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A Study to assess the Effectiveness of Planned Teaching Program on Knowledge Regarding the ADHD among the Care Takers of the ADHD Children from Selected Communities

Sumit Padihar[1], Yogitha[2]

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Abstract

The present study has accepted the effectiveness of planned teaching program on knowledge regarding the attention deficit hyperactive disorder among the care takers of ADHD children. The evaluative approach was used for the study. The study is implemented one group pretest and posttest design. The total number of 60 samples were selected by using non probability convenient technique. The baseline data gathered from the selected samples with the help of demographic proforma and the level of knowledge is assessed by structured knowledge questionnaire. The data was analyzed by using descriptive & inferential statistical methods. The significant finding of the study reveals that the care takers of ADHD children has enhanced with their level of knowledge after implementation of planned teaching program on attention deficit hyperactive disorder.

Keywords: Assess; Knowledge; Effectiveness; Attention deficit hyperactive disorder.

INTRODUCTION

Attention Deficit Hyperactivity Disorder is a neurobehavioral condition characterized by Excessive restlessness inattention distraction impulsivity. It is usually first identified when Children's are school aged, although it also can be diagnosed in people of all age groups. In an average classroom of 30 children, research suggested that at least one will have ADHD.

Attention deficit hyperactivity disorder (ADHD) is one of the most common childhood onset psychiatric disorders that affect 2.0-14.0% of school age children. Attention deficit hyperactive disorder is characterized by an age inappropriate level of inattention with or without motor over activity and impulsivity in social, academic and occupational spheres. Boys are more commonly affected by ADHD than girls and the male: female ratio is approximately 3:1 to 4:1. The onset is usually by three years of age.

ADHD can interfere with a child's ability to perform in school and capacity to develop and maintain Social 'peer' relationships. ADHD can increase a risk of dropping out of school or having disciplinary problems. ADHD also is associated with an increased risk of having hazardous cigarette smoking and substance abuse. Effective treatments

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are available to help manage the in attention, hyperactivity and impulsiveness symptoms of ADHD. And can improve a person's ability to function at home, and at school, and other places.

Ned for Study

The healthy survival of the children is threatened in every moment. Child health problems are shocking and alarming throughout the world especially in developing countries. The WHO had declared that as 1 in 5 children in the world have handicap, 8.7% of children are diagnosed with ADHD. 18 The National Survey of children health had declared that, the diagnosis rate of ADHD in India is 13.2%. The studies have found that 25% children who have ADHD have at least one relative with ADHD.[9] In India it affects nearly about 3% of school children; boys are 6-8 times more often affected. The onset occurs before the age of 7 years and a large majority of children exhibits symptoms by the fourth year of their age. Among all the child psychiatric disorders prevalence rate of attention deficit hyperactivity disorder ranges from 10-20 percentage.

A study was conducted in Mumbai, to assess the knowledge of preschool teachers regarding early detection and management of ADHD. A total number of 1200 preschool teachers were selected from 40 kindergartens in 6 localities in south west Mumbai. The results revealed that the teachers have less knowledge (12.2%) regarding ADHD.

A clinical study was conducted to assess the effectiveness of planned teaching programme for the care taker of children admitted with minor mental disorder in the child psychiatric ward of Central Institute of Psychiatry, Ranchi. Total 80 samples were selected by convenient sampling technique. The outcome of the study proved marked increase in the knowledge level of the care taker after the intervention.

Objective of the Study

1. To determine the level of knowledge among the care taker of ADHD children regarding attention deficit hyperactive disorder.
2. To evaluate the effectiveness of planned teaching programme on attention deficit hyperactive disorder.
3. To find out the association between the pre-test knowledge scores with selected demographic variables.

Hypothesis

H_1: The mean post-test knowledge score will be significantly higher than the mean pre-test knowledge scores.

H_2: There will be significant association between pre-test knowledge scores and selected demographic variables.

Assumption

1. The care taker of ADHD children will have some knowledge regarding attention deficit hyperactive disorder.
2. Knowledge can be assessed using a structured knowledge questionnaire.
3. Planned teaching programme will enhance knowledge of care taker on ADHD children regarding attention deficit hyperactive disorder.

METHODOLOGY

The research approach used for the study is an evaluative approach and the research design is experimental one group pretest post test research design. The total number of samples was 60 care takers of ADHD children and they selected by usingnon probability purposive sampling techniques. The setting of study is community areas, Indore. The baseline data from the samples were collected with the help of demographic proforma and the knowledge level is assessed with help of structured knowledge questionnaire. The collected data were analyzed by using descriptive and inferential statistics.

ANALYSIS AND INTERPRETATION

The given table illustrates the result of pretest which explains that the entire respondent had average knowledge of attention deficit hyperactive disorder.

Table 1: Socio demographic variables

Demographic variables	Frequency	Percentage (%)
Age in Years		
30 - 40 years	49	81.7
41- 50 years	9	15.0
Above 51 years	2	3.3

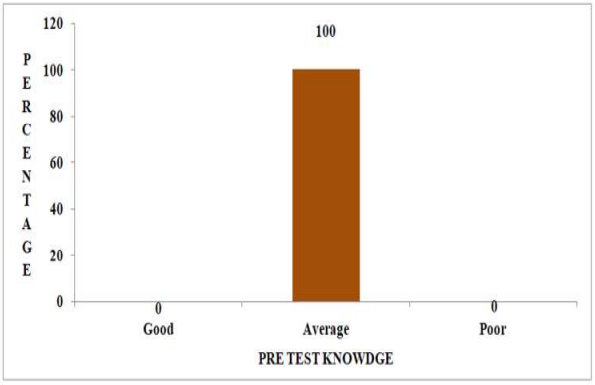
table cont...

Gender		
Male	37	61.7
Female	23	38.3
Religion		
Hindu	14	23.3
Christian	14	23.3
Muslim	30	50.0
Others	2	3.3
Marital Status		
Single	4	6.7
Married	56	93.3
Type of Family		
Nuclear family	45	75.0
Joint family	12	20.0
Extended family	3	5.0
Monthly Income		
Below Rs. 5000	-	-
5001 – 10000	23	38.3
Above Rs. 10001	37	61.7
Place of residence		
Urban	40	66.7
Rural	20	33.3
Type of Diet		
Vegetarian	15	25
Non vegetarian	45	75
Previous Information of ADHD		
Yes	23	38.3
No	37	61.7
If Yes, from where		
Mass media	3	5.0
Friends	11	18.3
Resource person	16	26.7
Relatives	22	36.7
Health personals	8	13.3

Table 2: Frequency and percentage distribution of subjects according to level of knowledge in Pre-test

n = 60

Level of Knowledge	Frequency (f)	Percentage (%)
Good	-	-
Average	60	100
Poor	-	-



The given table explains the result of post-test, where it illustrates that the maximum 78.3% of responded had good knowledge and 21.7% had average knowledge.

This section deals with the effect of planned teaching program, where it increases the knowledge score among care takers of ADHD children regarding the attention deficit hyperactive disorder.

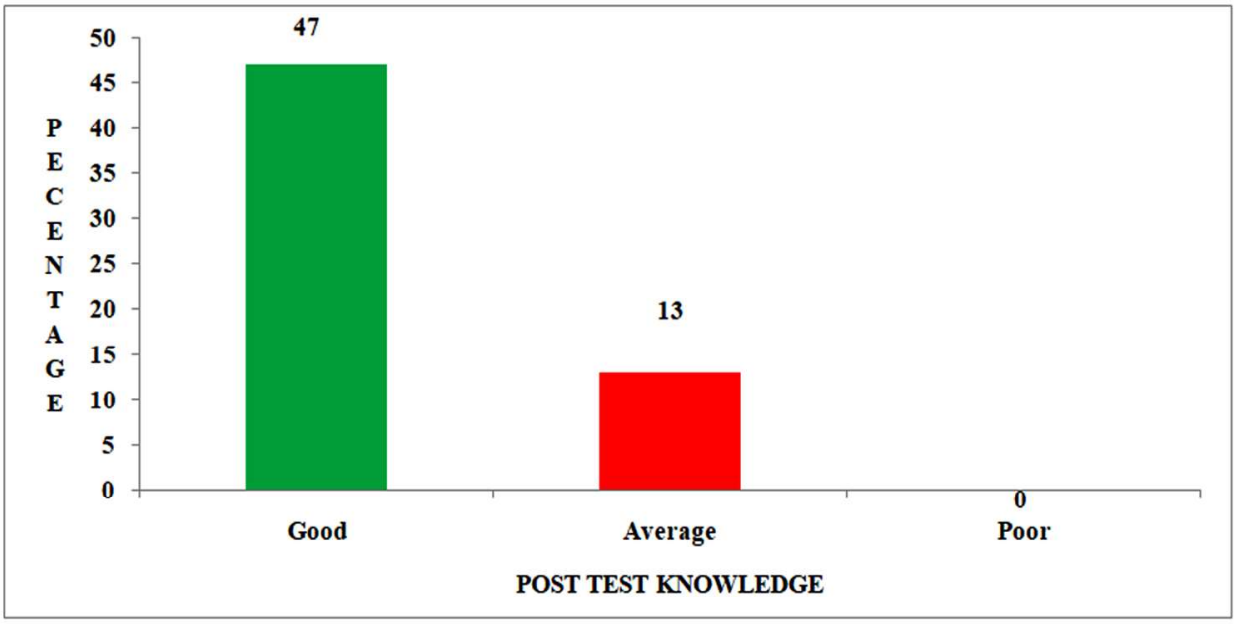
Data presented in the table illustrates that there was a significant gain in knowledge level after intervention in the available variables. Regarding general information on attention deficit hyperactive disorder the mean score prior intervention was 1.73 and it was increased to 2.43; definition and incidence, prevalence in the mean score prior intervention was only 1.00 and it was picked up to 1.52; in types and causes, etiology from 0.83 to 1.35; In identification, diagnosis it raised from 2.57 to 3.68; In clinical features, signs and symptoms it was shoot up from 2.13 to 2.83; in treatment and management it hiked from 4.95 to 6.67; in prevention it increased from 2.87 to 3.97 and at last, the overall knowledge score was increased after the intervention of structured teaching program from 16.08 to 22.45

Note: Nothing significant, S*: Significant difference, df: Degree of freedom, $p<0.05$ At df= 1: The description in given table reveals that there is no association between the pre-test level of

Table 3: Frequency and percentage distribution of subjects according to level of knowledge in post-test

n = 60

Level of Knowledge	Frequency (f)	Percentage (%)
Good	47	78.3
Average	13	21.7
Poor	-	-



knowledge score and demographic variables of care takers of ADHD children hence the null hypothesis is accepted and research hypothesis was rejected. Hence there is no significant association between the pretest knowledge score and demographic variables at 0.05 level significance.

Table 4: General comparison between pretest and post test

Period of observation	Mean	SD (±)	Mean Percentage
Pre-test	16.08	1.57	53.61
Post-test	22.45	2.76	74.83

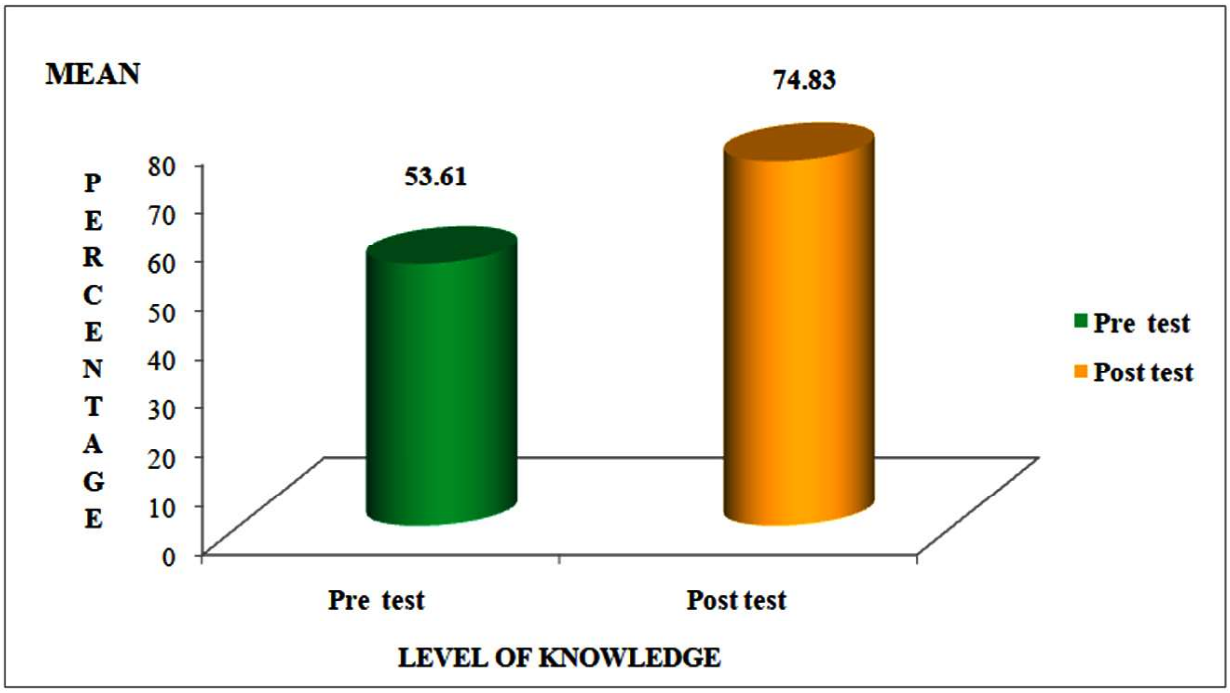


Table 5: Comparison of pretest and posttest knowledge scores to determine the effectiveness of planned teaching programme.

Sl. no.	Area wise analysis		Mean	SD	't' value
1	General information on ADHD	Pre	1.73	0.61	8.76
		Post	2.43	0.56	
2	Definition and incidence, prevalence on ADHD	Pre	1	0.55	6.71
		Post	1.52	0.6	
3	Reasons and etiology of ADHD	Pre	0.83	0.59	7.46
		Post	1.35	0.52	
4	Identification and early diagnosis	Pre	2.57	0.67	12.09
		Post	3.68	0.68	
5	Clinical features and signs symptoms	Pre	2.13	0.72	7.79
		Post	2.83	0.67	
6	Treatment and Management of ADHD children	Pre	9.54	1	12.55
		Post	6.67	1	
7	Prevention of ADHD	Pre	2.87	0.68	10.17
		Post	3.97	0.84	
8	Over all knowledge score	Pre	16.08	1.57	19.04
		Post	22.45	2.76	

Table 6: Chi square value showing the association between the pretest knowledge score and demographic variables

Demographic variables	Pretest median knowledge score (16)		χ^2 Calculated value	df	Inference
Age in years	**≤median**	**≥median**			χ
30- 40 years	10	14			
41- 50 years	3	6	1.25	2	NS
Above 51 years	0	2			
Gender					
Male	13	24	0.14	1	NS
Female	7	16			
Religion					
Muslim	13	17			
Christian	4	10	2.7	1	NS
Hindu	2	12			
Others	1	1			
Marital status					
Single	2	2	0	1	NS
Married	16	31			

table cont.....

Types of family					
Nuclear family	17	28	0.9	1	NS
Joint family	2	10			
Extended family	1	2			
Family income per month					
>Rs. 5000	-	-	1.72	1	NS
5001 to 10000	10	13			
<Rs. 10001	10	27			
Place of residence					
Urban	15	25	0.93	1	NS
Rural	5	15			
Type of diet					
Vegetarian	5	10	0	1	NS
Non-vegetarian	15	30			
Information regarding ADHD					
Yes	10	13	1.72	1	NS
No	10	27			

CONCLUSION

Overall, the study says that the care takers of ADHD children who were selected from the community areas had a insufficient and inadequate knowledge regarding attention deficit hyperactive disorder. Where the planned teaching program which implemented on the samples had enhanced the knowledge level regarding attention deficit hyperactive disorder. It made them to perceive a positive attitude towards the children with attention deficit hyperactive disorder and their care and management at school and home level. Whereas the researcher also taken an effort to explain her personal experience regarding the various handled case and specially disabled children. The core reason of the success of study is that throughout the study researcher received the constant support and encouragement from experts and friends.

LIMITATIONS

The present study has the following limitations

1. The study was limited to only 60 samples.
2. The study does not have a control group.
3. The study was limited to only to the selected community areas, Indore.
4. Sampling technique used was non probability purposive sampling technique hence representativeness is limited.
5. It included only the care taker of child with attention deficit hyperactive disorder, where there is many other childhood mental issue or conditions.

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Original Article

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Role of Low Level Laser Therapy in Tangential Excision and Skin Grafting in Adult Scald Burns

Nikhil Bennur Nagabushan[1], Ravi Kumar Chittoria[2], Neljo Thomas[3]

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Abstract

The role of low level laser therapy (LLLT) in the treatment of wounds has been widely used owing to its role in reduction of incidence of contracture and also improving the outcome in terms of wound bed preparation and post trauma scarring. Plenty of evidence is available regarding the same in literature. Here, in our study, we are evaluating the efficacy of use of LLLT in the treatment of adult scald burns.

Keyword: Level laser therapy (LLLT); Tangential excision; Skin grafting; Adult scald burns.

INTRODUCTION

Burns are among the most devastating of all injuries, with the spectrum of outcomes spanning from physical impairments and disabilities to emotional and mental consequences.[1] Majority of burns are caused by thermal energy including scalding and fires, and minority being caused by exposure to chemicals, electricity, ultraviolet radiation, and ionising radiation. Globally, fire related burns are responsible for about 265,000 deaths annually.[1] Over 90% of fatal fire related burns occur in developing or low and middle income countries (LMICs) with South-East Asia alone accounting for over half of these fire related deaths.[1]

Evidence for Low level laser therapy in terms of its effectiveness and the process by which it helps in early preparation of wound bed is inadequate. Aim of this study is to evaluate the effectiveness of LLLT in adult scald burns.

MATERIALS AND METHODS

This study was conducted in tertiary care centre in department of plastic surgery after getting the department ethical committee approval. Informed consent was obtained for examination and clinical photography. The subject was 43 years old female with history of scald burns which included second degree deep and superficial burns of 30% body surface area involving bilateral lower limbs (Fig. 1). Patient presented to our casualty with burns history for further management. Appropriate treatment was start and serial dressings with LLLT (Fig. 2)

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was usedin five setting, two days apart for wound bed preparation. Post wound bed preparation skin grafting was done (Fig. 3).

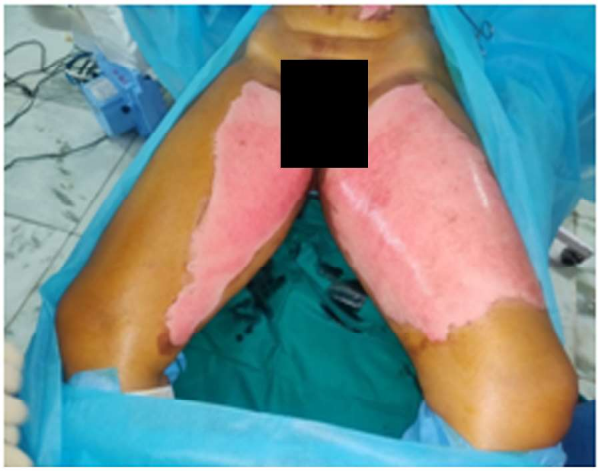

Fig. 1: Scald burns involving the bilateral lower limbs.

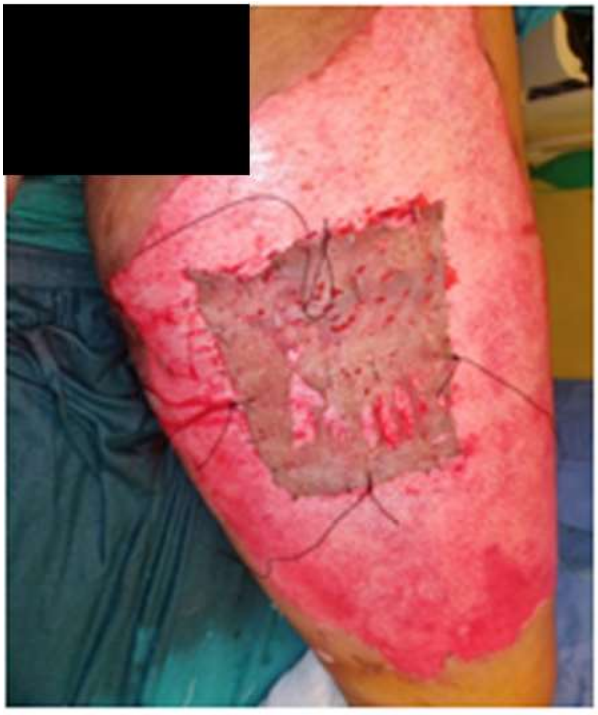

Fig. 3: Skin grafting post five sitting of low level laser therapy application for wound bed preparation.

RESULTS

After application of serial dressings with addition of LLLT, in our study, we were able to reduce time taken for healing of burns area and good take of graft (Fig. 4). LLLT helped in the wound bed preparation and aided early skin grafting.

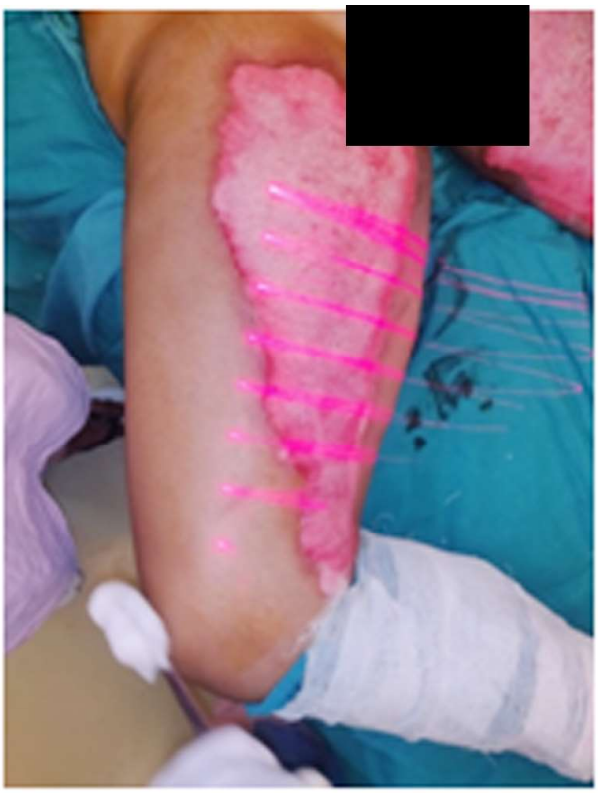

Fig. 2: Low level laser therapy application to burns site.

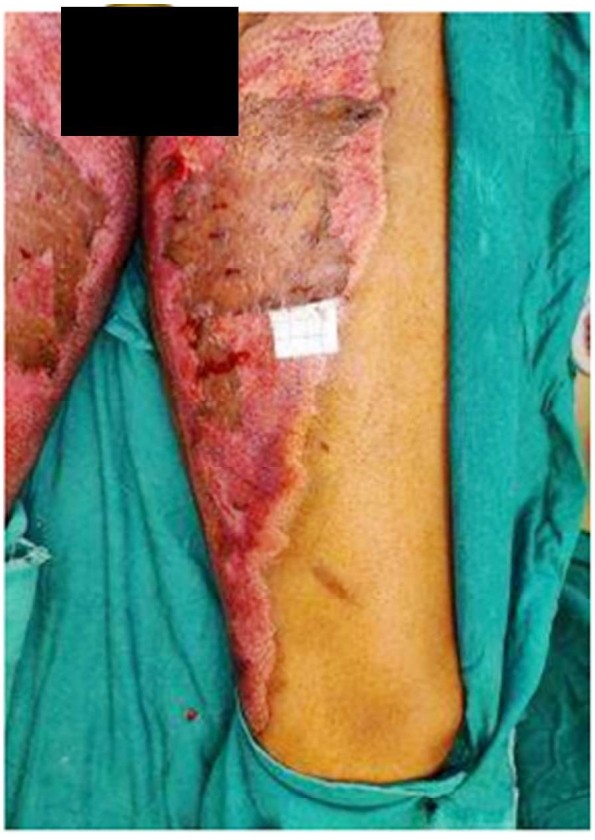

Fig. 4: Healed skin graft after 2 weeks

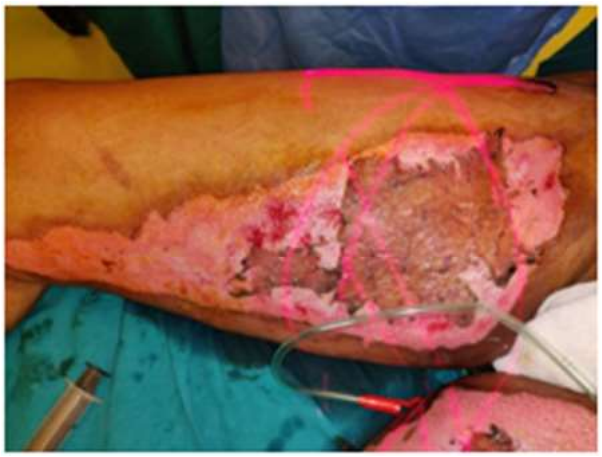

Fig. 5: Low level laser therapy post skin grafting

DISCUSSION

Burn injuries are very common and afflict approximately 1% of the population yearly. They are a source of heavy medical burden to medical systems worldwide. Morbidity and mortality are decided by factors like: total body surface area (TBSA) involved, the anatomical location, depth of burn, the age of the subject, prior medical history involvement of other systems (especially airway injury).[2]

Low-level lasers that affect biological systems without using heat include those made of Krypton, Argon, He, Ne, and ruby. When the tissue chromophores are influenced by laser energy, the cytochromes in the mitochondria absorb the laser radiation and convert them into energy by the cell (ATP), and created energy induces protein synthesis and acceleration or stimulation of cell proliferation. The interaction of light with biological tissues is influenced by various factors, including wave length, laser dose, and the tissue's optical characteristics. The structure, water content, thermal conductivity, heat capacity, density, and capacity to absorb, disperse, or reflect the released energy are examples of tissue qualities.[3-4]

Based on the above mentioned properties of LASER, we applied the same on adult scald burns to promote wound bed preparation for early skin grafting and the results were at par with our expectations as wound bed preparation took lesser time and regular dressings.

CONCLUSION

We have found that LLLT has been very useful in management of thermal wounds for wound bed preparation but requires large scale randomised trials for large scale application to explore the potential of the same in thermal burns.

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Original Article

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A Study to assess the Behavioural Changes Related to Continous Use of Mobile Phone Uses Observed by Parents of Preschool Children in Paediatric OPD SAIMS Hospital

Prerna Panday[1], Manoj Swarnkar[2]

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Abstract

Good health is wealth, but majority of us undermine our personal health, and become more careless about our children's mental and physical state day-by-day, caused by the excessive usage of cell phones. A recent survey found that 92% of world population has mobile phones today. Among which 31% admit that they never turn off their mobile phones. More than 90% of parents provide their kids cell phones in world, so they can easily keep in touch whenever they want to. All of this gives sufficient ground to talk about a cell phone addiction, especially about the possible dangers of cell phones on children's health.

Objectives: To assess the behavioral changes related to Continuous mobile phone using observed by parents of preschool children. To find out association with selected demographic variables and behavior changes.

Methodology: The research approach was descriptive approach and research design is a one group. The study was conduct on preschool children at OPD SAIMS Hospital Indore. Non-probability convenience sampling techniques adopt. Number of sample size is 30 who using the mobile phone frequently. Data collection was done by the researcher. Data was analyzed with descriptive and inferential statistics came up with the following findings.

Result: The result show of the study in their 30 sample (10%) day preschool were having mild behavior change, (85.45%) preschool were having moderate behavior change and (5.55%) preschool were having severe behavior change. Due to continuous time spent on the phone. Found that those participants who spent more time with phone lead to more behavior changes. Statically there is no any significant association was found.

Recommendation: The findings of the present study can be used as a guide of future research. Interventional study can be undertaken to reduce the behavior change. A study can be conducted in preventing aspect of stress. To make the recommendation to the government to arrange compulsory medical check-up on the yearly basis for the nursing personnel.

Conclusion: The present study was aimed at assessing the level behavior change among preschool children. This shows that these variables had influence level of behavior change in the study.

Keywords: Preschool Children; Behavior Changes; Physical Health; mental Health.

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INTRODUCTION

In today's globalized digital world, the usage of mobile is rapidly increasing. This does not mean only adults, but also includes children of all ages. Children all around the globe have started using mobile for various purposes. Whether for talking to their friends and relatives on video calls or playing games, or on social media or even for online education. We now have more reason for concern over the excessive use of technology among the youngest of the young, as little children' Mobile usage has risen dramatically, according to many studies. Though most parents would have tried to limit their children's screen time before the covid, we all saw those time limits explode once the lockdown began.

We believe that if parents properly guide and manage our child's usage of mobile phones, it can be greatly beneficial for them, but without proper guidance, the drawbacks of mobile and its negative impact on children's development, health, and studies is a matter of concern. Therefore, we will look into the negative effects of mobile on the development of our children in this blog. Excessive use of Mobile phone they effect eye discomfort and damaged eyesight, risk of tumors, disturbed sleep pattern, effect of behavior, risk of mental disorder.

PROBLEM STATEMENT

A Study to assess the Behavioral Changes Related to continuous Mobile Phone using Observed by Parents of pre School Children in pediatric OPD SAIMS hospital Indore M.P.

Objectives

- To assess the behavioral changes related to continuous mobile phone using observed by parents of Preschool children.
- To find out association with selected demographic variables and behavior changes continuous mobile phone using observed by parent of preschool children.

MATERIALS AND METHODS

Research Approach: The research approach was qualitative research approach.

- ***Research Design:*** Research design is descriptive research design.
- ***Sampling Technique:*** Non-probability convenience sampling techniques adopt.
- ***Target Population:*** Pre School children those using mobile phone.
- ***Sample Size:*** Number of sample size is 30.
- ***Inclusion Criteria:*** Pre School children who using continuous mobile phone.
- ***Exclusion Criteria:*** Parents of Preschool children those not willing to participate in this study.

Major Findings of the Study

The study did not find significant association between age of the student. The chi square test did not establish any significant association between respondents of gender, age, education current academic performance, region time uses of mobile in a day. The association between behavior changes and selected demographic variables was found to be nonsignificant by chi square the obtain 0.824 which is higher than the value at 0.05. The revels that the majority study sample (6%) is mild changes in behavior of the preschool, (73.23%) preschool children were having moderate behavior change (7.67%) preschool children were having severe behavior change. Level of behavior changes among parents of preschool children.

CONCLUSION

The present study is to find out the behavior change and Preschool going children's consequences in order to achieve the objective, A descriptive approach was adopted and non-probability purposive sampling was use to select the samples. The data was collected from 30 samples by using self-structured questionnaire. The findings of the study have been discussed based on objectives. Majority of sample (6%) preschool were having mild behavior change, (73.23%) preschool were having moderate behavior change and (7.67%) preschool were having severe behavior change. Due to more time spent on the phone. The study did not find significant association between age of the preschool. The chi square test establish significant association between respondents of gender, age, parent education, parents occupation, family income, region, how many hours time uses of mobile in a day. The association between behavior change and Selected Demographic Variables was found to be significant by chi square the obtain 0.824 which is higher than the table value at 0.05.

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Teacher's Knowledge on Behavioral Problems of Adolescents

Saravanan S.[1], Tamizharasi. K[2]

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Abstract

A descriptive research design was adopted to assess the teachers knowledge and skill regarding the behavioral problems of adolescents. Data were collected from 75 higher secondary school teachers from the selected government higher secondary schools through closed ended questionnaire and assessment checklist. Data were analyzed by descriptive and inferential statistics. The findings show that, 61 (81.3%) were having inadequate knowledge and 14 (18.7%) were having moderately adequate knowledge. None of them possessed with adequate knowledge. About skill 71 (94.7%) were having inadequate skill and 4 (5.3%) were having moderately adequate skill. None of them were having adequate skill. The knowledge and skill were positively correlated. The results are indicate that, the teachers are required more knowledge about the behavioural problems of adolescents, that would help them to handle the students in a better way.

Keywords: Adolescents; Behavioural problems; Teacher.

INTRODUCTION

Adolescence is the most important period in one's life. It is a period of stress and strain, of day dream, of interest affection and excitement. The mind is pious and pure, free from all wickedness. It is full of love and showers its affection on anyone without any pre-thinking.

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The school is psychologically important to adolescents as a focus of a social life. Teenagers typically organise themselves into a social order that is quite predictable. They are aware of the groups to which they and others belong. A sense of school connectedness and optimal social connectedness is associated with positive outcomes for school completion, positive mood, and decreased high risk behavior in adolescent.

Concerns for the adolescent include ongoing in high risk behavior, such as sex, alcohol, and drug use, driving while intoxicated and using tobacco products in addiction to feeling of hopeless, aggressive or hostile attitude, and academic stress or school absenteeism.

Children between 11-19 years of age group spend most of their time in the school. Growing children learn how to deal with their emotional integration into the greater society at school. The schools have an unrestricted opportunity to improve the lives of young peoples. School are arriving the full support of

families and community to provide comprehensive mental health to the children. Schools can act as a safety net to protect the children from hazards that affect their learning and promote behavioral and psychosocial wellbeing of the children.

Behavioral problems in adolescents include conduct disorder, emotional disorder, substance abuse caused by genetics, chemical imbalances, damage to the central nervous system, exposure to environmental toxins such as high levels of lead, exposure to violence, stress, divorce of parents, lack of support and conducive environment in home, community and school. The appearance of adolescents with behavioral problems are poor concentration, depression, low self esteem, hostility, inability to make good peer relationship, chronic anxiety or feeling of difficulty in handling life. With this interest the present study is designed to assess the teachers knowledge on behavioural problems of adolescents.

MATERIALS AND METHODS

A descriptive research design was adopted to assess the teachers knowledge on behavioral problems of adolescents. Data were collected from 75 higher secondary school teachers from the selected government higher secondary schools through closed ended questionnaire and assessment checklist. The knowledge questionnaires consist of 40 items with four options and only one most appropriate answer. The skill checklist consists of 30 items. Data were analyzed by descriptive and inferential statistics.

RESULTS

The demographic profiles of the school teachers show that, maximum 38.7% of teachers were in the age group of >45 years, 53.3% of were females, 73% were Hindus, 81.3% of teachers were married, 57% were have master degree with M.Ed, 57% were had teaching experience of 10–20 years, 36% were dealing XII Std, all 100% teachers had child psychology in their curriculum and 69% had not attended In-service education program on behavioural problems.

About the knowledge, maximum 61 (81.3%) were having inadequate knowledge and 14 (18.7%) were having moderately adequate knowledge. None of them possessed with adequate knowledge.

Table 1: Knowledge domain wise comparison of Mean, SD and Meanpercentage of behavioral problems of adolescents.

Knowledge domain	Max score	Mean	SD	Mean %
Contact disorder	12	4.41	2.32	36.75
Emotional disorders	17	4.57	2.12	26.88
Substance abuse	11	3.68	2.29	33.45
Over all	40	12.6	5.99	31.5

The table 1 show that, the highest mean score (4.57 ± 2.12) which is 26.88% of the total score was obtained for the area 'Emotional disorders', and followed by (4.41 ± 2.32) which is 36.75% in the area of contact disorder and the lowest mean score (3.68 ± 2.29) which is 33.45% of the total score was obtained in the area 'Substance abuse'.

With regards to skill, maximum 71 (94.7%) were having inadequate skill and 4 (5.3%) were having moderately adequate skill. None of them were having adequate skill.

Table 2: Dimension wise comparison of Mean, SD and Mean percentage of Skill scores of school teachers on selected behavioral problems of adolescents

Skill dimension	Max score	Mean	SD	Mean %
Conduct disorder	10	3.45	1.01	34.5
Emotional disorder	10	2.95	0.80	29.5
Substance abuse	10	2.85	1.03	28.5
Over all	30	9.25	2.84	30.8

Table No. 2 shows the dimension wise comparison of mean, SD and mean percentage of skill scores school teachers on assessing selected behavioral problems of adolescents showed that among 3 dimensions, the highest mean score (3.45± 1.01) which is 34.5% of the total score was obtained for the area 'contact disorders', followed by mean score (2.95± 0.80) which is 29.5% obtained in the

area of Emotional Disorders and the lowest mean score (2.85 ± 1.03) which is 3.23% of the total score was obtained in the area 'substance abuse'.

The calculated 'r' value is 0.982, the P value <0.0001 and correlation is significant. There is a +ve correlation and hence it infer that while there is an improved score in knowledge there is an improved skill score. Age, educational status got associated with the Knowledge level and years of experience and attended inservice education programme are associated with the Skill score with p value 0.05 level.

DISCUSSION

The aim of the present study was to assess the teachers knowledge on behavioral problems of adolescents. 75 higher secondary school teachers were selected from government higher secondary schools. Data collected with closed ended knowledge questionnaire and observation check list. The collected data were analyzed by descriptive and inferential statistics. The findings of the study reveals that, majority of teachers were having inadequate knowledge (81.3%) and skill (94%). The knowledge and skill was positively correlated (r=0.982) and Age, educational status got associated with the Knowledge level and years of experience and attended inservice education programme are associated with the Skill score with p value 0.05 level.

CONCLUSION

Teachers are the second parent in the care of children and adolescents. Early identification of maladaptive behavior of adolescents is essential in their bright future and it mostly rest on teachers. The present study is designed to assess the teachers knowledge on behavioral problems of adolescence and the finding show that, they were lack in knowledge and skill regarding it. With the findings the study recommends the future researchers to address the needs of teachers in terms of knowledge of behavioural problems of adolescents.

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Original Article

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Role of Autologous Bone Marrow Aspirate Therapy in Pediatric Scald Burns

Azhagu Sivani V[1], Ravi Kumar Chittoria[2], Barath Kumar Singh P[3]

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Abstract

Aim of this case report is to assess role of Autologous bone marrow aspirate in pediatric scald burns. Clinical examination of the extent of the burn was done. Standardmanagement (antibiotics, Intravenous Fluids, analgesics. Dressings, regenerativetherapies, scar management) of the burns was done along with that autologous bone marrow aspirate. Autologous bone marrow aspirate is effective in preventing scald burns. Bone marrow aspirate may be used preventing scald burns.

Keywords: Autologous bone marrow aspirate therapy; Pediatric scald burns; Prevention; Regenerative therapy; Burns.

INTRODUCTION

Wound healing in case burn scars can be considered as a coordinated process involving complex mechanisms that proceeds in various stages from blood clotting to inflammation, cellular proliferation, angiogenesis, and reconstruction of extracellular matrix. Failure of any of these processes due to ischemia, reperfusion injury, bacterial infection, or aging can result in chronic inflammation and a non-healing wound. In this article we discuss the role of autologous bone marrow aspirate therapy in pediatric scald burns.

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MATERIALS AND METHODS

The study is done in a tertiary care hospital in South India. The subject is a 1.5 years old female,with no comorbidities, with alleged history of accidental spill of hot milk over right side of chest right arm and forearm and sustained Accidental scald 2nd degree 14% TBSA involving head and neck on 23/03/23

Patient was admitted in Burns ICU (JIPMER), managed with antibiotics, IV Fluids, analgesics. Dressings done, regenerative therapies done and scar management done. VSS score at the time of admission was 6/13.

2 Cyclical NPWT were given

We used regenerative therapies like autologous bone marrow aspiration therapy over the burn injury for prevention of pediatric scald burns.

The aspirated blood was centrifuged and plasma was injected into the multiple sites in the burn wound for 3000 RPM for 10 minutes.

Before discharging the patient wound healed well and Video dermoscopy done and scar VSS score at the time of discharge is 3/13

RESULTS

Autologous bone marrow aspirate therapy is helpful in healing of wounds in pediatric scald burns. No complications noted with this procedure. Patient discharged successfully. (Fig. 3)

Fig. 1: At the time of admission

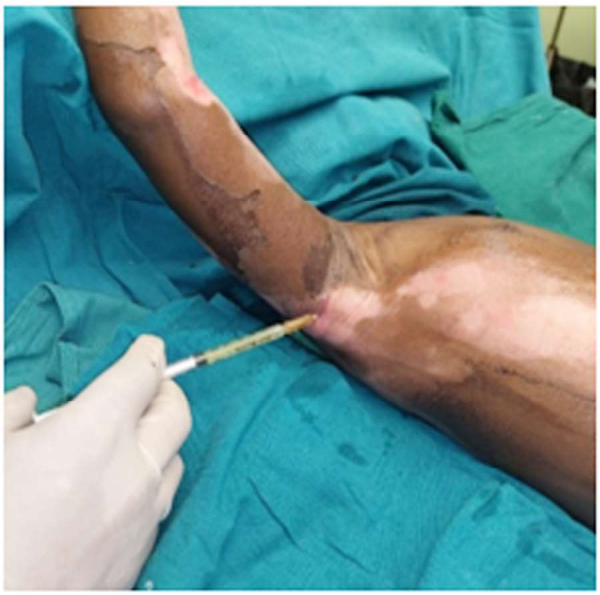

Fig. 2: Bone marrow aspiration

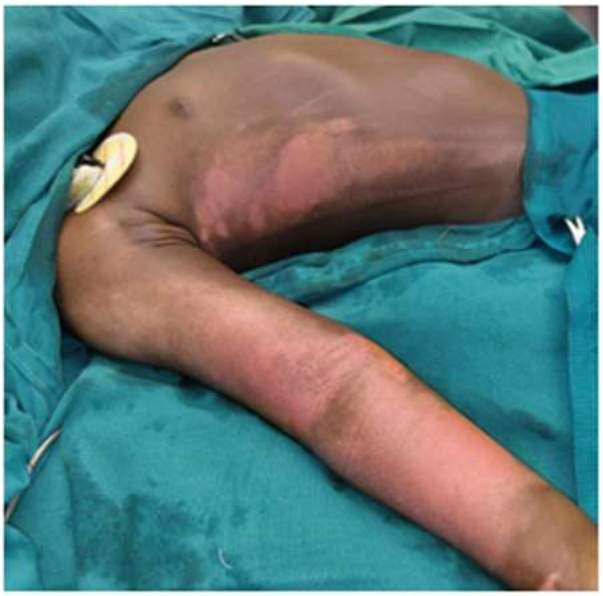

Fig. 3: Healed burn wounds

DISCUSSION

With the increasing prevalence of burn scars, the therapies to tackle such problems have also increased. But there is substantial evidence to indicate our lacunae in the treatment of burn scars.[2] Stem cell therapy has been extensively studied to fill in this void. With the inherent difficulties involved in using embryonic stem cells, both from the technical and regulatory standpoints, adult autologous bone marrow derived stem cells become an attractive alternative. When bone marrow derived MSCs were linked to the origin of epidermal cells, their role in cutaneous wound healing was investigated. It is postulated that MSCs mobilize from the bone marrow niche and traffic to ischemic tissue through the peripheral circulation in response to cytokine signalling.[3] After reaching the site of injury, they differentiate into various cells of the epidermis and dermis. New vessel formation, or neovascularization, is a critical component of wound healing as it is necessary to supply oxygen and nutrients to and carry waste away from the damaged tissue. In vitro experiments have demonstrated that MSCs are capable of differentiating into vessel forming endothelial cells suggesting that they may contribute to postnatal vasculogenesis during the wound healing process. Another important mode of action of these MSCs is by the paracrine signalling pathways.[4] With the increasing evidence to prove the usefulness of stem cell therapy in wound healing, the focus of research is shifting toward modalities to optimize cell delivery as studies have shown that the clinical effectiveness of MSC therapy is dependent on the number of cells delivered. Newer modes of delivery have now been introduced with the aim of increasing the number of cells delivered and increase engraftment and reduce the impeding factors. Ichioka *et al.*, showed that bone marrow impregnated collagen matrix can promote the wound repair process through augmentation of angiogenesis.[5] Hydrogels, because of their hygroscopic nature of extracellular matrix, has been a preferred choice for MSC delivery.[6]

CONCLUSION

Bone marrow aspirate is useful in healing of wounds in pediatric scald burns.

Conflicts of Interest

This study does not require any institutional approval.

DECLARATIONS:

Authors' contributions

All authors made contributions to the article

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Review Article

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Lotus Birth: An Impact on Newborn Health

S. Jayashree[1], Rajathisakthivel[2], Hemamalini M.[3]

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Abstract

The term "Lotus Birth" is the practice of not detaching the umbilical cord and of leaving the placenta attached to the newborn after its expulsion until it naturally falls off. It is also considered to be a religious ritual that soothes the baby. Lotus birth and delayed cord clamping are contradictory to each other. Delayed cord clamping is where the midwife cuts the umbilical cord after the pulsation stops whereas in lotus birth the cord is left by not cutting and leaving with the baby until it falls off. The reasons the mothers choose the lotus birth are that it favors less stress to a newborn, serves as immunity, creates a soldering attachment towards the mother and her baby, enhances nourishment from the placenta, and is a religious custom to honor the mutual life between baby and placenta.

Keywords: Lotus birth; Impact; Newborn; Placenta and Umbilical cord.

INTRODUCTION

Lotus birth is an alternative childbirth technique where the umbilical cord remains uncut, and the newborn stays connected to the placenta. The natural separation usually occurs three to 10 days after birth.[1] The mothers prefer to have a lotus birth approach because of their sacred beliefs. They believe that the placenta and the umbilical cord are the parts of the baby's body and not medical waste material. When incorporating lotus birth during the third stage of labor, it is treated passively with no use of either oxytocic drugs or controlled cord traction. Therefore, the baby has the control of letting go of the placenta.[2] The placenta will be preserved for a minimum of two days up to a maximum of two weeks, during which it will be treated with sea salt, ginger, and essential oils for its preservation and, moreover to reduce the unpleasant odor that a decomposing human organ will unavoidably produce.[3] Fig. 1 portrays the baby with a placenta in lotus birth.

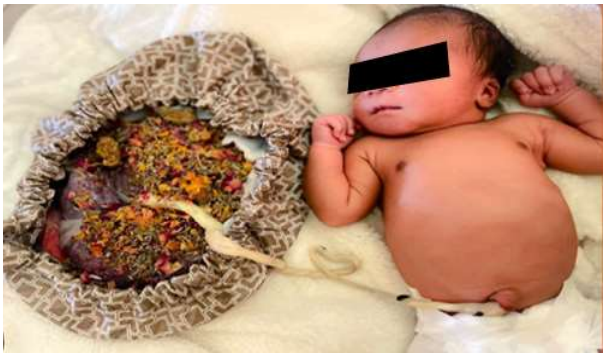

Fig. 1: Newborn with Placenta in lotus birth

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HISTORY OF LOTUS BIRTH

The unearthly significance of the lotus flower is Renaissance and revitalization, as the daily activities of the lotus are connected to the resurrection of life. In Eastern cultures, the lotus is considered for adoration. It is a sacred symbol because it depicts the ways of life, especially; the lotus is called the "Flower of Life" due to its association with purity, rebirth, strength, spiritual enlightenment, beauty, fertility, prosperity, and infinity.[4] The idea of lotus birth came forth in 1974 in the U.S. and Australia, according to the book written by Dr. Sarah Buckley "Gentle Birth, Gentle Mothering: The Wisdom and Science of gentle choices in Pregnancy, birth and Parenting" published on the website Pregnancy, Birth and Beyond.[5] The activity of lotus birth was instigated by a woman Clair Lotus Day in 1974. She ascertained that a chimpanzee retained her baby's placenta until it dried up and detached naturally. After that, she adopted this method in humans, presuming it could improve bonding and attachment post-birth.[6] Subsequently, lotus birth was outspread by midwife and yoga practitioner Jeannine Parvati Baker in the United States, and by Shivam Rachana, founder of the International College of Spiritual Midwifery, and Dr. Sarah Buckley in Australia. This practice has also been observed in many countries, including the US, Australia, the United Kingdom, Italy, and Turkey.[7]

Difference between Delayed Cord Clamping and Lotus Birth

Delayed cord clamping is in contrary with lotus birthing. Delayed cord clamping (DCC) is a universally advisable practice in which the umbilical cord is not severed until it stops pulsating. The World Health Organization (WHO) confides the wait time up to three minutes before clinching the umbilical cord.[8] On the other hand, in lotus birth, the umbilical cord is left still where the mother delivers the placenta naturally, without Pitocin. The natural separation happens between three to 10 days.[9]

PROCESS OF LOTUS BIRTH

The guidelines of preliminary & post measures of lotus birth are illustrated in fig. 2. The process of lotus birth is carried out in the following manner,

- ✓ The appropriate gestational age baby as soon as delivered is kept on the mother's chest, and the placenta is allowed to deliver naturally without using oxytocic medicines.
- ✓ The umbilical cord is not clamped, so the veins naturally constrict, by which blood circulation stops in the placenta within five minutes.
- ✓ The placenta is then washed, salted, and covered in an absorbent soft cloth. At last, a mixture of herbs is used to dry the placenta and to prevent foul odor and infection.
- ✓ The placenta is then held up in an airy bag until the umbilical cord winds up from the baby.[10]
- ✓ Lotus birth cannot be practiced if the baby is born premature or needs NICU admission. In such cases, the neonatologist would prefer to keep the environment around the baby sterile. Hence, it is desirable to cut the umbilical cord.[11]

The following articles support the lotus birth in the current trends. ***Kyejo W, Davis R, Mwalo C, Moshi L, (2022)*** conducted a similar study on the Lotus birth case series which recorded two women who opted to deliver without detachment of placenta. It revealed that lotus delivery poses a challenge in safety, but despite its rarity, an encounter is indispensable. With WHO advocating shared decisions for delivery, a clear pathway for attending such cases is of paramount importance as far as safety for the mother and her newborn is considered. Lotus birth is a new way of delivery despite the low prevalence; it is indispensable for all cadres that deal with delivering mothers to be aware of better outcomes.[12] Another qualitative study was conducted on the experience of lotus birth by nine women who experienced lotus birth in Turkey. The results revealed that the themes extracted were reflective of the desire for a natural and healthy birth that is experienced as positive and beneficial. It also contributed to a deeper and more subtle understanding of lotus birth providing all women and health care providers, especially maternity nurses, with valuable information and increased awareness of lotus birth.[2]

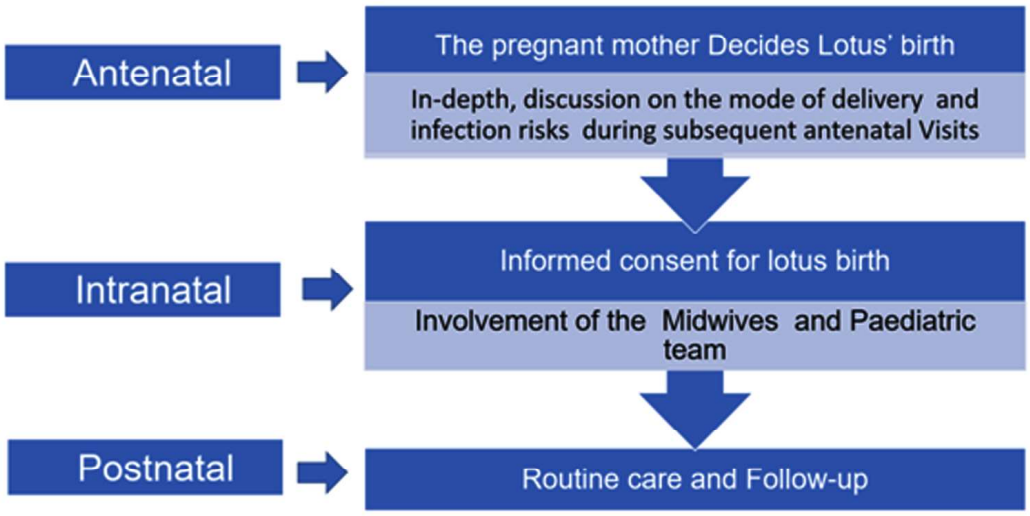

Fig. 2: The Guidelines on before and after lotus birth

Care of the Placenta

The Mothers should keep in mind the following points while the placenta is still attached to baby.

- ✓ Dress baby in open clothes that don't affect the umbilical cord or fit too snugly.
- ✓ Make sure that the placenta is near the baby at all times so that it doesn't pull or cause tension.
- ✓ When feeding, holding and touching baby she should remember to look out for the umbilical cord.
- ✓ If she decides to remove the umbilical cord before it's ready to fall off, call the pediatrician for safe removal.[11]

Follow-up Care

The mothers should be watchful in taking medical advice if the baby has:

- ✓ Redness, warmth, swelling at or around the umbilical area.
- ✓ Temperature greater than 100.4^{O}F.
- ✓ Pus or fluid filled lump near the umbilical cord area.
- ✓ Cloudy, foul smelling discharge or blood coming from the umbilical cord or navel area.
- ✓ Irritability, lethargy, trouble feeding, or decreased activity.
- ✓ Irregular feeding (less than 8-12 feedings with three stools) within the first three days after birth.
- ✓ Irregular sleeping patterns or difficulty in waking the baby.
- ✓ Any damage to the placenta.[13]

Benefits & Minor risk of Lotus Birth

Lotus birth claims the practice to have the following benefits:

- ✓ A gentle, less invasive transition for the baby from womb to the world.
- ✓ Increased blood and nourishment from the placenta thereby reduces the risk of anemia.
- ✓ Decreased injury to the belly button.
- ✓ A spiritual ritual to honor the shared life between baby and placenta.
- ✓ Prioritize natural and non-interventional approach.
- ✓ Helps in better mother child bonding.
- ✓ Mothers and babies can have a better breastfeeding experience.[14]

The lotus birth is associated with minor risks such as:

- ✓ Daily placenta cleaning and maintenance.
- ✓ Low mobility for the mother and the baby.
- ✓ Injury to the navel.
- ✓ Infection as the umbilical cord and the placenta essentially become dead tissue after childbirth. But the benefits outweigh the risk towards carrying out lotus birth.[15]

CONCLUSION

A Lotus Birth is keeping the placenta inherent

and attached to the baby for the first few days of the baby's life. While this is not widely practiced, it's vital for birthing people to know that it exists as an option, as well as for health care providers to be able to know that families may choose to have a lotus birth, and to discuss the risks and benefits of lotus birth, provide an informed consent, answer questions and facilitate this practice. It is the period for babies to be born in integrity. It's time to practice the parturition that supports the naive radiance of babies and protects their inborn identity. Lotus Birth is a choice, a natural endowment from parents who recognize its significance.

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State the background of the study and purpose of the study and summarize the rationale for the study or observation.

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Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); Strengths and limitations of the study (study question, study design, data collection, analysis and interpretation); Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, What this study adds to the available evidence, effects on patient care and health policy, possible mechanisms)? Controversies raised by this study; and Future research directions (for this particular research collaboration, underlying mechanisms, clinical research). Do not repeat in detail data or other material given in the Introduction or the Results section.

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Standard journal article

[1] Flink H, Tegelberg Å, Thörn M, Lagerlöf F. Effect of oral iron supplementation on unstimulated salivary flow rate: A randomized, double-blind, placebo-controlled trial. J Oral Pathol Med 2006; 35: 540–7.

[2] Twetman S, Axelsson S, Dahlgren H, Holm AK, Källestål C, Lagerlöf F, et al. Caries-preventive effect of fluoride toothpaste: A systematic review. Acta Odontol Scand 2003; 61: 347–55.

Article in supplement or special issue

[3] Fleischer W, Reimer K. Povidone-iodine antisepsis. State of the art. Dermatology 1997; 195 Suppl 2: 3–9.

Corporate (collective) author

[4] American Academy of Periodontology. Sonic and ultrasonic scalers in periodontics. J Periodontol 2000; 71: 1792–801.

Unpublished article

[5] Garoushi S, Lassila LV, Tezvergil A, Vallittu PK. Static and fatigue compression test for particulate filler composite resin with fiber-reinforced composite substructure. Dent Mater 2006.

Personal author(s)

[6] Hosmer D, Lemeshow S. Applied logistic regression, 2nd edn. New York: Wiley-Interscience; 2000.

Chapter in book

[7] Nauntofte B, Tenovuo J, Lagerlöf F. Secretion and composition of saliva. In: Fejerskov O,

Kidd EAM, editors. Dental caries: The disease and its clinical management. Oxford: Blackwell Munksgaard; 2003. pp 7–27.

No author given

[8] World Health Organization. Oral health surveys - basic methods, 4th edn. Geneva: World Health Organization; 1997.

Reference from electronic media

[9] National Statistics Online—Trends in suicide by method in England and Wales, 1979–2001. www.statistics.gov.uk/downloads/theme_health/HSQ20.pdf (accessed Jan 24, 2005): 7–18. Only verified references against the original documents should be cited. Authors are responsible for the accuracy and completeness of their references and for correct text citation. The number of reference should be kept limited to 20 in case of major communications and 10 for short communications.

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