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Research Article

Health Risk Behaviours and Healthy Practices: Childrenin Conflict with Law

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Abstract

Healthy Children are Better Citizens

Health and learning of behaviours are closely associated among children. Children with good health and healthy practices are successful in life and those with poor health and unhealthy practices build risky barriers to become a responsible adult to this society. Children alleged and found to have engaged with delinquent behaviours are Children in Conflict with Law. Based on the severity of the offense, the children are sent to Observation Home, Special Home or Place of Safety for rehabilitation. The children are institutionally rehabilitated to reintegrate with family and society with dignity. The objective of the paper is to discuss the health conditions of the children in conflict with law such as asthma, allergies, diabetes, seizures, their behaviour conditions and other child hood disorders. The objective extends to address these risk behaviours with skills in the provision of social, emotional, behavioural and special education services. This will promote healthy practices such as nutrition, physical activity, community and family participation in the institutional rehabilitation process.

Key Words: Children in Conflict with Law, Health Behaviours, Managing Health Risks, Healthy Practices

Introduction

Children and adolescents regardless of where they live have to be ensured with health. Health and behaviours are closely associated with children. Individual of eighteen years of age and beloware children and there is a virtue to ascertain their needs and respect the rights of children including the children in conflict with law who are alleged and found to have engaged with delinquent behaviours. The children in their relatively immature developmental

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stage cannot understand the consequences of their actions and are victimized to the environment and situations.

The perspective on inclusion of the children in conflict with law into the society and family with dignity was made by justice system for juveniles. Based on the severity of the problem, the children were sent to Observation Home, Shelter Home or Place of Safety for institutional rehabilitation. It is an accepted conscience that poor health and unhealthy practices with children build innumerable barriers for the holistic development of children.

It is essential to know the common health conditions including asthma, allergies, diabetes and seizures and to manage the common behaviour conditions such as related to the AttentionDeficit HyperactivityDisorder, autism and especially on concussion. It is most significant to promote healthy practices of nutrition, physical activity and community and family participation in their living conditions. Though the children and adolescents ensure their health, it has been vital that the institutional rehabilitation centers provides optimal health condition management and healthy practices. The observation home, the special home and the place of safety have to engage in every possibility to ensure the health of children and adolescents during this COVID19 pandemic.

Informational Reviews

Children have trouble on focusing and behaving in different time and place. Children with difficulties have disrupt ability and potentiality to function normally throughout their developmental stages from childhood to adulthood. This influences abnormal behaviour tremendously. The parental frustrations and dysfunction in the family dynamics may induce onset of childhood disorders. Friendship with other children may be challenged with risky antisocial behaviours, which are associated with the children in conflict with law. It is important to provide social, emotional, behavioural and special education to the children in conflict with law. Skill development activities can be encouraged to prevent social, emotional and behavioural challenges.

Thehistory of epilepsy is connected with the history of humanity and to the ancient Assyrian and Babylonian texts. The understanding of epilepsy from Hippocratic texts which set in doubt the divine origin of the disease, came much later, on a solid scientific basis and epileptics were treated as patients and not as lunatics or possessed. Advanceswere made in the pathology of the disease and the connection of epilepsy with various psychiatric symptoms were found.

Asthma and epilepsy are associated with higher caries experience was found by Anjomshoaa et al., (2009). The objective of the study is to find the evidence of association between systemic diseases and oral conditions, if these are direct or mediated by underlying factors such as health behaviours. The aim of this work was to evaluate whether self-reported systemic diseases were associated with caries experience. Medical history data and caries experience that Decayed, Missing due to caries, Filled Teeth/Surface were obtained from the University of Pittsburgh School of Dental Medicine Dental Registry and DNA Repository. Information on 318 subjects (175 females and 143 males) was evaluated. Regression analysis was used to test for association between caries experience and disease status. The stronger associations were found between caries experience and asthma and epilepsy. With respect to asthma, DMFT above 15 (R2 = 0.04) and DMFS above 50 (R2 = 0.02) were associated. After controlling for gender differences in asthma, the associations remained strong (R2 = 0.05 for both DMFT and DMFS). For epilepsy, DMFT above 15 (R2 = 0.18) and DMFS above 50 (R2 = 0.14) were associated.

It is studied that only twenty percent of the health depends on the clinical care and the other eighty percent of the health depends on the social determinants according to the University of Wisconsin Population Health Institute. Specifically, forty percent relates to the social and economic factors such as education, culture, employment, income, community safety, family and social support. Thirty percent relates to health behaviours like tobacco use, diet, exercise and alcohol use, where ten percent relates to the physical environmental quality. Many children experience overlapping of social determinants of health such as low income, lack of transportation and poor access to safe places and role models, which consequently affects their health and well-being.

Children with Asthma in Institutional Rehabilitation Centers

It is important to identify the symptoms of these conditions, understanding, diagnosing criteria there may be many triggering factors for social behaviour. Understanding the symptoms and causes for this can be helpful in managing the health condition of children in rehabilitation centers for reformation. Children with Asthma can be expected to control their symptoms, prevent asthma episodes, be physically active and breathe normally. Asthma is a lung disease with characteristics of (i) airway obstruction that is reversible either spontaneously or with treatment, (ii) airway inflammation and (iii) increased airway responsiveness to a variety of stimuli. Underdiagnosis of Asthma is a frequent problem.

Children wheezing with respiratory infections is often asthma rather than wheezy bronchitis or pneumonia. Recurrent episodes of cough and wheezing are almost always due to asthma. National Asthma Education Programmes (NAEP) convened to develop guidelines to improve the detection and treatment of asthma. Role of health professionals is more needed for asthma medical treatment and management

Children with Diabetes in Institutional Rehabilitation Centers

Prevalence of Type1 & Type2 Diabetes among children and adolescents are increasing. There are chances of gestational diabetes and hyperglycaemia in pregnancy inherited to children born with diabetes from the biological mother with diabetes. This indicates the importance of the disease from a public health and maternal health to child health perspective. In diabetes for children, glucose levels become so high in the bloodstream that the body rids glucose by passing it into the urine. Children with higher level of blood glucose often will complain of need to urinate frequently. They also feel thirsty or have concerns for weight loss.

Children with Seizures in Institutional Rehabilitation Centers

Seizures can be a part of a larger neurological disorder called epilepsy the recurrent seizures. Epilepsy can have variety of causes in children, includes physical trauma, infection, brain tumour or strokes and commonly caused by genetic or inherited conditions in children. The triggers for seizures may be of certain medications, low blood sugar, fever, other illness, sleep deprivation, excessive stress, menstrual period, strong emotions, intense exercise, loud music or flashing lights. Children may have unique triggers for their seizures, regardless of epileptic or non-epileptic. It willbe helpful to know a child's particular trigger inorder to provide a safer atmosphere and prevent them from having high risk of having a seizure. In a seizure the child may experience staring spells, facial twitching, sudden falling, problems breathing, blackouts with loss of memory or confusion, drooling, bowels or bladder control problem, chewing motions, body stiffening, jerking or lip smacking. For the purposes of managing seizures at the institutional rehabilitation center for children, it is important to take all seizures seriously and follow the proper policies and procedures. The institutional staff should be trained over the principles of first aid to ensure practice in real time. A physician may prescribe rescue medication to children to stop seizure taking place. By knowing the symptoms and management of seizures, the institution for rehabilitation have to create a safe and supportive environment for children in conflict with law.

Children with Food Allergies and Anaphylaxis in Institutional Rehabilitation Centers

An allergy is a hypersensitivity or overactive response of our body's immune system to something in the environment that is not typically harmful. The harmful triggers are the allergens and children encounter food allergens often. Symptoms of an allergic reaction ranges from mild to severe and the most severe responses to an allergen is known as anaphylaxis. If a child is having an anaphylactic response, then it requires emergency care as it is a life threatening. The mild allergic symptoms while uncomfortable are not dangerous and they may be runny or congested nose, watery or itchy eyes, mild itchy and raised red rash anywhere in the body. Severe allergic symptoms involved in anaphylaxis may be breath shortness, wheezing, repetitive cough, severe raised itchy red rash, facial swelling, colour change, swelling of lips or tongue, throat itching, hoarseness, tightness or difficulty in swallowing, severe nausea or diarrhoea, chest pain, rapid or irregular hear rate known as palpitations, dizziness, weakness or confusion and agitation or sensation that something bad is going to happen. If any of these symptoms are allowed to progress, the child is suffering from anaphylaxis is at risk for death. Strict avoidance of food allergen can prevent allergic reaction. Life-saving care have to be provided to the children in conflict with law and be aware by considering the symptoms seriously. The institution for rehabilitation of children in conflict with law can support a free and food allergy friendly environment to support the health of the children holistically.

Comprehensive Healthy Practices

The comprehensive healthy practices among the children in conflict with law includes the physical activity and nutrition in the institution for rehabilitation by providing justice for the juveniles. Nutrition education and nutrition programmes have to be regulated to understand and explain the nutritional components and their alternatives as food is the fuel for the bodies. (i) The children can be educated tofollow a healthy eating pattern across the lifespan, (ii) focus on variety, nutrient density, and amount, (iii) limit calories from added sugars and saturated fats and reduce sodium intake, (iv) shift to healthier food and beverage choices and (v) support healthy eating patterns for all. These guidelines promote healthy eating patterns that are important to growth, development and preventing health conditions. The institution can support physical activity through out the day and can effectively offer physical education. The correctional and health sectors align and work collaboratively to support the growth of children in conflict with law. Movement based activities energize children to relax and calm their psychopathic situations. Physical activity such as jumping jacks, squats and push-ups, brain boosters, energizers with a goal to be physically active throughout the day. The physical

activities, games and movements should be enjoyable and accessible to find out their abilities, limitations and interests. Creative team-building activities in institution for rehabilitation can develop positive attitude and self-esteemto enrich the personality of the children. The successful rehabilitation through institutional care will pave path to enhance individual, family and community wellbeing.

Suggestions and Conclusion:

Creating a healthy institutional environmentto identify and manage physical health risks and psychological health with humanitarian approaches is well needed. This will promote ample opportunity for rehabilitation of children in conflict with law by identifying and managing the children physical, mental, social and behavioural issues. This will facilitatereformation and restoration of children in conflict with lawtowards wellbeing with dignity. Healthy children can become a responsible citizen. Observation Home, Shelter Home and Place of Safety for children in conflict with law must be a place to promote good health by managing Asthma, Allergies, Diabetes and Seizures with life-saving actions in this COVID19 conditions. The health behaviours and risk conditions have to be taken care by understanding, identifying and treating them appropriately. This healthy measure supports children in conflict with law to regain health in this pandemic situation to optimizetheir personality and to ensure holistic wellbeing.

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