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Community Health Nursing

for GNM (1st Year)

Most Authentic & Updated Solved Question Papers

As per INC Syllabus

Solved Papers with Important Theory

2016-2004

Poonam Sharda

3rd Edition

JAYPEE

Contents

Important Theory	**1**
Solved Question Papers – November 2016	**33**
Solved Question Papers – October 2015	**41**
Solved Question Papers – September 2015	**46**
Solved Question Papers – December 2013	**54**
Solved Question Papers – January 2013	**60**
Solved Question Papers – January 2012	**66**
Solved Question Papers – November 2010	**75**
Solved Question Papers – November 2009	**86**
Solved Question Papers – December 2008	**101**
Solved Question Papers – October 2007	**117**
Solved Question Papers – October 2006	**132**
Solved Question Papers – September 2005	**141**
Solved Question Papers – September 2004	**151**

Community Health Nursing
September 2015

Time: 3 Hours *Maximum Marks: 75*

Note: *Attempt all questions, attempt all parts of question in continuity.*

1. a. Describe the functions of protein. **5+5+5 = 15**
b. Write about principles of primary healthcare.
c. What is the role of community health nurse in primary healthcare.

2. a. Write about the concept of health and disease. **7+8 = 15**
b. Explain about different health problems in India.

3. Explain the following: **5+5+5 = 15**
a. Air pollution
b. Functions of under five clinics
c. WHO

4. a. Explain healthcare delivery system. **5+10 = 15**
b. Write about healthcare delivery system at village level.

5. Write short notes on any three of the following: **5+5+5 = 15**
a. Home visiting
b. Measles
c. PHC
d. Immunization
e. AIDS

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SOLVED QUESTION PAPER SEPTEMBER 2015

1. a. Describe the functions of protein.
b. Write about principles of primary healthcare.
c. What is the role of community health nurse in primary healthcare?

FUNCTIONS OF PROTEIN

Refer paper 2009 Q no 4 (b) functions of protein

PRINCIPLES OF PRIMARY HEALTHCARE

Refer paper 2009 Q no 3(b)

ROLE OF COMMUNITY HEALTH NURSE IN PHC

Refer paper 2009 Q no 3(c)

2. a. Write about the concept of health and disease.
b. Explain about different health problems in India.

CONCEPT OF HEALTH AND DISEASE

Heath: A state of complete physical, mental and social well-being of an individual and not merely an absence of disease or infirmity.

As per the definition, health is three dimensional—the physical, the mental and the social.

Disease: A condition, in which body health is impaired and performance of vital functions in the body is interrupted. In other words deslase is a physiological or psychological dysfunction of the body.

HEALTH PROBLEMS IN INDIA

Every country has its own health problem depending upon the standard of living of its people, size of population, the health problems of India may be classified as below:

- Communicable disease problems
- Nutritional problems
- Environmental sanitation problems
- Medical care problems
- Population problems.

Communicable Disease Problem

Communicable decease continue to be a major problem in India, whereas they have been largely controlled in the developed countries such as USA and UK. It has been estimated that nearly 54 percent of deaths in India are due to communicable diseases.

- Malaria
- Tuberculosis
- Diarrheal diseases
- Acute respiratory infections
- Leprosy
- Filarial
- STD

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- AIDS
- Others.

Nutritional Problems

Malnutrition is widely prevalence in India. The specific nutritional problems are:

- Protein-calorie-malnutrition
- Endemic goiter
- Vitamins deficiency disorders
- Anemias
- Lathyrism
- Fluorosis.

Environmental Sanitation Problems

Lack of safe water supply and sanitary methods for excreta disposal are the chief problems. Surveys indicate that about 85% of people in rural areas defecate in open fields and cause soil pollutions. During 2008, safe water was available to 96% of the urban and 84% of rural population. Adequate facilities for excreta disposal were available only to 54% of the urban and hardly 21% of the rural population.

Medical Care Problems

Medical care in India is mostly based on western medicine. Modern medical care has indeed become costly and complex. The current criticism is that medical care in India is mostly urban oriented, curative in nature and not accessible to the bulk of the rural population. Approximately 80% of health facilities are concentrated in urban areas. Even in urban areas, there is an uneven distribution of doctors. Thus the major medical care problems are inequitable distribution of health resources between rural and urban areas.

Population Problems

The population problem is the biggest problem facing the county. The 2011 census showed a population of 1.21 billion and the current growth rate of 1.64%. The population explosion has affected economic. Development of the country and the living standards of the people.

3. Explain the following:

a. Air pollution
b. Functions of under five clinics
c. WHO

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AIR POLLUTION

Refer paper 2008 Q no 2.

FUNCTIONS OF UNDER FIVE CLINICS

Refer paper 2007 Q no 4(b).

WORLD HEALTH ORGANIZATION (WHO)

World health organization was established in the April 1948. The headquarter of WHO is situated at Geneva.

Objectives

- It defines health as a, 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.
- It declares that the attainment of highest level of health is one of the fundamental rights of every human being without destination of race, religion, political belief, economic and social condition.
- It recognizes that the health of all people is fundamental to the attainment of peace and security and to the abolition of wars.
- It fixes the responsibility on the government of the countries to provide adequate health and social welfare measures for the benefit of their citizens.
- It affirms that the health of one country is of benefit to all other countries.
- It also suggests that health education of all the people is essential to fullest attainment of health.

Membership

Membership is open to all the countries. The countries which do not maintain the international relations are admitted as associate members. During 1948, WHO had 56 members, by 1996 WHO had 190 members, state and two associate members.

Functions

- Health services
- Health information and literature
- Health research

4. a. Explain healthcare delivery system.
b. Write about healthcare delivery system at village level.

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HEALTHCARE DELIVERY SYSTEM

The healthcare services in India are organized at three levels, each level supported by the higher level, to which the patient is referred.

1. Primary healthcare
2. Secondary healthcare
3. Tertiary level of healthcare.

Primary Healthcare

It is the first level of contract between the individual/family and the health system, where basic, essential services are provided at this level, the health services are provided even at the individual's door level, i.e. at the grass-root level. In India, this care is provided by primary health centers, subcenters, supplemented by the services of the village health guides, the Anganwadi workers and trained Dais.

Secondary Level of Healthcare

At this level, halt the progress of disease. Thus essentially curative services are provided in taluka hospitals and community health centers.

Tertiary Level of Healthcare

At this level, services of specialties are made available to the people. This type of care is provided in regional/central/ape institution such as district hospitals, teaching hospitals.

HEALTHCARE DELIVERY SYSTEM AT VILLAGE LEVEL

This is the first level of contact between the health system and the individual/family of the community. At this level, the primary healthcare is provided not by the medical personnel but by the non-medical personnel such as village health guide, dais, and anganwadi worker. They are working under the following schemes respectively:

- Village health guide scheme
- Training of local dais
- ICDS scheme.

Village Health Guide Scheme

This was launched on 2nd October 1977. A village health guide is one who has an aptitude for social service. One village health guide is selected for each village or 1000 rural population.

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Selection Guidelines

- She must be a permanent, local resident of that village.
- She must be literate, as to read, write and maintain records.
- She must be acceptable to all section of society.
- She must be willing to do community health work for 2 to 3 hours a day.

Training Time

After selection, she is given training in the primary health center by medical offices for 3 months on the basic aspects of health such as personal hygiene, sanitation, health education, first aid, ORT, family welfare, etc. with the stipend of ₹ 200 per month for training period.

Training of Local Dais (Trained Birth Attendant)

This is another component of rural health scheme, launched in 1978. Traditional birth attendants are the only people who are available in the villages to conduct the deliveries. After training, the traditional birth attendant is called trained birth attendant.

Training

Training is provided in PHC by lady medical officer for 1 month with a stipend of ₹ 300 per month.

During these 30 days, she will have training at PHC for 2 days in a week and remaining 4 days of the week, except Sundays. She will accompany the health worker female to the village during her training, she is required to conduct at least 2 deliveries under the guidance and supervision of HWF or ANM or health assistant female.

After the training, she is given a certificate and a maternity kit.

Anganwadi Workers

Angan means 'courtyard'. Anganwadi worker is a local lady, studied up to 10th standard, selected as a worker for 1000 population to provide basic health services such as MCH. She is the 'key' person to deliver the services under ICDS scheme. She caters the services to a population of 1000, covering about 170 children between 0 to 6 years, 30 expectant mothers, 15 lactating mothers and 200 women in the age group of 15 to 44 years.

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Training

She is trained for 4 months in various aspects of health, nutrition and child development after the training, she works as a part time worker and she is paid an honorarium of about ₹ 500 per month.

5. Write short notes on any three of the following:

a. Home visiting
b. Measles
c. PHC
d. Immunization
e. AIDS

HOME VISITING

Refer paper January 2012 Q no 2

MEASLES

It is caused by paramyxovirus.

Incubation Period

10 to 14 days.

Clinical Features

Features occur in two stages:

1. Prodromal stage
2. Exanthematous stage.

Prodromal Stage

It is also called pre-eruptive stage or catarrhal stage. Characterized by fever anorexia, cough, conjunctival congestion, photophobia, swelling of lower lids, sunny nose, flushing of the face.

One or two days before the appearance of rashes, Koplik's spots appear on the buccal mucous membrane.

Exanthematous Stage (Eruptive Stage)

Rashes appear on 4th day of fever, first behind the ears, then on the forehead, face and down the trunk, slowly taking 2 to 3 days to progress to the hands and lower extremities. Rashes are pink colored and maculepapular. At this age, temperature is very high about 104°F continuity another 1 or 2 days.

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From the 5th or 6th day rashes begin to disappear in the same order they had appeared, no permanent pockmark are left behind.

Management and Nursing Care

1. Isolation in a well-ventilated room
2. Concurrent disinfection of nasal and throat secretions
3. TPR chart maintained 4th hourly
4. Light and clean clothes
5. Eyes are washed with sterile normal saline
6. Antipyretics to control fever
7. Prophylactic antibiotics may be given
8. Plenty of water and fruit juice given
9. Watch for the complications
10. Terminal disinfection of the room.

Prevention and Control

This is done by active and passive immunization.
Active immunization: This is done by using live attenuated vaccines.
Measles vaccine of multiple antigen: MMR.

PHC

Refer paper 2004 Q no 3(a)
Refer paper 2009 Q no 3(c)

IMMUNIZATION

Refer paper 2010 Q no 6(a)

AIDS

Acquired immune deficiency syndrome.

Mode of Transmission

(a) By direct sexual contact
(b) By infected blood transfusion
(c) By using infected syringes and needles
(d) By vertical transmission.

Prevention and Control of AIDS

Refer paper 2005 Q no 6(e).

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Community Health Nursing
for GNM (1st Year)

Salient Features

- This book is written with an intention, keeping in mind the basic requirements of first year nursing students
- Text related to Nursing for GNM with detailed explanation and important theory of the subject
- Includes solved question papers (2016–2004) with INC syllabus
- Helpful for students to prepare for the examination in an easy and meaningful way
- The book is designed in a comprehensive way to meet the needs of nursing students.

Nursing is an extremely rewarding profession. This book is a great guide for GNM 1st year nursing students on how to perform in the first year and get more material for gaining best achievement in final examination. This book has become like a best friend to the nurses, guiding them not only how to associate with the first year but also providing encouragement for the examination days.



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