A STUDY ON HOME CARE MANAGEMENT OF CHILDREN WITH CEREBRAL PALSY AMONG MOTHERS OF AFFECTED CHILDREN

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ABSTRACT

This review was directed To assess the viability of video helped showing on information and disposition with respect to labor planning among primi moms in tertiary consideration medical clinic, to survey the pre-test and post-test level of information and demeanor on labor arrangement among primi moms in the trial and control bunch, to assess the adequacy of video assised showing on labor readiness among primi moms in the exploratory gathering, to connect the general improvement in the degree of information and mentality of primi moms on labor readiness in the test bunch and to relate the information and mentality on labor planning among primi moms and their chose segment factors. At the first visit, the participant was informed of the study's goal and given written consent in writing. The specialist acquainted her with the members and afterward the device was controlled. The questionnaire was returned after 20 minutes, and the participant will receive an appropriately explained and well-designed Video Assisted Teaching on antenatal, intranatal, and postnatal care the following day. The same questionnaire schedule was used for the subsequent visit's posttest. Utilizing spellbinding and inferential measurements, the gathered information were analyzed and it inferred that the video helped instructing assisted with giving satisfactory information and foster ideal demeanor in regards to labor readiness among primi moms.

Keywords: *effectiveness of video, cerebral palsy (CP), postnatal care, Video Assisted Teaching, inferential statistics, primi mothers.*

INTRODUCTION

An individual's perception of their own status in life in relation to cultural features and value systems has been referred to as quality of life (QoL). However, a subcomponent of QoL that includes physical, social, and emotional well-being is health-related quality of life (HRQoL). HRQoL is the bliss and fulfillment of people in various pieces of life affecting or impacted by people's wellbeing. QoL is one of the indications of wellbeing. QoL is a significant factor that must be taken into account when determining a person's health status, just like traditional mortality and morbidity rates. Found in cerebrums of those from fetal to youth periods with side effects, for example, ataxia, spasticity, strolling with one foot or leg hauling or on toes, squatted or scissored step, and muscle tone, cerebral paralysis (CP) is a neurologic nonprogressive problem for all time influencing body development and muscle coordination and prompting limits in exercises. Useful shortfalls creating due to physical, mental, close to home, and social issues keep youngsters with CP from playing out their parts in the public arena. Groups of kids with CP neglect to be into the youngsters and themselves due to kids' consistent necessities for extraordinary consideration, regular clinical exams, and nonstop physiotherapy treatment modalities and to assume control over their parts in the public eye. Along these lines, HRQoL of relatives undertaking clinical consideration of youngsters with CP is affected adversely. In our review, it was meant to decide

HRQoL of moms of kids with CP and to explore factors influencing HRQoL.

Dealing with kids with cerebral paralysis (CP) is trying to the family. It usually causes critical psychosocial trouble and unfavorable impacts to their personal satisfaction. It will help them overcome their ambivalence to know what the family needs. This is one of the significant elements of family-focused care, which to date is known to be the best practice in pediatrics recovery, bringing about numerous positive results. Family-focused care is a methodology that effectively recognizes and addresses relatives' interests connected with their kids' or alternately kin's condition. Medical services experts assume parts in aiding these youngsters and their families past their clinical mastery by surveying the one of a kind strength and necessities of the families.

Past examinations which surveyed the necessities of group of kids with CP or handicap have detailed a few primary requirements which incorporate the requirement for data about the state of their youngsters, treatment choices, as of now accessible administrations and the administrations they might get from now on. These families also require community services, additional assistance, and financial assistance for therapy and special equipment.

LITERATURE REVIEW

Amine Kalai (2023) A precise appraisal of the spasticity in the spastic types of cerebral paralysis (CP) is vital to lay out the viability of remedial administration. The changed Ashworth scale (MAS) is the most often involved technique in the appraisal of spasticity in clinical practice. Nonetheless, this strategy doesn't permit a goal, exact and dependable evaluation in view of the absence of normalization and the low degree of dependability. Non-invasive elastosonography (ES) is an imaging technique for evaluating the viscoelastic properties of tissues. This planned, logical and symptomatic review included kids with spastic CP getting a first infusion of BTA to GCM.

Souleymane Brah (2022) Cerebral paralysis is the most widely recognized engine confusion of young life as indicated by the Middle for Infectious prevention and Anticipation (CDC). It is considerably more considered normal in untimely babies. The majority of fixed organic lesions develop during the central nervous system's development. During our review, 100 youngsters matured 0 to 5 years must be counseled. The commonness was 61%. 62.3% of patients were male. The mean age was 2.01 years. Most of the patients were from the metropolitan region (63.93%). Nearly half of the mothers did not attend school. 4.92% of patients were from consanguineous relationships. Pregnancies were observed with no less than 4 pre-birth visit in 86.98% of cases and 83.61% of kids were brought into the world at term. In 75.41% of cases, patients were brought into the world by eutocic conveyance.

Arya Nick Shamie (2021) One of the most prevalent musculoskeletal deformities of Cerebral Palsy (CP) is the equinus deformity, which is defined as an abnormality in ankle dorsiflexion that can result in severe walking impairment. The standard careful mediation for Equinus disfigurement is Achilles Ligament Stretching (ATL) with post-usable leg projecting, but at times, it requires a long time of recuperation present procedure on recapture development. The goal of this study was to find a safer and quicker

alternative to leg casting that would speed up recovery.

Mohamed Hossam El-Sabbagh (2020) Youngsters with Cerebral Paralysis (CP) frequently get physiotherapy to accomplish greatest engine potential and forestall optional circumstances. Conductive Instruction (CE) is training program that consolidates custom curriculum and recovery. Concentrate on the impact of physiotherapy and conductive training being developed of fine, gross coordinated abilities and mental capability in the kids with CP. This is a planned contextual analysis that was completed on 105 youngsters with CP under 4 years of age chose from short term facility in Public Foundation for Neuro Engine Framework. Cases were taken sequentially from February 2019 to September 2019.

Meshaal Alanazi (2020) Bronchial asthma is one of the most common chronic conditions among children. Despite the improvement in asthma treatment regimens, its prevalence and related morbidity are increasing, especially among underserved, minority children. There are barriers in the management of asthma, which may impact the quality of outcomes. The goal of this study is to explore these barriers. A cross-sectional study was conducted on interview data collected through 2019 from mothers of children (aged 6 - 12 years) with asthma visiting, for convenience, a public shopping mall. The interviewees were randomly selected, because they met the inclusion criteria.

Cerebral Palsy

Cerebral Paralysis is a gathering of problems of the improvement of development and stance, causing movement restriction, that are credited to non-moderate aggravations that happened in during fetal or mental health. The engine issues of Cerebral Paralysis are frequently joined by unsettling influences in sensation, cognizance, correspondence, discernment, or potentially conduct, as well as by a seizure problem.

Cerebral Paralysis is a neurological problem. In the event that Cerebral Paralysis is distinguished at a beginning phase and treated properly, there is opportunities for the person to hold his/her independency as well as portability.

Nature of Cerebral Palsy

National Institute of Neurological Disorders and Stroke (NINDS, 2016) explains the characteristics which found among the persons with cerebral palsy (PWCP). Though the percentage of ability varies from person to person, some of the characteristics found on them are:

- Lack of muscle coordination when performing voluntary movements (ataxia)
- Stiff muscles and exaggerated reflexes (spasticity)
- Asymmetrical walking gait with one foot or dragging in one or both legs.
- Deviation in muscle tone from too drooping to too stiffness
- Excessive drooling which leads to difficulties in swallowing, sucking or speaking
- Tremors
- Difficulty in gesture, such as writing or buttoning a shirt
- Cognitive disabilities
- Unable to walk independently; need of a walker or wheel chair
- Need for extensive, lifelong care
- Seizure disorders

Barriers in bringing up a person with cerebral palsy

Parents of persons with disabilities tend to overcome various barriers in almost all

aspects of their life. One way or other, they are forced to solve some issues either created by the child or family crisis or social problems. They overlay barriers such as family barrier in growing the child, social barrier such as illtreatment, verbal abuse, etc, financial barrier which pulls down the whole family system in all aspects and psychological barrier it affects who lack self-confidence, self-motivation and optimist perception towards the development of the persons with cerebral palsy.

Types of Cerebral Palsy

IICP (2012) categorizes the condition, according to the percentage of defects and based on the part of the body which got affected. Spastic Cerebral Palsy affects 70 to 80per cent of people who have

Cerebral Palsy: With Spastic Cerebral Palsy, the muscles are very stiff, difficult, slow and permanently contracted. This type of Cerebral Palsy is caused by a lesion occurring in motor area to the cerebral cortex of the brain, in the area that controls movement.

Athetoid Cerebral Palsy or Dyskinetic Cerebral Palsy affects 10-20per cent of people who have Cerebral Palsy. These uncontrolled movements may also interfere with the ability to perform motor skills that require fine co-ordination, like eye-hand-mouth for eating, chewing and swallowing, functions of brain for speaking and finger grasping.

Ataxic Cerebral Palsy affects 5-10 per cent of people who have Cerebral Palsy. This type of Cerebral Palsy is caused by damage to the part of the brain called Cerebellum.

Mixed type of Cerebral Palsy: Many children who have more widespread brain damage may show signs of spasticity, athetosis and ataxia, or two of the afore mentioned types.

RESEARCH METHODOLOGY

Subjective information was gathered as the scientist required a very much educated regarding the difficulties of moms really focusing on youngsters with CP. This is affirmed by Holton and Walsh (2017:191) who called attention to that there is need to observe 'arising connection between ideas'. The qualitative research method is "more likely to tap the deeper meanings of particular human experiences, and generate theoretically richer observations that are not easily reduced to numbers," as stated by Rubin and Babbie (2013:40). The methodology helped the analyst to reveal different elements required under study, implications of complicated peculiarities were created and conceptualized. Snowball examining was likewise used in which members with whom contact had proactively been made alluded the scientist to expected members. Unassuming inquiries were utilized to accumulate information from the twelve members through semi-organized interviews after moral endorsement had been gotten from the Social Work Departmental Exploration and Morals Board at the College of South Africa (UNISA). Information were gathered through semi-organized interviews with twelve moms really focusing on kids with CP, helped by genuine inquiries contained in a meeting guide. Following Tesch's eight steps, thematic analysis was used to analyze the data, and Lincoln and Guba's classic model was used to verify the data. The review stuck to moral guidelines like privacy, informed assent, secrecy and the board of data.

RESULTS

Table 1: Description of primigravida mothers based on their demographic characteristics in terms of frequency and percentages in both groups

Sl. No.	Demographic variables	Experimental group (n=240)		Control group (n=240)	
			%	Freq	%
1	**Completed period of present pregnancy (weeks)**				
	13-16	14	5.84	28	11.67
	17-20	30	12.5	25	10.41
	21-24	**196**	**81.66**	**187**	**77.92**
2	**Age in years**				
	18-21	61	25.41	59	24.73
	22-25	**158**	**65.84**	**135**	**56.22**
	26-29	14	5.84	27	11.14
	30 and above	7	2.91	19	7.91
3	**Type of your family**				
	Nuclear	84	35	91	37.92
	Joint	**144**	60	139	57.92
	Extended	**12**	5	10	4.16
4	Education				
	Primary	**73**	30.42	68	28.33
	Secondary	**90**	37.5	87	36.26
	Higher Secondary	**58**	24.16	72	30
	Graduation and above	**19**	7.92	13	5.41
5	Occupation				
	Housewife	**141**	58.75	138	57.5
	Farming	**16**	6.67	21	8.76
	Self employed	**35**	14.58	29	12.08
	Service	**14**	5.83	13	5.41
	Laborer	**34**	14.17	39	16.25
6	**Monthly family income in rs.**				
	< Rs 3,000/-	11	4.59	13	5.41
	Rs 3,001 – 5,000	56	23.34	60	25
	Rs 5,001 – 10,000	**154**	**64.16**	**146**	**60.84**
	> Rs 10,00	19	7.91	21	8.75

	0/-				
7	Have you heard about antenatal, intranatal, and postnatal care information?				
	Yes	**82**	**34.17**	**86**	**35.83**
	No	158	65.83	154	64.17
7.1	If yes what was the source of information				
	Books/Magazines	5	2.08	6	2.5
	Electronic media	13	5.42	15	6.25
	Health Worker	**49**	**20.42**	**45**	**18.76**
	Family members	6	2.5	10	4.16
	Friends	9	3.75	10	4.16
			34.17		35.83

Results of the PRETEST and POSTTEST knowledge score of primigravida mothers at the beginning of the fourth month and in the fifth month among the experimental group.

Table 2: Frequency and percentage distribution of the PRETEST attitude score of primigravida mothers in the control and experimental group regarding antenatal care before the administration of the Video-assisted teaching program

Level of Attitude	Experimental Group(n=240)		Control Group(n=240)	
	F	*%*	*f*	*%*
Favourable attitude	12	5	11	4.58
Moderately favourable attitude	**143**	59.59	**138**	**57.5**
Unfavourable attitude	85	35.41	91	37.92

Results of the POSTTEST attitude score of primigravida mothers in the Fifth month among experimental and control groups.

Table 3: Frequency and percentage distribution of the POSTTEST attitude score of primigravida mothers in the control and experimental group regarding antenatal care

N=480

Level of Attitude-Post-test	Experimental Group (n=240)		Control Group (n=240)	
	Fre.	**%**	**Fre.**	**%**
Favorable attitude (>76%)	**122**	**50.83**	23	9.58
Moderately favourable attitude (51-75 %)	93	38.76	**117**	**48.76**
Unfavourable attitude (<50%)	25	10.41	100	41.66

Table 4: Frequency and percentage distribution of the PRETEST practices score of primigravida mothers in the control and experimental group regarding antenatal care before the administration of the Video-assisted teaching program. n=480

SCORE LEVEL	CATEGORIES	The experimentalgroup (n=240)		Control Group (n=240)	
		(f)	%	(f)	%
0-11 - <60%	Unsatisfactory practices	197	82.08	207	86.25
12-20 - 60-100%	Satisfactory practices	43	17.92	33	13.75

Results of the PRETEST attitude score of primigravida mothers in the eighth month among experimental and control groups.

Table 5: Frequency and percentage distribution of the PRETEST attitude score of primigravida mothers in the control and experimental group regarding intranasal and postnatal care before the administration of the Video-assisted teaching program

Level of Attitude	Experimental Group(n=240)		Control Group(n=240)	
	F	%	*f*	%
Favourable attitude	18	7.5	10	4.17
Moderately favourable attitude	**121**	**50.42**	100	41.67
Unfavourable attitude	101	42.08	**130**	54.16

CONCLUSION

Caregivers of children with cerebral palsy use alternative and home-based care to overcome barriers to medical care, address unmet treatment needs, and find solutions to specific cerebral palsy symptoms. Despite caregivers' demonstrated desire and agency in taking charge of their children's health, significant barriers exist in terms of negative views of disability, inadequate healthcare coverage, and poverty, forces that disempower some caregivers from using any form of care. Peer-based interventions, home-based care, and improved health insurance can dismantle barriers that prevent children with CP from living to their highest physical ability. Future studies should explore the effectiveness of home-based management of CP, particularly in low-resource settings.

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