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Effect of An Information Booklet on Knowledge of Caregivers Regarding Care of Children with Nephrotic Syndrome in Selected Hospitals of Mumbai

Chhameshwari Verma

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Chhameshwari Verma. Effect of An Information Booklet on Knowledge of Caregivers Regarding Care of Children with Nephrotic Syndrome in Selected Hospitals of Mumbai. Int J Pediatr Nurs. 2019;5(2):53–55.

Abstract

Background of the study: Renal disease which is most commonly seen in children is nephrotic syndrome. In pediatrics the most common form is primarily minimal change nephrotic syndrome. As this disease is responsible for frequent hospitalization, responsibility of parents & health care professionals is increased. Parents are responsible for overall care of children so it is necessary to have knowledge regarding measures to be taken for providing adequate care to children and strict adherence to therapeutic regimen. They should have some ready reference material to collect proper information and instructions about how to go forward to maintain their child's health [2,7]. *Aims:* Effect of an information booklet on knowledge of caregivers regarding care of children with nephrotic syndrome in selected hospitals of Mumbai. *Methodology:* A descriptive evaluative approach was used. One group pre-test and post-test research design was adopted. A non probability convenience sampling technique was used and 30 sample from selected hospitals of Mumbai were selected. An information booklet was developed and administered. Semi structured questionnaire was used to assess the knowledge of sample and analyzed by using descriptive and inferential statistics. *Result:* Overall improvement in knowledge was increased from 47% in pre test to 80% in post test. For post–test knowledge scores computed SD (standard deviation) was 5.27 and calculated 't' value was 17.37 which proved that information booklet was effective in improvement of knowledge of sample. *Conclusion:* The findings of the study showed that there was significant improvement in knowledge of caregivers regarding care of children with nephrotic syndrome after administration of information booklet.

Keywords: Effective; Information Booklet; Knowledge; Caregiver; Children; Nephrotic Syndrome.

Introduction

Children are like flowers and they require special attention and care. They are very sensitive to external environment and are not able to express themselves properly. Kidney diseases are one of the fatal problems which affect children's health status. Nephrotic syndrome is most common renal disease among children, which impairs the function of kidney. Nephrotic syndrome is a pattern of presentation of renal disease, rather than a single pathological entity or diagnosis, which damages the kidney's filtering system that is glomeruli, which filter waste and excess water from blood [3,4].

According to the definition of international study of kidney diseases in children (1978); Nephrotic syndrome is defined as the syndrome which is fulfilled in proteinuria exceeds 40 mg/m^2/hour and serum albumin drops below 2.5 gm/litre. The clinical picture is categorized by hypovolemia and edema with their entire sequelae [5].

According to the intemational study of clinical disorder in childhood (ISKDC) 2007:

- 85% of all children have minimal change nephrotic syndrome (MCNS)
- 9.5% have focal segmental glomerulosclerosis (FSGS)
- 2.5% have mesangial nephropathy or other etiologies [6].

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The incidence of minimal change nephrotic syndrome in children is also high in India. An article on nephrotic syndrome published in Indian journal of nephrology (2008) shows that pattern of disease presentation varies according to the demographic location. The prevalence of minimal change disease also varies within India. It is <12% in Vellore in the southern part of the country and approximately 33% in Haryana. The reported prevalence of minimal change disease in other countries like in Thailand and Iraq is < 17% [8].

Although minimal change nephrotic syndrome is an acute and curable disease, educating caregivers and family members about disease, management and self care in totality is most crucial factor for better prognosis of child.

Statement of the problem

Effect of an information booklet on knowledge of caregivers regarding care of children with nephrotic syndrome in selected hospitals of mumbai.

Objectives of the study

- To develop an information booklet on care of children with nephrotic syndrome.
- To assess the knowledge of the caregivers regarding care of child with nephrotic syndrome before administration of information booklet.
- To assess the knowledge of the caregivers regarding care of child with nephrotic syndrome after administration of information booklet.
- To find out the association between knowledge with respect to selected demographic variables of caregivers.

Hypothesis

HO- There is no difference between pre test and post test knowledge score of caregivers of children with nephrotic syndrome.

Methodology

A descriptive evaluative approach was used.

Research Design—one group pre test and post test design was used.

Sampling Technique—Non probability convenience sampling technique was used.

Sample Size And Study Setting—The sample consisted of 30 caregivers of children with nephrotic syndrome of selected hospitals of Mumbai

Inclusion criteria

1. Caregivers of children who were diagnosed with nephrotic syndrome
2. Caregivers of children with nephrotic syndrome irrespective of duration of illness
3. Parent or parent substitutes who takes care to the child.

Exclusion criteria

1. Caregivers of children with nephrotic syndrome who were not able to understand or read or write Hindi or English or Marathi
2. Caregivers of children with age of more than 14 years suffering from nephrotic syndrome

Tool Preparation

Tool has 2 parts.

- *Tool 1:* Semi structured questionnaire

[A] Demographic data of caregivers and children with nephrotic syndrome

[B] Semi structured questionnaire on knowledge of caregivers about care of children with nephrotic syndrome

In this study, researcher assessed knowledge regarding following aspects like importance of kidney, meaning of nephrotic syndrome, signs and symptoms and diagnostic tests of nephrotic syndrome, medical management, fluid management, supportive management, prevention of complications and follow up

Data Collection Process

The investigator visited the hospitals and obtained permission from the hospital authorities to conduct the study. The samples were selected from the selected hospitals of Mumbai. The investigator identified caregivers of children with nephrotic syndrome and briefed each sample about the study, its purpose and process. A brief assessment was done to confirm whether they fulfill inclusion criteria selected for the study. The contents of the consent form were explained. The investigator gave instructions and pretest semi structured questionnaire was administered to the caregivers to assess their knowledge regarding care

Table 1: Effect of information booklet on knowledge score of the sample n=30

Test	Mean	SD	df	r	t	Significance
Pre-test	22.03	3.34	29	0.54	17.37	Significant at 0.01 level
Post-test	36.10	5.27				

of children with nephrotic syndrome. After this information booklet is given to them. 5 days time was given to go through the booklet and clarify the doubts. Then post test was conducted by using the same tool.

Results and Discussion

In the pre-test Knowledge of the caregivers of children with nephrotic syndrome in relation to various aspects of care of children with nephrotic syndrome was 47% which was increased to 80% in the post test after administration of information booklet.

The calculated 't' value 17.37 was more than table value ('t'(29) = 2.46) and there was a significant difference in the mean of pre test and post test knowledge scores.Hence null hypothesis (H_0) was rejected. Findings concluded that information booklet was effective in enhancing the knowledge of sample. Association of demographic variables with knowledge of sample showed that age and socioeconomic status was not associated with gain in knowledge, whereas secondary educated group had more improvement than primary educated group (Tabel 1).

Conclusion

During the study, it was observed that all the caregivers of children with nephrotic syndrome needed information especially on care in oedema and identifying the warning signs of nephrotic syndrome. They had also showed interest to know about diet, urine testing and medications. The findings of the study showed that there was a marked improvement in their knowledge after administration of information booklet. They expressed that this booklet should be made available to all parents of children with nephrotic syndrome and OPDs should also provide such type of educative material. This indicated a positive response about information booklet which proved the significance of the study.

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Original Article

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Experimental Study Regarding School Phobia; School Refusal (Truants) Among Mothers of Pre-School Children's Living in Latur District (3–6 Yrs)

Sivanathan NT[1], Chinnasamy Azhagesan[2]

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Abstract

Introduction: School phobia is when the child is very nervous and refuses to go to school. It is also called school avoidance or school refuse. A phobia is a strong fear of something for no obvious reason. Phobias can cause very bad anxiety or panic attacks. School phobias are common when children start school between 5 to 10 years of age. The title of the study is "Knowledge regarding school phobia and it prevention among mothers of children in selected area kadhgaon road latur." *Objectives:* 1) To assess the knowledge regarding school phobia among mothers. 2) Find out the association between knowledge regarding school phobia among mothers and selected demographic variables. 3) Compare the knowledge of mothers pretest and post test school phobia in children and its management and prevention. *Methodology:* Quazi experimental research design used. Among 30 mothers of children between (5–10 years), using non-probability convenience sampling technique and the data was collected using structured knowledge questionnaire regarding school phobia and it prevention among the mothers. *Results:* The results revert that majority of mothers age 24 to 26 years 12 (40%); living style is 17 joint family (56%); major education among mothers 15 (50%) primary education and major mother occupation is labor 21 (70%). The pretest knowledge score mean is 1.54 after the structure teaching programme the mean score is increased to 2.87. Hence, Concluding that after structure teaching programme the knowledge level increased.

Keywords: School Phobia; School refuse; truants Pre-scholar; Child of mother.

Introduction

According to the *American Psychiatric Association*, a phobia is an irrational and excessive fear of an object or situation. In most cases, the phobia involves a sense of endangerment or a fear of harm. School phobia is a problem that is stressful for children, families, and school personnel. Failing to attend school has significant short and long term effects on children's social, emotional, and education development. School phobia often is associated with co morbid psychiatric disorders such as anxiety and depression. It is important to identify problems early and provide appropriate interventions to prevent further difficulties.

School phobia is a complex syndrome that can be influenced by the child's temperament, the situation at school, and the family situation. Current thinking defines school phobias or school refusal as an anxiety disorder related to separate anxiety. Children refuse to attend school because doing so causes uncomfortable feelings, stress, anxiety, or panic. Many children develop physical symptoms, such as dizziness, stomachache, or headache, when they are made to go to school.

Need for study

School phobia is real, serious and treatable; Experts believe that school phobia is caused by both a combination of biological and environmental factors, much like other disorders such as Asperger

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Syndrome and Attention Deficit Hyperactivity Disorder.

Dr Harish Shetty, a psychiatrist said School phobia has also shot up among kids due to the increased general stress in the education environment, especially in pre-primary. With such low awareness levels, often schools and mothers use harsh measures which aggravate the condition," -*Times of India -2015 Dec 16.*

A descriptive study was done to identify psychiatric disorder in children who fail to attend school. Interviews were conducted with mothers of 100 children indicated that there was a group of children with the features of school refusal who often had generalized neurotic disorders as well and who were mostly girls, another group with the features of truancy all of whom had conduct disorder who were mainly boys and a third cluster of children who were usually 'truants' but less often psychiatrically disturbed.

After over a year of missing school and nearly five and a half months of counseling, there are many students are not attending school by that has found by the researcher. So has taken interest in this area to improve formal schooling by the researcher.

Materials and Methods

Study design: Quazi-experimental research design.

Study area: Selected wards of kadgaon road latur

Study Population: Mothers of children between the age group of 5–10 years.

Setting of the Study: Khadgaon, Latur was selected as the setting for study,

Sample Size: The sample comprises 30

Sampling Technique: Under non probability convenient sampling technique.

Sample: A total of 30 women from selected rural area of kadgaon road.

Sampling technique: Non-probability convenience sampling technique was used to select the sample for this study

Inclusion criteria

- Mothers who are having children in the age group of 4–10 years.
- Mothers who are willing to participate in the student

Hypothesis

H_1: There will be significant difference between post-test score compare to pre-test score knowledge regarding school phobia.

H_2: There will be significance association between post-test knowledge regarding school phobia among mothers of children. in selected area kadgaon road latur and selected demographic variable

Development of tool for data collection: The final data collection instrument had two sections which included Section A - Demographic Variable Section B - Knowledge Questionnaire Validity of instrument: The content validity of the tools was obtained from various experts.

Reliability: Reliability of the tool was tested by split half technique (Spearman's Brown prophecy) where r = 0.90 was found.

A pilot study was conducted with three mothers of children to refine the methodology and to find the Effectiveness of Structured Teaching Programme on Knowledge Regarding School phobia

Data collection procedure

Data collection for the study was conducted at the selected rural area of kadhagaon road latur where the feasibility of conducting study was ensured after a written permission was obtained Data was collected of 30 mothers of children. Immediately after pre-test, structured teaching Programme on menopausal symptoms and its management were administered to the participants with the help of charts and flash cards as audio-visual aids. Evaluation of the Structured Teaching Programme was to be done by conducting post-test, 7 days after the implementation of Structured Teaching Programme

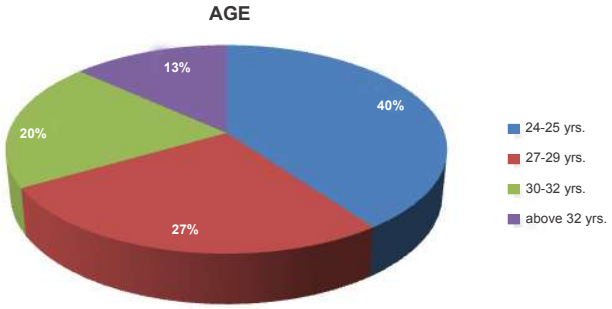
Results

The table 2 shows pretest overall mean is 1.54 and SD is 0.92 post test overall mean 3.58 and SD is 1.15 so the posttest mean and standard deviation score is increased. It reveals that the structure teaching programme was effective among mother of preschool children.

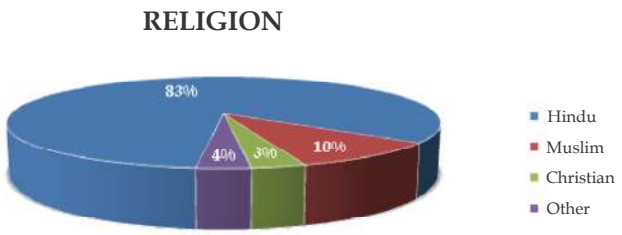
The table 3 shows that during pre-test 33.34% mother of preschool children had moderately adequate knowledge and 66.66% mother of preschool children had inadequate knowledge whereas, during post-test 43.34% mother of

Table 1: Frequency and percentage distribution of demographic characteristics of mothers of preschool children's in khadgaon area at latur district.

Sr. No	Demographic Variable	Number	Percentage %
		Age	
	(a) 24–26 yrs	12	40%
(1)	(b) 27–29 yrs	8	26.66%
	(c) 30–32 yrs	6	20%
	(d) Above 32	4	13.33%
		Religion	
	(a) Hindu	25	83.33%
(2)	(b) Muslim	3	10%
	(c) Christen	1	3.33%
	(d) Other	1	3.33%
		Family Type	
	(a) Single	9	30%
(3)	b) Joint	17	56.66%
	(c) Nuclear	3	10%
	(d) Other	1	3.33%
		Mother Education	
	(a) Formal education	2	6.66%
(4)	(b) Primary education	12	40%
	(c) Secondary education	15	50%
	(d) Degree	1	3.33%
		Mother Occupation	
	(a) House wife	21	70%
(5)	(b) Labor	5	16.66%
	(c) Government employee	2	6.66%
	(d) Private employee	2	6.66%



(a)



(b)

Fig. 1(a)(b): Pie diagram showing percentage wise distribution of mothers according to their age

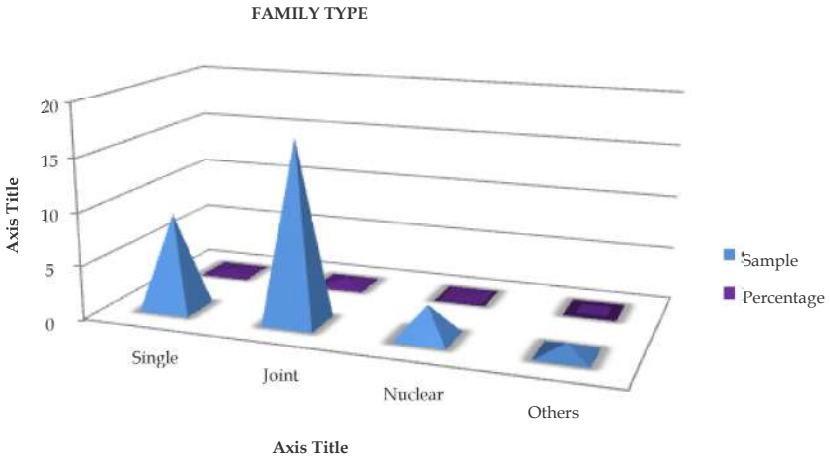


Fig. 2: Conical diagram showing percentage wise distribution of mothers according to family type.

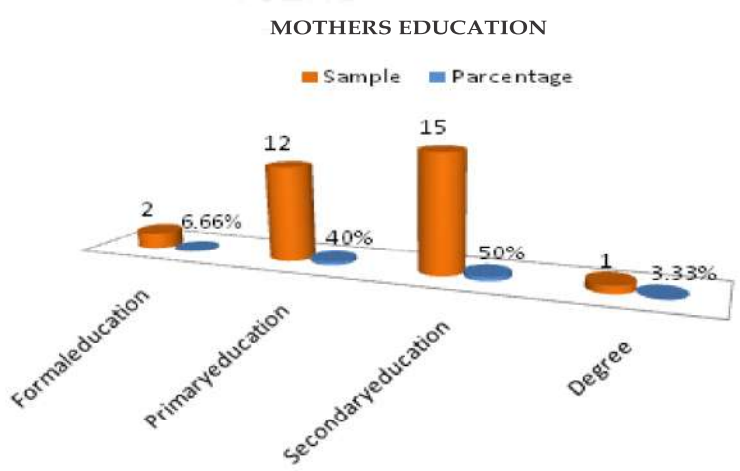


Fig. 3: Bar diagram showing percentage wise distribution of mothers according to mother education

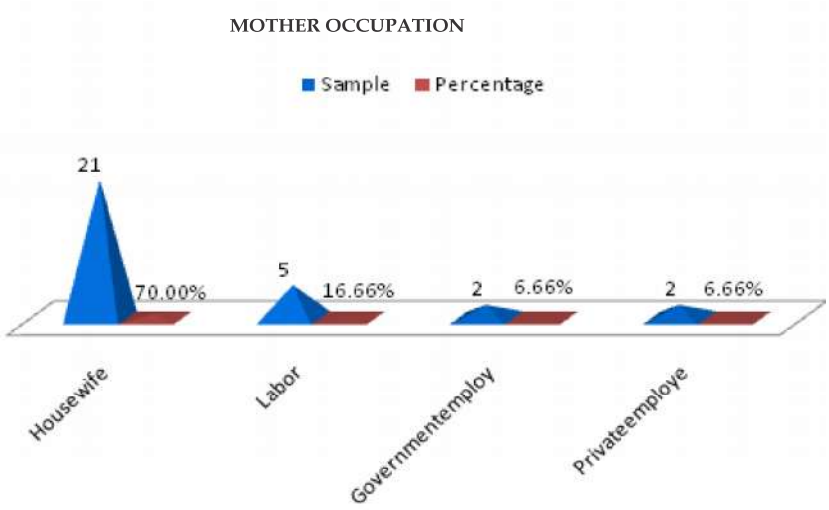


Fig. 4: Conical diagram showing percentage wise distribution of mothers according to mother occupation

Table 2: Assessment of level of knowledge regarding school phobia among mother of preschool children before and after the implementing of structure teaching programme

S. No.	Area	Maximum obtainable Score	Pre-test		Post-test	
			Mean	SD	Mean	SD
1	Definition, Meaning & Incidence of School Phobia	7	2.23	31.84	4.53	64.71
2	Causes of School Phobia	2	0.66	33	1.26	63
3	Symptoms of School Phobia	5	1.13	22.6	3.5	70
4	Prevention of School Phobia	7	2.16	30.85	5.06	72.28
	Overall	21	1.54	0.92	3.58	1.15

Table 3: Comparison of pre-test and post-test level of knowledge on school phobia among mother of preschool children.

Sr. No.	Level of knowledge	Pre-test knowledge score		Post-test knowledge score	
		Number	%	Number	%
1	Adequate (>76%)	0	0	13	43.34
2	Moderate (51–75%)	10	33.34	15	50
3	Inadequate (<50%)	20	66.66	2	6.66

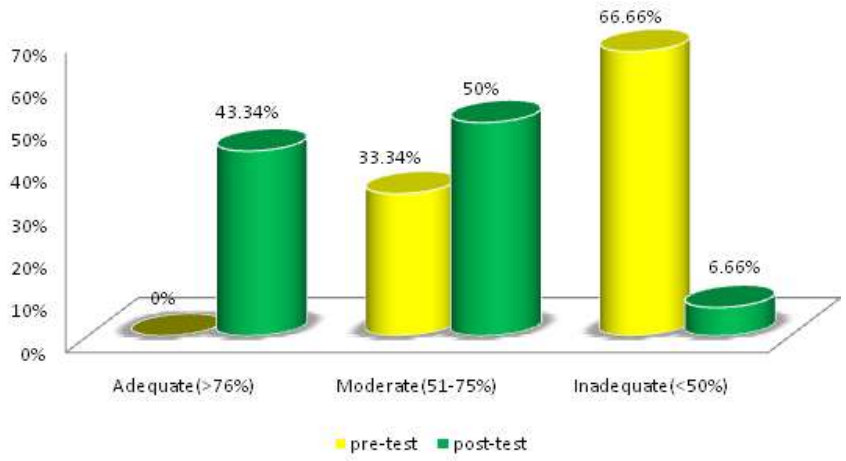


Fig. 6: Bar diagram showing comparison of pre-test and post-test knowledge on school phobia among mothers of preschool children.

Table 4: Comparison between differences of pre-test and post-test knowledge scores regarding school phobia among mothers of preschool children

Sr. No	Area	't' value	Level of Significance
1	Definition, Meaning & Incidence of School Phobia	-8.84	HS
2	Causes of School Phobia	-3.5	HS
3	Symptoms of School Phobia	-2	HS
4	Prevention of School Phobia	-8.52	HS
	Overall	5.71	HS

preschool children had adequate knowledge, 50% mother of preschool children had moderate adequate knowledge and 6.66% mother of preschool children had inadequate knowledge

Testing of hypothesis

To evaluate the effectiveness of structure teaching programme on knowledge regarding school phobia among mother of preschool children, hypotheses testing was done using 't' test and chi-square test.

H_1: Comparison between differences of pre-test and post-test knowledge scores regarding school phobia among mothers of preschool children.

Table 4 shows that there is highly significance

Table 5: Association between pre-test score on school phobia among mother of preschool children with demographic variable

Sr. No.	Demographic variables	Df	Table value	X^2 value	Level of significant
1	Age	3	9.84	0.297	No significant
2	Religion	3	9.84	2.36	No significant
3	Family type	3	9.84	2.79	No significant
4	Mother education	3	9.84	1.92	No significant
5	Mother occupation	3	9.84	2.7	No significant

difference between the area wise score of pretest and posttest. Hence, the stated null hypothesis is rejected and statistical hypothesis is accepted. Thus the difference observed in the mean score value of pretest and posttest were true difference.

H_2: Association between pre-test score on school phobia among mother of preschool children with demographic variable.

Table 5 shows that there was no significant association between pre-test knowledge scores of mother of preschool children when compared with demographic variables. Hence, null hypotheses related to association between pretest knowledge scores and demographic variables are accepted

It can be interpreted that structure teaching programme was effective for all mother of preschool children irrespective of their difference between in demographic variables.

Conclusion

The present study access the knowledge level of mothers at Khadgaon area, Latur regarding the, "School phobia and its prevention" and found that the mothers having 0 (0.0%) had adequate knowledge, 10 (33.34%) of them had moderately adequate knowledge and only 20 6 (6.66%) of mothers had inadequate knowledge regarding "School phobia and its prevention" after the intervention regarding school phobia and its prevention the mothers of knowledge level increased to Adequate knowledge is 13 (43.34%) and inadequate knowledge is 2 (6.66%) and remain out of 30 sample are moderately adequate that is 15 (50%). So the researcher conclude that still other area of latur Maharashtra to be conduct the study to prevent anxiety disorder and school phobia.

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Original Article

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Knowledge and Attitude Regarding DOTS Therapy Among the Tuberculosis Patient at Selected DOTs Center

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Abstract

Introduction: Tuberculosis is major communicable diseases, scattered thought the world, affected by all age group. World health organization is considered is a major health problem so that it is integrated with other health agencies to provide holistic care. The treatment mainly included early diagnosis and treatment like provide essential drug to tuberculosis patient and also trained health worker or other designated individual provides the prescribed Tb drugs and watch the patient swallow every dose. Some studies shows that 85–90% of patients receiving DOT complete therapy compared to 61% for those who are self-administered therapy. DOTS help patient's completed TB therapy as soon as possible without unnecessary gaps. The aim of this study is to understand the knowledge and attitude of tuberculosis patient's regarding DOTS. *Method:* This study was conducted in DOTS center Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow. Convenient sampling technique was used to recruit 30 samples. *Result:* The study shows that knowledge score 50 of clients receiving DOTS therapy; that is 50% had inadequate knowledge, 40% had moderate knowledge and 10% had adequate knowledge, similarly shows the attitude scores of clients receiving DOTS therapy; that is 3% had poor attitude, 87% had moderate attitude and 10% had good attitude. *Conclusion:* The study concluded that tuberculosis patients should change their health attitude and practice towards DOTS.

Keywords: Knowledge; Attitude; DOTS; Therapy; Center

Introduction

Tuberculosis (TB) constitutes a significant and major public health emergency globally. The 2015 World Global TB Report revealed that "TB still maintains the status of the world's biggest threats, due to the fact that, in 2014, the disease caused the death of 1.5 million people worldwide. Apart from the mortality toll from TB, the morbidity effect as indicated by the same report showed that "9.6 million people fell ill to TB in 2014 across the world, with an estimated 12% of the 9.6 million new TB cases in 2014 being HIV-positive" [1]. Worldwide every second a person is infected with tuberculosis (TB) and every 10 seconds someone dies as a consequence. One patient has the ability to infect 10 to 15 people, mainly by coughing [2].

People have a general idea of what TB is and know that it is treatable. Gaps in knowledge, however, surround transmission, prevention, and the relationship between HIV/AIDS and TB. Such poor understand and further augmented by erroneous beliefs [3,4]. Traditional healers act as family doctors and play a key role in TB treatment initiation and adherence. Traditional healers have substantial influence over primary diagnosis and treatment of TB. Education could positively affect initiation of diagnosis and treatment, resulting in better TB control [5].

An estimated 1.9 million were attributable to undernourishment, 0.88 million to HIV infection, 0.83 million to smoking, 0.79 million to diabetes and

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0.49 million to alcohol abuse. Applying the same method, country-specific estimates of the number of incident TB cases attributable to the five risk factors in the 30 high TB burden countries, although various factors (under nutrition, the prevalence of alcohol use disorder, diabetes, HIV and smoking) contribute to the TB epidemic in the 30 high TB burden countries, although various factors (under nutrition, the prevalence of alcohol use disorder, diabetes, HIV and smoking) contribute to the TB epidemic in the 30 high TB burden countries, there is considerable variation among countries in the relative contribution of these factors, and thus also variation in which factors need to be prioritized as part of national eforts to reduce the burden of TB disease [6].

Methodology

A descriptive study was used to assessed the knowledge and attitude of newly diagnosed with tuberculosis regarding treatment regime at selected DOTS center in Uttar Pradesh. A convenient sampling technique was used, total 30 samples were selected, based on inclusion and exclusion criteria, inclusion criteria like patient who are newly diagnosis with tuberculosis within one month, who can read Hindi or English and who are enrolled in single DOTS center. Exclusion criteria are patient who had other major illness; children were excluded from this study and patient who had history of DOTS therapy were excluded. Single center study setting was conducted in DOTS center, SGPGIMS, Lucknow, Uttar Pradesh. Before collect information the researcher had obtained permission from competitive authority, and also taken consent letter from subject, consent letter explained in their familiar language and Investigator had explained the data confidentiality and anonymity and also clarified their doubts.

Knowledge regarding DOTS therapy was assessed by structured knowledge questionnaires and attitude had measured by standardized fivepoints likert attitude scale, validity of the tool based on the adequate coverage of content area is determined by the experts in the subject matters. The data collection instrument made various sections demographic information included-age, gender, religion, marital status, educational level, employment, family type, monthly income, duration of illness. Similarly 26 knowledge questions related to DOTS therapy and its management. The maximum score on knowledge was 26 with score of 1 for each correct response. Likert Scale used for asses the attitude of patients regarding DOTS therapy, It contains 10 questions with maximum score was 5 and minimum score was zero, data were analyzed by interpreted by descriptive and inferential statisticused by SPSS version 16 software.

Results

Table 1 patient's knowledge regarding DOTS therapy categorized into inadequate knowledge, moderate knowledge, and adequate knowledge. Assessed the knowledge by structured knowledge questionnaire was found that inadequate knowledge was 15 (50%), moderate knowledge was 12 (40%) and adequate knowledge was 3 (10%), The mean for knowledge score is is 13.10 and the standard deviation is 5.31

Table 2 the attitude scores of clients receiving DOTS Therapy: that is 1 (3%) had poor attitude, 26 (87%) had moderate attitude and 3 (10%) had good attitude to words DOTS therapy The mean for attitude score is 34.5 and the standard deviation is 3.39.

Table 3 there is no association found between

Table 1: Knowledge regarding DOTS Therapy n-30

S. No	Knowledge Score	Frequency	Ppercentage (%)	Mean	Standard Deviation
1	Inadequate	15	50%	13.10	5.31
2	Moderate	12	40%		
3	Adequate	3	10%		

Table 2: Attitude of patient regarding DOTS Therapy n-30

S. No	Attitude	Frequency	Percentage (%)	Mean	Standard Deviation
1	Poor	1	3%	34.5	3.39
2	Moderate	26	87%		
3	Good	3	10%		

Table 3: Aassociation knowledge scores with their selected socio demographic variables of patient who are attending DOTS therapy n-30

S no.	Socio –demographic Variables	Category	Knowledge Score						Total	χ2 cal	df
			Inadequate		Moderate		Adequate				
			f	%	f	%	f	%			
1	Age in Year	15–40	12	40	7	23	3	10	22	2.81	2 NS
		41–60	3	10	5	17	0	0	08		
2	Gender	Male	7	23	6	20	1	3	14	.26	2 NS
		Female	8	27	6	20	2	7	16		
	Religion	Hindu	8	27	10	33	3	10	21	4.53	4 NS
		Muslim	6	20	2	7	0	0	8		
		Christian	1	3	0	0	0	0	1		
	Marital status	Married	8	27	7	23	0	0	15	4.73	4 NS
		Unmarried	6	20	5	17	3	10	14		
		Divorce	1	3	0	0	0	0	1		
3	Education	Primary	1	3	2	7	0	0	3	4.23	8 NS
		Secondary	5	17	2	7	0	0	7		
		Intermediate	6	20	4	13	2	7	12		
		Graduation	2	7	3	10	1	3	6		
		PG and above	1	3	1	3	0	0	2		
4	Employment	Employed	7	23	2	7	2	7	11	5.45	4 NS
		Self employed	3	10	6	20	0	0	9		
		House wife	5	17	4	13	1	3	10		
5	Type of family	Nuclear	8	27	6	20	3	10	17	2.57	2 NS
		Joint family	7	23	6	20	0	0	13		
6	Family Income	5000-10000	5	17	7	23	1	3	13	5.12	6 NS
		10001-15000	8	27	2	7	2	7	12		
		15001-20000	1	3	2	7	0	0	3		
		Above 20001	1	3	1	3	0	0	2		
7	Duration of illness	Newly Diagnosed	2	7	4	13	1	3	7	8.36	8 NS
		Within 1 year	5	17	7	23	2	7	14		
		1-2 year	4	13	1	3	0	0	5		
		More than 2 year	4	13	0	0	0	0	4		

the knowledge scores with selected demographic variables like Age, gender, Religion, Marital Status, Educational Status, Employment, Types of Family, Monthly Income, Duration of diagnosis. Calculated value of Chi Square was less than the value of table value at 0.05 levels.

Discussion

The study was concluded that patient who has receiving DOTS therapy required health counseling regarding treatment regime and side effects, duration of the treatment plan diet, so that health care team should be provided a holistic care to tuberculosis patient long with emotional support to the patient and their family.

Supportive Interventional study was conducted among 113 patients across DOTs centers in and around Bengaluru, patient's knowledge, attitude and practice. The result of the study shows that 113 patients, 46.9 % were found to have poor KAP, 52.2 % were found to have medium KAP and 0.88% of patients were found to have high KAP during the baseline interview. Hence this study assessed level of Knowledge, Attitude and Practice (KAP) among patients with tuberculosis and revealed the need for providing more knowledge about tuberculosis and medications among patients [7].

Similar study was conducted in rural population of Kancheepuram district, Tamilnadu, India. The study was conducted among 400 participants, only 45.5% had adequate knowledge on TB and its treatment, 14.7% had positive attitude and 26.5% had good practices towards TB and its treatment. About 91.5% had heard about TB and 79% knew that TB could be transmitted from a patient to others. The cause for TB was correctly mentioned by only 19.5% of the subjects. About 35% knew that transmission of TB is preventable. Positive

attitude had a statistically significant association with higher socioeconomic class and with adequate knowledge. Good practices on TB were more noted among participants with adequate knowledge and with age ≤ 45 years [8].

Similar study was conducted in Iraq, the educational and other activities of the national TB control programme have had beneficial effects on the knowledge of TB patients and health care workers. However, the relatively good knowledge of TB patients did not significantly influence their practice or negative stigma associated with the disease. Similarly, the relatively good knowledge of health care workers regarding TB was not reflected in their practices, especially regarding the investigation of TB suspects, a deficiency that would negatively influence case-finding and case-holding. An intensive media-based education campaign is recommended to increase awareness of TB, reduce the associated stigma, and to change practices. Strengthening supervision within the national TB programme, ensuring adherence to the DOTS strategy and fostering collaboration between national TB programme and other health care providers, such as the private sector and nongovernmental organizations, are also recommended [9].

Conclusion

Tuberculosis is a major health issues an irrespective of age group. This study finds knowledge and practice gap like regular follow up, patient or family myths regarding DOTS center. This study also concludes that treatment outcome in the program associated with knowledge and attitude of patient, family and society. In addition, provide timely training and retraining the DOTS providers and supportive supervision to achieve and sustain program goals.

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Original Article

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Knowledge and Home Care Managements of Thalassemia Among the Parents of Thalassemic Children : A Descriptive Study

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Abstract

Introduction: Thalassemia is a heterogeneous group of genetic disorders of haemoglobin (Hb) characterized by decline or absent production of globins protein chains. The disorder results in excessive destruction of red blood cells, which leads to anaemia. Nearly 3.9% of Indian population is carrier of thalassemia and the prevalence of thalassemia is more common in south Asian countries. The knowledge and home care management regarding thalassemia is crucial for caregivers and parents. *Methodology:* the present quantitative study was conducted among 120 parents of thalassemic children at P.B.M. Paediatric Hospital, Bikaner (Rajasthan). The samples were selected by purposive sampling technique. Data collection was done with the help of structured knowledge questionnaire. The study was conducted from August 2017 to December 2017. *Results:* most of participants (59.16%) were male. Mainly subjects (40%) were belonging to 30–35 years of age group. The mean knowledge score and standard deviation were 24.87 and 6.11 respectively. Only 30 (25%) parents had good knowledge regarding thalassemia and its home care management. The study communicated that poor knowledge and average knowledge regarding thalassemia were 31.66% and 25.83% respectively. There were positive correlations between income of the parents, religion of parents with knowledge. *Discussion:* thalassemia is passed on through parents who carry the thalassemia gene in their cells. The parents had poor knowledge regarding thalassemia and its home care management. There is a need of sound educational programme for the parents and community to enhance their knowledge and home care management regarding thalassemia. A better home based care of thalassemic children can reduce the disease burden and treatment cost of thalassemia.

Keywords: Thalassemia; Knowledge; Home care management; Parents

Introduction

Thalassemia is an inherited blood disorder in which the body makes an abnormal form of haemoglobin. The disorder results in excessive destruction of red blood cells, which leads to anaemia. Thalassemia is a heterogeneous group of inherited disorders of haemoglobin (Hb) characterized by reduced or absent production of globins chains [1].

A child born with thalassemia is unable to make a sufficient amount of Hb and needs blood transfusions every 4 to 6 weeks, for whole life. All forms of thalassemia like thalassemia minor, thalassemia major, Alpha-thalassemia, beta-thalassemia, delta-thalassemia are transmitted only through heredity. Most carriers lead completely normal healthy lives [2].

The hemoglobinopathies (thalassemia and sickle-cell disease) are the most common inherited genetic disorders, with some 240,000 infants born annually with major hemoglobinopathies and at least 190 million carriers worldwide [3].

Thalassemia can develop many adverse effects on individuals, families, society and nation. Therefore it is necessary to detect the needs of thalassemic children parents. Determination of needs is the starting point of any educational and care program and developing a training plan is subjected to assessment and identification of the needs [4].

As per WHO, 4–5% of the world's population are carriers of hemoglobinopathies. Worldwide 15

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million people have clinically apparent thalassemic disorders. There are about 240 million carriers of β -thalassemia worldwide and in India approximately 30 million thalassemic patients. Every year nearly 100,000 children with β-thalassemia major are born worldwide, over of which 10,000 are born in India [5].

A study was conducted among 11080 school children in Delhi and Mumbai for assessing the gene frequency of β-thalassemia major and other hemoglobinopathies. The study revealed that the overall gene frequency of β-thalassemia major in Mumbai and Delhi was at 2.68% and 5.47% respectively. In Mumbai the gene frequency was equally distributed but in Delhi a higher incidence was observed in North and West [6]. Thalassemic children are needed care and attention and the role of family is very important.

Methodology

The study was conducted at P.B.M. Hospital, Bikaner (Rajasthan) in Pediatrics ward by using purposive sampling technique. A descriptive survey approach was used to assess the knowledge and home based care of thalassemia among parents of thalassemic children. 120 parents of thalassemic children were selected as sample or the study.

Structured knowledge questionnaire was use for data collection and information was gathered regarding knowledge of parents on thalassemia and its home care management of their children. Written consent was taken from concern authority.

Data collection was done by using interview method of the parents from August 2017 to December 2017. The level of the knowledge was further categorized in 4 categories as per scoring criteria and maximum score was 42. The score, more than 75% was considered as very good knowledge. Score between 61–75% was evaluated as good knowledge. The scores between 51–60% and 50% were considering as average and poor respectively.

Results

Table 1: Frequency and percentage distribution of samples according to socio demographic data. N=120

S. N.	Demographic Data		Frequency (F)	Percentage (%)
1.	Age in years	21–25	15	12.5
		26–30	32	26.666
		31–35	48	40
		above 35	25	20.833
2.	Gender	Male	71	59.166
		Female	49	40.833
3.	Religion	Hindu	65	54.166
		Muslim	51	42.5
		Sikh	4	3.333
		Christian	0	0
4.	Educational status	Primary	41	34.166
		Secondary	28	23.333
		Higher sec.	20	16.66
		Graduation	31	25.833
5.	Source of Health information	Mass media	5	4.166
		News paper	11	9.166
		Health worker	74	61.666
		Family member	30	25
6.	Family income monthly	10000	42	35
		10001–20000	39	32.5
		20001–30000	30	25
		More than 30000	9	7.5
7.	Occupation	Labour	42	35
		Private job	15	12.5
		Govt. Job	27	22.5
		Self business	36	30

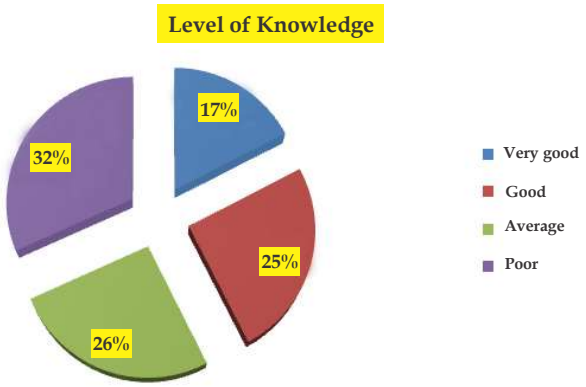

Fig. 1: Distribution of level of the knowledge among the parents of thalassemic children:

Table 2: Chi square computed between knowledge scores of samples regarding thalassemia and its home care management with selected demographic variables. N=120

S. N.	Demographic Variable		Above Median	Below Median	Chi Square Value	Df	Chi Square Table Value
1.	Age in years	21–25	10	5			
		26–30	18	14	2.408	3	7.82
		31–35	22	26			
		above 35	12	13			
2.	Sex	Male	33	38	1.875	1	3.87
		Female	29	20			
3.	Religion	Hindu	29	36			
		Muslim	31	20	19.24*	3	7.82
		Sikh	2	2			
		Christian	0	0			
4.	Educational status	Primary	19	22			
		Secondary	11	17	5.443	3	7.82
		Higher secondary	11	9			
		Graduation	21	10			
5.	Family income (monthly)	Up to 10000	31	11			
		10001–20000	15	24	13.21*	3	7.82
		20001–30000	12	18			
		More than 30000	4	5			

(*=significant at 0.05 level of significance)

Discussion

Thalassemia is a genetic disorder which does not have any known cure. Prevention is the only way to minimize its disease burden. Home base management of thalassemic children is cost effective. Thus, increasing the knowledge regarding the disease is one of the critical strategies for its prevention [7]. The present study was conducted among 120 parents of thalassemic children regarding knowledge and home care of thalassemia. The findings of present study communicated that most of the parents had poor knowledge regarding thalassemia. The study revealed that poor knowledge and average knowledge regarding thalassemia among the parents were 31.66% and 25.83% respectively. The study conducted by Kourorian Z *et al.* (2014) had (39%) had similar observations [8]. A study was conducted by Goyal JP *et al.* (2015) among 110 parents regarding awareness of thalassemia in Gujrat, India. The researchers communicated that parents had inadequate knowledge regarding thalassemia. The present study has reported similar observations [9]. In a similar study on parents of thalassemic children

in Kolkata was conducted by Basu M in 2015 revealed that 57.94% of the study population had adequate knowledge. Our study also investigated that 55.83% of the parents had good and average knowledge which is nearly equal to above study [10]. In our study, only 17.5% of the parents had very good knowledge regarding thalassemia and its home care management of their children. There was no study to support the present finding. In current study, 71 (59.17%) participants were male. A study conducted by Saxena A *et al*. also showed the equal proportion of male participants [11]. Sociodemographic factors affect the knowledge of parents regarding thalassemia. The present study revealed that there was a significant association between knowledge and family income. The result was consistent with a study conducted in Pakistan in 2019, showed the equal findings [12]. Our study also finds the association between religion of subjects and knowledge but there was no study to support the findings. Knowledge and home care management of thalassemia is vital for the parents to provide meticulous care to their thalassemic children.

Conclusion

We conclude that awareness regarding thalassemia is inadequate among parents. Since thalassemic patients are mostly young population in the country, the role of family in their care is very crucial due to the chronic nature of this disease. Parents of thalassemic children should be sensitized about the thalassemia. There is a need for creating knowledge and awareness among the families with thalassemia and the general public through educational material, role play, mass media, booklets, lectures, video, etc., so that the burden of thalassemia in the community can be minimized and children with thalassemia may have a better life.

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Original Article

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An Exploratory Study to Assess the Knowledge and Classroom Management Regarding Children With Attention Deficit Hyperactivity Disorder Among Primary School Teachers : A Narrative Review

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Abstract

Introduction: Attention deficit hyperactivity disorder is one of the most widely studies neuro-developmental disorders in children. The behavior associated with ADHD may be first observed by teachers and they play a pivotal role in the identification of ADHD. *Aim:* The aim of this narrative review is to find information on the Knowledge and Classroom Management regarding Children with Attention Deficit Hyperactivity Disorder among Primary School Teachers. *Methodology:* Types of studies- Cross-sectional study, Descriptive study. Types of participants- Primary School teachers. Setting- Primary Schools. Outcomes- This narrative review result has appeared that Knowledge and Classroom Management regarding Children with Attention Deficit Hyperactivity Disorder among Primary School Teachers.

Keywords: ADHD: Attention Deficit Hyperactivity Disorder; Knowledge; Classroom Management; Primary school children; Primary School Teachers; Primary Schools.

Introduction

Children are the greatest gifts of god to humanity. Attention Deficit Hyperactivity Disorder is the most common behavioural disorder of childhood and generally thought to account for the majority of referral for mental health treatment [1]. Children with ADHD are usually inattentive, impulsive and hyperactive. These children have a variety of school related problems including difficulty in paying attention, listening in the classroom and completing assignments [2].

School is the unique setting for the early detection and effective management of ADHD. For children with ADHD to function successfully within the classroom setting, appropriate and efficient intervention strategies are required [3]. Teachers need a broad knowledge about this condition in order to understand the needs of the children and to plan effective behavior modification strategies [4].

A Descriptive cross-sectional study was done to assess the knowledge of Primary school teachers regarding ADHD among children. 47 teachers who were selected by convenient sampling technique from three randomly selected primary schools. Data was collected by self prepared tool. Result shows that most of the teachers 62% had average knowledge regarding ADHD [5].

A descriptive study was done to Assess the Knowledge and Attitude of School Teachers Regarding Attention Deficit Hyperactivity Disorder in Selected School at Gwalior (M.P). Based on objectives of the study, knowledge questionnaire consists of 30 items and attitude questionnaire tool consists of 15 items on attention deficit hyperactivity disorder were prepared. Non experimental descriptive research approach & Convenient sampling technique was used.

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Meterials and Methods

Figure 1 Shows that prisma flow diagram of narrative review

Results

Out of 60 school teachers who were teaching in schools (1st standard to 5th standard) in a selected school knowledge and attitude relation was assessed by various statistical test and the association between the knowledge and attitude scores with selected demographic variables was computed by using χ^2 statistics. The result showed that there is positive relation of knowledge and attitude scores on ADHD [6].

A cross-sectional study was done to assess the primary school teachers' knowledge of the symptoms and management of children with ADHD in their Classroom. A self administered questionnaire was used to collect data from a sample 200 teachers at 28 public schools in Kimberley. The data was analyzed by making use of frequencies and mean score. The results show that the majority of teachers are knowledge about the symptoms and diagnosis of ADHD but average knowledge about Classroom Management and their features. Although the majority of teachers received training on ADHD, their knowledge about evidenced-based classroom interventions for ADHD can be improved.

A Descriptive study was done in Mohali to assess the level of knowledge regarding ADHD among primary school teachers in selected schools of district Mohali with a view to develop information booklet. A quantitative approach with descriptive design was adopted. By purposive sampling technique 100 primary school teachers were selected from selected schools of district Mohali. Modified knowledge of attention deficit disorders scale (KADDS) was used to collect data from primary school teachers in selected schools of district Mohali. Findings of the study showed that majority 42% of the sample were in the age group of 35–44years, 60% of the samples were females, 71% of the sample had done B.Ed, 50% of the sample were having more than 5years of working experience, 83% of the sample were from government organization, 56% of the sample did not have any previous knowledge regarding ADHD, 15% of the sample have source of information through television, 87% of the sample have not seen any child diagnosed with ADHD. The majority of primary school teachers had poor level of knowledge 56%. The study concluded that there was significant association between levels of knowledge with previous knowledge regarding ADHD and have you seen any child diagnosed with ADHD [7].

A descriptive study was done to assess the effectiveness of seminar for school teachers on management of attention deficit children at selected schools in Morena. An evaluatory research approach with one group pretest posttest design was employed among 30 primary school teachers selected by purposive sampling technique and by administrating need assessment opinionnaire. Data was collected by administrating a structured knowledge questionnaire before and after seminar. Result of this study showed that mean post test knowledge score, i.e. 17.40 than mean pretest knowledge score, i.e. 11.07 of primary school teachers. The difference in knowledge score was statistically significant at 0.05 level (t test = 7.3). The study concluded that Association between knowledge score and demographic variables found non significant in both pretest and posttest. It was concluded that seminar was effective in terms of gain in knowledge [8].

A cross-sectional descriptive study was done to identify Attention Deficit Hyperactivity Disorders among primary school children in the state of Qatar. A total of 2,000 primary school children in the state of qatar. A total of 2,000 primary school students, ages 6 to 12 were selected, and 1,541 students (77.1%) gave consent to participate in this study. An Arabic questionnaire was used to collect the socio-demographic variables and a standardized Arabic version of the Conner's Classroom Rating Scale for ADHD symptoms. Of the students surveyed, 51.7% were males and 48.3% were females. The results revealed that 112 boys (14.1%) and 33 girls (4.4%) scored above the cut off for ADHD symptoms, thus giving an overall prevalence of 9.4%. Children who have a higher score for ADHD symptoms have school performance poorer than those with lower scores ($p = 0.03$). the study concluded that ADHD is found to be a common problem among school children in Qatar [9].

Findings

The systematic search was done by formulating the terms Knowledge and classroom management of ADHD in relation to the integrative with all it's synonyms and alsoaccording to search database. A manual PUBMED and Google scholar search was done through Google search engine. An addition of

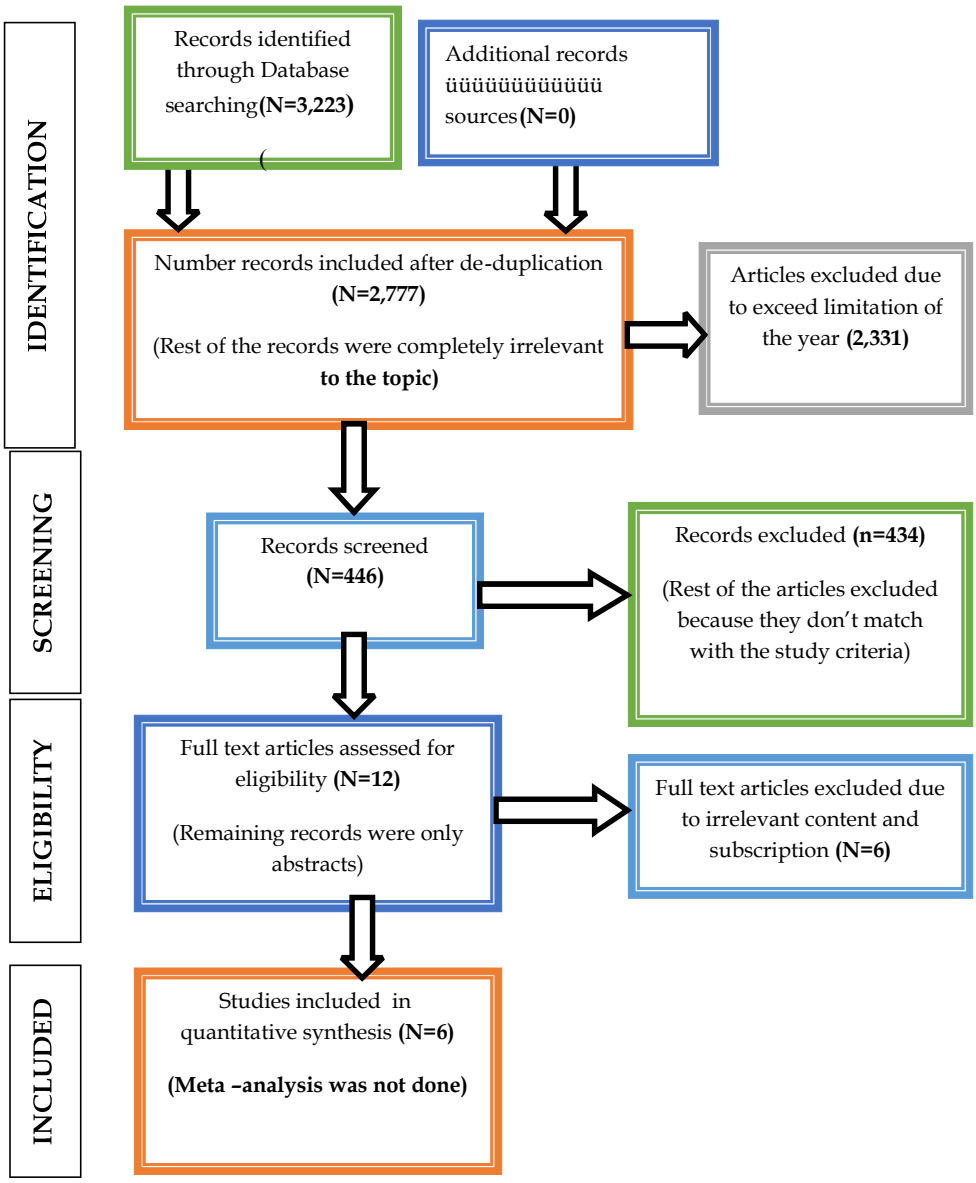

Fig. 1*:* Prisma flow diagram of narrative review

6 articles was found in the database. Initial search recovers 3,223 articles over which 2,331 articles were rejected due to irrelevancy. 446 selected manually and 434 articles were rejected as a result of replication in the database. Replication was removed and reviewed 12 articles for acceptability. 6 more studies were rejected because of unreachable of the full text. Hence 6 articles were screened which includes quantitative study.

Discussion

These findings are supported by a study conducted by Sumedha Chhetri, Sadhana, Monika Khampa *et al*. [5] as a Descriptive Cross-sectional study. It was reported that most of the teachers 62% had average knowledge regarding ADHD. And also supported by a study conducted by Beryl Topkin [10] as a descriptive study. It was reported that majority of teachers are knowledge about the symptoms and diagnosis of ADHD but average knowledge about Classroom Management and their features. Although the majority of teachers received training on ADHD, their knowledge about evidenced-based classroom interventions for ADHD can be improved.

Conclusion

This study concluded that majority of the Primary School Teachers have Average knowledge and Average Classroom Management regarding Children with Attention Deficit Hyperactivity Disorder. The findings highlight that the Researchers can play a significant role to educate the Primay School Teachersc regarding ADHD and Classroom Management.

Sourse of Funding: Self-Funding

Conflict of Interest: Nil

Ethical Clearance:

Obtained permission from

- Prior permission was obtained from the ethical committee of Sharda University.
- Informed written consent was taken from each participant under the study. Objective of the study was maintained with honesty, privacy, confidentiality and anonymity.

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Original Article

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Knowledge and Attitude of Police Personnels Regarding the Human Righyts of People With Mental Disorders in Selected Police Stations

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Abstract

Abstract: Police officers are increasingly called upon to deal with mentally ill or emotionally disturbed individuals, which is a difficult and dangerous task at times. The main aim of the present study was to prepare educational module for police personnel on human rights of people with mental disorders. A descriptive survey approach with non-experimental descriptive correlation design was used to assess the knowledge and attitude of police personals regarding the human rights of people with mental disorders in selected police station at Gujarat. 50 police personnel were selected by using on random convenient sampling technique. Data was collected by using self-administered questionnaire to assess the knowledge and three point Likert scale to assess the attitude. Collected data was analyzed by using descriptive and inferential statistics. Results showed that majority 66% of police personnel had moderate knowledge. 61% of the police personnel had favorable attitude. There was significant association between knowledge scores with demographic variables such as gender, educational status, designation, marital status and experience with mentally ill patients and type of family. There is positive correlation (r = + .36) between knowledge and attitude score of police personnel regarding human rights of people with mental disorders.

Keywords: Knowledge and attitude; Police personnel; Human rights; Mentally ill.

Introduction:

Mental illness is now seen as a major global problem. People with mental disabilities all over the world experience human rights violation. WHO report states that human rights violation occurs among mentally ill patients and India is not an exception. Many deaths of mentally ill patients have been occurred during police custody. This could be unfortunate result of a fearful reaction on the part of police that they lack recognition of mental illness. Nationally there is a shortage of police training in managing mental health problems and human rights of mentally ill patients. Police personals are increasingly called upon to deal with mental disorders or emotionally disturbed individuals, a task which can be difficult and dangerous times. Mental health is the most neglected area of health policy. World health organization estimates that 10% of the world's population has some form of mental disability and 1% suffers from severe mental disorder.

National human rights commission has issued a notice to the inspector general (Prisons) of West Bengal to explain why a mentally ill man has been jailed for 25 years without trial and proper medical treatment. NHRC had filed an application in Punjab and Haryana high court to assist in pending civil written petition on the issue of such mentally disturbed prisoners. A study report on Greek police officer's attitude towards mental disorders suggest that police man misperceptions, and the difficulties encountered during transport procedures, which is attributed to insufficient knowledge about mental illness and lack of training. Since the police department come across mentally disturbed patients, it is essential to have knowledge regarding mentally illness and protection of human rights of mental disorders. All the above factors felt that there is need to assess the knowledge and attitude

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of police personnel's regarding human rights of mentally disorders.

Statement of problem

A study to assess the knowledge and attitude of police personnel's regarding the human rights of people with mental disorders in selected police stations of Gujarat.

Objectives of the study

- To assess the knowledge of subjects on human rights of people with mental disorder.
- To assess the attitude of participants on human rights of people with mental disorder.
- To correlate the knowledge and attitude of the participants.
- To associate the level of knowledge of participants with selected demographic variables.
- To associate the level of attitude of participants with selected demographic variables.

Review of literature

A study was conducted on social factors and forensic psychiatry in India to evaluate existing mental health legislation, civil and criminal laws, the standards of teaching and training of concerned professionals and emphasizes the scarcity of care for mental disorder of prisoners. The study findings show that people with mental health disorder have been exposed to a wide range of human rights violation.

A study conducted on "crisis intervention team training for police officers responding to mental disturbance calls" revealed that the average rate of mental disturbance calls compared with overall rates of calls to the police, disposition of mental disturbance calls by time and training and the effect of techniques. The study showed that there is an increased rate of transport of crisis intervention training trained officers of persons experiencing mental illness and increase in transport on a voluntary status, and significant changes in the rate of arrests by time of training.

A study on mental health training scheme for police officers found that 61% of police officers said they had not received sufficient training to deal with problems involving mental disorders. Training in this areas can help police officers acquire awareness and understanding in order to aid the management of people with mental problems. Another study on "training police officers to distinguish mental illness". the impact of short term intensive instruction by medical health professionals on police officer's attitude towards mental disorders and on their ability to distinguish between mental illness and other behavior. Compared with a control group who did not receive the special training the 80 officers showed increased interest and sympathy for psychiatric problems. Aim of the project was to establish a program for police officers to reduce the stigma. The seminar was developed by a German anti stigma organization in cooperation with sociology teachers of the Bavarian police academy. Evaluation focused on the police officers "social distance and "negative stereotypes" to wards mentally disturbed people.

Research Methodology

Quantitative survey approach was used to carry out the study. Descriptive correlation design was used. The study was conducted at Surendranagar police station, Gujarat. the samples were selected by convenient sampling technique. A total of 50 police officers were selected for the present study

Inclusion criteria: Study includes constable, head constable and assistant sub inspector.

Tools of the study

Tool 1: *Socio demographic Performa:* it is comprised of 11 items which includes age, sex, educational status, designation, monthly income, religion, marital life, type of family, years of experience and previous experience with mental disorders and source of information regarding mental disorders.

Tool 2: Self-administered questionnaire was used to assess the knowledge of human rights of people with mental disorders among police persons.

Tool 3: Three point Likert scale was used to assess the level of attitude of police personnel's regarding human rights of people with mental disorder.

Data analysis and interpretation

Description of sample characteristics (Tables 1-3).

The table 4 shows that the correlation coefficient computed between the overall mean knowledge and overall mean attitude of police personnel's

Table 1: Frequency and percentage distribution of samples.

S. No	Variables	Category	Frequency	Percentage
1	Age	21–30 years	26	52
		31–35 years	16	32
		36–45 years	8	16
2	Gender	Male	31	62
		Female	19	38
3	Educational status	PUC Graduate and above	22	44
			28	56
4	Designation	Constable	25	50
		Head constable	18	36
		Asst. sub inspector	7	14
5	Marital status	Unmarried	11	22
		Married	39	78
6	Experience in department	0–5	24	48
		6–10	12	24
		11–15	14	28
7	Previous experience	< 1 month	21	42
		>1 month	10	20
		No	19	38
8	Monthly income	<Rs 10,000	20	40
		10,000–19000	22	44
		>19000	8	16
9	Religion	Hindu	29	58
		Muslim	12	24
		Christian	9	18
10	Type of family	Nuclear	26	52
		Joint	24	48
11	Source of information	Health personnel	5	10
		Print media	15	30
		Electronic media	9	18
		Friends and family	2	4
		No	19	38

Table 2: Knowledge of police personnel's regarding human rights of people with mental disorder:

Knowledge level	Score category	Frequency	Percentage
inadequate	≤ 50 score	0	0
Moderate	51–75	33	66
Adequate	>75	17	34

Table 3: Level of attitude of police personnel's regarding human rights of people with mental disorder.

Attitude level	Category	Frequency	percentage
Unfavorable	≤ 50 score	0	0
Moderate	51–75	19	38
Favourable	>75	31	62

Table 4: Correlation between knowledge and attitude of respondents on human rights of people with mental disorders.

Domains	Statements	Max. score	Police personnel's			
			Mean	SD	Mean (%)	SD (%)
Knowledge	25	25	16.94	2.2	67.8	8.6
Attitude	25	75	61.00	4.8	81.3	6.4
Correlation coefficient					+0.357	

Table 5: Association between pre–test knowledge score of primi postnatal mothers with selected demographic variables:

Variables	<median (16)	Median (16)	Df	X^2 value
Age				
21–30 years	17	9		
31–35 years	10	6	2	0.84NS
36–45 years	6	2		
Gender			1	4.74 S
Male	24	7		
Female	9	10		
Educational level				4.48 S
PUC	11	11	1	
Graduate	22	6		
Designation				
Constable	19	6		
Head constable	13	5	2	9.77S
Asst. sub inspector	1	6		
Marital status				
Married	10	1	1	3.90S
Unmarried	23	16		
Experience in department				5.20 NS
0–5 years	17	7		
6–10 years	10	2	2	
11–15 years	6	8		
Experience with mental disorders				8.41 S
<1 month	12	9	2	
>1 month	4	6		
No	17	2		
Monthly income			2	2.48 NS
<10, 000	12	8		
10000–19000	17	5		
>19000	4	4		
Religion				
Hindu	19	10	2	0.87 NS
Muslim	7	5		
Christian	7	2		
Type of family			1	1.21NS
Nuclear family	19	7		
Joint family	14	10		
Source of information			4	7.8 NS
Health personnel	3	2		
Print media	8	7		
Electronic media	6	3		
Relatives/family members	0	2		
No	16	3		

as r= 0.357 which was found to be significant at p <0.05 level hence it suggests that there is a linear (positive) correlation between knowledge and attitude.

Recommendations

- The study can be replicated on larger sample, in different settings to generalize the findings.
- A comparative study can be done between the urban and rural police personnel's knowledge and attitude regarding the human rights of people with mental disorders.
- An experimental study can be carried out to find out the effectiveness of a teaching programme in human rights of people with mental disorders.

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Review Article

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A Review on Ebola Virus Disease

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Abstract

Ebola, the killer virus caused Ebola Virus Disease (EVD) formerly known as Ebola Hemorrhagic Fever (EHF) has mostly affected the underdeveloped countries. The virus family Filoviridae, among that the latest outbreak is Zaire species. The virus is scary, but it's also rare. You can get it only from direct contact with an infected person's body fluids. Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola. Diagnostic procedures as Antigen-capture enzyme-linked immune sorbent assay (ELISA) testing, IgM -ELISA, Polymerase chain reaction (PCR), Virus isolation used. No approved vaccine or medicine (e.g., antiviral drug) is available for Ebola. Recovery from Ebola depends on good supportive care and the patient's immune response.

Keywords: Ebola viral disease; Ebola hemorrhagic fever; ELISA; PCR; Antiviral drug

Introcuction

Ebola virus disease (EVD) first appeared in 1976 in 2 simultaneous outbreaks, one in Nzara, Sudan, and the other in Yambuku, Democratic Republic of Congo. The latter occurred in a village near the Ebola River, from which the disease takes its name. The virus family Filoviridae includes 3 generation : Cuevavirus, Marburgvirus, and Ebolavirus. There are 5 species that have been identified : Zaire, Bundibugyo, Sudan, Reston and Taï Forest. The first 3, Bundibugyoebolavirus, Zaire ebolavirus, and Sudan ebolavirus have been associated with large outbreaks in Africa (Table 1).

Table 1:

Virus Family	Generations	Species
Filoviridae	Ebola virus	Zaire (Recentoutbreak)
	Marburg virus	Bundibugyo
	Cueva virus	Sudan
	–	Reston
	–	Taï Forest

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Past Ebola Outbreaks

Past Ebola outbreaks have occurred in the following countries:

- Democratic Republic of the Congo (DRC)
- Gabon
- South Sudan
- Ivory Coast
- Uganda
- Republic of the Congo (ROC)
- South Africa (imported)

Recent Ebola Outbreak

- The recent Ebola epidemic is the largest in history and is affecting multiple countries in West Africa.

The 2014 Ebola Epidemic

The 2014 Ebola epidemicis the largest in history and is affecting multiple countries. The virus causing the West African outbreak belongs to the Zaire species. Likely hosts are bats and this outbreak kills 1 in 2 people who is affected.

The death toll from the Ebola epidemic rose to 4,818 out of 13,042 known cases in eight countries

through by the World Health Oupdate.

The 2014 Ebola epidemicis the largest in history and is affecting multiple countries. The virus causing the West African outbreak belongs to the Zaire species. Likely hosts are bats and this outbreak kills 1 in 2 people who is affected.

The death toll from the Ebola epidemic rose to 4,818 out of 13,042 known cases in eight countries through by the World Health Organization (WHO). The three worst-hit countries of West Africa— Guinea, Liberia and Sierra Leone— account for the bulk, recording 4,912 deaths out of 10,114 cases, the WHO-Geneva said in its update.

The overall figures include outbreaks in Nigeria and Senegal, deemed by the WHO to be now over, as well as isolated cases in Spain, the United States and a single case in Mali. But the true toll may be three times as much: by a factor of 1.5 in Guinea, 2 in Sierra Leone and 2.5 in Liberia, while the death rate is thought to be about 70 percent of all cases. Explaining these projections, the WHO said many families are keeping infected people at home rather than putting them into isolation in treatment centers, some of which have refused patients due to overcrowding.

Risk Factors

Healthcare providers caring for Ebola patients and the family and friends in close contact with Ebola patients are at the highest risk of getting sick because they may come in contact with the blood or body fluids of sick patients. People also can become sick with Ebola after coming in contact with infected wildlife. For example, in Africa, Ebola may spread as a result of handling bush meat (wild animals hunted for food) and contact with infected bats. The virus also can be spread through contact with objects (like clothes, bedding, needles, syringes/sharps or medical equipment) that have been contaminated with the virus or with infected animals.

Pathophysiology

After entering the body, it kills cells, making some of them explode. It wrecks the immune system, causes heavy bleeding inside the body, and damages almost every organ.

The virus is scary, but it's also rare. You can get it only from direct contact with an infected person's body fluids.

Symptoms of Ebola

- Fever
- Severe headache
- Muscle pain
- Weakness
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)

Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days. Recovery from Ebola depends on good supportive clinical care and the patient's immune response. People who recover from Ebola infection develop antibodies that last for at least 10 years.

Virus Transmission

Because the natural reservoir host of Ebola viruses has not yet been identified, the way in which the virus first appears in a human at the start of an outbreak is unknown. However, scientists believe that the first patient becomes infected through contact with an infected animal, such as a fruit bat or primate (apes and monkeys), which is called a spillover event. Person-to-person transmission follows and can lead to large numbers of affected people. In some past Ebola outbreaks, primates were also affected by Ebola, and multiple spillover events occurred when people touched or ate infected primates.

When an infection does occur in humans, the virus can be spread in several ways to others. Ebola is spread through direct contact (through broken skin or mucous membranes in, for example, the eyes, nose, or mouth) with

- blood or body fluids (including but not limited to urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with Ebola
- objects (like needles and syringes) that have been contaminated with the virus
- infected fruit bats or primates (apes and monkeys)

Diagnosis

Diagnosing Ebola in a person who has been infected for only a few days is difficult, because

the early symptoms, such as fever, are nonspecific to Ebola infection and are seen often in patients with more commonly occurring diseases, such as malaria and typhoid fever.

However, if a person has the early symptoms of Ebola and has had contact with the blood or body fluids of a person sick with Ebola, contact with objects that have been contaminated with the blood or body fluids of a person sick with Ebola, or contact with infected animals, they should be isolated and public health professionals notified. Samples from the patient can then be collected and tested to confirm infection (Table 2).

- Laboratory tests used in diagnosis include:

Table 2:

Timeline of Infection	Diagnostic tests available
Within a few days after symptoms begin	• Antigen-capture enzyme-linked immune sorbent assay (ELISA) testing • IgM ELISA • Polymerase chain reaction (PCR) • Virus isolation
Later in disease course or after recovery	• IgM and IgG antibodies
Retrospectively in deceased patients	• Immunohistochemistry testing PCR • Virus isolation

Treatement

No approved vaccine or medicine (e.g., antiviral drug) is available for Ebola.

Symptoms of Ebola are treated as they appear. The following basic interventions, when used early, can significantly improve the chances of survival:

- Providing intravenous fluids (IV) and balancing electrolytes (body salts)
- Maintaining oxygen status and blood pressure
- Treating other infections if they occur

Conclusion

Experimental vaccines and treatments for Ebola are under development, but they have not yet been fully tested for safety or effectiveness. Recovery from Ebola depends on good supportive care and the patient's immune response. People who recover from Ebola infection develop antibodies that last for at least 10 years, possibly longer. It isn't known if people who recover are immune for life or if they can become infected with a different species of Ebola.

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Child Psychology

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Abstract

Child Psychology is today a vast concern as children's today are more advanced with the progressively changing routine in our day today life. Today with the advanced knowledge and intervention many problems can be dealt in its early phase. Previously children's were not given much importance about what they feel, their desire, themselves being treated as an individual, abnormal childhood behavior etc. which has lead to many psychological problems later in the adulthood. By understanding the "Child Psychology", its importance and ways to deal with has proved to alleviate many problems of childhood to take its root. This article will tell us about child psychology, its importance, its different branches and various key points to understand it with evidence based reviews.

Keywords: Child Psychology; School Psychology; Education Psychology; Clinical Child Psychology; Developmental Psychology; Emotional Quotient; Reviews

Introduction

According to eminent psychologist Sigmund Freud, babies are initially driven by instinctive and selfish urges but gradually adapt to a more realistic approach by imbibing their parents' values and rules. These play a role in the development of the child's conscience.

Find out about the simple things that tell you what your kid likes or dislikes, what makes him laugh or cry, and what motivates him or causes him misery.

What is Child Psychology?

This specialized branch focuses on the psychological processes of children from birth to adolescence [1].

It takes note of the psychological changes that occur from infancy [1].

Child psychology is the study of subconscious and conscious childhood development [2].

Why the recent attention? [3]

Psychopathology relatively common in childhood (8–22% of children diagnosed with a behavioral, emotional or learning disorder)

Many childhood disorders have lifelong consequences

Most adult disorders have their roots in childhood disorders

By studying childhood disorders, may be better able to develop effective early interventions

Media attention to high-profile, child-related problems (school violence, misuse/over-use of meds, child abuse, etc.)

Tips to Understand Your Child's Psychology: [4]

There are some important tips which will help us to understand our child's psychology in more better way. They are-

- Undivided attention
- observation
- Pay attention

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- Listen
- Understand
- Spend quality time
- Express
- Right Questions
- Educate
- Empathize
- Don't Assume
- Emotional Quotient

Classification

Child psychology can be grouped as [5]

1. Clinical child psychology
2. Developmental psychology
3. School psychology
4. Educational psychology

Developmental psychology

Developmental psychology is the scientific study of how and why human beings change over the course of their life. Originally concerned with infants and children, the field has expanded to include adolescence, adult development, aging, and the entire lifespan. Developmental psychologists aim to explain how thinking, feeling, and behaviors change throughout life. This field examines change across three major dimensions: physical development, cognitive development and socioemotional development [6]

Theories based on developmental psychology

- Psychosexual development
- Stages of moral development
- Stages of psychosocial development
- Theories of cognitive development
- Stages based on the model of hierarchical complexity
- Ecological systems theory
- Zone of proximal development
- Constructivism
- Evolutionary developmental psychology
- Attachment theory

Psychosexual development

According to the famous psychoanalyst Sigmund Freud, children go through a series of psychosexual stages that lead to the development of the adult personality. His theory described how personality developed over the course of childhood. Different stages of Psychosexual development are (Fig. 1)

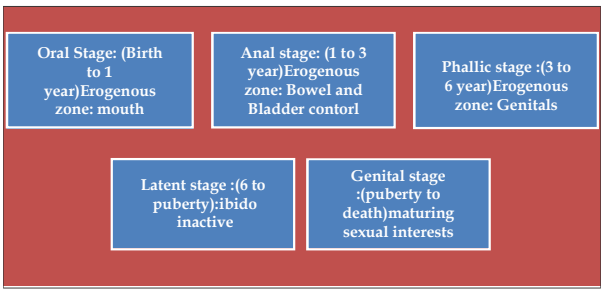

Fig. 1:

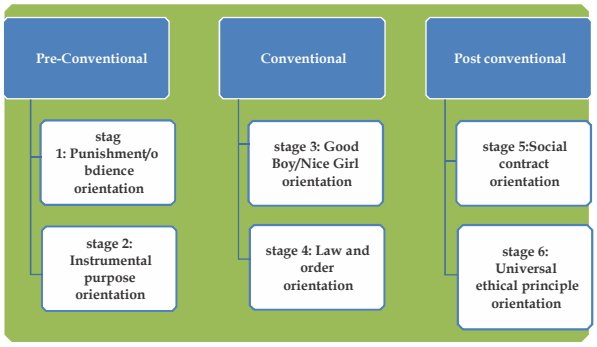

Fig. 2:

Stages of Moral Development

Kohlberg's six stages can be more generally grouped into three levels of two stages each: pre-conventional, conventional and post-conventional (Fig. 2).

Stages of psychosocial development

Erik Erikson was an ego psychologist who developed one of the most popular and influential theories of development. Erikson's theory centered on psychosocial development. The stages that make up his theory are as follows:

- Stage 1 – (Infancy)Trust vs. Mistrust
- Stage 2 – (Toddler)Autonomy vs. Shame and Doubt
- Stage 3 – (Preschool) Initiative vs. Guilt
- Stage 4 – (School age)Industry vs. Inferiority
- Stage 5 – (Adolescence) Identity vs. Confusion

Theories of cognitive development

Jean Piaget's theory of cognitive development suggests that children move through four different stages of mental development. His theory focuses not only on understanding how children acquire knowledge, but also on understanding the nature of intelligence. Piaget's stages are:

- Sensorimotor stage: birth to 2 years
- Preoperational stage: ages 2 to 7
- Concrete operational stage: ages 7 to 11
- Formal operational stage: ages 12 and up

Stages Based on the Model of Hierarchical Complexity

The model of hierarchical complexity is a framework for scoring how complex a behavior is, such as verbal reasoning or other cognitive tasks [1]. It quantifies the order of hierarchical complexity of a task based on mathematical principles of how the information is organized, in terms of information science [2]. This model has been developed by Michael Commons and others since the 1980s (Table 1).

Ecological Systems Theory

Bronfenbrenner's Ecological Theory of Development

Bronfenbrenner's ecological systems theory views the person as developing within a multilayered system of relationships. He considers development to take place within nested systems. He calls these; the microsystem (such as the family or classroom), the mesosytem (which is two microsystems in interaction), the exosystem (which is a system influencing development, i.e., parental workplace) and the macrosystem (the larger cultural context). Each system contains roles, norms & rules that can powerfully shape development.

Zone of proximal development

According to Vygotsky, the zone of proximal development is: "The distance between the actual development level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers." (Vygotsky, 1978)

Constructivism

Constructivism is a learning theory found in psychology which explains how people might acquire knowledge and learn. It therefore has direct application to education. The theory suggests that humans construct knowledge and meaning from their experiences.

Evolutionary Developmental Psychology

Evolutionary developmental psychology is the study of how genetic systems are developed during developmental, how the ecology of developing organism influence the expression of one genetic system or the another and how the modification in timing of developmental process influence evolution (Hilbert, Opitz and Raff 1996)

Attachment Theory

Attachment theory is a psychological model attempting to describe the dynamics of long-term and short-term interpersonal relationships between humans. "Attachment theory is not formulated as a general theory of relationships; it addresses only a specific facet": how human beings respond in relationships when hurt, separated from loved ones, or perceiving a threat. Four different attachment classifications have been identified in children by John Bowlby:

- *Secure attachment* occurs when children feel they can rely on their caregivers to attend to their needs of proximity, emotional support and protection. It is considered to be the most advantageous attachment style.

Table 1: Stages of hierarchical complexity

Order or Stage	What they do	How they do it	End result
0 - calculatory	Exact computation only, no generalization	Human-made programs manipulate 0, 1, not 2 or 3.	Minimal human result. Literal, unreasoning computer programs act in a way analogous to this stage.
1 - sensory or motor	Discriminate in a rote fashion, stimuli generalization, move	Move limbs, lips, toes, eyes, elbows, head View objects or move	Discriminative establishing and conditioned reinforcing stimuli
2 - circular sensory-motor	Form open-ended proper classes	Reach, touch, grab, shake objects, circular babble	Open ended proper classes, phonemes, archiphonemes
3 - sensory-motor	Form concepts	Respond to stimuli in a class successfully	Morphemes, concepts
4 - nominal	Find relations among concepts. Use names	Find relations among concepts Use names	Single words: ejaculatives & exclamations, verbs, nouns, number names, letter names
5 - sentential	Imitate and acquire sequences Follows short sequential acts	Generalize match-dependent task actions. Chain words	Various forms of pronouns: subject (I), object (me), possessive adjective (my), possessive pronoun (mine), and reflexive (myself) for various persons (I, you, he, she, it, we, y'all, they)
6 - preoperational	Make simple deductions. Follow lists of sequential acts. Tell stories.	Count event events and objects Connect the dots Combine numbers and simple propositions	Connectives: as, when, then, why, before; products of simple operations
7 - primary	Simple logical deduction and empirical rules involving time sequence Simple arithmetic	Adds, subtracts, multiplies, divides, counts, proves, does series of tasks on own	Times, places, counts acts, actors, arithmetic outcome, sequence from calculation
8 - concrete	Carry out full arithmetic, form cliques, plan deals	Does long division, short division, follows complex social rules, ignores simple social rules, takes and coordinates perspective of other and self	Interrelations, social events, what happened among others, reasonable deals, history, geography
9 - abstract	Discriminate variables such as stereotypes; logical quantification; (none, some, all)	Form variables out of finite classes Make and quantify propositions	Variable time, place, act, actor, state, type; quantifiers (all, none, some); categorical assertions (e.g., "We all die")
10 - formal	Argue using empirical or logical evidence Logic is linear, 1 dimensional	Solve problems with one unknown using algebra, logic and empiricism	Relationships (for example: causality) are formed out of variables; words: linear, logical, one dimensional, if then, thus, therefore, because; correct scientific solutions
11- systematic	Construct multivariate systems and matrices	Coordinates more than one variable as input. Consider relationships in contexts.	Events and concepts situated in a multivariate context; systems are formed out of relations; systems: legal, societal, corporate, economic, national
12 - metasystematic	Construct multi-systems and metasystems out of disparate systems	Create metasystems out of systems Compare systems and perspectives Name properties of systems: e.g. homomorphic, isomorphic, complete, consistent (such as tested by consistency proofs), commensurable	Metasystems and supersystems are formed out of systems of relationships
13 - paradigmatic	Fit metasystems together to form new paradigms	Synthesize metasystems	Paradigms are formed out of multiple metasystems
14 - cross-paradigmatic	Fit paradigms together to form new fields	Form new fields by crossing paradigms	New fields are formed out of multiple paradigms

- *Anxious-ambivalent attachment* occurs when the infant feels separation anxiety when separated from the caregiver and does not feel reassured when the caregiver returns to the infant.
- *Anxious-avoidant attachment* occurs when the infant avoids their parents.
- *Disorganized attachment* occurs when there is a lack of attachment behavior.

Clinical Child Psychology

The Society of Clinical Child and Adolescent Psychology (SCCAP) is an academic and professional society in the United States that was established to encourage the development and advancement of clinical child and adolescent psychology through integration of its scientific and professional aspects.

Who can benefit from clinical psychology?

- Childrens Anxiety
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism Spectrum Disorder
- Giftedness
- Learning disabilities
- Intellectual disabilities
- Other concerns including behaviour, depression, history of trauma and adjustment to stressful life events

What role can parents play?

- Parents play a big role in psychological treatments. When a child is displaying a challenging behaviour, the parents are often on the front lines. It takes considerable effort to change behaviour patterns, and it is the parents' commitment, effort and energy, working with the therapist, that makes it happen.
- The therapist provides the parents with the techniques and ongoing support they need to help their child. For example, the psychologist might say, "This week we want you to focus on noticing positive behaviour and giving feedback on that; then we will see what has changed and what to do next."

Educational Psychology

It tells us about

- Learning and Teaching Today
- What Is Good Teaching?
- The Role of Educational Psychology

Teaching and learning today

Teachers Today

Teacher's sense of efficacy

– A teacher's belief that he or she can reach even difficult students to help them learn

– Predicts student achievement

– Grows from real success with students

– Experience and training are essential.

Students Today

- Dramatic Diversity – Language
  - 18% speak language other than English at home – Ethnicity
  - 22% of children are Latino – SES
  - 1 in 5 children lives in poverty
- Technology – High levels of technology

What Is Good Teaching?

Is Teaching a Science or an Art?

- Beware of either/or choices.
- Teachers must be:

– Able use a range of strategies

– Flexible and inventive

– Knowledgeable about their students

Going beyond accommodating learner differences to seeing diversity as an array of strengths on which to build

- Creating curriculum that is
  - Focused
  - Engaging
  - Demanding
  - Important

The Role of Educational Psychology

In the Beginning – Educators and psychologists observing children in classrooms

- Today – Research on teaching and learning

– Child/adolescent development

– Motivation

- What happens when someone teaches something to someone else in some setting?

- Educational psychology is a field dedicated to the study of teaching and learning.

- Using Research to Understand and Improve Learning

School Psychology

If you want to

- Help children reach their potential
- Promote children's mental health
- Work collaboratively with others
- Develop interpersonal and communication skills
- Have a variety of career options for children.

Definition

It is a psychology that is concerned with the science and practice of psychology with children, youth, families; learners of all ages; and the schooling process.

- School Psychology tells that all children learn when given:

- Adequate supports and resources
- Recognition of their individual needs
- Connection to and trust in adults
- Opportunities to achieve
- Acceptance and encouragement
- Cooperation between school and home

Outcomes

- High academic achievement
- Positive social skills and behavior
- Healthy relationships and connectedness
- Tolerance and respect for others
- Competence, self-esteem, and resiliency

Reviews on child psychology

Scientists estimate that during this time, a baby's brain consumes 60 % of the body's total energy, compared with an adult brain that on average uses only between 20% and 25% (Brunton, 2007). Research has shown that memory begins not long after birth and matures significantly by the age of six. The development of sight, hearing, and other senses reaches its peak at three months, and at four months babies start distinguishing between the faces of loved ones and strangers ("Inside a Baby's Brain," 2005). Undoubtedly, understanding brain function and learning can only help adults teach children better [7].

According to the Clinical Child Psychology Organization, research from developmental psychology testifies to the importance, beginning in infancy, of caring, nurturing, emotionally healthy experiences and relationships to long-term physical and mental health and to the lifetime development of harmonious, reciprocal, psychologically productive relationship [8].

Jinamoni Saikia, Anshu and Anjali Mathur *et al*. did a study on emotional intelligence of adolescents to find out the differences among them due to different sociocultural background. The sample size comprised of 325 adolescents (16–18 years) drawn from urban, rural and tribal areas of Jorhat district of Assam. It can be highlighted from the results that the level of emotional intelligence of most of the adolescents was far better in the dimension of interpersonal management. Majority of adolescents were least competent in the abilities pertaining to the dimension of intrapersonal management. Majority of adolescents of urban culture were found to have more skills in all the dimensions of emotional intelligence than the adolescents of rural culture barring interpersonal management. The adolescents of tribal culture possessed considerably low level in all the dimensions of emotional intelligence [9].

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Case Report

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A Case Study Showing the Actual Presentation of A Child Having Ventricular Septal Defect

Nirupam Nisha Sahu

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Abstract

Congenital Heart Disease is the major cause of death in the first year of life. Although there are more than 35 well recognised cardiac defects, the most common is ventricular septal defect. The article depicts a case study of a 3 ½ month old male child presenting with the signs and symptoms of ventricular septal defect. The importance of History taking, physical assessment, rapid response to findings with time-constrained empirical interventions, the consideration of access to health care, and a holistic approach to treatment of the patient and the family are highlighted.

Keywords: Ventricular septal defect; Failure to thrive

Introduction

Ventricular septal defects (VSD) represent the most common form of congenital heart disease. Ventricular septal defect, a hole in the heart is a common heart defect that's present at birth (congenital). The hole occurs in the wall (septum) that separates the hearts lower chamber and allows blood to pass from the left to the right side of the heart. The oxygen-rich blood then gets pumped back to the lungs instead of out to the body, causing the heart to work harder [1]. My client 2 & ½ yr old is suffering from Ventricular septal defect by birth but diagnosed at 2 month of age after he suffered from recurrent respiratory infection.

Case Report

A baby boy 2 ½ month old was admitted to some private hospital for treatment of Lower respiratory tract infection. From there he was referred to higher centre for further management. There he got cured but diagnosed as a case of ventricular septal defect after certain examination and further transferred to higher centre for management of cardiac anomaly. Baby after being received in higher centre was dull thin built, irritable, looking pale, undernourished having a weight of 3.4 kg, Heart rate 100–120 beats/ min., para systolic murmur is heard, Respiration 35 breaths/ minute also bilateral ronchi present, blood pressure 80/60 mm of Hg, SpO_2 92–93 mm of Hg and maintaining 100% @ 2 litres of oxygen, looking unhygienic. Certain investigation done as X-ray chest-reveals lower respiratory tract infection, 2 D –Echo reveals-left to right shunt, moderate size multiple, mid and apical muscular Ventricular septal defect, Hb 7.8 gm/dl, TLC4.37/mm^3 rest all parameters are within normal limit. He was on Syp. Dixin 15 drops/PO OD. Cardiac Consultants planned for surgical repair of ventricular septal defect after adequate weight is gained as the child birth weight was 3.3 kg. Also baby is now having poor appetite, oxygen saturation falls soon while feeding, low pitched voice. So, they planned for improving the appetite by slowly increasing the feeds, inserted nasogastric tubing to maintain feeds, strict intake output charting is done and hygiene maintained. Meanwhile he had aspiration pneumonia but was successfully managed by the health care team. After a month also baby's weight remained 3.6 kg, not improving

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to that level, developed congestive heart failure, still SpO_2 maintained with oxygen@ 2 litres/ min., pedal oedema present. Currently managing symptomatically.

Discussion

Ventricular septal defect (VSD) is defined as a hole in the septum (the wall) between the lower chambers of the heart (the ventricles) [2]. VSD is an acyanotic congenital heart defect, aka a left-to-right shunt, so there are no signs of cyanosis in the early stage [3]. My client was also not having cyanosis only pallor discolouration was there all over the body. Ventricular septal defect (VSD) symptoms in a baby may include: Poor eating, failure to thrive, Fast breathing or breathlessness, Easy tiring [1]. My client present with all these symptoms. Congenital VSDs are frequently associated with other congenital conditions, such as Down syndrome [4]. In my client disease is not associated with Down's Syndrome. Genetics and environmental factors may play a role. VSDs can occur alone or with other congenital heart defects [1]. My client is suffering from Ventricular septal defect alone and the cause is not known.

Pathophysiology : During ventricular contraction, or systole, some of the blood from the left ventricle leaks into the right ventricle, passes through the lungs and reenters the left ventricle via the pulmonary veins and left atrium. This has two net effects. First, the circuitous refluxing of blood causes volume overload on the left ventricle. Second, because the left ventricle normally has a much higher systolic pressure (~120 mmHg) than the right ventricle (~20 mmHg), the leakage of blood into the right ventricle therefore elevates right ventricular pressure and volume, causing pulmonary hypertension with its associated symptoms. In serious cases, the pulmonary arterial pressure can reach levels that equal the systemic pressure. This reverses the left to right shunt, so that blood then flows from the right ventricle into the left ventricle, resulting in cyanosis, as blood is by-passing the lungs for oxygenation [5]. In my client left to right shunt is seen. Diagnosis A VSD can be detected by cardiac auscultation. Classically, a VSD causes a pathognomonic holo-or pansystolic murmur. Confirmation of cardiac auscultation can be obtained by non-invasive cardiac ultrasound (echocardiography). To more accurately measure ventricular pressures, cardiac catheterization, can be performed. My client was diagnosed via cardiac auscultation and echocardiography.

Classification: Multiple, Type 1-Type 1 is sub aortic, Type 2-Type 2 also known as perimembranous, paramembranous, conoventricular, membranous septal defect, and subaortic, Type 3-Type 3 also known as inlet (or AV canal type). Type 4-Type 4 also known as muscular (trabecular), Type: Gerbode-Type: Gerbode also known as left ventricular to right atrial communication [6]. My client is having Type 4 VSD. Alberto Cresti, Raffaele Giordano etal conducted a study to evaluate the incidence and natural history of isolated VSDs and the findings are; Out of 343 newborns with an isolated VSD (incidence of 10.45/1000/births) account for 64% of all detected CHDs. VSDs location were as follows: muscular (73.8%), perimembranous (11.3%), inlet (1%), and outlet (0.8%). Of the located VSDs, 90% were small, 7.5% moderate, and 2.5% large, respectively [6].

Treatment: Most cases do not need treatment and heal during the first years of life. Treatment is either conservative or surgical. Smaller congenital VSDs often close on their own, as the heart grows, and in such cases may be treated conservatively. Some cases may necessitate surgical intervention, i.e. with the following indications: 1. Failure of congestive cardiac failure to respond to medications 2. VSD with pulmonic stenosis 3. Large VSD with pulmonary hypertension 4. VSD with aortic regurgitation. A nitinol device for closing muscular VSDs, 4 mm diameter in the centre. For my client conservative management is done [8] Epidemiology: VSDs are the most common congenital cardiac abnormalities. They are found in 30–60% of all newborns with a congenital heart defect, or about 2–6 per 1000 births [5, 7].

Conclusion

My client 3 & ½ months old baby boy was suffering from Type 4 ventricular septal defect, having frequent respiratory infections not maintaining oxygen saturation on it's own, having symptoms of failure to thrive and developing congestive heart failure was on conservative management. Lowell H Frank stated in a chapter on Ventricular septal defects that it represent the most common form of congenital heart disease. There are different anatomic subtypes with the same pathophysiology of left-to-right shunting, increased pulmonary blood flow, and possibly congestive heart failure. Echocardiography is the mainstay of diagnosis. Treatment of hemodynamically significant defects includes medical management of congestive heart failure and either catheter-based or surgical closure [8].

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Bilateral Ectopic Ureter : A Case Report with Literature Review

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Abstract

An ectopic ureter is a rare congenital renal anomaly that occurs as a result of abnormal caudal migration of the ureteral bud during its insertion to the urinary bladder [1]. Ectopic ureter is referred as the ureter is not having direct connection with the bladder and also it drains urine outside of the bladder [2,12,13]. In 80% of the ectopic uretercases, associated with a duplex collecting system [3,11]. A 3-year-5month-old girl presented with urinary incontinence from her birth regardless of achieving successful voiding pattern. Cystoscopy and genitoscopy was performed for the child and revealed small capacity of urinary bladder and also ureter opening was not able to identify. Contrast-enhanced computed tomography was done for the child and revealed a very small bladder and is not seen to jointed bytheir dilated ureters inserted in to bladder neck. The present case underwent surgical treatment likeuretericreimplantation of the ectopic ureters back into the bladder, with the partial resolution of the symptoms. The reported case does not represent any other symptoms except leakage or dribbling of urine from the birth. The presented case reminds us that congenital renal anomalyshould be considered even if any child had complaints of urinary incontinence from the birth. The child should be treated immediately.

Keywords: Ectopic ureter; Incontinence; Computed tomography; Child

Introduction

The exact cause of ectopic ureter is not knownbecause it is one of the rare congenital renal anomaly. Ectopic ureters are more frequently associated with duplex kidney system where there is single kidney will have two separate ureters, one will drains normally into the bladder while the other one is ectopic nature [2,14]. The male child with ectopic ureter, the ureter may get inserted into the lower urinary bladder, posterior urethra, seminal vesicle, ductus deferens, ejaculatory duct, and very rarely with the rectum. In female child, the most common site of ureter insertion would be bladder neck and upper urethra (33%), vaginal vestibule (33%), vagina (25%), and cervix and uterus (<5%) [1]. The incidence of ectopic ureters are 1 case in 1900 live births, but may go higher if the case not diagnosed when asymptomatic, especially in male child. It is most commonly affecting female kids, the ratio of F: M = 10:1 [1]. It can be difficult to diagnose when the child is asymptomatic but by doing CECT scans will help us todiagnose and confirm the case. Since the constant urinary leakage is normal during childhood period, but generally there will not be anyassociated abnormalities found from the urinary tract. Urinary incontinence is the one of the important symptom of an ectopic ureter, especially in female kids should be considered [4].

Case Report

A 3-year-5 month old girl was referred for the investigation of urinary incontinence. As parents said their child had continuous low volume urine leakage from the birth. She was constantly having dribbling of urine from birth but had normal voiding pattern. The parents are unable to specify whether there was any connection with standing, coughing, or effort. There was no any significant past medical illness except leakage of urine from birth. On regular physical examination the external

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genitalia appeared normal with no vaginal pooling of urine or ectopic ureteral orifice. External genitalia examination revealed normal urethral and vaginal openings, with an intermittent urine leakage. All the routine investigations were normal like complete blood count, serum electrolyte tests. A cystoscopy was performed under general anesthesia, it revealed ureter opening not able to identify, very small capacity bladder, dilated right ureter. As urologist had high suspicion of an ectopic ureter. The patient taken for contrast-enhanced computed tomography (CT) of the whole abdomen to visualize the entire urinary tract in better. The CECT was performed and revealed that both kidneys show normal size, shape, position, Left pelviccalyceal system is dilated. Also report shown that bladder is very small and is not seen to be jointed by their dilated ureters, the dilated ureters are seen to course towards bladder neck which could be probable site of opening of ureter. Definitive diagnosis of bilateral ectopic ureter was made. The reported case underwent uretericre implantation of ureters into bladder. In the postoperative period, the patient had complaints pain associated with surgery and child did not passed stool for 2 days as parents said. Post operatively hourly vitals monitored, 2 hourly urine output also monitored, maintained fluid and electrolytes.

Discussion

There are no known causes for this birth defect. According to the Committee on Terminology, Nomenclature, and Classification of the Section on Urology of the American Academy of Pediatrics, ureteral ectopia is defined as a ureter that terminates into an abnormal location. They also stated it may happen in boys or girls, but is more common in girls and also said there is no proof that the pregnancy may cause it [5]. The presentation of symptoms depends on the insertion site of the ectopic ureter, and this differs between girls and boys. The general signs of ectopic ureter are: urinary incontinence, Swelling in the abdomen, Urinary tract infections (UTI), Vesicoureteral Reflux (VUR). Boys with ectopic ureters do not often have incontinence, since the ureter drains inside the body. But they may still have signs of swelling or a UTI. Girl child with ectopic ureters may have complaints of leakage of urine because the ureter is draining directly into the vagina. This problem is clear after toilet training [6] [13]. The reported case also had leakage of urine from the birth as a only symptoms.

There are some basic tests to see the ureters, kidneys and bladder are ultrasound, Bladder X-ray (Voiding Cystourethrogram, or VCUG), Renal Flow Scan (MAG-3 or DMSA) or Magnetic Reasonance Urogram, Cystoscopy, MRI and CT scan are better at finding slight swelling of the ureter and the part of the kidney it drains [6,13]. The presented girl cystoscopy was performed under general anesthesia, report shown ureter opening not able to identify, very small capacity bladder. Then she underwent CECT as a definitive diagnosis of ectopic ureter.

Gregory R. Hanson *et al.* [7], studied 24 female patients with incontinence after toilet training or other symptoms caused by ureteral ectopia for Diagnosis of ectopic ureter as a cause of urinary incontinence. Revealed 19 initially had negative diagnostic tests. These combined tests consisted of 15 intravenous pyelograms (IVPs), 18 VCUGs, 14 ultrasound, five cystoscopies, one nuclear VCUG and one MRI, for 2 cases computed tomography (CT) was performed as the primary test revealing an ectopic system. Study results showed that 26 cases of ectopic ureters, the diagnosis was made by CT scan in 13, IVP in 5, and cystoscopy in 6, and ultrasound in one. One ectopic ureter was identified by exploration. They also said no cases were found a CT scan fails to identify an ectopic system [7].

The treatment of choice for ectopic ureter is surgical management.To prevent infection, the patient may be put on a low dose of antibiotics before surgery. The 3 types of surgery to fix this problem arenephrectomy, ureteroureterostomy, ureteral reimplantation [6]. The reported child undergone ureteric reimplantation, the ureter is reimplanted into the correct position where it joins the bladder. The recovery depends on which operation was done. Usually the infants and children need to stay at the hospital for 1 to 5 days. If a catheter (tube) was used, it will be taken out easily before the child goes home. The area where the catheter is placed will get healed by its own. Stitches will not be needed. If an internal drain was used, it needs to be removed 3 to 4 weeks after surgery [6].

Chadwick Plaire *et al.* [8] studied 32 patients with 33 ectopic ureters treated at the kidney level during the last 10 years. Revealed that ectopic ureters were associated with duplicated collecting systems in 31 cases and with single systems in 2, in 23 units upper pole heminephrectomy and partial ureterectomy were performed and upper tract reconstruction was done in 8 cases. Both patients with single systems underwent nephrectomy. Four patients (12%) required repeat surgery at the bladder level, including 1 who underwent ureteral

reimplantation for persistent ipsilateral lower pole reflux and simultaneous upper pole stump removal. The findings showed that 2 cases required a repeat operation to remove the stump due to recurrent urinary tract infections [8].

Viyay D upadaya *et al.* [9] studied 13 female patients and the findings of the study are eight cases of ectopic ureter with dysplastic kidney was seen on left side and in five it was on right side. Nephroureterectomy was performed for all the patients of the affected side because of poor functioning [9]. The exceptionality of this case is rare one, there were not much literature support found.

Baojun Gu *et al.* [10] shared 35 years' experience of managing duplex kidneys with ectopic ureter by simple anti reflux uretero cystic reimplantation, he presented 36 female children, aged 10 months to 13 years, were treated. Revealed 31 patients had follow-up data (range 11 months to 25 years). Postoperatively, there were no reports of dribbling incontinence, urinary frequency, lumbago or recurrent fever with the exception of urinary incontinence in 2 patients.Also stated Cystography and intravenous pyelography was performed for 27 cases and showed no bladder-ureter reflux and for 12 cases Superior kidney hydronephrosis improved [10].

Conclusion

Girls with continuous dribbling of urine should be considered immediately to have an ectopic ureteral orifice until proved otherwise. Patients with an ectopic ureter often will have no abnormality on initial assessment but imaging studies like CT scan may be helpful for deciding the treatment and managing the child is depends on the extent of renal function involved.

Conflict of interest: Nil

Support: None

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