yr	NO	0	0	1	1	0	0	1	0	0	1	1	0	0	0	0	0	05	31.25%
129	<25	BSc	<1yr	NO	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1	1	05	31.25%
130	<25	BSc	<1yr	NO	0	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	03	18.75%
131	<25	BSc	<1yr	YES	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	02	12.5%
132	<25	BSc	<1yr	NO	0	0	0	0	0	1	1	1	1	1	0	1	1	1	0	0	08	50%
133	26-29	BSc	<1yr	NO	1	1	1	0	1	0	0	1	1	0	1	1	1	1	1	1	12	75%
134	<25	BSc	<1yr	NO	0	0	1	1	0	0	0	1	0	0	0	0	0	1	1	0	05	31.25%
135	26-29	BSc	5Yr	NO	1	0	0	1	0	0	0	1	0	0	1	1	0	1	0	0	06	37.25%
136	<25	BSc	<1Yr	NO	0	0	0	0	1	1	0	1	0	0	0	0	1	0	0	1	05	31.25%
137	<25	BSc	<1Yr	YES	0	1	1	0	0	1	1	1	1	0	0	1	1	0	1	0	09	56.25%
138	<25	BSc	5Yr	NO	0	0	1	0	1	0	0	1	0	0	1	0	1	1	0	1	07	43.75%
139	<25	BSc	<1Yr	NO	0	0	0	0	1	0	1	1	1	0	0	1	1	1	0	0	07	43.75%
140	<25	BSc	<1Yr	NO	0	0	0	0	1	0	0	1	0	1	0	0	1	0	0	0	04	12.5%
141	<25	BSc	<1Yr	NO	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	1	05	31.25%
142	35	BSc	>7Yr	NO	0	0	1	1	1	1	0	0	1	0	0	1	1	0	0	0	07	43.75%
143	<25	BSc	<1Yr	NO	0	1	0	0	1	0	0	1	1	0	0	0	0	0	0	0	04	25%
144	<25	BSc	<1Yr	NO	1	1	1	1	1	1	1	1	1	1	0	0	1	1	0	1	13	81.25%
145	<25	BSc	5Yr	NO	0	0	0	0	0	0	1	1	0	1	1	0	0	0	0	0	04	25%
146	<25	BSc	<1Yr	NO	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	0	14	87.5%
147	<25	GNM	5Yr	YES	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	0	14	87.5%
148	26-29	BSc	<1Yr	NO	0	0	0	1	0	0	1	1	0	0	0	1	1	0	1	1	07	43.75%
149	<25	BSc	5Yr	YES	0	0	0	1	0	1	1	1	0	0	0	1	1	0	1	0	07	43.75%
150	<25	BSc	5Yr	NO	0	1	0	0	0	0	0	1	0	1	1	0	1	0	0	0	05	31.25%
151	26-	BSc	7Yr	YES	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	18.75
152	<25	BSc	<1Yr	YES	0	1	1	0	1	1	0	1	1	0	1	1	1	1	0	0	10	62.5%
153	<25	GNM	5Yr	NO	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	03	18.75%

154	35	GNM	<1Yr	YES	0	0	0	0	1	0	1	0	1	0	0	1	1	0	0	0	05	31.25%
155	<25	BSc	5Yr	NO	0	0	0	1	0	0	0	0	1	0	1	0	1	0	0	0	04	25%
156	<25	BSc	<1Yr	NO	1	0	0	0	0	0	1	1	0	0	0	1	1	0	1	0	06	37.5%
157	<25	BSc	<1Yr	NO	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	02	12.5%
158	<25	BSc	5Yr	NO	0	0	1	0	0	0	1	0	0	0	1	0	0	1	0	0	04	25%
159	<25	BSc	<1Yr	YES	0	0	1	0	1	1	0	0	0	0	1	1	0	1	0	0	06	37.5%
160	<25	BSc	<1Yr	NO	0	0	1	0	1	1	0	1	0	0	0	0	1	0	0	1	06	37.5%
161	<25	BSc	5Yr	NO	0	0	0	1	1	0	0	0	1	0	0	1	0	0	1	0	05	31.25%
162	<25	BSc	5Yr	NO	0	0	1	0	1	1	0	1	0	0	0	1	1	0	0	1	07	43.75%
163	<25	BSc	5Yr	NO	1	0	0	1	0	1	1	1	1	0	0	1	0	1	0	1	09	56.25%
164	<25	BSc	5Yr	NO	1	0	0	1	1	1	1	0	1	0	0	0	0	0	0	0	06	37.5%
165	26-29	BSc	5Yr	NO	0	0	0	0	0	1	1	0	0	0	0	0	0	1	1	0	04	25%
166	<25	BSc	5Yr	NO	1	0	0	1	1	0	1	1	1	0	0	0	1	0	0	0	07	43.75%
167	<25	BSc	<1Yr	NO	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	14	87.5%
168	<25	BSc	5Yr	NO	1	0	0	0	1	1	1	0	0	1	0	0	1	0	0	1	07	43.75%
169	<25	BSc	5Yr	NO	0	1	0	1	0	1	1	0	1	0	0	0	0	1	0	0	06	37.5%
170	<25	BSc	<1Yr	NO	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	1	04	25%
171	26-29	BSc	5Yr	NO	0	0	1	0	1	0	0	0	0	1	0	0	0	0	0	0	03	18.75%
172	<25	BSc	5Yr	NO	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	16	100%
173	26-29	BSc	5Yr	NO	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	16	100%
174	<25	BSc	5Yr	NO	1	0	0	1	1	1	1	0	1	0	0	0	1	0	0	1	08	50%
175	<25	BSc	5Yr	NO	1	0	0	1	1	1	1	1	0	1	0	0	1	0	0	0	08	50%
176	<25	BSc	5Yr	NO	1	0	0	1	0	0	1	0	1	1	0	0	0	0	0	0	05	31.25%
177	<25	BSc	5Yr	NO	0	0	0	1	0	0	0	0	0	1	0	1	0	1	1	1	06	37.5%
178	<25	BSc	5Yr	NO	0	1	1	1	0	1	0	1	0	0	0	0	1	0	0	0	06	37.5%
179	<25	BSc	5Yr	NO	1	0	0	1	1	0	1	1	0	1	0	1	0	0	0	0	0	43.75
180	<25	BSc	<1Yr	NO	0	0	0	0	0	1	0	1	0	1	1	1	1	1	0	0	07	43.75%
181	<25	BSc	<1Yr	NO	1	0	0	1	1	0	1	0	1	0	0	0	0	0	0	0	05	31.25%
182	<25	BSc	<1Yr	NO	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	16	100%
183	26-29	BSc	5Yr	NO	0	0	1	1	1	0	0	0	1	0	1	0	0	1	0	1	07	43.75%
184	26-29	BSc	5Yr	NO	0	0	0	0	1	1	0	1	1	0	0	0	1	0	0	0	05	31.25%
185	26-29	BSc	<1Yr	NO	0	0	1	0	0	1	0	0	1	0	0	0	1	0	0	0	04	25%
186	<25	BSc	5Yr	NO	0	1	0	0	0	1	0	0	1	0	0	1	1	0	0	0	04	25%
187	26-29	BSc	5Yr	NO	1	0	0	0	0	1	0	0	1	0	1	0	1	1	0	0	06	37.5%
188	26-29	BSc	5Yr	NO	0	0	0	0	1	1	0	0	0	1	0	0	0	1	0	1	05	31.25%
189	35	BSc	5Yr	NO	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0	03	31.25%
190	26-29	BSc	5Yr	NO	1	0	0	1	1	1	0	1	1	1	0	1	1	1	0	0	10	62.5%
191	<25	BSc	5Yr	NO	1	0	0	1	1	1	0	1	1	1	0	1	1	1	0	0	10	62.5%
192	<25	BSc	5Yr	YES	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	01	6.25%

193	<25	BSc	<1Yr	NO	0	0	0	0	0	1	0	1	0	0	0	0	1	0	1	0	04	25%
194	<25	BSc	5yr	NO	0	0	0	0	1	1	1	1	0	0	1	0	0	0	0	0	05	31.25%
195	26-29	BSc	<1yr	YES	0	0	0	0	1	1	0	0	1	0	0	1	1	1	1	0	07	43.75%
196	26-29	GNM	<1yr	YES	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	16	100%
197	<25	BSc	<1yr	NO	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0	1	04	25%
198	<25	BSc	<1yr	YES	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0	03	18.75%
199	<25	BSc	5yr	NO	1	1	0	0	0	1	1	1	0	1	0	1	1	0	0	0	08	50%
200	26-29	BSc	5yr	NO	1	0	0	1	1	1	0	1	1	0	0	1	1	0	0	0	08	50%

TOTAL: 43.25625%

POST-TEST (MASTER SHEET)

SAMPLE	SOCIO DEMOGRAPHY DATA				QUESTIONNAIRE																TOTAL%	
1	35	MSC	>7yr	yes	1	1	0	1	1	1	1	1	0	1	0	1	1	0	0	1	11	68.75%
2	<25	BSC	<1yr	yes	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	14	87.5%
3	<25	BSC	<1yr	yes	1	1	0	1	1	0	1	1	1	1	1	1	1	0	1	1	13	81.25%
4	<25	BSC	<1yr	yes	1	1	0	1	0	1	1	1	1	1	1	0	1	0	1	1	11	68.75%
5	<25	BSC	<1yr	yes	1	1	0	1	0	1	1	1	1	1	1	0	1	0	1	0	11	68.75%
6	<25	BSC	<1yr	yes	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	14	87.5%
7	<25	BSC	<1yr	yes	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	14	87.5%
8	<25	BSC	<1yr	yes	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	14	87.5%
9	<25	BSC	<1yr	yes	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	14	87.5%
10	<35	BSC	7yr	yes	0	0	1	0	0	0	1	0	0	1	0	0	0	0	0	0	03	18.75%
11	<25	BSC	<1yr	yes	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	16	100%
12	<25	BSC	<1yr	yes	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	14	87.5%
13	<25	BSC	5yr	yes	1	1	1	1	1	1	1	1	1	0	1	1	1	0	1	0	13	81.25%
14	35	BSC	5yr	No	0	1	0	1	0	0	0	1	0	0	1	1	0	0	1	0	06	37.5%
15	<25	BSC	<1yr	yes	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	15	93.75%
16	<25	BSC	7yr	yes	1	0	1	0	1	1	1	1	1	0	1	1	1	0	1	0	11	68.75%
17	<25	BSC	5yr	No	0	0	1	1	0	1	0	1	1	1	1	1	0	0	0	0	08	50%
18	<25	BSC	<1yr	yes	1	1	1	1	1	0	0	0	1	1	1	1	1	0	1	0	11	68.75%
19	<25	BSC	<1yr	No	0	0	1	0	1	0	1	0	0	1	0	0	0	1	0	0	05	31.25%
20	<25	BSC	5yr	yes	0	1	1	0	0	0	0	1	0	1	0	0	0	0	0	0	04	25%
21	26-29	MSC	<1yr	No	0	1	1	1	0	0	1	0	1	0	0	0	1	1	1	0	08	50%
22	26-29	BSC	<1yr	NO	0	1	1	1	0	0	0	0	1	0	0	0	1	1	1	0	08	50%
23	26-29	BSC	<1yr	YES	1	0	0	1	0	0	0	1	0	1	0	0	0	0	1	1	06	37.5%
24	26-29	BSC	<1yr	NO	0	0	0	0	1	0	1	1	1	0	1	0	0	0	1	0	06	37.5%
25	26-29	GNM	<1yr	NO	1	0	1	1	1	1	1	1	0	1	1	0	1	0	1	0	12	75%
26	35	BSC	5yr	NO	0	0	1	1	1	0	0	0	0	0	1	1	0	0	0	0	05	31.25%
27	<25	BSC	<1yr	NO	0	0	1	0	0	0	1	0	1	0	0	1	1	0	0	0	05	31.25%
28	<25	BSC	>7yr	NO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	01	6.25%
29	<25	BSC	<1yr	NO	0	0	1	1	0	1	1	1	0	0	0	0	0	0	1	0	05	81.25%
30	26-29	BSC	7yr	YES	0	1	0	0	0	0	1	0	0	0	1	0	0	0	0	0	04	25%
31	<25	BSC	<1yr	N0	0	0	0	0	1	1	1	0	0	0	0	0	1	0	0	0	05	31.25%
32	<25	GNM	<1yr	YES	0	0	0	1	1	0	0	1	0	1	1	1	1	1	1	0	08	50%
33	<25	BSC	5yr	NO	1	0	0	1	1	1	1	0	1	0	0	1	1	1	0	1	10	62.5%
34	<25	BSC	5yr	NO	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	14	87.5%
35	<25	BSC	<1yr	NO	0	0	0	1	0	1	1	1	0	0	0	1	1	1	0	0	07	43.75%
36	<25	MSC	5yr	NO	1	0	0	1	1	1	0	1	0	1	0	0	1	1	0	0	08	50%
37	<25	BSC	5yr	YES	0	0	0	1	0	0	0	1	0	0	0	1	1	0	0	0	04	25%
38	35	ANM	5yr	YES	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	02	12.5%
39	26-29	ANM	5yr	NO	0	1	0	0	1	0	0	1	0	1	0	1	1	1	1	0	08	50%
40	<25	BSC	5yr	NO	0	0	0	1	0	0	1	0	1	0	0	0	1	1	1	0	06	37.5%
41	<25	BSC	<1yr	YES	1	0	0	1	1	1	1	1	1	1	0	1	1	1	1	0	12	75%
42	<25	BSC	<1	NO	1	0	0	1	0	1	1	0	1	0	0	1	1	1	1	0	9	56.25%
43	<25	BSC	2	NO	0	0	0	0	0	0	1	0	1	0	0	1	0	0	1	0	4	25%
44	<25	BSC	<1	YES	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	3	18.75%
45	30	BSC	5	NO	0	0	0	0	0	0	1	0	1	0	0	1	0	0	1	0	4	25%
46	<25	BSC	5	NO	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	6.25%
47	30	BSC	7	NO	0	0	1	0	1	0	0	0	0	0	0	0	1	1	0	0	4	25%
48	<25	BSC	7	YES	0	0	1	0	0	0	0	0	1	0	1	0	0	0	1	0	4	25%
49	<25	BSC	<1	YE	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	87.5%
50	<25	BSC	<1	YES	0	1	1	1	1	1	1	1	1	0	1	1	1	0	1	0	12	75%
51	<25	BSC	7	NO	1	1	1	0	1	0	1	0	0	1	0	1	0	0	0	0	7	43.75%
52	<25	BSC	<1	NO	0	0	1	0	0	1	1	1	0	0	0	0	0	0	0	0	4	25%

53	<25	BSC	5	YES	0	1	0	1	0	0	1	1	1	0	0	0	0	1	0	0	6	37.5%
54	<25	BSC	<1	YES	0	0	1	1	0	0	1	1	1	0	0	0	0	1	0	0	6	37.5%
55	<25	BSC	5	NO	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	1	4	25%
56	<25	BSC	5	NO	0	0	0	1	1	0	1	0	1	0	1	0	0	1	0	1	7	43.75%
57	<25	BSC	7	YES	0	0	1	0	1	1	1	1	1	1	1	1	1	0	1	0	11	68.75%
58	<25	BSC	<1	YES	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	2	12.5%
59	<25	BSC	<1	NO	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	6.25%
60	<25	ANM	5	YES	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	15	93.75%
61	<25	BSC	5	NO	1	0	1	1	0	1	0	0	0	0	1	0	0	1	1	0	7	43.75%
62	<25	BSC	5	NO	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	2	12.5%
63	<25	BSC	5	NO	1	1	1	0	1	1	0	1	0	0	1	1	0	0	0	1	9	56.25%
64	<25	BSC	<1	YES	0	0	0	1	1	0	1	1	1	0	0	1	1	0	1	0	8	50%
65	<25	BSC	5	NO	0	0	1	0	0	0	1	0	1	0	0	1	1	0	1	0	6	37.5%
66	<25	BSC	<1	NO	0	1	1	0	0	0	0	1	0	0	1	0	0	1	0	0	5	31.25%
67	<25	BSC	<1	YES	0	0	0	0	1	1	0	1	1	0	1	1	1	1	1	0	9	56.25%
68	<25	BSC	<1	NO	1	1	1	1	1	1	1	1	1	1	0	1	1	1	0	0	13	81.25%
69	<25	BSC	<1	NO	0	1	1	1	0	1	0	0	1	1	0	1	1	0	1	0	9	56.25%
70	<25	BSC	<1	NO	0	0	0	0	1	0	0	1	0	0	0	1	1	0	1	0	5	31.25%
71	35	BSC	<1	NO	0	0	1	0	0	0	0	0	1	1	1	0	0	0	0	0	4	25%
72	35	BSC	5	NO	1	1	0	1	1	0	1	0	1	1	1	1	1	1	0	1	12	75%
73	<25	BSC	<1	NO	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1	3	18.75%
74	<25	BSC	<1	NO	0	0	1	0	0	0	0	1	0	0	0	1	1	0	0	0	4	25%
75	26-29	BSC	<1	NO	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	3	18.75%
76	<25	BSC	<1	NO	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0	3	18.75%
77	35	BSC	5	YES	1	0	1	0	0	0	1	1	1	0	1	1	1	1	1	0	10	62.5%
78	26-29	BSC	<1	NO	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	2	12.5%
79	<25	BSC	<1	NO	0	0	0	0	0	0	0	1	0	1	0	0	1	0	1	0	4	25%
80	<25	BSC	5	NO	0	0	0	0	1	1	0	1	1	0	0	0	0	0	0	0	4	25%
81	<25	BSC	<1	NO	0	0	1	1	1	0	1	0	1	0	0	1	1	1	0	1	9	56.25%
82	26-29	BSC	5	YES	0	0	1	0	1	0	0	1	0	0	0	0	0	0	1	1	5	31.25%
83	<25	BSC	5	YES	0	0	0	0	0	0	1	0	1	1	0	0	0	0	0	0	3	18.75%
84	35	BSC	7	YES	1	1	0	0	1	1	1	0	0	0	1	1	0	1	0	0	8	50%
85	<25	BSC	<1	NO	0	0	1	1	0	0	1	1	1	0	0	1	0	1	0	1	8	50%
86	26-29	BSC	5	YES	0	0	0	1	1	0	1	1	1	0	1	1	1	0	0	0	8	50%
87	<25	BSC	<1	NO	1	1	0	1	1	1	0	0	0	0	1	1	1	0	1	0	9	56.25%
88	26-29	BSC	<1	NO	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	3	18.75%
89	<25	BSC	<1	NO	0	0	0	0	0	1	1	0	1	0	0	1	1	1	0	0	6	37.5%
90	<25	MSC	5	YES	0	0	1	0	1	0	1	1	1	0	1	1	1	0	1	0	9	56.25%
91	26-29	BSC	5	YES	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	14	87.5%
92	26-29	BSC	>7	NO	0	0	1	0	1	1	0	0	0	0	0	1	1	1	0	1	7	43.75%
93	26-29	BSC	<7	YES	0	0	1	0	1	1	0	1	0	0	0	1	1	0	1	0	7	43.75%
94	<25	BSC	<1	NO	0	0	1	0	1	1	1	1	1	0	1	1	1	0	0	1	10	62.5%
95	<25	BSC	<1	YES	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	14	87.5%
96	35	GNM	5	NO	0	0	1	1	1	0	0	1	0	0	0	0	0	0	0	1	4	25%
97	26-29	BSC	5	NO	0	0	1	0	0	0	0	1	0	0	1	0	0	0	0	0	3	18.75%
98	<25	BSC	7	NO	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	3	18.75%
99	<25	BSC	1	NO	0	0	0	1	0	0	1	0	0	0	1	1	1	0	0	0	4	25%
100	<25	BSC	<1	YES	0	0	1	0	1	1	1	1	1	0	1	1	1	0	0	0	9	56.25%
101	<25	BSC	<1	YES	0	1	1	1	1	1	1	0	1	0	0	1	1	1	0	0	10	62.5%
102	<25	BSC	5	YES	0	0	0	1	1	1	1	0	1	0	0	1	1	0	1	0	8	50%
103	26-29	MSC	<1	YES	0	0	0	0	1	0	0	1	1	0	0	0	1	1	0	0	5	31.25%
104	<25	BSC	<1	NO	0	0	0	0	1	1	0	0	1	1	0	0	1	1	0	1	7	43.75%
105	<25	BSC	<1	NO	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	2	12.5%
106	<25	BSC	<1	YES	1	0	0	1	0	0	1	0	0	0	1	1	1	1	0	1	8	50%
107	<25	BSC	7	YES	0	1	0	1	1	1	1	1	1	0	1	1	1	0	1	0	11	68.75%
108	35	BSC	5	YES	1	0	1	1	1	1	1	1	1	0	0	1	0	1	1	0	11	68.75%
109	<25	BSC	<1	YES	0	0	1	0	1	1	1	1	1	0	1	1	1	1	0	0	10	62.5%
110	26-29	BSC	5	NO	0	0	1	1	1	0	0	1	0	0	0	1	1	0	1	1	8	50%

111	26-29	BSC	5	NO	1	1	0	0	0	0	0	0	0	1	0	0	0	1	1	1	6	37.5%
112	26-29	BSC	5	YES	0	0	1	1	1	1	1	1	1	0	1	1	1	0	1	0	11	68.75%
113	26-29	BSC	7	YES	0	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0	3	18.75%
114	26-29	BSC	>7	YES	1	1	0	0	0	1	1	0	1	1	0	1	0	0	1	0	8	50%
115	26-29	BSC	<1	NO	0	0	1	1	1	0	1	1	1	0	1	1	1	0	1	0	10	62.5%
116	<25	BSC	<1	NO	0	0	0	1	1	0	1	1	1	0	0	0	0	1	1	0	7	43.75%
117	<25	BSC	>1	NO	0	0	0	0	1	1	0	0	1	0	0	1	0	0	1	1	6	37.5%
118	<25	BSC	>1	NO	0	0	1	1	1	1	1	1	1	0	1	1	1	0	1	0	11	68.75%
119	<25	BSC	>1	NO	0	0	0	1	1	1	1	1	1	1	0	1	1	1	0	1	11	68.75%
120	<25	BSC	>1	NO	0	0	1	0	0	0	0	1	0	0	1	1	1	1	0	0	6	37.5%
121	<25	ANM	5	NO	0	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	3	18.75%
122	<25	BSC	>7	NO	0	0	0	1	0	1	1	1	0	0	0	1	0	1	0	1	7	43.75%
123	<25	BSC	5	NO	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	3	18.75%
124	<25	BSC	<1	NO	0	0	0	1	0	0	0	0	1	1	0	0	0	0	0	0	3	18.75%
125	<25	BSC	<1	YES	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	15	93.75%
126	<25	BSC	<1	YES	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	16	100%
127	<25	BSC	<1	YES	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	15	93.75%
128	<25	BSC	<1	YES	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2	12.5%
129	<25	BSC	<1	NO	0	1	0	0	1	0	1	0	1	1	0	0	0	0	0	0	5	31.25%
130	<25	BSC	<1	NO	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	6.5%
131	<25	BSC	<1	YES	0	1	1	0	1	1	1	0	0	0	1	0	0	0	0	0	6	37.5%
132	<25	BSC	<1	NO	0	0	0	0	0	1	1	1	1	1	1	1	1	0	0	0	8	50%
133	<25	MSC	5	YES	0	1	0	1	1	0	1	0	1	1	1	0	1	1	1	0	10	62.5%
134	<25	BSC	<1	NO	0	0	1	1	0	0	0	1	0	0	0	1	1	1	0	0	6	37.5%
135	<25	BSC	7	YES	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	3	18.75%
136	<25	BSC	<1	NO	1	0	0	0	1	1	1	1	0	0	0	0	1	1	0	1	8	50%
137	<25	BSC	<1	YES	1	1	1	0	0	1	1	1	1	0	0	1	1	1	1	0	11	68.75%
138	<25	BSC	5	NO	0	0	1	0	0	1	1	0	0	0	1	0	0	1	0	0	5	31.25%
139	30	BSC	>7	YES	0	0	1	0	1	1	1	1	1	0	1	1	1	0	1	0	10	62.5%
140	<25	BSC	<1	NO	0	0	0	0	1	1	0	1	0	1	0	0	0	0	0	0	4	25%
141	<25	BSC	<1	NO	1	1	0	1	0	0	1	0	1	1	1	0	0	0	1	1	9	56.25%
142	30	BSC	>7	NO	0	0	1	0	1	1	0	0	0	0	0	1	1	0	0	1	6	37.5%
143	<25	BSC	<1	YES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
144	<25	BSC	<1	YES	1	1	0	1	1	1	1	1	1	0	0	1	0	0	0	1	10	62.5%
145	<25	BSC	5	NO	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1	3	18.75%
146	<25	BSC	<1	NO	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	14	87.5%
147	<25	GNM	<1	YES	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	13	81.25%
148	<25	BSC	5	NO	0	0	1	1	1	1	1	1	1	1	0	1	1	1	0	1	0	11	68.75%
149	26-29	BSC	5	YES	0	0	0	1	0	1	1	1	0	0	0	0	0	1	0	1	6	37.5%
150	<25	BSC	<1	NO	0	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1	6	37.5%
151	<25	BSC	5	YES	0	1	0	1	0	0	0	0	1	0	1	0	0	1	0	0	5	31.25%
152	26-29	BSC	<1	YES	0	1	1	0	1	1	1	0	1	0	1	1	1	0	0	0	9	56.25%
153	26-29	GNM	5	YES	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	6.5%
154	35	GNM	<1	YES	1	0	0	0	1	0	1	0	1	0	0	1	1	1	0	0	7	43.75%
155	<25	BSC	5	NO	1	0	1	1	1	1	1	1	1	0	0	1	1	1	0	0	11	68.75%
156	<25	BSC	<1	NO	0	1	1	1	1	1	1	1	1	0	1	1	1	0	1	0	12	75%
157	<25	BSC	<1	NO	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	2	12.5%
158	<25	BSC	5	NO	0	0	0	1	0	1	1	1	1	1	0	0	0	0	0	0	6	37.5%
159	<25	BSC	<1	NO	0	0	1	0	1	1	0	0	0	0	1	1	0	0	0	0	5	31.25%
160	<25	BSC	5	NO	1	1	1	0	1	1	0	1	0	0	0	1	1	1	0	1	10	62.25%
161	<25	BSC	5	NO	0	0	1	1	0	0	0	0	1	0	0	1	1	1	0	0	6	37.5%
162	26-29	BSC	5	YES	1	0	1	0	1	0	1	1	1	0	1	1	1	0	1	0	10	62.5%
163	<25	BSC	5	YES	1	0	0	0	1	0	1	0	1	0	0	1	0	1	0	0	6	37.5%
164	<25	BSC	5	YES	1	0	0	1	1	0	1	0	0	0	0	0	0	0	0	0	6	37.5%
165	30	BSC	<1	NO	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	2	12.5%
166	<25	BSC	5	YES	1	0	0	1	0	0	1	0	1	0	0	1	1	0	0	0	6	37.5%

167	<25	BSC	<1	YES	0	1	0	0	0	1	0	1	0	1	1	0	0	1	0	0	6	37.5%
168	<25	BSC	<1	YES	1	0	0	0	1	0	0	1	1	0	0	1	1	0	0	0	6	37.5%
169	<25	BSC	<1	YES	0	0	0	0	0	0	0	0	1	0	1	1	1	1	0	0	5	31.25%
170	<25	BSC	<1	YES	1	1	1	0	1	0	0	0	1	1	0	0	0	1	0	1	8	50%
171	26-29	BSC	<1	YES	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	3	18.75%
172	<25	BSC	5	YES	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	15	93.75%
173	<25	BSC	5	YES	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	14	87.5%
174	<25	BSC	5	NO	1	1	1	1	0	0	0	1	1	0	0	1	1	0	1	1	10	62.5%
175	<25	BSC	5	YES	1	0	0	1	1	1	0	1	0	1	0	1	0	1	0	0	8	50%
176	<25	BSC	5	YES	0	0	1	0	1	1	1	0	0	1	0	0	0	0	0	1	6	37.5%
177	<25	BSC	5	NO	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	6.5%
178	<25	BSC	5	NO	0	0	0	1	0	1	1	1	0	1	0	1	0	1	1	0	8	50%
179	<25	BSC	5	YES	1	0	0	1	1	0	0	1	0	1	1	1	0	0	0	0	7	43.75%
180	<25	BSC	<1	NO	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2	12.5%
181	<25	BSC	<1	NO	0	1	1	0	1	1	1	0	1	0	1	0	0	0	0	0	7	43.75
182	<25	BSC	<1	NO	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	16	100%
183	<25	BSC	<1	YES	0	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1	6	37.5%
184	<25	BSC	<1	YES	1	0	0	0	0	0	1	1	1	0	0	0	0	0	0	1	5	31.25%
185	<25	BSC	<1	NO	0	0	0	0	0	0	1	0	0	0	1	1	0	1	0	0	4	25%
186	<25	MSC	<1	YES	1	1	0	0	1	0	0	0	1	0	1	0	0	0	0	0	5	31.25%
187	<25	BSC	5	NO	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2	12.5%
188	<25	BSC	5	NO	1	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	3	18.75%
189	<25	BSC	7	NO	0	0	0	0	0	0	0	1	0	0	0	1	1	1	0	0	4	25%
190	<25	BSC	5	YES	1	0	0	1	1	1	0	1	1	1	1	0	1	1	0	0	10	62.5%
191	<25	BSC	5	YES	1	0	0	1	1	0	1	0	1	0	1	1	1	0	0	0	8	50%
192	<25	BSC	5	YES	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2	12.5%
193	<25	BSC	<1	NO	0	0	0	0	0	0	1	1	0	0	1	1	1	0	0	0	5	81.25%
194	<25	BSC	5	YES	0	1	0	0	0	1	1	0	0	0	0	0	1	0	0	0	4	25%
195	<25	BSC	<1	YES	0	0	0	1	1	0	0	1	0	0	1	1	0	1	0	0	6	87.5%
196	26-29	GNM	<1	YES	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	16	100%
197	<25	BSC	<1	YES	0	1	0	0	1	0	0	0	0	1	1	1	0	0	0	0	5	31.25%
198	<25	BSC	<1	YES	0	0	1	0	0	1	0	1	0	1	0	1	0	0	1	0	6	37.5%
199	<25	BSC	<1	YES	1	1	1	1	0	1	1	0	0	1	1	0	0	0	0	0	8	50%
200	<25	BSC	5	YES	1	0	1	1	0	0	1	1	0	0	0	1	1	0	0	0	7	43.75%

TOTAL:- 45.4375%

ANNEXURE: 6

PHOTOGRAPHY ON PRE AND POST TEST, QUESTINAIRE APPLICATION.