



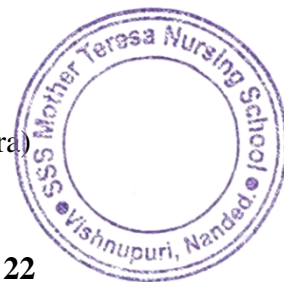
Sahayog Sevabhavi Sanstha's
**MOTHER TERESA NURSING
SCHOOL**

Sahayog Educational Campus, Vishnupuri, Nanded-
431606. (Maharashtra)



**RETEST AND ANSWER
SHEETS**

Sahayog Sevabhavi Sanstha's
MOTHER TERESA NURSING SCHOOL
Sahayog Educational Campus, Vishnupuri, Nanded-431606. (Maharashtra)



SECOND YEAR BASIC B. Sc. NURSING
TIME TABLE FOR RETEST MID TERM EXAMINATION 2021 – 22

Sr. No.	Date	Time	Subject
1.	27.06.2022	9am to 11am	Sociology
2.	28.06.2022	9am to 11am	Medical Surgical Nursing-I
3.	29.06.2022	9am to 11am	Pharmacology Pathology & Genetic
4.	30.06.2022	9am to 11am	Community Health Nursing -I
5.	01.07.2022	9am to 11am	Communication and educational technology
6.	02.07.2022	8am onward	Medical Surgical Nursing-I (Practical)

A handwritten signature in blue ink, appearing to be "Ajay".

Class Coordinator

A handwritten signature in blue ink, appearing to be "Santosh".

PRINCIPAL

SSS Mother Teresa Nursing School
Vishnupuri, Nanded-431606

Principal

Sahayog Sevabhavi Sanstha's
MOTHER TERESA NURSING SCHOOL
Sahayog Educational Campus, Vishnupuri, Nanded-431606. (Maharashtra)



SECOND YEAR BASIC B. Sc. NURSING

TIME TABLE FOR RETEST PRE – FINAL EXAMINATION 2021 – 22

Sr. No.	Date	Time	Subject
1.	19.12.2022	2pm to 5pm	Sociology
2.	20.12.2022	2pm to 5pm	Medical Surgical Nursing-I
3.	21.12.2022	2pm to 5pm	Pharmacology Pathology & Genetic
4.	22.12.2022	2pm to 5pm	Community Health Nursing -I
5.	23.12.2022	2pm to 5pm	Communication and educational technology
6.	24.12.2022	8am onward	Medical Surgical Nursing-I (Practical)

A handwritten signature in blue ink, appearing to be "S. J. Am." with a flourish.

Class Coordinator

A handwritten signature in blue ink, appearing to be "S. J. Am." with a flourish.

PRINCIPAL

SSS Mother Teresa Nursing School
Vishnupuri, Nanded-431606

Principal

SAHAYOG SEWABHAVI SANSTHAS
SSS MOTHER TERESA NURSING SCHOOL, VISHNUPURI, NANDED
B.Sc. Nursing II Year Mid Term Exam
Sub: - MSN-I



Time :2 Hrs

Total: 50Marks

SECTION - A

Q.1 Short Answer Question (Any 3 out of 4)

12 marks

- a) Role of medical surgical nurse,
- b) CPR
- c) Standard safety precaution.
- d) Hemorrhage.

Q. 2 Long Answer Question (compulsory)

13 marks

- a). Define Perioperative nursing. Explain the Phases. Enlist the surgeries. Enlist immediate post operative complications and design nursing care plan for patient recovering from General Anesthesia.

SECTION - B

Q. 3 Short Answer Question (Any 3 out of 4)

12 mark

- a) Acute gastritis.
- b) Pathophysiology of Stomatitis.
- c) Biomedical Waste management.
- d) Asthma.

Q. 4 Long Answer Question (any 1 out of 2)

13 marks

- a). Mr. Ram aged 65 years old admitted in the ward with complains of cough since last several days, chest pain during breath and cough, fatigue, continuous sweating and shaking chills, confused mind. On the basis of above symptoms,
 - a) state the diagnosis and define
 - b) discuss the pathophysiology and etiology.
 - c) write down the medical and nursing management for disease.

Or

- b). i) define GERD
- ii) describe pathophysiology and etiology of GERD.
- iii) discuss medical and nursing management of GERD.

.....**Best of Luck**.....


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SSS MOTHER TERESA NURSING SCHOOL, VISHNUPURI, NANDED
B.Sc. Nursing III Year Pre – Final Examination
Sub: - Community Health Nursing – I

Time : 3 Hrs

Total: 75 Marks

SECTION – A (40 Marks)

Q.1 Short Answer Question (Any 5 out of 6)

(5x5= 25 marks)

- a) Food adulteration act.
- b) Determinants of health.
- c) Home visit.
- d) Consumer protection act.
- e) Levels of prevention.
- f) Indications of health.

Q. 2 Long Answer Question (Any 1 out of 2)

(1x15= 15 marks)

- A).
 - i) Primary health centre.
 - ii) Staffing pattern of PHC.
 - iii) Function of PHC.
 - iv) Role of nurse in PHC.
- B).
 - i) Define demography.
 - ii) Write the concept of demography.
 - iii) Methods of data collection.

SECTION – B (35 Marks)

Q. 3 Short Answer Question (Any 4 out of 5)

(5x4= 20 marks)

- a) Causes of population explosion.
- b) Concepts of community health nursing.
- c) Role of community health nurse.
- d) Preventive measures of tuberculosis.
- e) Demographic cycle.

Q. 4 Long Answer Question (Any 1 out of 2)

(1x15= 15 marks)

- A).
 - i) Define family planning.
 - ii) Discuss the methods of family planning.
 - iii) Role of nurse in family planning method.
 - iv) Benefits of small family norms.
- B).
 - i) Define non – communicable disease.
 - ii) Enlist the non – communicable diseases.
 - iii) Write in details about coronary heart disease.

.....Best of Luck.....

Sant
PRINCIPAL

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Vishnupuri, Nanded-431606

Sahayog Sevabhavi Sanstha's
Mother Teresa Nursing School

Sahayog Educational Campus, Vishnupuri, NANDED - 431606

Name of Candidate: Shaikh Sumaiya Fajiddin
 Seat No. 26 Course: Basic Bsc Nsg^{III} yr Year:
 Name of Exam: Mid-term Exam Subject: MSN-I Date :
 Sign of Candidate: [Signature] Invigilator Sign: [Signature]

Answer Sheet (Original)	No. of Supplementary Sheet	Total Sheets (Original + Supplementary)				
Question No.	1	2	3	4	5	Total Marks
Out of						50
Obtained						31
Examiner Sign.						

section - 'A'

Q. 1 _____ → 2.

2) _____ → 3.

• Introduction :-

- Medical surgical nursing is the specialised branch of nursing.
- The nurses provide the care to child, adult who under the surgical and pharmacological treatment.
- ~~Medical surgical nurse is a nursing speciality area concerned with the care of adult patients in a broad range of settings.~~
- Medical surgical nursing is the largest group of professionals in the field of nursing.

Role of medical surgical nurse -

The roles of medical surgical nurse are as follows -

- 1) Assessing, observing & speaking to patients.
- 2) Recording details and symptoms of patients medical history & current health.
- 3) Preparing patients for exams & treatment.
- 4) Administering medications and treatments, then monitoring patients for side effects & reactions.
- 5) Creating, implementing and evaluating patient care plans with medical team.
- 6) Performing wound care, such as cleaning and bandaging them.
- 7) Assisting in medical procedures as needed.
- 8) Operating and monitoring medical equipment.
- 9) Drawing blood, urine samples and other body fluids for lab work.

✓✓

b) → 2

Ans:

CPR -

- cardio pulmonary resuscitation is life saving technique useful in many emergencies including heart attack.

Defⁿ -

"It is a techniques of basic life support for oxygenating brain and heart until appropriate, definition medical treatment can restore normal heart & ventilatory action."

Proceduse -

check of danger

↓
responsive?

↓
open airway

↓
Give 30 chest compression followed by 2 breaths.

↓
Attach Automated External Defibrillator as soon as available.

↓
continue CPR until qualified personnel arrives or signs of life return.

2/2

c)
 Ans:

→ 2

Standard safety precautions -

- While doing any procedure into the hospital, it is very important to follow the standard safety precautions.

- standard safety precautions are as follows -

- ① Hand Hygiene.
- ② PPE kit use.
- ③ Waste management.
- ④ Management of laundry.
- ⑤ cleaning & decontamination of re-usable medical equipment.
- ⑥ Maintenance of clean environment.
- ⑦ Management of blood/body fluids.
- ⑧ Use of disposal of sharps.

Universal precautions -

1) Assume that all specimens are potentially infectious for HIV and other blood borne pathogens.

2) All blood specimens or body fluids should be placed in a leak proof impervious bags for transportation to the laboratory.

3) Use gloves while handling specimens.

4) Wear laboratory coats or gowns while working in the laboratory.

5) Never use pipettes by mouth. Mechanical pipetting devices should be used.

6) Decontaminate the laboratory work surface with an appropriate disinfectant.

7) Limit use of needles & syringes to situations for which there are no other alternatives.

3

Q.2. LAB.

a)

—————→ ?

Ans:

Perioperative nursing -

"perioperative nursing is a nursing speciality that works with patients who are having operative or other invasive procedures."

phases -

These are mainly three phases of perioperative nursing, they are as follows -

- 1) pre-operative phase.
- 2) intra-operative phase.
- 3) post-operative phase.

1) pre-operative phase -

- It is the period between the decision to do surgery & the client being shifted to the operative table.

- The nursing activities during this phase includes:

i) Assessment of the client.

ii) Identification of health problems - both acute & potential.

iii) plan of care based on individual health needs.

iv) pre-operative health teaching of the client & supportive people.

v) Acute preparation of the client for surgery.

2) Intra-operative phase -

- It is the period from the time, the client is shifted to the operating table & later admitted to the post anesthetic care unit or recovery room.

- The nursing activities during this phase include all the specialized procedures designed to create a safe therapeutic environment for the client.

3) post-operative phase -

- It is the period between the admission of the client to the recovery room till the healing is complete.

- The nursing activities during this phase include -

i) Assessment of the client's response to surgery.

ii) Care to promote healing process.

iii) Activities to prevent complications.

iv) Health teaching & post operative exercise.

v) planning for home care.

Immediate post-operative complications -

General post operative complications -

- 1) Acute confusions -
Exclude dehydration & sepsis.
- 2) Nausea and vomiting;
analgesia or anesthetic-related, paralytic ileus
- 3) Fever.
- 4) secondary hemorrhage;
often as a result of infection.
- 5) pneumonia.
- 6) wound or anastomosis dehiscence.
- 7) Deep vein thrombosis.
- 8) Acute urinary retention.
- 9) urinary tract infection.
- 10) post-operative wound infection.
- 11) Bowel obstruction;
due to fibrous adhesions.
- 12) paralytic ileus.

Diagnosis after general anesthesia -

- 1) Acute pain related to the incision of spinal needle as evidenced by monitoring pain scale.
- 2) Deficient knowledge related to lack of information as evidenced by repeated question.
- 3) Anxiety related to change in health status as evidenced by increased tension/stress.
- 4) Risk for injury related to immobilization as evidenced by observation.
- 5) Risk of infection related to invasive procedure as evidenced by observation.

Nsg. Diagnosis.	Goal.	Intervention.	Rationale.
Acute pain related to the incision of spinal needle as evidenced by monitoring pain scale.	Appeared relaxed able to rest/sleep participate in activities.	- Monitor general condition.	- To know baseline data.
		- Assess pt psychological, medical condition.	- Approach to post operative pain management.
		- Evaluate pain regularly every two hours.	- It may help in possible to eliminate pain.
		- Note presence of anxiety or fever relating for procedure.	- concerned about unknown outcome of biopsy.
		- Administer analgesics as per physician.	- To reduce pain.

section - 'B'

Q.3. SAQ.

Q.3. → 3

Ans;

Acute Gastritis -

Gastritis - "Inflammation of gastric mucosa."

OR

"Inflammation of mucosal lining."

Acute gastritis -

- Short term inflammatory process.

Aetiology -

- Alcoholism.

- Drug effect - eg. aspirin.

- NSAID's.

- Corticosteroids.

- severe physical stress / trauma.

- Ingestion of toxic substances.

- Bacterial product.

- Bacterial water, food.

pathophysiology -

Due to all etiological factors



Gastritis occurs as a result of a breakdown in the normal gastric mucosal barrier.



When the barrier is broken acid can diffuse in the mucosal layer.



This allow HCl to enter in mucosal membrane.



The HCl acid stimulates the conversion of pepsinogen → pepsin & stimulate the release of histamine from mast cells.



The combined result of this occurrences serious in tissue oedema.



Destruction of capillary walls, with loss of plasma into the gastric lumen & possible haemorrhage.

Clinical manifestation -

- Anorexia.
- Nausea.
- vomiting.
- Abdominal cramping.
- Diarrhoea.
- fever.
- Epigastric pain.
- painless GI bleeding.

b) → ?

Ans;

Stomatitis -

Defⁿ -

"Infection & Inflammation of mucous membrane which lines the oral cavity."

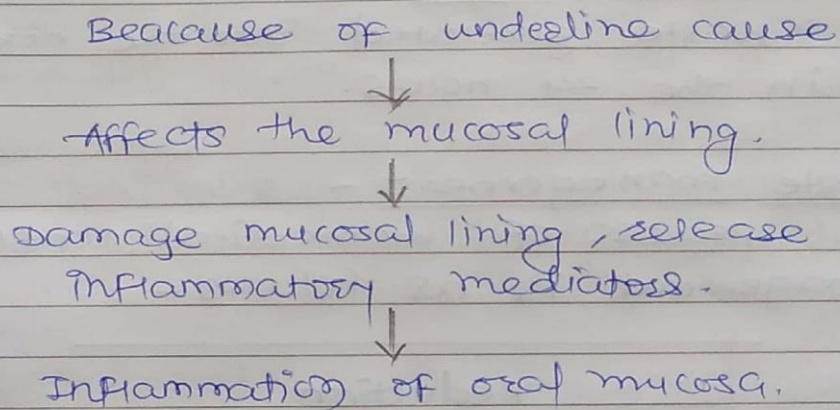
causes -

- stress, tension, depression, psychosis.
- Improper oral hygiene.
- Hypersensitivity.
- Deficiency of vit. B complex.
- Eating allergic food.
- Eating spicy food.
- radiation.
- chemotherapy.
- tobacco use.
- Autoimmune disorder.
- smoking.
- chronic alcoholism.
- Artificial dentures.
- Irritating drinks.
- consumption of extreme hot food.
- Acidic food & juices.
- Trauma.
- Dehydration.
- microbial infections:
 - Use of harsh tooth brush.
 - Food sensitivity.

Types -

- 1) Nutritional deficiency stomatitis.
- 2) Aphthous stomatitis.
- 3) Nicotine stomatitis.
- 4) Angular stomatitis.
- 5) Dentures related stomatitis.
- 6) Allergic contact stomatitis.

pathophysiology -



signs & symptoms -

- pain.
- ulcer.
- fever.
- Irritability.
- Discomfort.
- Swollen gums.
- Halitosis.

2/2

c) → 3
Ans:

Biomedical waste management -

Biomedical waste -
"a Biomedical waste or hospital waste is any kind of waste containing infectious materials."

OR
"Waste generated into the hospital within the 24 hours."

Waste management -
process of biomedical waste management is as follows -

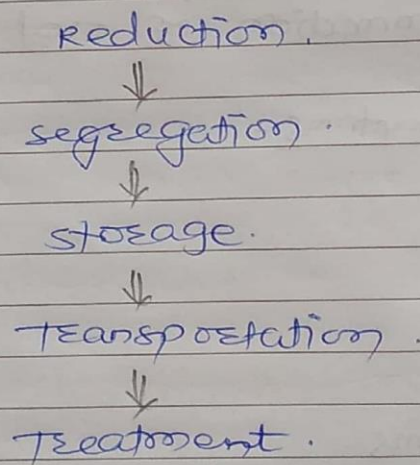


Fig. - Flow chart of waste management.

I) Reduction -

- It is very important to generate less waste as much as possible.

II) segregation -

- The proper segregation of different medical waste materials is key.
- segregation of a collected waste.

III) storage -

- storage of a segregated waste material, is very important.

IV) Transportation -

- Transportation of a segregated waste for the treatment.

V) Treatment -

Types of Biomedical waste treatment -

- ① Autoclaving.
- ② Incineration.
- ③ chemicals.
- ④ Microwaving.

3

Q.4. LAQ.

b)

→ 2

Ans:

i) GERD -

- Gastro Esophageal Reflux disorder.

- It is not a disease, it is heterogeneous syndrome.

Defⁿ -

"It is heterogeneous syndrome in which the stomach content backflowed into the oesophagus because of lowered pressure of cardiac sphincter."

ii) Causes -/ Etiology -

- Hiatal Hernia -

The presence of or the displacement of LES into thorax above diaphragm.

- The substance that ~~lowers~~ lowers the pressure of LES.

eg. - Fatty acid, chocolate, peppermint, coffee, tea, etc...

- some drugs -

eg. 'Ca' channel blockers.

NSAID's.

- Elevated level of oestrogen & progesterone hormone.

Pathophysiology -

Frequent episode of gastric reflux, duration of exposure to acid cause inflammation of oesophagus.

↓

Inflamed oesophagus gradually loses its ability to clear refluxed material quickly & recurrent episode of reflux causes chronic inflammation.

↓

Minor capillary bleeding may occur.

↓

Repeated episode of inflammation & bleeding can gradually produce a change in epithelial tissue which unable to resist the acid.

↓

Over time fibrotic tissue changes can also results in oesophageal stricture which can impair normal swallowing.

Clinical manifestation -

- Heart burn - Below the sternum.
- pulmonary symptoms including wheezing, hoarseness, coughing, dyspnea.
- Nausea & vomiting.
- Regurgitation is effortless return of material from stomach into oesophagus or mouth.
- Dysphagia.

iii) Medical management -

- Antacid that neutralize stomach acid.
- H_2 receptor blocker.
- cimetidine, famotidine, nizatidine decrease the acid production upto 12 hours.
- Medication that block acid production & heat the oesophagus.
proton pump inhibitors.
eg - omeprazole.
- Medication to strengthen the lower oesophageal sphincter.

Nursing management -

- The nurse discuss the medication with the patient & ensure that written information about the safe use & expected side effects of all medication is provided and administer the ordered medication & observe the response & side effects.
- Antacids that contain aluminium tend to cause constipation, where those contain magnesium tend to cause diarrhoea.

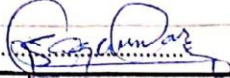

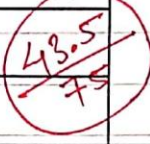
Diet management -

- Eat 4-6 small meals daily.
- Low fat adequate protein diet.
- Reduce intake of chocolate & beverages.
- Avoid alcohol.
- Eat slowly & chew food thoroughly.
- ~~Avoid~~ evening snacks & do not eat 2-3 hours before your bed.

7

Sahayog Sevabhavi Sanstha's
Mother Teresa Nursing School

Sahayog Educational Campus, Vishnupuri, NANDED - 431606

Name of Candidate..... <u>Bogawat Shikharan Nageshwar</u>						
Seat No. <u>25</u>		Course..... <u>B.Sc Nursing</u>			Year..... <u>2nd yr</u>	
Name of Exam..... <u>Pre-final</u>			Subject..... <u>CHN - I</u>		Date :	
Sign of Candidate..... 				Invigilator Sign..... 		
Answer Sheet (Original)		No. of Supplementary Sheet			Total Sheets (Original + Supplementary)	
Question No.	1	2	3	4	5	Total Marks
Marks	Out of					
	Obtained					
						
						Examiner Sign.

Q. 5Ae

1

Q) food adulteration act

National food adulteration act - 1954.

This is amended in 1964, 1976, 1986 at this year, this act is amended.

objectives / purposes :-

- Ensure pure & wholesome food for consumers.
- protect consumers from fraudulents and deceptive trade practices.
- According to this act, punishment is awarded to the frauder.
- Mainly there are two criteria's, case of proven adulteration & adulteration causing proven death.

- case of proven adulteration -
6 month imprisonment & 5000/- fine.

- Adulteration causing proven death -
lifetime imprisonment and 5000/- fine.

- food standards.

□ AGMARK standard.

- Give consumers assurance of quality of food.

□ ISI standards.

- A guarantee of good quality

□ PFA standards.

- To obtain minimum level of quality of food
stuffs attainable under Indian condition.

codex alimentarius.

- organ of joint FAO WHO food standard &
formulate standard of international market.

Food safety & standards authority of India (FSSAI).

- Established in 2006 under MHA & FW government of India.

- For laying down science based standards for article of food & to regulate them

1) Manufacture.

2) Storage.

3) Distribution.

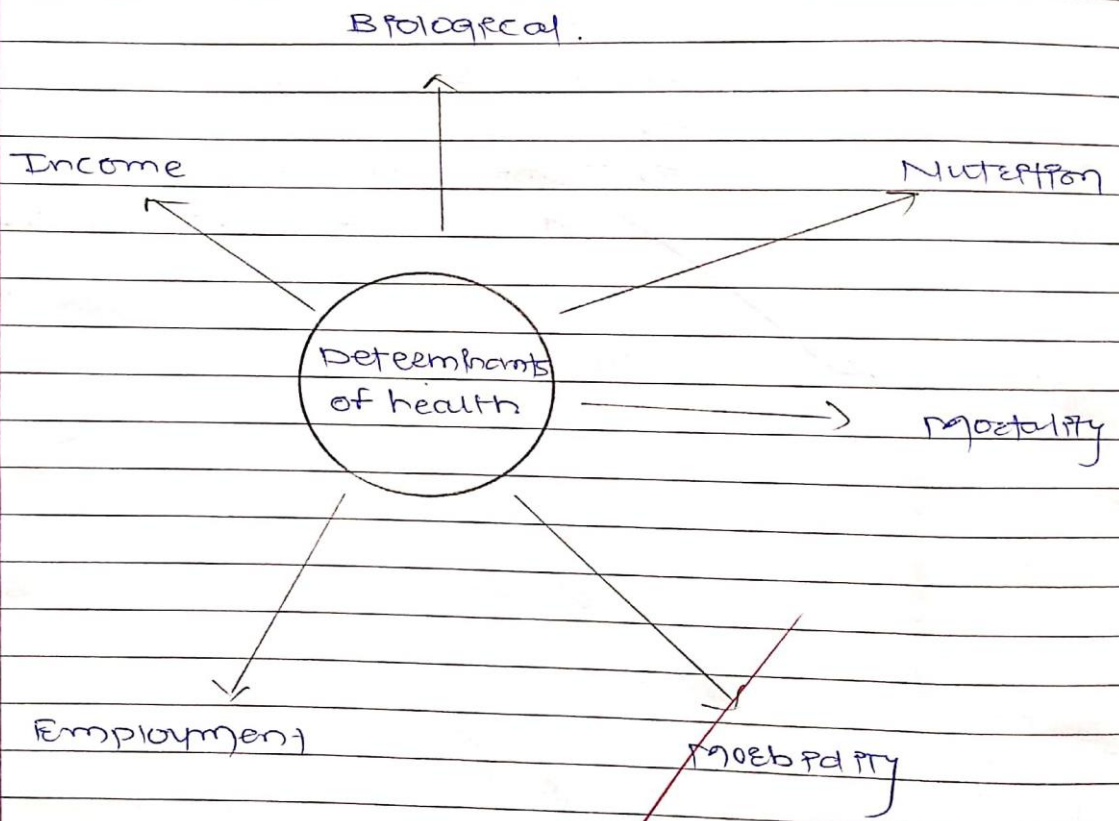
4) Sale

5) Import to assure availability of safe & wholesome food.

25

b) Determinants of health.

Health :- According to WHO, health is a complete state of physical, mental, social & spiritual well-being not merely absence of disease.



- Health is a common theme in most cultures. In some cultures, health & harmony are considered equivalent (peace)
- Modern medicine focused on study of disease & neglect study of health.

i] Biological & Genetics.

- Health is determined by basic biology & gene of body.
- Genetic inheritance plays an important role in determining health status.
- Normal functioning of body.

ii] Income & status.

- Income of family determines the health status of family.
- Families with higher income live in good house with all basic amenities.
- Away from illness.
- Environmental sanitation & basic needs.
- Poor income families expose to poor environmental leads to illness.

iii] Social support.

- Family is interpreted as social institution.
- Family binds the members together and support each other in any situation.
- Family gives sense of belonging, together enhance physical, mental, social & spiritual

Home Visiting

Definition: - Visiting the family at their place to provide preventive, promotive and rehabilitative services at their doorstep by the community health nurse and health workers.

Providing the services to the doorstep to maintain health & to reduce mortality & morbidity in family.

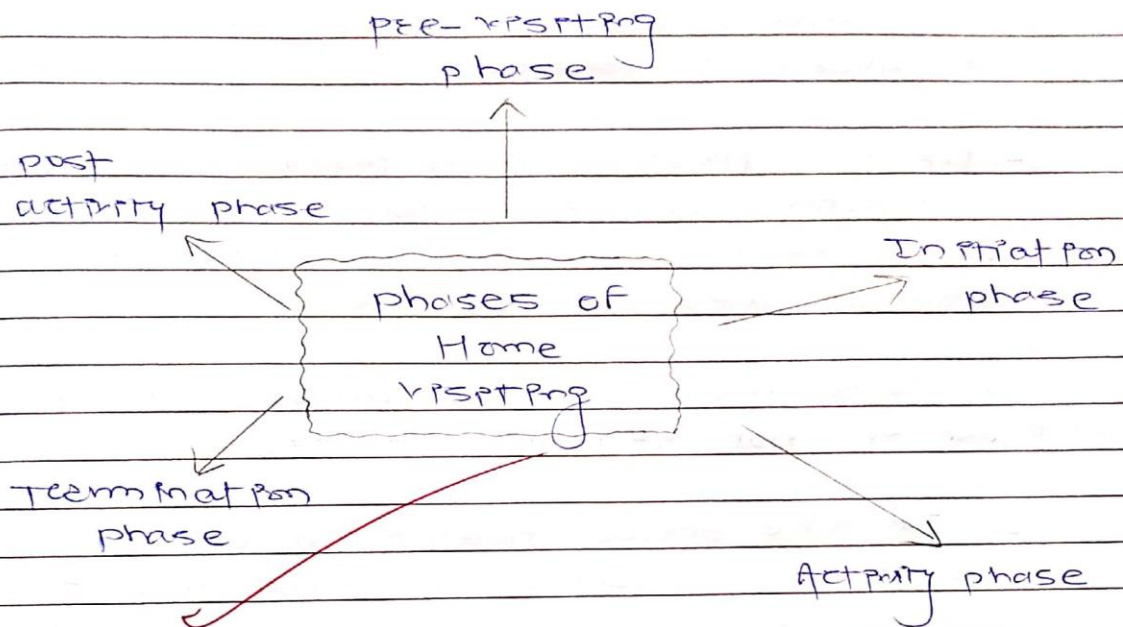
Principles of home visiting

- planned & purposeful.
- Based on need.
- flexible & regular.
- Educative.
- convenient & appropriate.
- Health problem.
- Hygienic incidence
- skillful
- records.

Purposes of home visiting

- to observe the family structure, lifestyle and cultural practices.
- To establish relationship with family member.
- To provide nursing care.

- To refer for complicated case for hospitalization or institutional care.



II Advantages of home visiting.

- Helps to maintaining rapport with the family members.
- Helps in getting socio-economic status.
- Sanitation.
- Study the home situation & family situation.
- Home visit clarifies the doubts raised by family member.
- Provided natural environment.

d) consumer protection act

- consumer protection act 1986.

- consumer's rights have become an important issue

- for the first time in India consumer protection act (1986) provided consumers for speedy redressal of their grievance against medical services.

- A consumer is who buys a product and use it, not sell to anyone

- In the entire health care system, the most vital centre in the medical

- the active participation and dedication of doctors is very important for his survival.

- As far as the professional services are concerned the evaluation of law has follow a set of course.

- under the general law the members of the profession these require to show a standard of care, each a person of that profession is expected to possess.

- In developed nations such as UK, USA, patients do not encounter many difficulties as the court have developed principles of law which gives important rights to patients

- In India, people were not going to court freely, because court fees were heavy and there was long delay to get a final result. It may take 2-10 years.

- Rights of consumers.

- Right to safety.

- Right to inform.

- Right to choose.

- Right to be heard.

- Right to redressal.

- Right to consumer education.

Q.5

e) Levels of prevention

- there are mainly three levels of prevention

- i] primary level.
- ii] secondary level.
- iii] tertiary level.

primary level -

- In this type of prevention level there is cure & treatment prevention of disease

- By doing exercise, balanced diet & all the safety measures we can prevent disease

secondary level -

- This is a level of prevention when the disease is detected with the patient then we have to cure & care for that disease

- This is less effective than primary level prevention

tertiary level -

- This is allowed when disease condition is circumscribed to patient.

v.g. - nature of these cases is to stop the severe surgical management.

Q.2 L.A.C

A) P) Primary health centre.

HISTORY OF EVOLUTION OF PHC IN INDIA.

- 1977 GOI LAUNCHED RURAL HEALTH MISSION

DEFINITION-

The primary health centre occupies a key position in the nation's health care system.

- It provide an integrated curative and preventive health care to the rural population.

- It is an institution for providing comprehensive health care.

- promotive
- curative
- rehabilitative

1946 health planning in India.

1) Bhore committee (1946).

- PHC is a basic health unit.
- provide integrated preventive and curative services

2) Mudwale committee (1962).

- strengthening of existing PHCs.

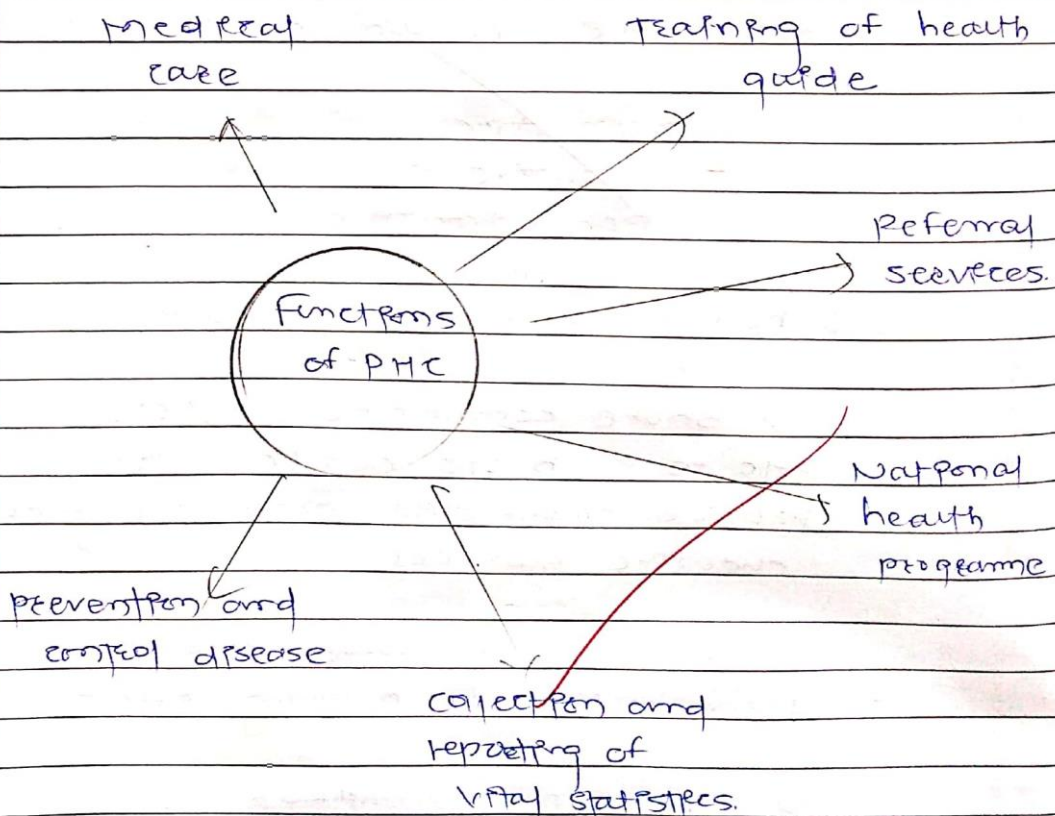
3) Srinivasan committee

ii) Staffing pattern of PHC

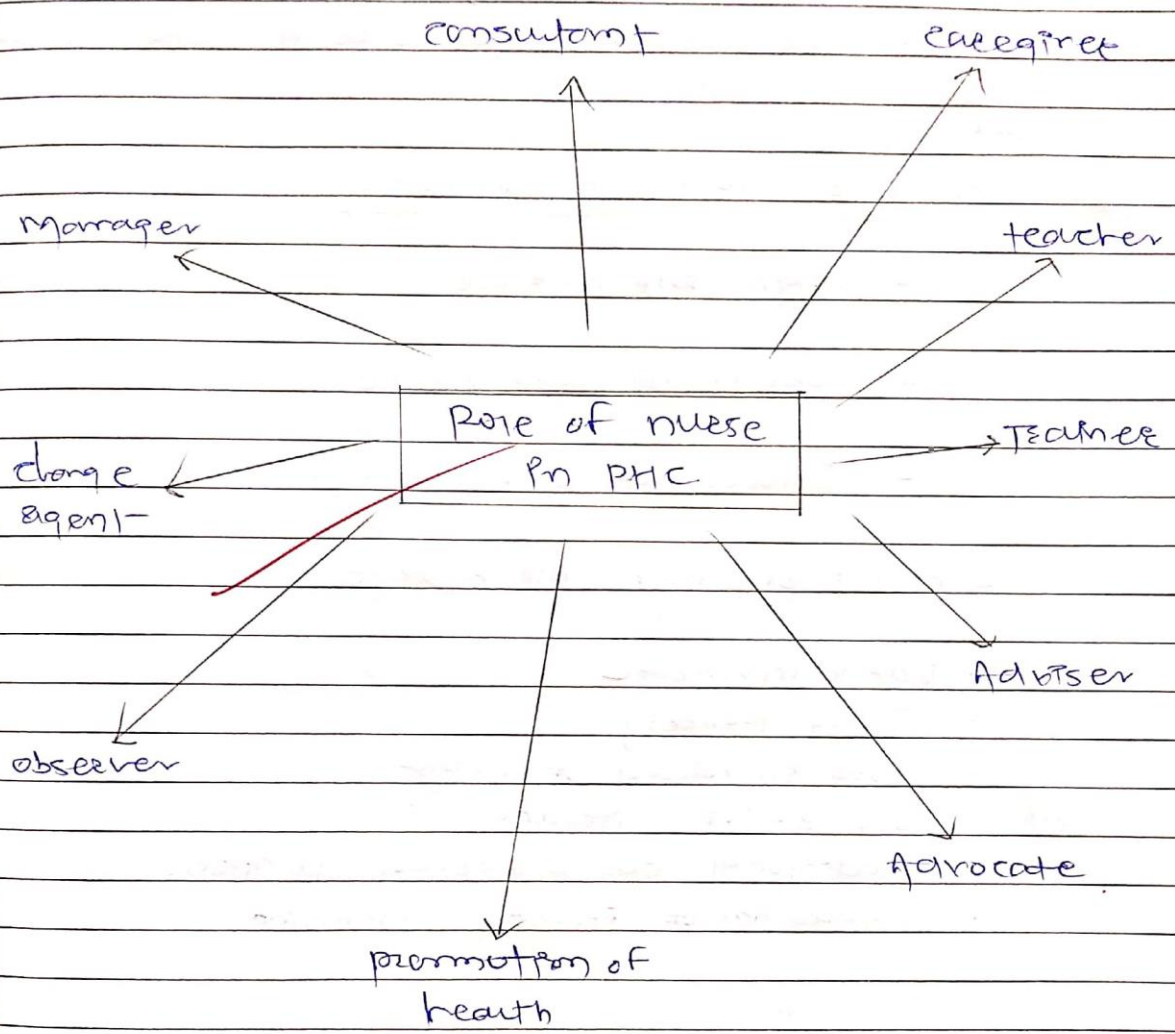
- Staff nurse - 03.
- Medical officer - 01
- ANM (HMW) (F) - 01
- LHW (HW) (F) - 01
- HA (M) - 01
- Lab technician - 01.
- Pharmacist - 01.
- Accountant - 01.
- Group 'D' worker - 03.

According to public health standards (PHS)

iii) Functions of PHC



R) Role of nurse in PHC



teacher

- This is one of the functions of nurse which provides education to the communities.

8

Section B.

Q.3.

a) causes of population explosion.

Population explosion :- overgrowth of population in a particular area over a 1000 years.

causes of population explosion

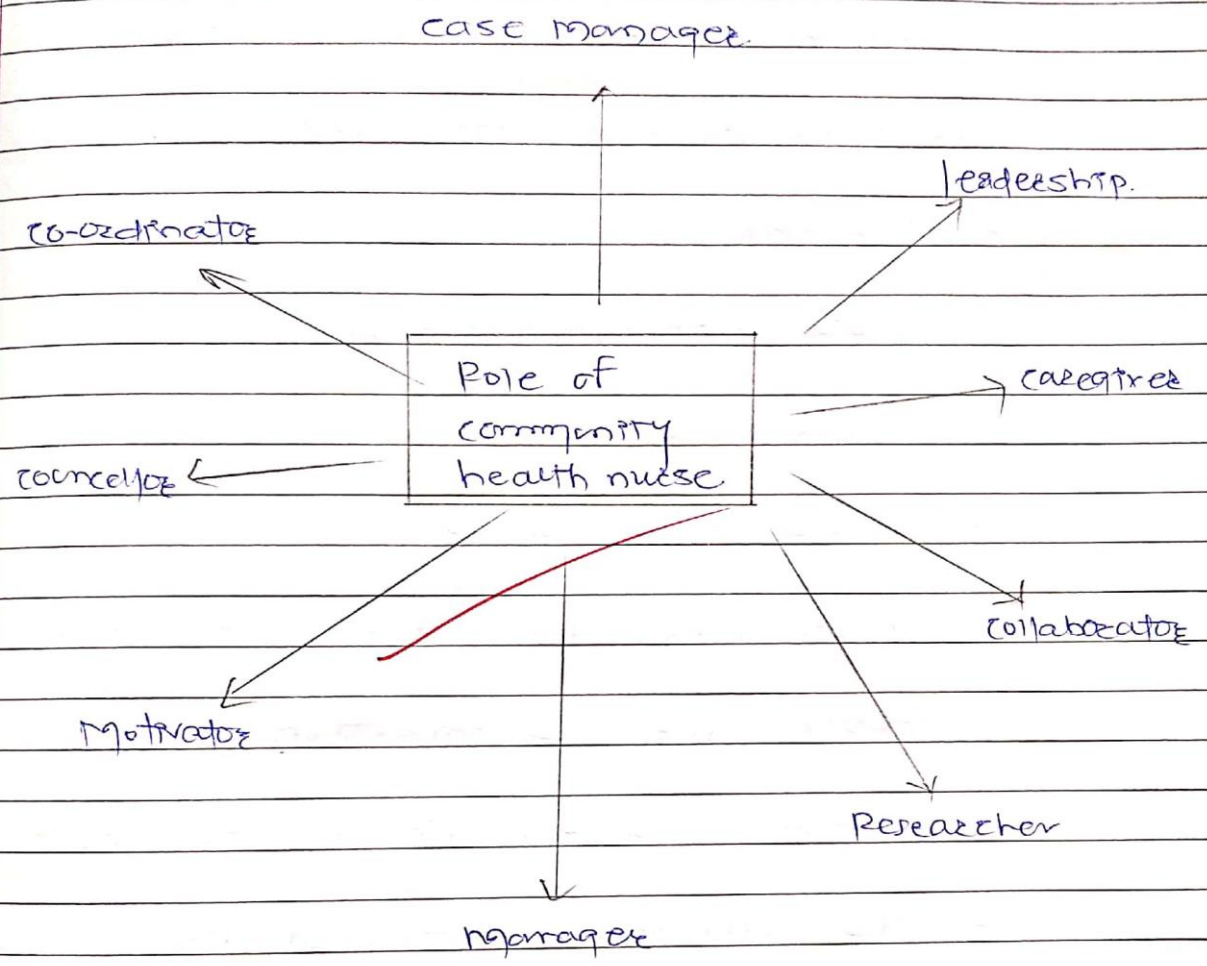
- High birth rate
- Declining death rate
- Increased emigration
- causes of high birth rate

- Early marriage
- Early puberty
- low standard of living
- low level of literacy.
- Traditional customs and religion.
- Ignorance of family planning.

causes of declining death rate

- mass control of disease
- Improvement
- increased emigration
- Advanced medical technology

d) Role of community health nurse



Motivator

- Nurse must be a motivator for these clients.
- motivating clients helps to recover faster & easy.
- Motivating clients will help you for easy and immediate healing.

2.5

d) Preventive measures of tuberculosis.

Tuberculosis - It is a communicable disease caused by *Mycobacterium tuberculosis*.

Preventive measures of tuberculosis.

- Isolation
- Avoid gathering together.
- Always use mask.
- Avoid hand shaking.
- Avoid any contaminated items handling.
- Testing for TB infection.
- Testing in BCG-vaccinated person.
- TB screening & testing of health care personnel.
- Testing during pregnancy.
- Diagnosing latent TB infection and TB disease.
- Good ventilation, TB can be remain suspended in the air for several hours. With no ventilation, natural light.

c) Demographic cycle

Demography - study of population

Demographic cycle contains 5 stages.

- High stationery
- Early expanding.
- Late expanding.
- Low stationery stage.
- Declining phase

Stages	B.R	D.R	Demographic trend.	Description
i) High stationery	↑	↑	population remains same	Neutralize each other. India's population in 1920.
ii) Early expanding	increase	begin to decline	Initial rise in population.	In some countries of south asia & africa.
iii) Late expanding	Steadily decrease	Further	continue rise in population	eg. singapore
iv) Low stationery stage	↓ low	↓ low	stability in population	This trend found in developed countries.
v) declining stage	low	high	Fall in population	Hungary & germany.

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Q.4

Q.4

i) Define family planning.

- Family planning is the voluntary planning regarding child birth by a couple.
- child birth is should be according to their choice.

objectives of family planning.

- Plan pregnancy according to their choice.
- To avoid unwanted births.
- To limit the size of family.
- To keep spacing between the pregnancies.

ii) Discuss methods of family planning.

Contraceptive methods.

Types of contraceptive methods.

- I) Spacing method.
- II) Terminal method.

I) Spacing method.

i) Barrier method.

- physical
- chemical
- combine.

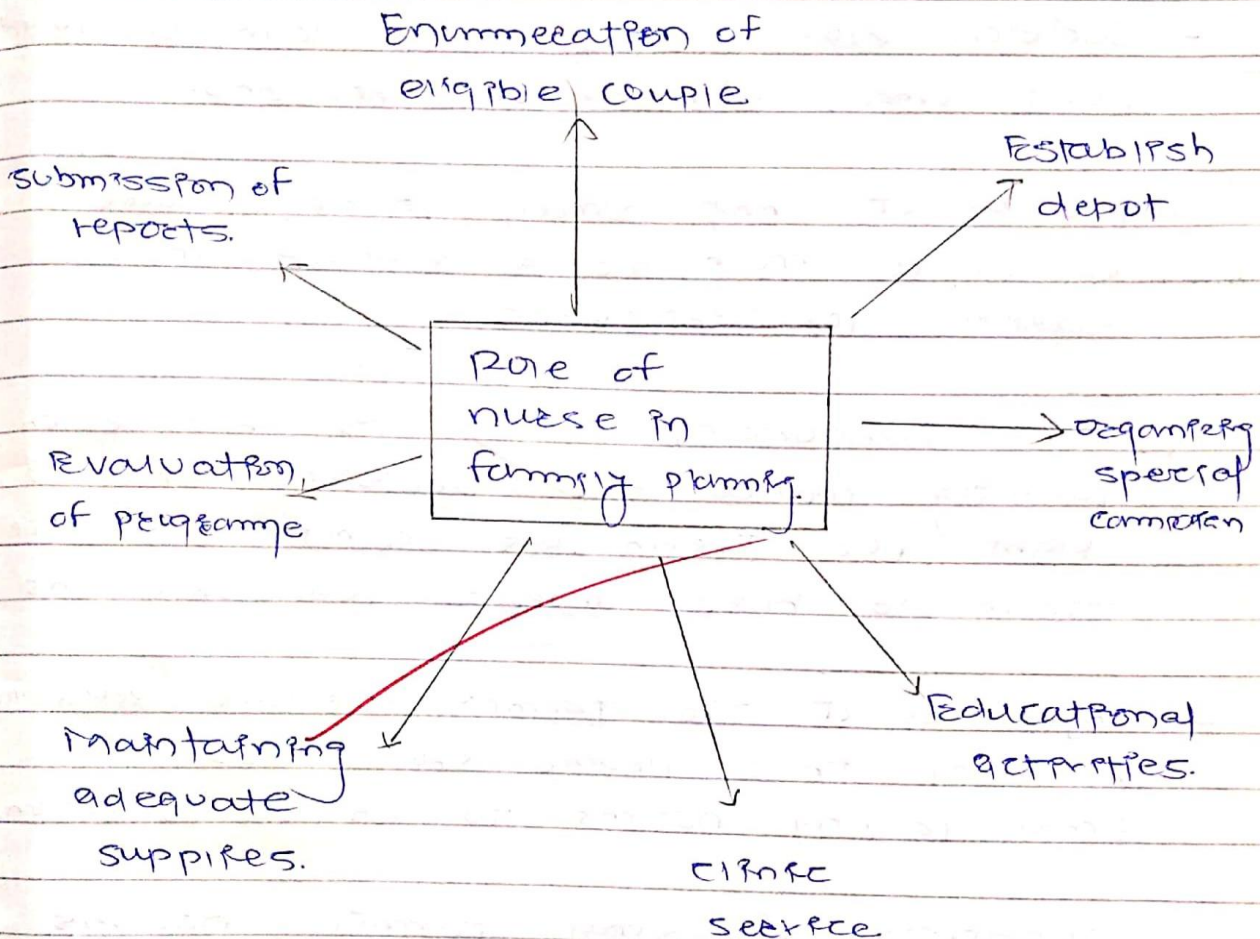
ii) Intrauterine devices

iii) Hormonal methods.

iv) Post conceptual method.

v) Miscellaneous method.

iii) Role of nurse in family planning method



- Nurse plays a vital role in family planning.
- Nurse should encourage the people about the small family norms

A) Benefits of small family norms.

- societal expectations that families should have a small number of children.
- The belief that small families are easier to manage & provide more stability for children.
- The important thing is that each family makes the decisions that is right for them we can't persuade them to have more or few children.
- objectives of the family welfare programme in India that people should adopt the small family norms to control population.
- Benefits of small family norms are greatly emphasized all over world.
- small family norms helps parents to nurture every children.

8.