IJCRT.ORG

www.ijcrt.org

ISSN: 2320-2882



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

A Study To Assess The Level Of Knowledge Regarding Modifiable Risk Factors Of Renal Calculi Among Adults In Selected Rural Area, Maharashtra With A View To Prepare An Informational Booklet.

Ms.Bushra Karjikar Author, M.Sc Nursing, Clinical Instructor, MES College Of Nursing -Ratnagiri, Maharashtra, India. Affiliated to:-Maharashtra university of health Science ,Nashik.

Abstract: Problem statement: A study to assess the level of knowledge regarding modifiable risk factors of renal calculi among adults in selected rural area, Maharashtra with a view to prepare an informational booklet.

Background of study:

Renal calculi one of the most painful urologic disorder. A large number of people are suffering from renal calculi problem all over the globe. Renal calculi, which are solid crystals that form dissolved minerals in urine, can be caused by both environmental and metabolic problems. Renal calculi are quite common and usually affect people who are between 30 and 60 years of age. They affect men more than women. In India there are various factors are responsible for formation of renal calculi it include Immobility and a sedentary lifestyle, which increases stasis. Living in stone-belt areas, High mineral content in drinking water, a diet high in purines, oxalates, calcium supplements, animal proteins, Urinary tract infections, dehydration , Prolonged indwelling catheterization, Neurogenic bladder, history of female genital mutilation ,obesity. Due to this some modifiable risk factors of renal calculi to prevent the occurrence of renal calculi in adults in selected rural area.

- 1. To assess the level of knowledge regarding modifiable risk factors of renal calculi among adults in selected rural area, Maharashtra.
- 2. To find out the association between level of knowledge regarding modifiable risk factors of renal calculi with sociodemographic variables in selected rural area, Maharashtra.
- 3. To prepare validate and distribute informational booklet, knowledge on modifiable risk factors of renal calculi among adults in selected rural area, Maharashtra.

ASSUMPTION:

- Adults may have knowledge regarding modifiable risk factors of renal calculi in rural area, Maharashtra.
- Information booklet may enhance the level of knowledge regarding modifiable risk factors of renal calculi among adults in rural area, Maharashtra

RESEARCH METHODOLOGY:

Research approach used was quantitative research approach. The descriptive research design was used to assess the level of knowledge regarding modifiable risk factors of renal calculi. The research setting selected for the study was a selected rural area, Maharashtra. 100 adults were selected from selected rural area, Maharashtra using simple random sampling technique. The tools were prepared for study it consists of 2 sections. Section A: Assessment of Socio demographic variables and section B the modified self structure knowledge questionnaires regarding modifiable risk factors of renal calculi. The data obtained were analyzed using descriptive and inferential statistics based on objectives and research questions.

Result:

According to level of knowledge regarding modifiable risk factors of renal calculi was assess by using self structure knowledge questionnaire. The results revealed that among 100 adults, none of them had inadequate knowledge of modifiable risk factors of renal calculi 5(5%), 74(74%) had a moderate adequate knowledge of modifiable risk factors of renal calculi and 21(21%) had adequate knowledge. The findings of the study reveals that there was a significant association between level of knowledge regarding modifiable risk factors of renal calculi with selected sociodemographic variables such as with age in year complete (χ^2 =9.1484)) history of renal calculi (χ^2 =5.294,) history of renal calculi in family (χ^2 =5.307) and source of

modifiable risk factors of renal calculi with selected sociodemographic variables such as gender ($\chi^2 = 0.0152$), dietary pattern($\chi^2 = 1.194$), occupation ($\chi^2 = 1.552$), and source of drinking water ($\chi^2 = 3.3498$) at p<0.05 level of significance. Thus, it shows that there was a significant association between level of knowledge regarding modifiable risk factors of renal calculi with selected sociodemographic variables.

CONCLUSION:

The study findings shows that among 100 adults, (5%) had inadequate knowledge on modifiable risk factors of renal calculi, (74%) had a moderately adequate knowledge on modifiable risk factors of renal calculi and (21%) had adequate knowledge. Hence, study result conclude that renal calculi is major health issue in rural area, thus adults should have adequate knowledge regarding modifiable risk factors of renal calculi which helps to prevention of renal calculi

. Section A

Frequency and percentage wise distribution of the socio-demographic variables of adults. This section deals with data pertaining to the socio-demographic variables adults in selected rural area in terms of frequency and percentage. The data analyzed by using descriptive statistics.

Table 1: Frequency and percentage-wise distribution of adults in selected rural area by Age in years, Gender, Dietary pattern, Occupation, History of renal calculi, Source of drinking water and Source of information.

		N=100		
Sr. So <mark>cio Demographic Vari</mark> ab	les		Free	q Perce
No			uen	c ntage
		/	У	%
1 Age in years	20-25 years		16	16.00 %
	26-30 years		27	27.00 %
	31- 35years		31	31.00 %
	36-40years		26	26.00 %
2 Gender	Male		41	41.00 %
	Female		59	59.00 %
3 Dietary pattern	Vegetarian		33	33.00 %
	Mixed Diet		67	67.00 %
4 Occupation	Sedentary worker		13	13.00 %
	Moderate worker		48	48.00 %

www.ijcrt.org	© 2023 IJCRT Volume 11, Issue 7 July 2023 ISS	N: 232	0-2882
	Heavy worker	39	39.00
5 History of renal calculi	Yes	21	% 21.00 %
	No	79	79.00 %
6 History of renal calculi in Family	Yes	24	24.00 %
	No	76	76.00 %
Sr .N o	Socio demographic variables	Freq uenc v	Perce ntage
7 Source of drinking water	Bore well	47	47%
	River water	16	16%
	Municipality supply water	30	30%
8 Source of information	If Any other, specify Mass Media	/ 45	/% 45%
o bource of information			-1070
	Health personnel	39	39%
	Peer group/ friends	8	8%
	If Any other ,specify	8	8%

Data presented in Table 1 shows that the distribution of adults in selected rural area by Age in years, Gender,

Dietary pattern, Occupation, History of renal calculi, Source of drinking water, and Source of information.

Table 2: Frequency and percentage-	wise distribution	of adults in selecte	d rural area accordi	ng to Age in years.
				N-100

				11-100
Sr.	Soc	io Demographic Variables	Freque	Percent
No			ncy	age %
1	Ag	20-25	16	16.00%
	e in	years		
	yea			
	rs			
		26-30	27	27.00%
		years		
		31-	31	31.00%
		35years		
		36-40years	26	26.00%

Figure 3: Percentage-wise distribution of adults in selected rural area according to age in years. Figure 3 according to table number 2 Percentage-wise distributions of adults in selected rural area according to age in years. The majority of 31 (31.00%) adults were in the age group 31-35years followed by 27 (27.00%) were in the age group of 26-30 years, 26(26.00%) were in the age group of 36-40 years and 16(16.00%) were in the age group of 20-25 years.

Table 3: Frequency and percentage-wise distribution of adults in selected rural area according to Gender.

N=100

Sr .No	Socio Demogra	phic Vari	ables	Frequency	Percentage %
1	Gender	Male		41	41.00%
		Female		59	59.00%

Figure 4: Percentage-wise distribution of adults in selected rural area according to Gender.

Figure 4 according to table number 3 reveals that Percentage wise distribution of adults in selected rural area according to Gender. The data reveals that 59 (59.00%) were female and the remaining 41(41.00%) were male.

Table 4: Frequency and percentage-wise distribution of adults in selected rural area according to Dietary pattern.

N = 100

Sr .No	Socio Demogra	phic Variables	Frequency	Percentage
				%
1	Dietary	Vegetarian	33	33.00%
	pattern			
		Mixed	67	67.00%
		Diet		

© 2023 IJCRT | Volume 11, Issue 7 July 2023 | ISSN: 2320-2882

Figure 5: Percentage-wise distribution of adults in selected rural area according to their Dietary pattern. Figure 5 according to table number 4 reveals that Percentage-wise distribution of adults in selected rural area according to their dietary pattern. Out of 100 adults 67(67.00%) were vegetarian diet and remaining 33(33%) were vegetarian diet.

Table 5: Frequency and percentage-wise distribution of adults in selected rural area according to occupation.

N=100

Sr .No	Socio Demo	ographic Variables	Frequency	Percentage
				%
1	Occupation	Sedentary	13	13.00%
		worker		
		Moderate worker	48	48.00%
		Heavy worke <mark>r</mark>	39	39.00%

Figure 6: Percentage-wise distribution of adults in selected rural area according to their occupation. Fig 6 according to table number 5 data revels that's among 100 adult's rural area majority of 48 (48.00%) were moderate workers, 39(39.00%) were heavy workers and remaining 13(13.00%) were sedentary workers. Table 6: Frequency and percentage-wise distribution of adults in selected rural area according to History of renal calculi.

N=100

Sr .No	Socio Demographic Variables		Frequency	Percentage
				%
1	History of renal	Yes	21	21.00%
	calculi			
		No	79	79.00%

Figure 7: Percentage-wise distribution of adults according to their history of renal calculi.

history of renal calculi. Out of 100 adults', revels that's 79(79.00%) have no history of renal calculi and remaining 21(21%) have history of renal calculi.

Table 7: Frequency and percentage-wise distribution of adults in selected rural area according to history of renal calculi in family.

N=100

Sr .No	Socio Demographic Variables	Frequency	Percentage
			%
1	History of renal calculi in Yes	24	24.00%
	Family		
	No	76	76.00%

Figure 8: Percentage-wise distribution of adults selected rural area according to their history of renal calculi

in family.

Fig 8 according to table number 7 reveals that percentage-wise distribution of adults' selected rural area

according to their History of renal calculi in family. Out of 100 adults in selected rural area 76(76.00%) had no

history of renal calculi, and 24(24.00%) were had history of renal calculi.

Table 8: Frequency and percentage-wise distribution of adults in selected rural area according to source of drinking water.

N=100

Sr .No	Socio Demographic Variables		Frequency	Percentage %
1	Source of drinking water	Bore well	47	47%
	•			
		River water	16	16%
		Municipality supply water	30	30%
		If Any other, specify	7	7%

Figure 9: Percentage-wise distribution of adults in selected rural area according to their source of drinking water.

Figure 9 according to table number 8 reveals that percentage-wise distribution of adults in selected rural area according to their source of drinking water. The data revels that 47(47%) were using bore well, 30(30%) were municipality supply water, 16 (16%) were river water and remaining 7(7%) were If any other.

Table9: Frequency and percentage-wise distribution of adults in selected rural area according to Source of information.

Sr .No	Socio Demographic V	ariables	Frequency	Percentage %
1	Source of information	Mass Media	45	45%
		Health personnel	39	39%
		Peer group/ friends	8	8%
		If Any other ,specify	8	8%

Figure 10: Percentage-wise distribution of adults according to their source of information.

Figure 10 according to table 9 reveals that percentage-wise distribution of adults according to their source of information. Out of 100 adults', revels that's 45(45.00%) through mass media, 39(39%) through health personnel, 8 (8%) trough peer group/friends and remaining 8(8%) through if any other.

Table10: Classification of respondents according to level of knowledge on modifiable risk factors of renal calculi among adults.

N=100

Sr .No	Knowledge levels	Number	Percentage
	Inadequate knowledge	5	5%
1	(Score 0-8 Marks)		
	Moderately adequate knowledge	74	74%
2	(Score 9-16 Marks)		
	Adequate knowledge	21	21%
3	(Score 17-24 marks)		

The above table depicts that among 100 adults, 5(5%) had inadequate knowledge on modifiable risk factors of renal calculi, 74(74%) had a moderately adequate knowledge on modifiable risk factors of renal calculi and 21(21%) had adequate knowledge.

Fig 11: Classification of adult's level of knowledge regarding modifiable risk factors of renal calculi.

Table 11: Mean, Median, SD, Range and Mean% of level of knowledge regarding Modifiable risk factors of renal calculi among adults.

N=100

Aspect	Max. Score	Mean	Median	SD	Range	Mean%
Knowledge	24	14.57	15	3.362	7-22	60.70%

(SD: Standard Deviation)

A go in yoor

The above table depicts that maximum score were 24 ,Mean14.57, Median 15, standard deviation 3.362 , Range 7-22 and Mean percent were 60.70% of level of knowledge regarding modifiable risk factors of renal calculi among adults.

SECTION C

Table 12: Association between level of knowledge regarding modifiable risk factors of renal calculi with selected sociodemographic variables.

N=100

SN Sociodemographic Variables F Levels of knowledge Chi square χ^2 Median <15 Median ≥15

Age in year				
20-25 years	16	5	11	$\chi^2 = 9.1484,$ p>0.05 df=3 S*
26-30 years	26	6	20	
31-35 years	31	14	17	
36-40years	27	16	11	
Gender				
Male	41	17	24	$\chi^2=0.0152, p<0.05, df=1, NS$
	20-25 years 26-30 years 31-35 years 36-40 years Gender Male	20-25 years 16 26-30 years 26 31-35 years 31 36-40 years 27 Gender 41	Age in year16520-25 years16526-30 years26631-35 years311436-40 years2716Gender4117	Age in year1651120-25 years1651126-30 years2662031-35 years31141736-40 years271611Gender411724

ww	w.ijcrt.org		© 20	23 IJCRT V	olume 11, Issue	7 July 2023 ISSN: 2320-2882
	Female	59	24	35		
3	Dietary pattern Vegetarian	33	11	22	$\chi^2 = 1.194,$ p<0.05, df=1,	
	Mixed Diet	67	30	37	NS	
4	Occupation Sedentary worker	13	6	7	$\chi^2 = 1.552,$ p<0.05 df=2,	
	Moderate worker	48	22	26	GNI	
	Heavy worker	39	13	26		
5	History of renal calculi Yes(if yes duration)	21	4	17	χ^2 =5.294, p>0.05 df=1, S*	
	No	79	37	42		
SN	Sociodemographic Variable	es F	Level <mark>s of I</mark>	knowledge	Chi square	
					x ²	
		N	Iedian<15	Media <mark>n ≥1</mark>	5	
6	History of renal calculi in Far	mily				
	Yes(if yes duration)	24	5	19	χ ² =5.307,	CR.
				0	p>0.05,	
					df=1	
					S*	
	No	76	36	40		
7	Source of drinking water					
	Bore well	47	21	26	χ ² =3.3498,	
					p<0.05,	
					df=3	
					NS	
	River water	16	5	11		
	Municipality supply water	30	14	16		

w	ww.ijcrt.org		© 20	23 IJCRT \	olume 11, Issue 7 July	2023 ISSN: 2320-2882
	If Any other, specify	7	1	6		
8	Source of information					
	Mass Media	45	25	20	χ ² =7.803,	
					p>0.05,	
					df=3	
					S*	
	Health personnel	39	10	29		
	Peer group/ friends	8	3	5		
	If Any other ,specify	8	3	5		

(NS: Not Significant, S*: Significant, df: degree of freedom)

The above table shows the associations between level of knowledge regarding modifiable risk factors of renal calculi with selected sociodemographic variables of adults. To associate the level of knowledge regarding modifiable risk factors of renal calculi with selected socio-demographic variables of adults the chi-square test has been used. The obtained chi-square value shows significant association between the level of knowledge regarding modifiable risk factors of renal calculi among adults ,with age in year (9.1484) of (p>0.05) history of renal calculi in family (5.307) of (p>0.05) and source of information (7.803) of (p>0.05).But the chi-square value did not show any significant association between level of knowledge regarding modifiable risk factors of renal calculi risk factors of renal calculi among adults and other socio-demographic variables such as gender , dietary pattern , occupation ,and source of drinking water.

- 1. Polit FD, Cheryl TB. Nursing Research. New Delhi:Lippincott Publishers; 2008.
- 2. Collins A, Edward C, Lippin C, Williams. A short course in medical terminology; 2005.
- Lewis H, Dirksen OB. Text book of Medical surgical nursing.7th Edition. New Delhi: Mosby publication; 2007.
- 4. Suzanne C, Smeltzer, Brenda G, Bare. Textbook of medical surgical nursing, 10th edi. Philadelphia. Lippincott publication 2004.
- 5. Francis KK, Jones. Prevalence of kidney stones. American Journal of public Medicine. 2003; 62:54-8.
- 6. Ljunghall SB, Danielson G. A Prospective Study of Renal Stone Recurrences. <u>British Journal of</u> <u>Urology</u> 2008; 56 (2):122 – 24.
- 7. Sandy G. The metabolic syndromes and uric acid nephrolithiasis. Journal of Urology. 2003; 61(8):12-14.
- 8. Diet for kidney stones Prevention, American Urological association Foundation. Available in <u>http://www.Kidney</u>stoners.org.
- 9. Joyce MB, Jane HH. Medical surgical nursing, 7thedi. Singapore. Elsevier publication 2007; 118-110.
- 10. Basvanthappa BT. Text book of Medical surgical nursing. New Delhi: Jaypee publishers; 2003.
- 11. Crais. The incidence of urinary calcium. British Journal of hospital medicine Jan 2005; 12(2):1021-1029.
- 12. Blangys, Folinais D, Sibert A, Delmas V, Moulonguet A. Effect of changes in epidemiological factor on the composition and racial distribution of renal calculi. British Journal of Urology Nov 1989; 60(5):387-92.
- 13. Naya Y, Ito MM, Yamaguchi K. Association of dietary fatty acids with Urinary oxalate excretion in calcium oxalate stone- formers in their fourth decade. British Journal of Urology International Jun 2002; 89(8):842-846.
- 14. Andy K, Sutton R. Kidney stones facts and prevention. Sep 1991; 155(3): 249-252.
- 15. Ljunghall B, Danielson GA. Prospective Study of Renal Stone Recurrences. <u>British Journal of</u> <u>Urology</u> 2008; <u>56 (2):122</u> – 24.
- 16. Joyce MB, Jane HH. Medical surgical nursing, 7thedi. Singapore. Elsevier publication 2007; 1611.
- 17. Suzanne CS, Brenda GB. Textbook of medical surgical nursing, 10thedi. Philadelphia. Lippincott publication 2004:49-54.
- Pearde M, Calhoun E. Urolithasis in Urologic disease. American Journal for public health services. 2004; 54(2):19-21.
- 19. Dawson C and Tomson C. Kidney Stone Disease: Pathophysiology, Investigation and Medical Treatment. [online] Available at: http://17. www.google.com/epidemiology of kidney stone diseases in adults.> [Accessed 16 March 2020].
- 20. Joyce MB, Jane HH. Medical surgical nursing, 7thedi. Singapore. Elsevier publication 2007:1613; 112-116.
- 21. Ravi Bhatia. Higher water intake must for Kidney stone Patients Bing. [Internet]Available from: https://www.bing.com/search.
- 22. Ansari MS, Gupta. A study on spectrum of stone composition in India January 2005; 12(1):12 16.
- 23. Nicholas Garlow. The US Department of Health and Human Services, More Kidney Stones July 11 (2012).

- 24. Dr. Raman SA.A urologist and medical director of Urology Cancer Specialists in Los Angeles.[online].Available at: <u>https://health.usnews.com/conditions/articles/what-causes-kidney-stones</u>.
- 25. Accounting For Social Risk Factors in Medicare Payment. [online] Available at: <22. https://kidneystones.com/risk-factors/:The National Academies of Sciences, Engineering, and Medicine [Accessed 16 March 2020]
- 26. [online]Availableat:<https://www.researchgate.net/publication/333651930_Dietary_Habits_of_Kidney_ Stone_Patients_of_Kangra_District_Himachal_Pradesh_North_India> [Accessed 10 March 2017].
- 27. Stamatelou KK, Francis ME, Jones CA, Nyberg LM, Curhan GC. Time trends in reported prevalence of kidney stones in the United States. 2003; 63:1817–1823.
- 28. Accounting For Social Risk Factors in Medicare Payment. [online] Available at: <22. https://kidneystones.com/risk-factors/:The National Academies of Sciences, Engineering, and Medicine> [Accessed 10 Feb 2016].
- 29. Nalin HS, Manickavasakam K, Thomas M. Prevalence and Risk Factors of Kidney Stone. Research Paper Commerce Medical Science. March 2016; 5(3); 2277 8160.
- 30. Hesse A, Seiner R. Current aspects of epidemiology and nutrition in urinary stone disease. World journal of urology.May 1997; 15(4):165-171.
- 31. Sharada R. Deshmukh, Zia H. Evaluation of urinary abnormalities in nephrolithiasis patients from marathwadaregion. Indian journal of clinical biochemistry. 2006; 21(1):177-180.
- 32. Rose GA, Westbury EJ. The influence of calcium content of water, intake of vegetables and fruit and of other food factors upon the incidence of renal calculi. Urological research 1993 Aug 8; 3(2):61-6.
- 33. Tiselius HG, Larsson L. Studies on urine composition in patients with calcium oxalate stone disease. Urological research 1988; 12-63.
- 34. <u>Curhan GC</u>, <u>Willett WC</u>, <u>Rimm EB</u>, <u>Stampfer MJ</u>. Body size and risk of kidney stone. Sep 1998; 9(9):1645-52.
- 35. <u>Kacker R, Meeks JJ, Zhao L, Nadler RB</u>. Decreased stone-free rates after percutaneous nephrolithotomy for high calcium phosphate composition kidney stones. Sep 2008;180(3):958-60
- 36. Curhan GC, Willett WC, Speizer FE, Stampfer MJ. Intake of vitamin B6 and C and the risk of kidney stones in women .1999; 10(4):840.
- 37. Siener and Hesse. Worked on effect of vegetarian and different omnivorous diets on urinary risk factors for uric acid stone formation (2003).
- 38. Fassen VA. The effect of calcium restricted diet of urolithiasis patients with absorptive hypercalciuria type II on risk factors for kidney stone and the osteopenia. Urological research Apr 1998; 26(2):65-69.
- 39. Fellstrome BD, Calrlstome. Dietary history and dietary records in renal stone patients and control. Urological research 1988 ;(2)12-58.
- 40. *Khondoker AH*. Knowledge regarding renal stone among the nurses working in a selected specialized hospital in Bangladesh ,*International journal of community medicine and public health* .*Home*>Archives (2019) ; 6(7):12-14.
- 41. Kaushal P, Kamlesh P. A Study to Assess the Effectiveness of Planned Teaching Programme on Knowledge regarding Dietary Awareness to reduce the risk of Renal Stones among the People of Mehsana City. Asian J. Nursing Education and Research. 2019; 9(3):379-382. doi: 10.5958/2349-2996.2019.00081.8.
- 42. Bharathi and Amirthaveni. Conducted a study on impact of nutritional intervention on urinary composition of stone former (2008).

- 43. Soni GP. A Study to Evaluate the Effectiveness of Planned Teaching Program Regarding Prevention of Renal Calculi in Terms of Knowledge and Dietary Pattern of Primary School Teachers of Moodabidri, Dakshina Kannada District. J Mahatma Gandhi Univ Med Sci Tech 2016;1(2):55-57.
- 44. <u>Hiatt RA</u>, <u>Ettinger B</u>, <u>Caan B</u>, <u>Duncan D</u>, <u>Citron JT</u>. Randomized controlled trial of a low animal protein, high fiber diet in the prevention of recurrent calcium oxalate kidney stones. Jul 1996 1; 144(1):25-33.
- 45. Babita D.A study to evaluate the effectiveness of Planned Teaching Programme on Renal Calculi and its management among the renal calculi patients in selected hospitals in Mangalore taluk .J Gandhi University of Health Sci. 2005 ;1(3):58-60
- 46. <u>Mason J, Khunti K, Stone M, Farooqi A, Carr S</u>. Educational interventions in kidney disease care: a systematic review of randomized trials. (2008).
- 47. Siener and Hesse. Worked on effect of vegetarian and different omnivorous diets on urinary risk factors for uric acid stone formation. (2003).
- 48. Najem GR, Seebode JJ. Stressful life events and risk of symptomatic kidney stones. National Library of Medicine.Oct1997; 26(5):1017-23. doi:10.1093/ije/26.5.1017.PMID: 9363523.
- 49. Chang MD, Zhan."Self-Fluid Management in Prevention of Kidney Stones". Systematic Review and Meta-Analysis Medicine. July 2015; 94(27):1042. doi:10.1097/MD.
- 50. Fakhria muhbes. Risk factors for renal stone formation: A field study. Health Science Journal, (October December 2012; 6(4):714-725.
- 51. Bellizzi V, Nicola D, Nephron L. Effects of water hardness on urinary risk factors for kidney stones in patients with idiopathic nephrolithiasis. National Library of Medicine.1999; 81(1):66-70. doi: 10.1159/000046301.PMID: 9873217Clinical Trial.
- 52. Bharathi and Amirthaveni. A comparative study on urinary composition of urinary stone formers and healthy volunteers 5 cities of Tamil Nadu ;(2007).
- 53. Vasanthamani and Sushmitha .A descriptive studied the impact of dietary counseling of kidney stone patient of tamilnadu (1997).
- 54. Accounting for Social Risk Factors in Medicare Payment [Internet]. Available from: 22. https://kidneystones.com/risk-factors/:The National Academies of Sciences, Engineering, and Medicine
- 55. Pendse and Singh. International Journal of Science and Research (IJSR), Study of Serum TSH in Healthy Individuals on Non-Vegetarian and Lacto-Vegetarian Diet.2017;6(7):93-95.[online] Available at: http://39. Pendse and Singh (1986), comparative study conducted was incidence of kidney stone in vegetarian and non vegetarian.
- 56. Gasinska and Gajeswka. Comparative study of the feeding habits of adult patient with kidney stone. (2007).
- 57. Burtis. A descriptive study to assessed relative importance of dietary factors in causing hypercalciuria .(1994).
- 58. Taylor. Reported that BMI was associated with risk of kidney stone formation; (2005).
- 59. Duadon. A descriptive study was conducted on influence of body size on urinary stone composition in 1931 men and women of France. (2006).
- 60. Vasanthamani and Sushmitha. About impact of diet counseling on kidney stone. (1997) https://www.ncbi .nlm.gov/pmc/articles/PMC5713762.
- 61. Neha P. A descriptive study was to assess the knowledge and attitude regarding risk factors and prevention of renal calculi among patients. Asian Journal of Nursing Education and Research Raipur.Jul-Sep2019;9(3):445-448.DOI:10.5958/2349 2996.2019.00093.
- 62. *Ramesh K, Bimla*. A Comparative Study to Assess the Knowledge Regarding Renal Calculi among Rural and Urban Clients with Renal Calculi in Selected Hospitals at Amritsar, in a View to Develop an Information Booklet ,International Journal of Emergency and Trauma Nursing ,Home. Oct(2017); <u>2(1)</u>:110-113.

63. Najem GR, Seebode JJ. Stressful life events and risk of symptomatic kidney stones. National Library of Medicine Oct 1997; 26(5):17-23. doi:10.1093/ije/26.5.1017.PMID: 9363523.

