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July - December 2015
Volume 1, Number 2

Contents

Original Articles

Review Articles

Revised Rates for 2015 (Institutional)

Title	Frequency	Rate (Rs): India	Rate ($):ROW
Dermatology International	2	4500	280
Gastroenterology International	2	5000	360
Indian Journal of Agriculture Business	2	4500	300
Indian Journal of Anatomy	2	6000	260
Indian Journal of Ancient Medicine and Yoga	4	7000	330
Indian Journal of Anesthesia and Analgesia	2	5000	600
Indian Journal of Anthropology	2	10500	500
Indian Journal of Applied Physics	2	3500	400
Indian Journal of Biology	2	3000	170
Indian Journal of Cancer Education and Research	2	6500	500
Indian Journal of Communicable Diseases	2	7500	58
Indian Journal of Dental Education	4	4000	288
Indian Journal of Forensic Medicine and Pathology	4	14000	576
Indian Journal of Forensic Odontology	4	4000	288
Indian Journal of Genetics and Molecular Research	2	6000	262
Indian Journal of Law and Human Behavior	2	5000	500
Indian Journal of Library and Information Science	3	8000	600
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Indian Journal of Medical & Health Sciences	2	6000	120
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Indian Journal of Reproductive Science and Medicine	4	3000	180
Indian Journal of Scientific Computing and Engineering	2	4000	280
Indian Journal of Surgical Nursing	3	3000	70
Indian Journal of Trauma & Emergency Pediatrics	4	8500	302
International Journal of Agricultural & Forest Meteorology	2	8000	800
International Journal of Food, Nutrition & Dietetics	2	4000	900
International Journal of History	2	6000	500
International Journal of Neurology and Neurosurgery	2	9000	276
International Journal of Political Science	2	5000	400
International Journal of Practical Nursing	3	3000	70
International Physiology	2	6500	240
Journal of Animal Feed Science and Technology	2	4000	280
Journal of Cardiovascular Medicine and Surgery	2	9000	238
Journal of Orthopaedic Education	2	4500	190
Journal of Pharmaceutical and Medicinal Chemistry	2	15000	350
Journal of Psychiatric Nursing	3	3000	70
Journal of Social Welfare and Management	4	7000	276
Meat Science International	2	5000	500
Microbiology and Related Research	2	6000	150
New Indian Journal of Surgery	4	7000	360
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Original Article

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A Study to Assess the Knowledge Regarding ICDS Services among Mothers at Selected Anganwadi Centre's Tirupati

C. Prabhavathi*, B. Kokilamma, P. Sudharani***, M. Sreelatha******

Author Affiliation
*M. Sc. Nursing Student, **Assistant Professor, ***Principal, ****Assistant Professor, Dept of Community Health Nursing, College of Nursing, SVIMS, Tirupati, Andhra Pradesh 517507.

Reprint Request
C. Prabhavathi, M.Sc. Nursing student, Dept of Community Health Nursing, College of Nursing, Sri Venkateswara Institute of Medical Sciences (SVIMS), Tirupati, Andhra Pradesh 517507.
E-mail:
prabhavathi.chi@gmail.com

Abstract

Currently the most important scheme in the field of child welfare is the ICDS scheme. The blue print for the scheme was prepared by the department of social welfare in 1975. The project was sanctioned in October 1975. ICDS scheme was launched on 2 October 1975, the 106th birth anniversary of Mahatma Gandhi the father of nation. Therefore, a study was conducted to assess the knowledge regarding ICDS services among mothers at selected [1]. Research design was cross-sectional descriptive design. The study was conducted at Anganwadi centres, Tirupati. Population includes mothers of under-five children. Sample size consists of 100 mothers of under-five children under inclusion criteria. Non-probability convenient sampling technique was adopted based on inclusion criteria. A structured knowledge questionnaire is used to assess the knowledge regarding ICDS services among mothers. The collected data were analyzed by descriptive and inferential statistics. Study findings revealed that out of 100 mothers 53(53%) had moderate knowledge, 38 (38%) had adequate knowledge and only 9 (9%) had inadequate knowledge regarding ICDS services. The mean knowledge regarding ICDS services among mothers is 23.14 with the standard deviation of 4.362. There is a significant association between knowledge regarding ICDS services with age of mother, educational status of mother, educational status of father, monthly income, religion at $p<0.01$ level. A majority of mothers were having moderate knowledge regarding ICDS services and demographic variables were statistically significant, and hence it can be concluded that, there should be improve knowledge regarding ICDS services by providing education regarding various services for different groups in order to improve the utilization of ICDS services to improve maternal and child health.

Keywords: ICDS services; Knowledge; Mothers.

Background

Integrated Child Development Scheme (ICDS) represents one of the world's largest and most unique programs for early childhood development. India has got the response to provide pre-school education to reduce malnutrition, morbidity and mortality of children through network of ICDS centres it is known as Anganwadi [1]. The word Anganwadi is derived from the Hindi word 'Angan' which refers to the courtyard of a house [6]. The package of services provided by the ICDS scheme includes supplementary nutrition, immunization, health check-up, referral services,

nutrition, health education, and pre-school education [2]. The distribution of iron and folic acid tablets and mega dose of vitamin A is also undertaken to prevent iron deficiency Anaemia and xerophthalmia respectively.

Objectives

1. To assess the knowledge regarding ICDS services among the mothers,
2. To find out the association between knowledge scores regarding ICDS among the mothers with selected socio-demographic variables.

Need for the study

Nutritional deficiency constitutes a major public health problem in India and other countries of the developing world. Every year 50 percent of children are undernourished in India [3]. Nutritional problems like Protein Energy Malnutrition, anaemia and vitamin A deficiency continue to play a larger proportion in Indian children. The diet and nutritional status of rural children in India is far away from being satisfactory. The most common cause of malnutrition include faulty infant feeding, inadequate food and health security, lack of awareness and knowledge regarding their food supplements and absence of a responsible adult care givers [1]. The average Indian child has a poor start to life. Both infant and under-five mortality rates for Indian children is 67 and 93 respectively, it is higher than the developing country on average. One in four newborns is underweight. Only about one in three is exclusively breastfed for the first six months. Nearly one in two children less than five years of age suffers from moderate or severe malnutrition. One in three children does not get a full course of DPT (diphtheria, pertussis and tetanus immunization), and only one in three has the opportunity to be in an early learning programme. Just about one in five is protected against vitamin A deficiency [4].

Methodology

Research approach

Non- experimental approach was adopted.

Research design

Cross-sectional descriptive design

Setting

Selected Anganwadi centres at Tirupathi

Sample and Sample size

In this study sample consisted of 100 Mothers of under-five children

Sampling technique

Non-probability convenient sampling technique was adopted

Tool

The tool consists of three sections: Section-I: Consists of questions related to demographic data. Section-II Consist of structured knowledge questionnaire on knowledge regarding ICDS services.

Tool was sound to be highly reliable and valid. Pilot study was conducted before the main study to assess the feasibility. Data was collected from mothers of under five children selected Anganwadi centres Tirupathi by taking permission from the Child developmental project officer (CDPO) Tirupathi, and written consent from mothers. Finally all the respondents were thanked foe their co-operation and given information booklet as a self instructional module for creating awareness regarding ICDS services.

Findings

Section-I: Distribution of demographic variables among adolescent students.

Table is not provided

The data presented in the above table reveals that out of 100 mothers majority (39%) are in the age group of 26-30 years, next majority (38%) were in the age group of 21-25 years and below 20 years of age are (13%), above 30 years of age group are 10 percent. Based on the age of the child majority (39%) are 3 years old, 2 years old (26%), 4 years old (24%) and below one year children are (11%) Based on the educational status of the mother majority of the mothers (49%) had high school education, (20%) had degree and above educational status, (15%) are illiterates, (11%) had intermediate education, and (5%) had primary education. Based on the educational status of the father (44%) had high school education, (25%) had degree and above educational status, (14%) are illiterates, (10%) had primary education, (7%) 7 had intermediate level education. Considering the occupations of mothers (91%) are housewives, (7%) are coolies, (2%) were employees. Considering the occupations of fathers (40%) are coolies, (39%) are doing business, (10%) had private job, (9%) are government employees, (2%) were based on agriculture. Based on the monthly income (38%) had income of Rs. 5000 to 10000, (34 %) had income below Rs. 5001, (16%) had income of Rs 10001 to 15000 and (12%) had income of above Rs 15001. Considering the religion Hindus were (81%), Muslims were (53%), Christians were (1%). Based on type of family, nuclear families are (72%), joint families are (24%) and extended families are (4%). Based on source of information regarding ICDS from health personnels are (82%), family members are (16 %), and friends and relatives are (2%).

SECTION-II: Distribution of level of knowledge regarding ICDS services among mothers attending Anganwadi centres.

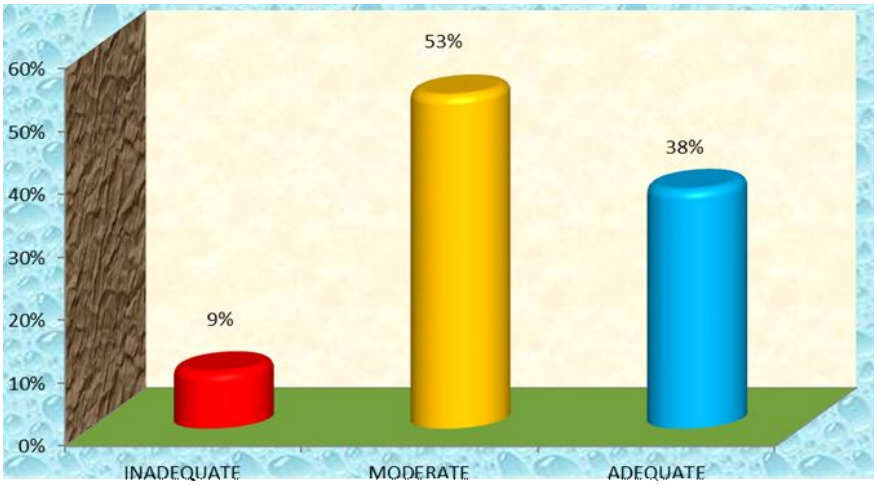

Fig. 1: Percentage distribution of level of knowledge on ICDS services

Section-III: Mean and standard deviation for level of knowledge on ICDS services among mothers.

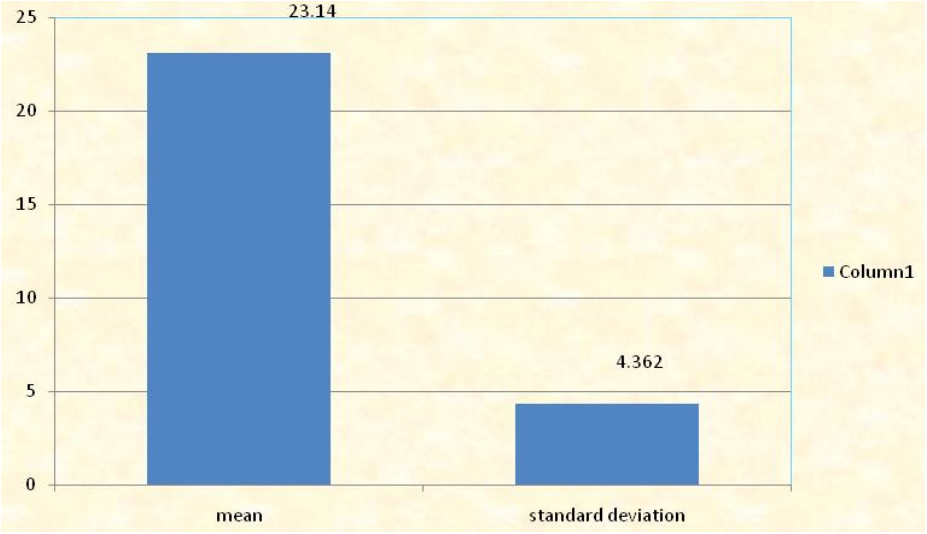

Fig. 2: Mean Standard deviation for level of knowledge on ICDS services

Table 1: Knowledge levels on ICDS services among mothers

S. no	Demographic variables	Chi-square(χ^2)	Degree of freedom	p value
1.	Age of the mother in years	39.26	16	0.000**
2.	Age of child in years	3.248	4	0.777
3.	Educational status of mother	39.483	16	0.000**
4.	Educational status of father	28.481	10	0.000**
5.	Occupation of mother	1.618	2	0.806
6.	Occupation of father	7.966	8	0.437
7.	Monthly family income	26.544	9	0.000**
8.	Religion	16.047	8	0.003**
9.	Type of family	8.020	4	0.091
10.	Source of information regarding ICDS	7.436	4	0.258

** = significance at 0.01 level
*= significance at o.o5 level
NS = not significant

Table reveals that there is a significant association between knowledge regarding ICDS services with age of mother, educational status of mother, educational status of father, monthly income, religion at p<0.01 level. Remaining demographic variables are not showing any association in knowledge regarding ICDS services with age of child in years, occupation of mother, father, type of family, source of information regarding ICDS.

Discussion

Hence the null hypothesis formulated in the study was rejected that there is significant relationship between the levels of knowledge regarding ICDS services with selected demographic variables among mothers.

The results of the present study supported by earlier study Jawahar, Preethy; Navaneetham (July 2011) has conducted a descriptive survey study to identify the knowledge and utilization of integrated child development scheme (ICDS) services among women in Udupi district, Karnataka**.** with a sample size of 225. Results out of 225 women 49.3% had average knowledge and 46.7% with poor knowledge regarding ICDS [5].

In relation to Association between demographic variables and levels a similar study was conducted by Ms. Telsy Sunny (2013) has been conducted a cross-sectional study on knowledge regarding ICDS program among the mothers of under-five children residing at Uttarahalli village in Bangalore the sample size of 60 mothers. The association between the demographic variables and knowledge scores is 0.05% (5% level). There is a significant association between knowledge level and selected demographic variables such as age, educational status, occupation, per-capita monthly income, and source of information [6].

Implications

The implications drawn from the present study is of a vital concern to health professionals including nursing practice, nursing education, nursing administration and nursing research.

Nursing practice

- In community small teachings can be conducted regarding various services provided under ICDS, who are the beneficiaries under ICDS to reduce maternal and infant mortality, morbidity rate, to improve nutritional health status of children.
- As a community health nurse, can make all the attempts to create Awareness and initiate activities regarding ICDS services among mothers.
- Nurses working in the community should realize their role in educating the benefits of ICDS.
- Teaching programme can be conducted for groups, as it would allow both literate and illiterate clients to enhance their knowledge about ICDS services.

Nursing Education

- The community health nursing curriculum needs to be strengthened recent programs and schemes
- Community nurse health educators should plan for in-service education and conduct education programs on services under ICDS.
- Community health nurses can develop educational material to teach the community about the ICDS scheme, its objectives and services.

Nursing Administration

- The community health nurse should organize

the in-service education programs on ICDS services utilization

- Administration policies should allow for improvement in utilization of ICDS services
- Administration of policies in order to implement the scheme effectively in the health centers.

Nursing Research

- More research is needed towards the improvement in utilization of ICDS services.
- The community nurses and nursing students should be encouraged to do research in the field of interest regarding ICDS services.
- Utilization of research findings in the nursing practice should be encouraged.

Limitations

- The study was confined to a specific geographic area which obviously limits to any larger generalization.
- No attempt was made to know the reasons for inadequate knowledge regarding ICDS services.
- Sample size of the study was small which imposed a limit on generalization.

Recommendations

- A similar study could be conducted on larger sample.
- A comparative study can be conducted to assess level of utilization of ICDS services among beneficiaries in urban and rural areas.
- A similar study can be conducted to assess the knowledge and practice of ICDS services among mothers
- A similar study can be conducted to structure teaching programme of ICDS services among mothers
- The study can be replicated in different community settings
- Information booklet and manuals can also be prepared and distributed to community about the ICDS services
- A study can be conducted to evaluate the effectiveness of ICDS in a reducing maternal and infant mortality rate.
- An experimental study can be conducted using control and experimental group.

Conclusion

In this study most of the mothers had inadequate and moderate knowledge regarding ICDS services. There was a significant association between knowledge level and selected demographic variables such as Age of mother (39.26**), Education status of mother (39.483**), Education status of father (28.481**) Monthly income of the family (26.544**), Religion (16.047**). There is a significant association at $p<0.01$ level.

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Original Article

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Assess Knowledge, Practices and Reasons for Non-Compliance Regarding Biomedical Waste Management among Health Care Personnel in Selected Health Care Centers of North India

Jaswal Pooja*, Deaver Uma, Panchal Rashmi***, Asir John Samuel******

Author Affiliation
*Nursing Tutor, **Associate Professor, HOD, ***Assistant Professor, Department of Community Health Nursing, Maharishi Markandeshwar College of Nursing, ****Assistant Professor, Department of Pediatric Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar University, Haryana. India

Reprint Request
Asir John Samuel, Assistant Professor, Department of Pediatric Physiotherapy, Assistant Professor, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar University, Mullana-133207, Ambala District, Haryana India.
E-mail: asirjohnsamuel@mmumullana.org

Abstract

Background: Biomedical waste is waste which produce during diagnosis, treatment (medical, surgical), and immunization. All small and big health care centres are generators of Biomedical Waste Management. There are approximately 75-90% non-risky waste and 10-25% risky waste that cause various injuries and communicable disease. *Objectives:* To assess the knowledge, practices and reasons of non-compliance among Health care Personnel regarding Biomedical Waste Management; to find out the relationship between knowledge and practices of Health care Personnel regarding bio-medical waste management; to determine the association of Knowledge, Practices with selected variables. *Method:* Non-experimental descriptive Survey design was used in this study. 148 Health Care Personnel were selected by the total enumeration sampling technique. The tools for data collection were structure Knowledge Questionnaire to assess knowledge, Observation checklist to assess the Practices, Rating Scale to assess the Reasons of non-compliance Biomedical Waste management. *Result:* showed that the doctors (32.1%) and nurses (63.6%) had very good level of knowledge and fourth class workers (87.5%) had poor level of knowledge regarding Biomedical Waste Management. doctors (90.9%) and nurses (76.4%) had poor level of Practice while fourth class workers (57.5%) had poor level of Practice.There is no co-reletion between Knowledge and practice of health care Personnel.The association between knowledge, practices of health care personnel and selected variables was found non- significant at 0.05 level of significance. *Conclusion:* Knowledge and practices of health care personnel is not adequate insufficient supply of resources, Lack of awareness inadequate man power were reasons of non-compliance regarding biomedical waste management.

Keywords: Attitude; Biomedical Waste; Biomedical Waste Disposal; Biomedical Waste Management; Knowledge; Practice; Questionnaire; Survey.

Introduction

According to Biomedical Waste (Management and Handling) rules, 1998 of India, "Biomedical Waste" means any waste, which is generated during the diagnosis, treatment or immunization. Common generators of biomedical waste are all small and big health care centres.[1]

World Health Organization (WHO) stated

healthcare wastes are most hazardous and potentially dangerous to human health and pollute the environment. Though 75-90% of the waste is non–risky and remaining 10-25% waste generated by Health Care Centres is regarded as 'hazardous' and may create a variety of health risks.[1]

Daily activities in health institutions generate a lot of waste which are potential sources of infection transmission, especially hepatitis B and C, HIV, and tetanus.[2] World Health Organization report revealed that globally Injections with contaminated syringes caused 21 million hepatitis B infections (32% of all new infections), 2 million hepatitis C infections (40% of all new infections) and 2,60,000 HIV infections (5% of all new infections). in India, 2 million, new Hepatitis B, 4,00,000 Hepatitis C and 30,000 HIV positive cases occur in a year due to needle prick injuries.[3] Average quantity of waste generation at the rate of 1 kg / per bed per day, it is estimated that about 0.33 million tons of hospital waste is being generated per year.[5]

Nurses and housekeeping personnel are at risk of injuries; annual injury rates are 10- 20 per 1000 workers. Biomedical waste management has been not implemented properly in the health care setting, due to lack of motivation in workers, lack of commitment on the part of management, low level of education of sanitary workers, poor level of Knowledge, poor practices, apathy of other staff members and lack of organized training and the human factors.[44].

Sachan R, Patel ML, Nischal A. Assessment of the knowledge, attitude and practices regarding biomedical waste management amongst the medical and paramedical staff in tertiary health care centre. International Journal of Scientific and Research Publications 2012; 2(7):1–6.

Therefore present study has been conducted to assess the knowledge, Practices of the Health care personnel, assess the Reasons for non-compliance of biomedical waste management at Health Care Centres.

Method and Material

After taking ethical approval from university ethical committee and civil surgeon, Non-experimental descriptive Survey design was selected for study. In the present 148 (53 Doctors, 53 Nurses and 40 fourth class workers) health Care Personnel were selected by the total enumeration sampling technique. The study was conducted at three Community Health Centres, 14 Primary Health Centres of Ambala district, Haryana during December 2014 to January 2015. The tool for data collection were structured Knowledge Questionnaire to assess knowledge, Observation checklist to assess the Practices, Rating Scale to assess the Reasons of non-compliance among health care personnel regarding Biomedical Waste management.

For content validity, the tools were given to nine experts in the fields of Preventive Social Medicine, nursing and community health nursing to obtain their opinions and suggestions. Tryout was done on 10 Health Care Personnel working and reliability of observational checklist was calculated by kappa, Structure knowledge questionnaire was calculated by KR20 and rating scale was calculated by cronbach alpha which were found 0.72, 0.76 and 0.78 respectively. The pilot study was conducted in the month of September 2014, at Community Health Center, Barara, Ambala on 15 Health Care Personnel. On an average, data was collected from 5-6 Health Care Personnel each day. It was found that Health Care Personnel took 30-40 minute to fill Knowledge Questionnaire and 60-90 minutes to assess the Practices by Observational checklist. On an average it took 2 -2:30 hours to complete the data collection from sample. Descriptive and inferential statistics were done and using the statistical package for social sciences (SPSS, version 17.0 Inc., Chicago, IL) for windows 8 Pro editions.

Result

Out of total 148 Health Care Personnel 64(43.2%) were in the age group of 21-30 years, most of Health Care Personnel 106(71.6%) were females, Majority of Health Care Personnel 55(37.1%) had educated up to diploma. Most of Health Care Personnel 62(41.9%) had more than 5 years experience. Majority of the Health Care Personnel 119(62.8%) did not undergo any training related Biomedical Waste Management 93(62%) working in Primary Health Centres.

Doctors (32.1%) and nurses had very good level of knowledge with range of scores 23-30, and fourth class workers (87.5%) had poor level of knowledge with range of scores 0-15 regarding Biomedical Waste Management. doctors (90.9%) and nurses (76.4%) had poor level of Practice with range of scores 0-6, had poor level of Practice, while fourth class workers (57.5%) had poor level of Practice with range of scores 0-7 regarding Biomedical Waste Management. Reasons of non-compliance was found in the area of lack of awareness about biomedical waste management (48.6%) was ranked as 1st. Second

reason was No strict action taken for those who found at fault (47.3%). Third reason was insufficient supply of resources (41.9%), Fourth reason was inadequate man power in working area (40.5%) Fifth reason was inadequate knowledge regarding biomedical waste management (39.9%. Coefficient of correlation between Knowledge and Practices scores of doctors was -.18, nurses .14, fourth class workers .15 which was not significant at $p<0.05$ level of significance. There is no co-relation between Knowledge and practice of health care Personnel. Only the association between nurses practices with training related to biomedical waste management was found significant at $p<0.05$ level of significance There is no association of knowledge, practices of health care personnel and selected variables.

Discussion

In present study the majority of 52(35.1%) were having very good level of knowledge regarding Biomedical Waste Management. The finding were compared with the finding of the descriptive study conducted by Somwya. She conducted the study on the 78 Health Care Personnel and reported that 38(48.71%) had adequate knowledge. about biomedical waste management.[5]

In the present study present there is no association between knowledge of Health Care Personnel and selected variables. The findings were inconsistent with the finding of the descriptive study conducted by Somwya. There is a significant association between knowledge levels and age, designation, years of experience in the present job and training attended by Health Care Personnel and there is no association between knowledge levels and sex.[5]

Here, 90.9 % doctors, 76.4% nurses and 57.5% fourth class workers had poor level of practices regarding biomedical waste management as compared to another study conducted by Mathur et al in which 65% nurses and 90% doctors had not good practices regarding biomedical waste management.[6] There no co-reletion between knowledge and practices of the Health Care Personnel, the study findings were inconsistent with an another study done by Nagaraju et al revealed that The correlation between knowledge and practices were analyzed by Spearman's Rank correlation method, and it was found that there was positive correlation between knowledge and practices ($r=0.44$) at $P<0.012$.[7] Therefore structured teaching programme can be provided for the Health Care Personnel regarding biomedical waste management. There are insufficient supply of resources and Lack of awareness and knowledge about Biomedical Waste Management. Moreover, the Colour coded bins are quite confusing and difficult to understand. Inadequate man power in working area is reasons of non-compliance regarding biomedical waste management. Further, qualitative study should be conducted to assess the reasons for non-compliance and also to assess the events and reasons for non-compliance during malpractices.

Conclusion

The Knowledge of Health Care Personnel is inadequate and also practices of Health Care Personnel are not appropriate.

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Original Article

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Knowledge and Attitude on III Effects of Substance Abuse Among Adolescent Boys

Moothedan Rahul*, M. Nandini, Joseph Tibin*****

Author Affiliation
*2nd year MSc. (N) Student, **Professor cum Vice Principal, HOD of Child Health Nursing,***Assistant Professor, Child Health Nursing Dpt., Aswini College of Nursing, Nadathara, Thrissur Dist, Kerala, India.

Reprint Request
Rahul Moothedan,
Moothedath House Amballor PO. Ernakulam
Dist. Kerala - 682315
E-mail:
rahulmoothedan@gmail.com

Abstract

The cases of drug trafficking and the children involved in the crimes hiked in the past few years. Considering this fact a descriptive study was undertaken by the investigator to assess the knowledge and attitude regarding ill effects of substance abuse among adolescent boys. The other objectives of the study were knowledge and attitude of adolescent boys, to correlate knowledge with attitude, to associate knowledge and attitude with selected demographic variables of adolescent boys and to develop a self instructional booklet regarding ill effects of substance abuse. Multi stage random sampling was done to select 100 samples. Data collection was done through structured knowledge questionnaire to assess knowledge regarding ill effects of substance abuse and attitude was assessed using five point Likert scale. Following the collection of data the investigator distributed self instructional booklet regarding ill effects of substance abuse. Regarding the results, about 89% of adolescent boys possessed moderate knowledge, 11% of adolescent boys had inadequate knowledge and none of them possessed adequate knowledge regarding ill effects of substance abuse. Considering the attitude, about 83% of adolescent boys had moderately favourable attitude, and 13% had favourable attitude and only 4% had unfavourable attitude towards ill effects of substance abuse. With regard to correlation there was a negative correlation between knowledge and attitude regarding ill effects of substance abuse. Considering the association there was no significant association between knowledge as well as attitude with selected demographic variables.

Keywords: Knowledge; Attitude; Substance Abuse; Adolescent Boys.

Introduction

Background of the Study

Adolescence is the term which constitutes complexity of meanings and unexplained pathways through which each individual travels in a unique way. The word is derived from the Latin word "adolescere" meaning to grow, to mature.[1]Substance abuse refers to use of drugs, alcohol and any other mind altering agents to such an extent that it interferes with the person's biological, sociological and psychological integrity.[2] Recent surveys by the national organizations related to drug abuse and alcoholism shows, the average age of first drug use is 13 while the first alcohol use is 13. Over 50% of the high school children have tried drugs. Over 33% have tried marijuana. Nearly 33% of all high school children claim that most of their friends get drunk at least once a week.[3]

Objectives

1. To assess the level of knowledge and attitude of adolescent boys on ill effects of substance abuse.
2. To correlate the knowledge and attitude of adolescent boys on ill effects of substance abuse.
3. To associate the level of knowledge and attitude of adolescent boys on ill effects of substance abuse with selected demographic variables.

Methods and Materials

For the present study, the investigator adopted and descriptive approach for the study to assess the knowledge and attitude on ill effects of substance abuse among adolescent boys through a Quantitative Research Approach. The setting used in this study was Government Higher Secondary School Anchery, Thrissur. Moreover, multistage random sampling technique was used to select 100 samples. The tool used in the study consisted of Section A – Demographic Performa of adolescent boys, Section B – Structured knowledge questionnaire on ill effects of substance abuse, Section C – Five point Likert scale to assess the attitude on ill effects of substance abuse, Section D – Self instructional module on ill effects of substance abuse. During the first phase of data collection the investigator obtained permission from the Headmaster of Government Higher Secondary School, Anchery to conduct the main study. Over a period of one week good rapport was maintained with the students. In the next phase data was collected using self structured knowledge questionnaire and Five point Likert scale. In the third phase self instructional module ws distributed to all the students including the samples.

Results

Section A : Description on Demographic Profile of Adolescent Boys

- Regarding the majority of samples 26 (26%) were in the age group of 12 and 13 years respectively, 25 (25%) came under 11 years, 23 (23%) fall under 14 years.
- Regarding religion of the adolescent boys most of the samples were Hindu 65 (65%), 35 (35%) were Christian.
- The above table 2 depicts the educational status of the adolescent boys which revealed that 39(39%) belonged to 8th standard, 34 (34%) were in 7th grade, 19 (19%) were in 6th standard and only 11 (11%) belonged to 9th grade.
- With respect to the area of residence of adolescent boys majority of the samples 71 (71%) were staying in the rural area while only 29 (29 %) were residing in urban area.
- Considering with the type of stay in which majority of the samples were day scholars, 4 (4%) were hostlers and 2 (2%) were paying guest.
- With regard to type of family 77 (77%) were from nuclear family and 23 (23%) from joint family.
- With respect to family income 79 (79%) earns below ¹ 5000 whereas 17 (17%) earns ¹ 5001 – ¹ 10000, 2 (2%) earns ¹ 10001 – ¹ 15000 and 2 (2%) earns >¹ 20000.
- With regard to family history of substance abuse, 58 (58%) had the family history whereas 42 (42%) does not had any history.
- Regarding to the personal use of substance, 98 (98%) did not used any substance while 2 (2%) used the substances.

Section B: Findings of the Study on the Level of Knowledge of Adolescent Boys on Ill Effects of Substance Abuse It reveals about the level of knowledge of adolescent boys regarding the ill effects of substance abuse and it showed that 89 (89%) of adolescents boys had moderate knowledge related to ill effects of substance abuse whereas 11 (11%) had inadequate knowledge and surprisingly no one had adequate knowledge regarding the ill effects of substance abuse.

Section C: Findings of the Study on Mean Percentage Distribution of Dimensions of Structured Knowledge Questionnaire Regarding Ill Effects of Substance Abuse It shows that adolescent boys had highest mean % in ill effects of tobacco (50%), where as lowest mean % (37.5%) in ill effects of drug abuse. Related with knowledge on ill effects of alcohol was 40.33%, whereas mean percentage on preventive aspects of substance abuse was 38.89% and 38.4% in general aspects of substance abuse.

Section D : Findings of the Study on The Level of Knowledge of Adolescent Boys on Categorization of Structured Knowledge Questionnaire Regarding Ill Effects of Substance Abuse It reveals that, regarding general aspects of ill effects of substance 61% of adolescent boys possessed inadequate knowledge, 39% of adolescents had moderate knowledge and none of the adolescent boys possessed adequate knowledge regarding general aspects of ill effects of substance abuse. Moreover, with respect to knowledge on ill effects 15% of adolescent boys

possessed inadequate knowledge and 75% possessed moderate knowledge where as 15% had adequate knowledge.

Besides, the knowledge on ill effects of drug abuse 72% of adolescent boys had inadequate knowledge on ill effects of drug abuse where as 25% had moderate knowledge and only 3% had adequate knowledge regarding ill effects of drug abuse. On the other hand, in the account of ill effects of alcohol 34% had inadequate knowledge and 58% had moderate knowledge where as only 8% had adequate knowledge regarding ill effects of alcohol. Furthermore, with regard to preventive aspects of ill effects of substance abuse 62% had inadequate knowledge and 37% had moderate knowledge where as only 1% possessed adequate knowledge on preventive aspects of substance abuse.

Section E: Findings of the Study on Attitude of Adolescent Boys Regarding Ill Effects of Substance Abuse This section shows the level of attitude of adolescent boys regarding ill effects of substance abuse and it reported that 83 (83%) of adolescent boys possessed moderately favorable attitude towards ill effects of substance abuse and 13 (13%) had favorable attitude and only 4 (4%) had unfavorable attitude towards ill effects of substance abuse.

Section F: Findings of the Study on Correlation between Level of Knowledge and Attitude of Adolescent Boys on Ill Effects of Substance Abuse This section reported that there is no correlation between level of knowledge with attitude of adolescent regarding the ill effects of substance abuse as the r value is -0.081 which is not significant at 0.421.

Section G: Findings of the Study on Association between Level of Knowledge and Selected Demographic Variables of Adolescent Boys on Ill Effects of Substance Abuse This section posts that there is no significant association between the level of knowledge of adolescent boys regarding ill effects of substance abuse with selected demographic variables.

Section H: Findings of the Study on Association between Attitude and Selected Demographic Variables of Adolescent Boys on Ill Effects of Substance Abuse This section depicts that there is no significant association between attitude of adolescent boys on ill effects of substance abuse with selected demographic variables.

Discussion

Dissemination of the findings of evidence based practice through conference, seminars, publications in national nursing journals and world-wide web will benefit a wider community.

The investigator through the present study found that adolescent boys had only moderate level f knowledge regarding ill effects of substance abuse. Hence provision of instructional materials would be a simple and effective nursing intervention for the enhancing the knowledge of the adolescent boys.

Nursing Implication

- Nurses can work along with other social groups such as alcoholic anonymous and child line workers in identifying and rehabilitating the sufferers.
- The nurse educators can arrange classes for the school teachers in order to identify the signs and symptoms of a child who is abusing substances which helps in early identification of the cases.
- The health administrator at national, state, district, institutional and local level should focus its attention on making public conscious on substance abuse to reduce the prevalence rate.
- More studies in the local / regional level will help to identify the problems as well as providing information about the magnitude and impact of substance abuse among adolescent boys.

Limitations

- The tool of study used for assessing the level of knowledge and attitude of adolescent boys was structured, thus free response was restricted.

Recommendations

- An exploratory study can be done to identify the cause of the substance abuse among adolescent boys.
- A comparative study can be done among the rural and urban adolescent boys on ill effects of substance abuse.
- Follow up study can be done to assess the effectiveness of SIM on ill effects of substance abuse can be carried out by adopting different experimental designs.

Conclusion

Substance abuse is a social problem that hinders the development of an individual, family and country. Presently the study can be concluded that

most of the samples had moderately adequate knowledge on ill effects of substance abuse which stress the need for improving their level of knowledge on ill effects of substance abuse. From a health care professionals view point, emphasizing on health teaching and provision of instructional material elated to ill effects of substance abuse. The investigator identifies the provision of SIM on ill effects of substance abuse will be an efficient tool and an asset for their future life. There by, can learn themselves and other peers which help to build a healthy youth.

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Original Article

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Assessment of Knowledge Regarding Care of Newborns Undergoing Phototherapy among Staff Nurses, Thrissur

Tibin Joseph*, Nandini M., Teenu Radhakrishnan***, Athira Ramakrisnan***, Jino Johnson*****

Author Affiliation
*Assistant Professor, **Vice Principal & HOD of Dept. Paediatric Nursing, ***Final Year BSc. Nursing Student Aswini College of Nursing, Minor Road, Thrissur 680751, Kerala, South India

Reprint Request
Tibin Joseph, Assistant Professor, Dept. of Pediatric Nursing, Aswini College of Nursing, Minor Road, Thrissur 680751, Kerala, South India
.
E-mail: tibinj67@gmail.com

Abstract

The aim of the study to assess the knowledge regarding care of newborns undergoing phototherapy among staff nurses by using a non experimental descriptive survey design with the help of a self structured questionnaire which contains 30 items of questions. Non Probability purposive sampling technique was used in this study. The results showed that, out of 30 samples, 70% have moderate knowledge, 30% have inadequate level of knowledge and unfortunately, no one has adequate knowledge regarding phototherapy and there is no significant association with level of knowledge and selected demographic variables like age, educational qualification, professional experience and so on ($p>0.05$). In conclusion, Nurses has to acquire more knowledge on care of newborns undergoing phototherapy in order to prevent the ill effects from faulty practices of delivering phototherapy.

Keywords: Phototherapy; Knowledge; Newborns; Staff Nurses; Neonatal Jaundice or Hyperbilirubenemia.

Background and Need for the Study

Neonatal Jaundice is a common problem affecting over half of all full term and most of the preterm babies. Signs of neonatal jaundice are seen within the first three days of birth in 80% of preterm babies and 60% in term babies. Asian male babies are reported to be most affected by neonatal jaundice[2]. The overall incidence of neonatal jaundice varies from 54.6% to 77%[3]. Jaundice is noticed during the first week of life after birth and best treatment for jaundice is phototherapy. Photo therapy is the gold standard treatment in neonates with unconjugated hyperbilirubenemia and is most widespread therapy of any kind used among newborns. So, health care professionals need to be familiar with the diagnosis and management to prevent further damage causing by jaundice. However, lots of health care professionals have lack of proper information about light therapy and its proper use.

A KAP (Knowledge, Attitude and Practice) survey to evaluate knowledge, attitude and practice of phototherapy among nursing professionals from two teaching hospitals at the city of Recife, Brazil, through semi-structured questionnaire applied to 111 professionals showed that the results of the study highlight the need to implement activities that will allow a balance among knowledge, attitude and practice of nursing professionals about phototherapy[4].

By reviewing various research studies, the researchers came to a conclusion that the nurses play a key role in the management of neonates with hyperbilirubenemia. And there is an increasing demand for the nurses to acquire more knowledge regarding care of neonates undergoing phototherapy.

Objectives of the Study

The objectives of the study are to.

1. assess the knowledge level of staff nurses regarding the care of newborns undergoing phototherapy.
2. associate the level of knowledge of staff nurses regarding care of newborns undergoing phototherapy with their selected demographic variables.
3. prepare a nursing protocol for the care of newborns undergoing phototherapy.

Methods

The research approach of the study was non experimental descriptive research approach. Non experimental descriptive research design is adopted for this study. The study was conducted in a reputed hospital, which is a 350 bedded super specialty hospital with 10 bedded NICU, at Thrissur. The population comprises all the staff nurses who were working in the Neonatal Intensive Care Unit (NICU), pediatric wards and postnatal wards. Target population of the study was staff nurses. Accessible population of the study was pediatric and neonatal staff nurses. The sample size was taken as 30. Non probability purposive sampling technique was adopted for the selection of sample in this study. The Inclusion criteria of the study are Staff nurses who are working in NICU, pediatric wards and post natal wards and staff nurses who are willing to participate in the study The Exclusion criteria is Staff nurses who are having less than one year experience. The instrument used to collect the data is the self administered questionnaire. The tool consists of two sections: section A and B

- Section A consists of Socio-Demographic variables like age, educational qualification and so on.
- Section B contains a self structured questionnaire to assess the knowledge. It consists of 30 items. The subjects have to read the questions and express their opinions by darkening the bubbles against the appropriate answers. All the questions were given 4 options in the answer with one right answer and 3 wrong answers. All correct responses were scored as 1 mark and wrong answers carry zero mark and no negative marks. The maximum attainable mark is 30.

Table 1: Scoring key

Score/marks	Level of knowledge
16-24	Adequate knowledge
8-16	Moderate knowledge
<8	Inadequate knowledge

Scoring procedure: Level of knowledge among staff nurses are categorized based on the total score obtained by them. The results were interpreted as:

Ethical consideration: Approvals were obtained from the Research Committee of the hospital. Informed consent was obtained from the samples.

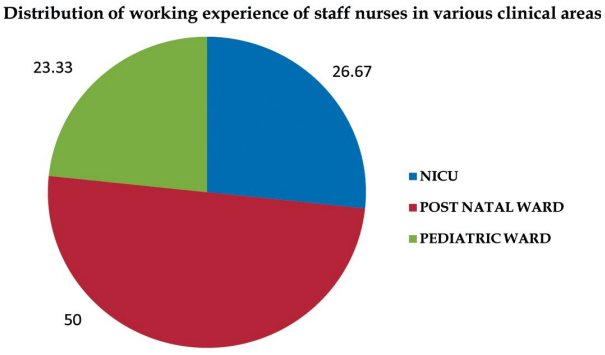
Procedure for data collection: Data collection was done for one week. A formal permission was obtained from the medical superintendent of the respective hospital prior to the data collection. A structured questionnaire was used for data collection. Oral consent was obtained from the subjects prior to the data collection. The data was collected from 30 samples by distributing structured questionnaire. The duration for completing the questionnaire is 20minutes.

Results

Section A: Socio demographic data

- The mean age of the adolescents is 25 with the range between 21 to 35 years.
- Out of 30 samples, 97% of the samples were females and only 3% were males. Regarding the educational qualification, 15 samples were GNM, 15 samples were BSc. Almost 11 samples had a professional experience of 3-4years and remaining were belongs to a category of 1-2years.

Fig. 1: Percentage distribution of working experience of staff nurses in various clinical areas



nurses, 21(70%) had moderate amount of knowledge,

Table 2: Knowledge level among staff nurses *n=30*

Sl. No	Level of Knowledge	Frequency (*f*)	Percentage (%)
1	Adequate knowledge	0	0
2	Moderate knowledge	21	70
3	Inadequate knowledge	9	30

Section B

The above table depicts that majority of the staff

9(30%) had inadequate knowledge and sadly, none of them have adequate knowledge.

Section C

There is no significant association with level of knowledge and selected demographic variables like age, educational qualification, and professional experience ($p>0.05$).

Table 3: Association between the level of knowledge and socio demographic variables n=30

Sl. No.	Socio-demographic variables	X^2	*df*	Significance level
1	Age	0.29	1	Non significant
2	Educational status	0.156	1	Non significant
3	Professional experience	0.003	1	Non significant
4	Experience of dealing with phototherapy	1.589	1	Non significant
5	Area of working	o.112	2	Non significant

Discussion

The result of the study showed that the majority of the staff nurses had inadequate knowledge regarding the phototherapy and its care. So, at the end of this study, a standard protocol with a checklist prepared with the help of experts and provided for upgrading the knowledge level of staff nurses regarding the care of newborns undergoing phototherapy. The research study also revealed that this study has various implications in the field of nursing education, practice, administration and research. The limitation of this study was small sample size and data collection period was limited.

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Website: www.rfppl.co.in

Review Article

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Effectiveness of Health Education Programme on Knowledge and Practice on Home Care Management of Diarrhoea among Mothers of Under Five Children in Selected Rural Area, Alappuzha, Kerala

P. Chitra*, Nayana Suresh**

Author Affiliation
*Professor, **MSc. Nursing Student, Department of Child Health Nursing, Amrita College of Nursing, Amrita Institute of Medical Sciences, AMRITA Vishwa Vidya Peetham, Ponekkara, P. O. Kochi, Kerala 682 041, India.

Reprint Request
P. Chitra, Professor, Department of Child health Nursing, Amrita College of Nursing, Amrita Institute of Medical Sciences, AMRITA Vishwa Vidya Peetham, Ponekkara, P. O Kochi, Kerala 682 041, India.
E-mail: prof.pchitra@gmail.com

Abstract

A pre experimental one group pre test post test was conducted to assess the effectiveness of health education programme on knowledge and practice on home care management of diarrhoea among 50 mothers of underfive children in selected wards of Arattupuzha Panchayat. A structured questionnaire was used to assess the knowledge of the mothers and an observational checklist to assess the practice of ORS preparation. The study results found that majority of mothers had poor knowledge in the areas of signs and symptoms 26(52%) and preparation of ORS 22(44%). The mean post test knowledge score (26.1) is significantly higher than the mean pre test score (13.36), shows the effectiveness of the educational programme ($p<0.05$). Only 3(6%) had good practice on ORS preparation and the mean post test practice score (8.98) is significantly ($p<0.05$) higher than the pre test practice score (5.06). Thus the study findings strongly suggest that the health education programme is inevitable to improve the knowledge and practice of the mothers, thereby reducing the child mortality due to dehydration and prevent the occurrences in future.

Keywords: Not Provided

Main Research Article

Diarrhoeal disease is the second leading cause of death in children under five years, and is responsible for killing 1.5 million children every year[1]. WHO reported that 6.9 million children under five years of age died in 2011, nearly 19,000 children each day and almost 800 every hour. [2]

The importance of home management of diarrhoea lies in fact that diarrhoea starts at home, and continues at home on return from being seen at a health facility.[3] Oral rehydration solution is the most effective and least expensive way to manage diarrhoeal dehydration.[4] The ORS can dramatically reduce the number of deaths, particularly during an epidemic and when early symptoms arise. Delays in rehydrating patients contribute to higher mortality and thus call for early ORS therapy at home.[5] Timely management of the children with ORS has substantially declined the mortality and morbidity from acute infectious diarrhoea.[6]

Lack of knowledge of mother on diarrhoeal management is a major hindrance to healthy children in the society. Knowledge on preventive aspects has the greatest impact on health, often related to improving of hygienic practices at house hold level. Unfortunately, faeco-oral transmission accounts for most diarrhoeas. The investigators observed that in a coastal area like Arattupuzha Panchayat, almost every inhabitants practices open field defecation.

Objectives

- Compare the pre test and post test knowledge on home care management of diarrhoea among mothers of under five children.
- Determine the pre-test and post test practice on oral rehydration solution (ORS) preparation among mothers of under five children.
- Find the association between the knowledge and selected demographic variables among mothers of under five children.
- Identify the association between the practice and selected demographic variables among mothers of under five children.

Review of Literature

Diarrheal disease is a major cause of morbidity and mortality among under-fives especially in rural and peri-urban communities in developing countries. Home management of diarrhoea is one of the key household practices targeted for enhancement in the Community Integrated Management of Childhood Illness(C-IMCI) strategy[7].

A study conducted by Nilambar Jha, Rupa Singh, Dharinadhar Baral[8] to assess the knowledge, attitude and practices of the mothers regarding home management of acute diarrhoea in their children. The study shows that majority (97.6%) of the mother had information about ORS and also its usefulness in the management of dehydration due to diarrhoea. Half of the mothers (50%)could make ORS properly and gave ORS to their children ideally. The correct preparation and ideal use of ORS have not reached in proper way to the mothers.

A study was conducted by Yilgwan CS, Okolo SN[9] to examine the diarrheal morbidity and associated risk factors in children underfive years in Jos teaching hospital, Nigeria. It reveals that among 13,076 children 340 were suffering from diarrhoea, thus giving a prevalence of 2.7%. A majority of children were aged less than six months and also reveals that mothers educational status, diarrhoea in other sibling, and breast feeding were significantly associated with the occurrence of diarrhoea.

Research Methodology

The research design used was pre experimental one group pre-test post-test design. The study was conducted among 50 mothers of under five children from first and seventh wards of Arattupuzha panchayat. The data collection period was five weeks. The subjects were selected using convenience sampling technique based on sample selection criteria. A structured questionnaire was used to assess the knowledge of mothers regarding home care management of diarrhoea and an observational checklist was used to assess the practices of mothers on oral rehydration solution preparation.

Results

1. The mean post test knowledge score (26.1) is significantly ($p<0.05$) higher than the mean pre test score (13.36), so the null hypotheses is rejected and alternative hypotheses accepted . It proves the health education programme is effective.
2. The mean post test practice score (8.98) is significantly ($p<0.005$) higher than the pre test practice score (5.06).
3. There is significant association between Knowledge and demographic variables of education and occupation ($p<0.05$).
4. There is significant association between the Practice and demographic variable of education of the mothers ($p<0.05$)

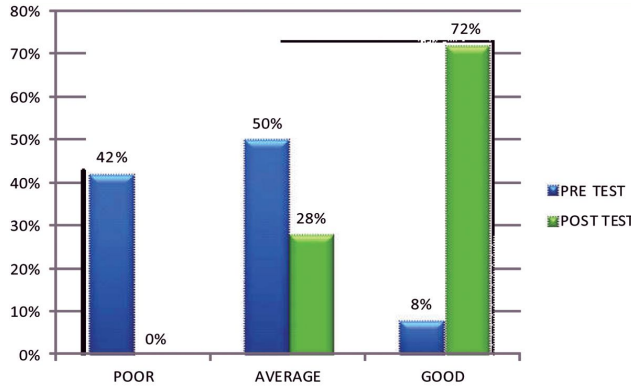

Fig. 1: Comparison of the pre test and post test knowledge of mothers on home care management of diarrhoea.

Discussion

Similar study conducted by Normal Gogoi[10] to assess the effectiveness of self instructional module on home management of diarrhoea among mothers of under five children. It shows that majority of mothers 28(70%) had minimal knowledge, 12(30%) had moderate knowledge and no one had higher knowledge in pre test. Whereas after the educational intervention majority of mothers 23(57.5%) had moderate and 17(42.5%) of mothers had adequate knowledge. The mean post test knowledge score (72.6%) was higher than the mean pre test knowledge score (46.8%).

Another similar study conducted in rural Aligarh by Shah MS[11] et al. to assess the knowledge, practice and attitude of mothers regarding home based management of diarrhoea in under five children. It shows the overall prevalence of diarrhoea was 32%. Only 26% knew about the right method of preparation of oral rehydration solution and only 36% of them knew about use of home available fluids, out of which salt sugar solution was the choice in majority of cases.

Implications

Nursing Administration

The finding of the present study indicate there is lack of knowledge among mothers regarding home care management of diarrhoea and that can be improve with an educational programs. So the nurses can plan effective in-service and health education programs for specific hospitals and community. Further, this will enable them to prioritize and focus their nursing care activities based on the needs of the society.

Nursing Education

Nurses as educationalist can plan health education programs for various nursing personnel in the hospital as well as community. This will enable the nurse educator to identify the changing learning needs of the society as an educationalist and contribute for the curriculum development and preparation in nursing as well as non-nursing field.

Nursing Service

Nursing profession has been developing faster in a unique way. The major change that has occurred in the profession is expansion in the role of nurses. One of the major roles of the nurse is educating the patients and community regarding various health related facts. Majority of the mothers are not able to take care of the child with diarrhoea because of lack of awareness. So the investigators felt the need that nurses should act a facilitator to educate the mothers regarding home care management of diarrhoea in their regular schedule and practice.

Nursing Research

The researchers can carry out studies to identify cost effective ways for dissemination of health information to the public and test its effectiveness regarding reduction, mortality and morbidity due to diarrhoea in selected settings. This study will also enable them to identify and focus on specific areas for conduction of further studies. This research findings helps to plan new interventional strategies for the mothers to develop self efficacy of home care management of diarrhoea.

Conclusion

The study findings strongly suggest that the health education programme is inevitable to improve the knowledge and practice of the mothers, thereby reducing the child mortality morbidity due to dehydration. Obviously, there is no alternative in the preliminary care that can defeat health education in the process of imparting knowledge and information on home care management. This study armed many mothers in their battlefield to save the lives of their children from the dreadful hands of diarrhoeal diseases. The researchers suggest current issues such as Dengue fever, Bird Flu , Malnutrition can be do on mass health education where the women education is neglected , atleast they can aware the importances in prevention itself.

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Review Article

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Behavioral Disorders in Children

Rupa Ashok Varma

Author Affiliation
Principal, Sitabai nargundkar college of nursing for women, Maharshi Karve Stree Shikshan Samstha's Sitabai Nargundkar College of Nursing for Women, Nargundkar Layout, Deonagar, Khamla Road, Nagpur 440015.

Reprint Request
Rupa Ashok Varma, Principal, Sitabai nargundkar college of nursing for women, Maharshi Karve Stree Shikshan Samstha's Sitabai Nargundkar College of Nursing for Women, Nargundkar Layout, Deonagar, Khamla Road, Nagpur 440015.
E-mail: principalnursingcollege@gmail.com

Abstract

Infancy and childhood are of paramount importance in determining and patterning the future behavior and character of children.

Childhood is the period of depending .Gradually; children learn to adjust in environment. But when, there is any complexity around them they cannot adjust with those circumstances. Then they become unable to behave in the socially acceptable way & behavioral problems develop in them.

These behavioral problems are mainly due to failure in adjustment to external environment & presence of internal conflict. Behavioural problems always require special attention.

Keywords: Behavioral Disorder.

Causes of behavioural Disorders

Behavioural disorders caused by multiple factors. No single event is responsible for this condition .But the important contributing factors are.

Faulty Parental Attitude

Over protection, dominance, unrealistic expectation over criticism, unhealthy comparison divorce) etc. are responsible factors for development of behavioural problems.

Inadequate Family Environment

- Poor economical status, cultural pattern , family habits , child rearing practices , superstition , parent, mood & job satisfaction, parental illiteracy , inappropriate relationship among family members etc. influences on child's behavior & may cause behavioral disorders.
- Mentally and physically sick or handicapped condition children with sickness & disability may have behavioral problems .Chronic illness & prolonged hospitalization can lead to this problem.

Influence of Mass Media

Television, radio, periodicals & high telecommunications system affects the school children & adolescents leading to conflict & tension which may cause behavioral problems.

Influence of Social Change

Social unrest violence , unemployment , change in value –orientation , group interaction and hostility frustration , economic insecurity etc. affect older children along with their parents & family members resulting abnormal behavior.

Behavioral Problems of Infancy

Manifestation of behavioral problems during infancy are found as resistances of feeding or impaired appetite abdominal colic stranger acuity resistance to parental interferences to explore environment & disturbed parent child relationship .

Resistance to Feeding or Impaired Appetite

During infancy feeding problems often develop at the time of wearing infant may refuse new foods due to dislike of last or due to separation anxiety for mother it may be due to forced feeding by the mother or may be due to forced indigestion of new foods and abdominal idea. The infant may also have painful ulcers in the mouth or sore causing difficulty in swallowing. These may be nasal congestion or any other pathologic cause which need to be excluded.

Mothers usually become frustrated and anxious with this situation so they need reassurance and guidance in rescheduling the feeding time and change of food items.

Problems like mouth ulcers, sore throat, nasal congestion or any other condition to be treated accordingly. Mother should be encouraged to provide tender loving care to her infant and seperation.

Abdominal Colic

Abdominal colic is an important cause of crying in children .Some infants may cry continuously for variable periods .This problems usually start within the first week after birth , reaches a peak by the age of 4 to 10 weeks & improves after 3 to 4 months .The infant may cry loudly with clenched fists and flexed legs.

Causes

Causes are not known clearly, it occurs commonly in overactive infants who are over stimulated by parents. It can be due to hunger or improper feeding techniques or physiological immaturity of intestine or cow's milk allergy or aerophagy.

Excessive carbohydrates in food may lead to intestinal fermentation & accumulation of gas which may cause abdominal distention & pain .abdominal colic increase anxiety and tension of the mother .She required explanation & help for solving the problems .Baby should be placed in upright position & burping can be done to remove swallowed air. Psychological bonding with infant to be improved. Presence of any organic cause to be excluded and necessary management to be arranged.

Antispasmodic drugs may be administered to relief colic. Frequent small amount feeding and modification of feeding technique are very important.

Strangers Anxiety (Separation Anxiety)

Mother is significant person during infancy for satisfaction of needs , feeling of comforts , pleasure security. The infant does not belief any other persons except mother because they have trust relationship with mother only. In absence of mother if any new person approaches the child will start crying due to feeling of insecurity fear insecurity fear and anxiety.

This might upset parent, but it is an indication that parent have done a great job in the emotional development of infant by deep mother child or parent child knowledge.

Separation is anxiety is avilal of emotional development and might continue up to 13 to 15 months age.

Behavioral Problems of Childhood

Common behavioral problems of childhood are temper tantrums, breath –holding spells ,thumb sucking, nail biting, enuresis , encopresis, pica, tics , speech problems, sleep disorders, school phobia, attention deficit disorder.

Detail of These Problems is Discussed Below

Temper tantrum;- temper tantrums is a outburst or violent display of anger, frustration and bad tem per as physical aggression resistance such as rigid body , biting, kicking, throwing objects ,hitting , crying, rolling on floor, screaming, loudly, banging limbs etc.

Temper tantrums occurs in maladjusted children. The activity is directed towards the environment not to any person or anything .It is normal in toddler may continue to preschool period & become more sever indication the low frustration tolerance .It is found usually in boys single child and pampered child.

Temper tantrum occurs when the child cannot integrate the internal impulses and the demand of reality. The child become frustrated and react in the only ways he / she knows i.e. by violent bodily activity and crying using great deal of muscular activity of striking out against environment when no substitute solution is available temper tantrum result.

If temper tantrum continues, the child needs professional help from child guidance clinic. Parent

should be made aware about the beginning of temper tantrum and when the child looses control.

Parent should provide alternate activity at that time .Nobody should make fun and tease the child about the unacceptable behavior .Parent should explain the child that feeling is normal but controlling anger is an important aspect of growing up. The child needs professional help from child guidance clinic. Parent should be made aware about the beginning of temper tantrum and when the child loses control .Parent should provide alternate activity at that time. The child should be protected from self injury from doing injury to other.

Physical restrain usually increase frustration and block the outlet of anger.

Frustration can be reduced by calm and loving approach Overindulgence should be avoided.

After the temper tantrum is over the child's face and hands should be washed and play material to be provided for diversion.

The child's tension can be released by vigorous exercise and physical activities. Parents must be firm and consistent in behavior.

Breath – Holding Spell

Breath holding spell may occur in children between 0 months to 5 years of age . It is observed in response to frustration or anger during disciplinary conflict.

The child is found with violent crying, hyperventilation and sudden cessation of breathing or expiration, cyanosis and rigidity.

Loss of consciousness, twitching & tonic – clonic movements may also be found the child may become limp and look pallor and lifeless heart rate become slow.

Parents & family member become very anxious with the attack .Attempt to prevent the spells is usually not successful.

Parents need assurance about the harmless effects of the attack and should be tolerant calm and kind. Identification and correction of precipitating factors (EMOTIONAL ENVIRONMENTAL) are essential approach over protection nature of parents may increase unreasonable demand of child.

Punishment is not appropriate and may cause another episode.

Repeated attack of the spells needs to be carefully evaluated with careful history physical examination and necessary investigation to exclude convulsions disorders or any other problems.

Thumb Sucking

Thumb sucking or finger sucking is a habit disorder due to feeling of insecurity and tension reducing activities it may develop due to inadequate oral satisfaction during early infancy as a result of poor breast feeding .

This habit may develop when they are tired, bored, frustrated or at bed and want to sleep but fell lonely.

It continues beyond 4 years of age then complication may arise as malocclusion and malalignment of teeth, difficulty in mastication and swallowing.

It may cause deformity of thumb, facial dislocation and speech difficulty with consonants (D&T) & GI infections.

If child develops thumb sucking at age 7 or 8 year it indicates sign of stress.

Parents & family members need supports & to be advised not to become irritable anxious & tensed.

Praising & encouraging child for breaking habits are very useful.

Hygienic measures to be followed and infection to be properly treated.

Nail Biting

Nail biting is a bad oral habit especially in school age children beyond 4 years of age (5 To 7 y.) It is a sign of tension and self punishment to cope with the hostile feeling towards parents.

It may also occur as imitating the parents who is also a nail biter. It is caused by feeling of insecurity, conflict and hostility.

The causes can be identified by the parents with the help of clinical psychology and steps to be taken to remove the habit the child should be praised for well kept hand by breaking the habit to maintain self confidences.

The child hands should be kept busy with creative activities or play .Punishment to be avoided parents need reassurance and assistance to accept the solution and help the child to overcome the problems.

Enuresis or Bed Wetting

Enuresis is the repetitive in voluntary passage of urine at inappropriate place especially at bed, during night time beyond the age of 4- 5 years. It is found in 3 -10 present of school children.

The most frequent causes are small bladder capacity, improper toilet training and deep sleep

inability to receive signal from distended bladder to empty it.

The emotional factors responsible for enuresis are hostile or dependent parent child relationship, dominant parent, punishment, sibling rivalry, emotional deprivations due to insecurity and parent death.

The enuresis may be primary or secondary in type. Primary or persistent enuresis is characterized by delayed maturation of neurological control of urinary bladder control usually due to organic cause.

In secondary or regressive enuresis the normal bladder control is developed for several months after which the child again starts bed wetting at night usually due to regressive behavior like illness and hospitalization or due to any emotional deprivation.

Management of enuresis depends upon the specific causes.

Assessment of exact cause is very essential by through history, clinical examination and necessary investigation.

The organic causes are managed with specific treatment. On- organic causes be managed primarily with emotional and support to the child and parents along with environment modification.

The child needs reassurance, restriction of fluid after dinner voiding before bed time and arising the child to avoid once or twice, three or four hours later.

Interruption of sleep before the expected time of bed wetting is essential. The child should be fully awareness up by the parents and made to pass urine at night.

The child can assume responsibility for changing the bed clothes. Parents should not be worried about the problems.

Parents should encourage and reward the child for dry nights.

Punishment or criticism may lead to embarrassment and frustration of the child. Bladder stretching during daytime to be done to increasing holding time of urine , using positive reinforcement and delaying voiding for some time . Drug therapy with tricycle antidepressants (Imipramine) is useful. Condition therapy by using electric alarm bell mattress is a effective and safest method, when the child wakes up as soon as the bed is wet. Supportive psychotherapy is important for child and parent's changes of home environment to remove the environment causes are essential.

Encopresis

Encopresis is the passage of faces into inappropriate places after the age of 5 years, when the bowel Control is normally achieved. It is a more serious form of emotional disturbances due to unconscious anger stress and anxiety.

It can also be primary or secondary like bed wetting.

Assessment of this condition includes history of bowel training use of toilets and associated problems .The child needs help in establishment of regards bowel habit bowel training, dietary intake of roughage and intake of adequate fluid.

Geophagia or Pica

Pica is a habit disorder of eating non- eating substances such as clay, paints chalk, pencil , plaster from wall , cart , scalp hair etc. It is normal up to the age of two years. It persists after two years .It may be due to parent neglect, poor attention of caregiver, in adequate love and affection etc. It is common in poor social economic family and in malnourished and mentally subnormal children.

Children with pica may have associated problems of intestinal paracitosis, lead poisoning vitamins and minerals deficiency .These children may have problem like trichotillomania (pulling out of scalp hair and swallow) and trichobezoar (a big palpable lump in upper abdomen due to the collection of swallowed hair.

Management of these problems is done with psychotherapy of the child and parents associated

Problems should be treated with specific management.

Tics or Habit Spasm

Tics are sudden abnormal in voluntary movements. It is repetitive, purposeless, rapid stereotype movements of striated muscles, mainly or the face and neck. Tics occur most often in school children for discharge of tension in maladjusted emotionally disturbed child. It is outlet of suppressed anger and worry for the control of aggression.

This can be motor or vocal tics. Motor tics can be found as eye blinking, grimacing, and shrugging. Vocal tics are found as throat clearing, coughing, barking, sniffing etc.

A special type of chronic tics is found as Gilles de la Tourettes syndrome characterized by multiple motor tics and vocal tics .It seems to be a genetic disorder with onset at around 11 years of age .It requires for special management with behavior therapy , counseling and drug therapy with haloperidol group of drugs. Parental reassurance

and counseling of child and parent usually useful to manage the simple motor or vocal tics.

Speech Problems

Speech disorders are common in childhood these can be found as disturbance of voice (pitch disorder) articulation (baby talk) and fluency ,speech problems can be associated with organic causes like hearing defect , cleft lip and cleft palate , cerebral palsy , dental malocclusion, facial & bulbar paralysis etc.

The common speech problems related to emotional disorders are stuttering or stammering cluttering , delay speech , dysplasia etc.

Stuttering or Stammering

Stuttering or stammering is fluency disorders beings between the age of 3 -5 years probably due to in ability to adjust with the environment and emotional stress.

It is characterized by interruptions in the flow of speech, hesitation, spasmodic repetitions and prolongation of sounds specially of initial consonants.

It is commonly found in boys in fear anxiety and timid personalities.

Management of stuttering of includes behavior modification and relaxation therapy to resolve the conflict and emotional stress thus to improve sell confidence in the child parents need counseling to rationalize their expectations of child's achievement.

Cluttering

Cluttering is characterized by unclear and hurried speech in which words tumble over each other. These are awkward movements of hands, feet's and body. These children have erratic and poorly organized personality and behaviors' pattern.

They Need Psychotherapy

Delayed Speech

Delayed speech beyond 3to3.5 years can be considered as organic causes like mental retardation infant autism hearing defect or severe emotional problems.

The exact causes must be excluded for necessary interventions.

Dysplasia

Dysplasia is the most common disorder difficulty in articulation . It can be caused by abnormalities of teeth jaw or palate or due to emotional deprivation treatment of the structural abnormalities and speech therapy should be done adequality. In absence of structural problems, the responsible emotional disorders or factors should be ruled out. The child needs counseling and modification of family environment.

Attention Deficit Disorder

Attention deficit disorder (ADD) are learning disabilities can be related to CNS dysfunction or due to presence of psycho educational determinates . It is usually associated with hyperactive and known as hyperactive attention deficit disorders.

These children are logging behind in intellectual and learning abilities with alteration behaviors patterns.

The causes of this patterned problems is not understood clearly but predisposing factors can be prematurity of low birth weight brain damage infection or injury and interaction between genetic and psychological psychosocial factors.

Impulsive children with poor attention span, hyperactivity and more demanding attitude are more likely to show poor learning abilities.

The manifestation may be combination of reading and arithmetic disability, impaired memory poor understanding of spoken wards etc. The child is usually over activity, aggressive, excitable, and impulsive and inattention.

They may be easily frustrated, irritated and show temper tantrums.

Management is done by team approach including pediatrician, psychologist, psychiatric pediatrics nurse specialist, school health nurse teachers, social worker and parents.

The management is done by behavior modification, counseling and guidance of parents and appropriate training and education of the child

Drug therapy can be help to improve the cause dysfunction or other associated problems.

Behavioral Problems of Adolescence

Common behavioral disorders of adolescence are excessive masturbation, delinquency, antisocial behaviors' substances abuse, anorexia nervosa etc. These problems need special attention and necessary interventions.

Masturbation

Masturbation or genital stimulation by handling

the genitals gives pleasures to the children the infants and toddlers do this out of pure curiosity the older children masturbate due to anxiety or sexual feelings Boys during teens mostly engage with this practices children play with each other genitals or a child play alone with own.

Adolescent experience sexual excitement and erection of pencil or clitoris followed by relief during masturbation .It develops a sense of mastery over sexual impulse and help the adolescent to capacity and prepare for heterosexual relations.

Parents should be informed that masturbation r is normal response during prepubescent and pubescent stage and has a role in physical and emotional development.

If parents told about harmful effects of masturbation when the child experiences pleasure out of it then there will be conflict in the child, which can be associated with guilt feeling and shame. This conflict may be expressed by physical symptoms like sever pain and later as neuroses with feeling of unworthiness and maladjustment severe weakness.

In case of excessive masturbation the child needs specially attention, facilities for recreation and discussion sex, education and counseling excessive masturbation can sexual maladjustment in future.

Juvenile Delinquency

Juvenile Delinquency means indulgence in an often by a child in the form of premeditated purposeful , unlawful activities done habitually and repeatedly usually these children belongs to broken family or emotionally disturbed family with overcrowded unhealthy environment and having financial or legal problems.

a. The factors contributed to the problems are mainly rapid urbanization and industrialization.
b. social change and changing lifestyle
c. Influences of mass media
d. Change in moral standards and value systems.
e. Lack of educational opportunity and recreational only facilities
f. Poor economy
g. Unsatisfactory condition at school and college
h. Unhealthy and health teacher relationship
i. Lack of discipline.

The juvenile delinquent behaviors include lying, theft, burglary, truancy from school runaway from home. , habitual disobedience fight , ungovernable , behaviors , mixing with antisocial gang , cruelty to animal , destruction attitude ,murder , sexual assault etc. In a broad sense delinquency is not merely juvenile crime it includes all deviations' from normal youthful behavior and antisocial activities.

Prevention

Preventions of juvenile delinquency is possible by elimination of contributing factors.

Delinquent child needs sympathetic attitudes with necessary guidance's and counseling for modification of behavior.

The child should be referred to child guidance clinic for necessary help.

A team approach is necessary in management of this condition includes social workers , psychologist , psychiatrist , pediatrician , community health nurse , school teachers , family members and parents modification of social environment and rehabilitation of the delinquent child should be promoted .

Substance Abuse

Substances abuse or drug abuse is a threating social problem of school going and adolescence age group .It is periodic or chronic intoxication by repeated intake of habit forming agents. The abuse agents are mainly tobacco, alcohol, sleeping pills and from qualities, mood elevators, stimulants, opiates LCD, cocaine, heroin and cancer

The children with this behavior disorder are having frustration, emotional conflict and disturbed family and school relationship.

They are victims of gang activities, wrong adventures, poor parental guidance's and lack of relation and education.

They may involve in various antisocial activities like stealing, shoperfting and even begging the substances abuse is commonly found in boarding public school.

Preventive Measure

Preventive measure of substance abuse include the following Provision of adequate facilities for recreation and entertainment, especially in the hostels.

Poor channelization of energies of adolescents into construct activities.

In calculation of dangers of drugs abuse among students, their teacher and family members.

Provision of mental health program and periodical psychiatric guidance's.

Strict implementation of drug control measure. The addicted children need psychotherapy, deaddiction services and rehabilitation.

Anorexia Nervosa

Anorexia nervosa is a eating disorder occurs most often in adolescent girls the problems is found as refused of food to maintain normal body weight by reducing food intake especially fats and carbohydrates. The affected adolescent girls practices vigorous exercise for weight reduction or induced vomiting by stimulating gag reflex to remain slim and it is a marked disturbance of body image. The adolescent thinks that they are fat even though they are underweight.

Anorexia means loss of appetite, but in this condition the affected individual , experiences true hunger through they have absolute control over their appetite There is no specific organic of anorexia nervosa; the affected adolescent may have associated conditions like disease of liver. Kidney, heart or diabetic. Parents of the affected adolesant may be anorectic and having conflict in relationship with the child or over protective which lead to development of immaturity resolation and excess dependences.

Management of condition includes psychotherapy antidressant drugs behavior modification and nutrition rehabilitation parental counseling for modification of parent child relationship is essential.

Nurses Responsibilities in Behavioral Disorder Children

Nurses play vital role for prevention early identification and management of behavioral disorder of children.

Nurses themselves, need to have up to date knowledge and skill related to these problems. They can help the children, their parent's family indifferent aspect.

Nurses Responsibilities

Nursing responsibilities can be summarized as following.

Assessment of specific problems of the child by appropriate history and detectation of the responsible factors.

Informing the parents and making them aware about the cause of behavioral problems of particular child.

Assessing the parents, teacher and family member for necessary modification of environment at home school and community.

Encouraging the child for behavioral modification as needed.

Promoting healthy emotional development of the child by adequate physical, psychological and social support.

Creating awareness about psychosocial disturbance which may lead to behavioral problems during developmental stages.

Providing counseling services for children their parents to solve.

Participation in the management of the problems child as a member of health team.

Referring the children with behavioral problems for necessary management and supported to betters health care facilities, child guidance's clinic, social Welfare, services and support agencies.

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Standard journal article

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

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

Article in supplement or special issue

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

Corporate (collective) author

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

Unpublished article

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

Personal author(s)

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

Chapter in book

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

editors. Dental caries: The disease and its clinical management. Oxford: Blackwell Munksgaard; 2003. p. 7-27.

No author given

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

Reference from electronic media

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

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