

AN EXPLORATORY STUDY TO ASSESS THE KNOWLEDGE OF MOTHERS REGARDING SELECTED BEHAVIOURAL DISORDERS AMONG CHILDREN UNDER FIVE YEARS OF AGE IN SELECTED AREAS OF LUDHIANA, PUNJAB WITH A VIEW TO DEVELOP AN INFORMATION BOOKLET.

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Abstract: Early childhood is a critical period for behavioral, emotional, and social development. Children under five years commonly exhibit behaviors such as temper tantrums, thumb sucking, enuresis, nail biting, and pica. Although many of these behaviors are developmentally normal, lack of awareness among mothers may lead to misinterpretation and inappropriate management. The present study aimed to assess the knowledge of mothers regarding selected behavioral disorders among children under five years of age in selected areas of Ludhiana, Punjab, with a view to develop an informational booklet. An exploratory descriptive research design was adopted. The study sample comprised mothers of under-five children selected through purposive sampling. Data were collected using a structured knowledge questionnaire covering definition, causes, signs and symptoms, prevention, and management of selected behavioral disorders. The findings revealed that a majority of mothers had moderate knowledge, while a significant proportion demonstrated inadequate knowledge. A statistically significant association was found between knowledge level and selected socio-demographic variables at $p \leq 0.05$. The study concludes that there is a need for structured educational interventions to enhance mothers' awareness regarding behavioral disorders in under-five children. An informational booklet was developed based on the study findings to promote early identification and appropriate management of behavioral issues.

Keywords: Behavioral disorders, Under-five children, Mothers' knowledge, Temper tantrums, Enuresis, Pica

INTRODUCTION

Early childhood, particularly the first five years of life, represents a period of rapid growth and development in physical, emotional, cognitive, and social domains. During this phase, children commonly exhibit behavioural patterns such as temper tantrums, thumb sucking, nail biting, enuresis, and pica. While these

behaviours are often developmentally appropriate, persistent or mismanaged behaviours may affect emotional stability and future personality development.

Mothers, being primary caregivers, play a crucial role in identifying and managing behavioural problems. Their knowledge and perception significantly influence the child's developmental trajectory. However, limited awareness, cultural beliefs, and lack of access to reliable information may hinder appropriate responses. Therefore, assessing maternal knowledge becomes essential to design effective educational interventions.

NEED OF THE STUDY.

Behavioural problems in early childhood are common worldwide. Studies indicate considerable prevalence of tantrums, enuresis, pica, and emotional-behavioural issues among preschool children. Despite this, mothers often misinterpret normal developmental behaviours as misconduct or illness. In India, limited community-based research has focused on mothers' knowledge regarding behavioural disorders. In Ludhiana, Punjab, socio-cultural diversity and varying educational levels may influence maternal understanding. Hence, there is a need to assess knowledge levels and provide evidence-based educational materials to enhance awareness and promote positive parenting practices.

3.1 Population and Sample

In present study the study population will be mothers of children under five years of age. and the sample were the mothers of under-five children at selected area of Ludhiana, Punjab who fulfills the eligibility criteria.

3.2 Data and Sources of Data

- From identified area of Ludhiana, Punjab, list of mothers of under-five children (inclusion criteria) identified for the study.
- Required samples were drawn from the available list according to sampling plan, which was purposive.
- All 400 samples were drawn from the sampling frame.
- Once samples are finalized, researcher individually contacted them and asked them to provide the information by filling socio-demographic data and answering structured knowledge questionnaire.
- Confidentiality was assured throughout the data collection.
- Written consent to involvement to research project has been taken from each sample by clarifying their doubts.
- All the participants were given their genuine responses for each question asked to them and same time their doubts regarding questions were cleared by researcher.

- Data collection process was ended by thanking each participant for their cooperation and interest shown towards the process of the study.

3.3 Theoretical framework

Outcome variables:

In this study the outcome variable is selected behavioral disorders among children under five years of age.

Socio-demographic variable

The demographic variables are in two areas; one is for mothers and second is for children. For mothers it covers; age of women, religion, educational status, occupation, monthly income in Rs., type of family, place of residence, number of children, and previous knowledge about behavioral disorders. While in relation with child, it covers; child age, gender of child, and birth order of child.

3.4 Statistical tools and econometric models

The data collected from 400 mothers of under-five children was analyzed and interpreted in the following headings. The data obtained is analyzed in terms of objectives of the study using descriptive and inferential statistics. The plan of data analysis is as follows:

- First master data sheet will be prepared according to socio demographic variables and scores obtained for different instruments for both the groups.
- Analysis of the data will be done to demonstrate formulated objectives.
- Dispersion of abundance and percentage is calculated to calculate the selected sociodemographic variables.
- Central tendency statistics like, the mean, median, standard deviation and percentage is calculated for analyzing pain scores of participants.
- Chi square is used to analyze the association between pain scores with personal variables under study.
- Findings will be interpreted by using tables, graphical representation and detailed explanation of each finding.

Both descriptive and inferential statistics were carried out. Results on continuous measurements are presented using mean, standard deviation, range whereas the results on categorical measurements are presented using numbers

IV. RESULTS AND DISCUSSION

SECTION-I FINDINGS IN REGARD TO FREQUENCY AND PERCENTAGE DISTRIBUTION OF SOCIO-DEMOGRAPHIC VARIABLES.

Table 1: Frequency and Percentage Distribution of Socio-Demographic Variables of mothers of under-five children:

N=400

Sr. No.	Socio-demographic Variable		Frequency (f)	Percentage (%)
1.	Age of women	<25 Years	87	21.75
		26-27 Years	68	17
		28-29 Years	182	45.5
		>30 Years	63	15.75
2.	Religion	Hindu	191	47.75
		Muslim	34	8.5
		Christian	69	17.25
		Sikhs	106	26.5
3.	Educational Status	No Formal Education	03	0.75
		Primary	79	19.75
		Secondary	63	15.75
		12th	109	27.25
		Graduate	127	31.75
		>Graduate	19	4.75
4.	Occupation	Own business	08	2
		Government Job	94	23.5
		Private Job	181	45.25
		Housewife	117	29.25
5.	Monthly income in Rs.	<10000	06	1.5
		10000-30000	31	7.75
		30000-50000	97	24.25
		>50000	266	66.5
6.	Type of family	Joint family	167	41.75
		Nuclear family	233	58.25
7.	Place of residence	Urban area	278	69.5
		Rural area	122	30.5
8.	Number of children	One	164	41

		Two	193	48.25
		Three	43	10.75
9.	Previous knowledge about behavioral disorders	Yes	01	0.25
		No	399	99.75

Table 1 mentioned the frequency and percentage distribution of socio-demographic variables of mothers of under-five children. The analyzed data revealed that the maximum number of mothers (45.5%) belonged to the age group of 28–29 years, followed by 21.75% who were below 25 years of age, 17% in the age group of 26–27 years, and 15.75% were above 30 years of age. Regarding religion, most mothers 47.75% were Hindu, followed by 26.5% Sikhs, 17.25% Christians, and 8.5% Muslims.

In relation to educational status, the highest number of mothers 31.75% were graduates, followed by 27.25% who had completed 12th standard, 19.75% had primary education, 15.75% had secondary education, 4.75% had education more than graduation, and only 0.75% had no formal education. Regarding occupation, the majority of mothers 45.25% were working in private jobs, followed by 29.25% who were housewives, 23.5% employed in government jobs, and 2% were engaged in their own business.

With respect to monthly family income, the maximum number of respondents 66.5% reported a monthly income of more than ₹50,000, followed by 24.25% earning between ₹30,000–50,000, 7.75% earning between ₹10,000–30,000, and 1.5% having an income of less than ₹10,000 per month. In terms of type of family, many mothers 58.25% belonged to nuclear families, while 41.75% were from joint families.

Concerning the place of residence, most mothers 69.5% were residing in urban areas, whereas 30.5% were from rural areas. Regarding the number of children, the highest proportion of mothers 48.25% had two children, followed by 41% who had one child, and 10.75% who had three children.

Regarding previous knowledge about behavioural disorders, an overwhelming majority of mothers 99.75% reported having no previous knowledge, while only 0.25% reported having prior knowledge about behavioural disorders.

Table 2: Frequency and Percentage Distribution of Socio-Demographic Variables of children of mothers of under-five children:

N=400

Sr. No.	Socio-demographic Variable		Frequency (f)	Percentage (%)
1.	Child age	0-1 year	152	38
		1-3 years	87	21.75
		4-5 years	161	40.25
2.	Gender of child	Male	189	47.25
		Female	211	52.75
3.	Birth order of child	First	164	41
		Second	193	48.25
		Third	43	10.75

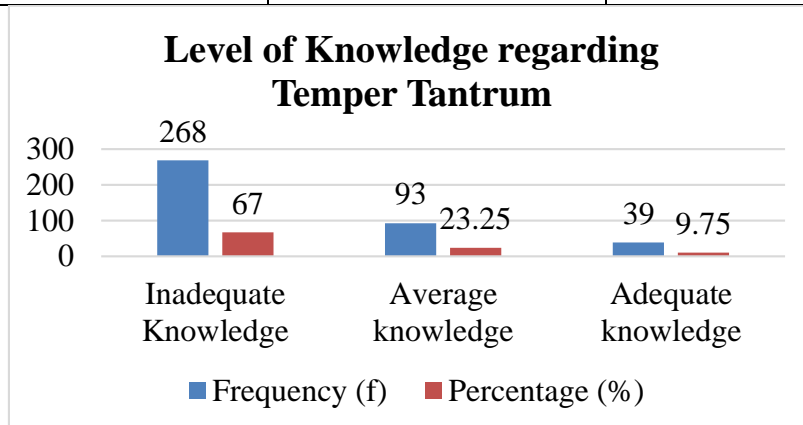
SECTION-II: FINDINGS IN REGARD TO KNOWLEDGE LEVEL OF MOTHERS REGARDING SELECTED BEHAVIORAL DISORDERS AMONG UNDER-FIVE CHILDREN.

Table 3: Frequency and percentage of knowledge level of mothers regarding selected behavioral disorders:

a. Regarding Temper Tantrum:

N=400

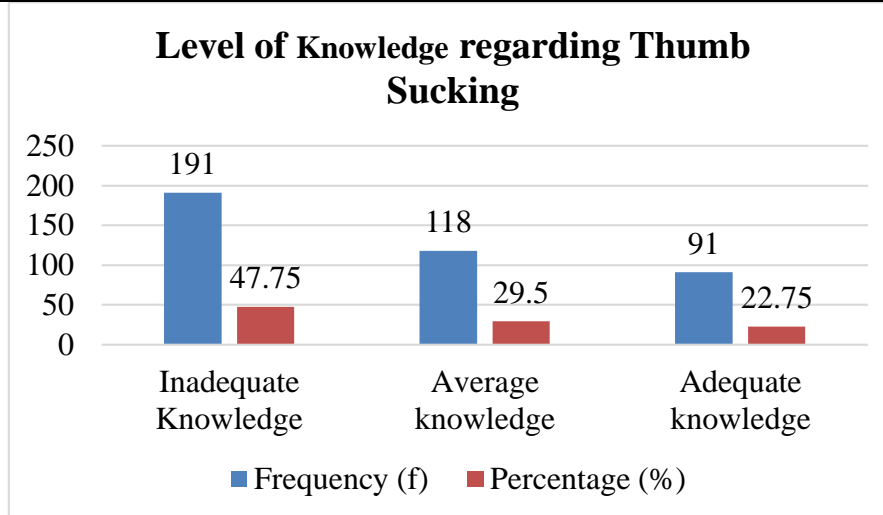
Knowledge Category	Frequency (f)	Percentage (%)
Inadequate Knowledge	268	67.0
Average knowledge	93	23.25
Adequate knowledge	39	9.75



b. Regarding Thumb Sucking:

N=400

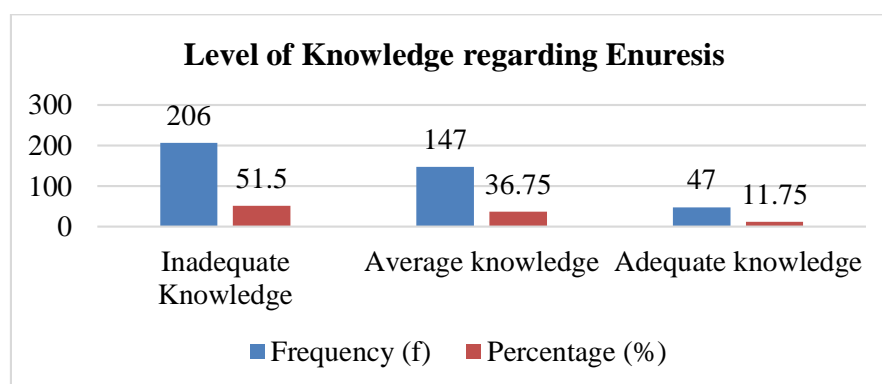
Knowledge Category	Frequency (f)	Percentage (%)
Inadequate Knowledge	191	47.75
Average knowledge	118	29.5
Adequate knowledge	91	22.75



b. Regarding Enuresis:

N=400

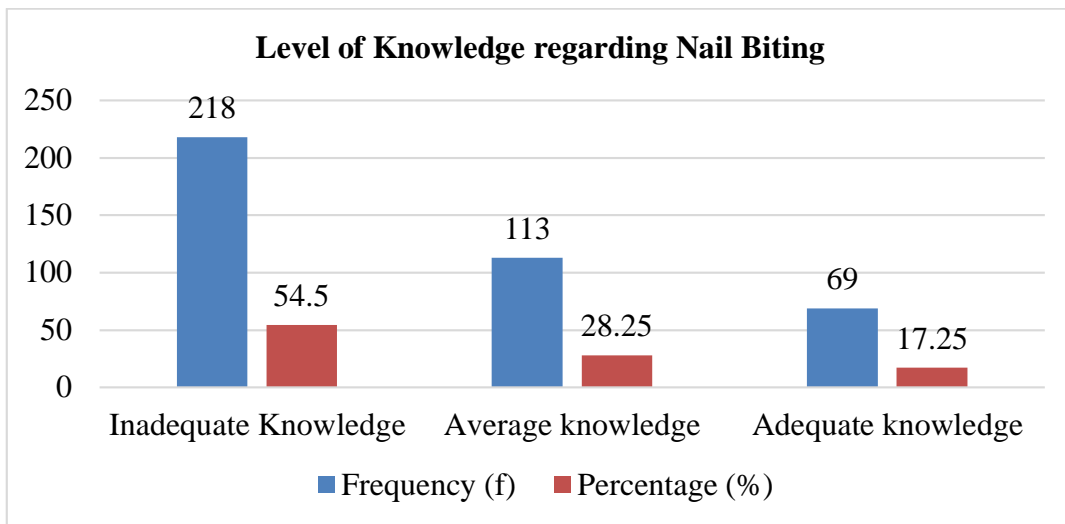
Knowledge Category	Frequency (f)	Percentage (%)
Inadequate Knowledge	206	51.5
Average knowledge	147	36.75
Adequate knowledge	47	11.75



b. Regarding Nail Biting:

N=400

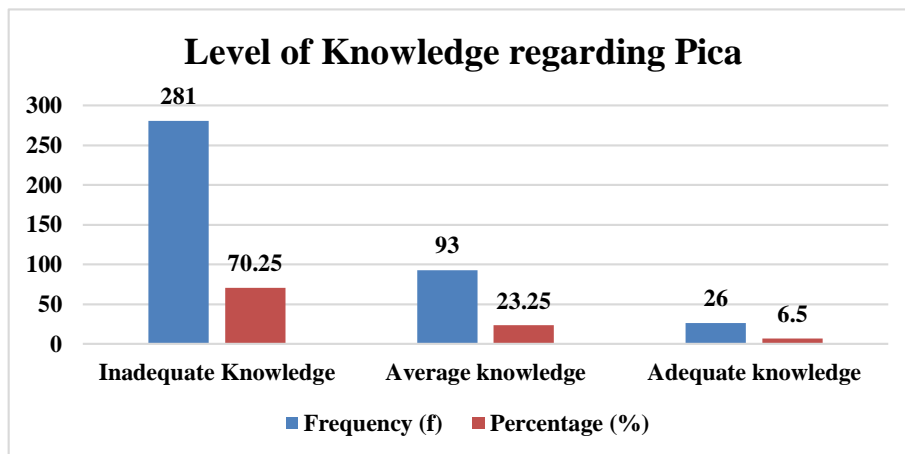
Knowledge Category	Frequency (f)	Percentage (%)
Inadequate Knowledge	218	54.5
Average knowledge	113	28.25
Adequate knowledge	69	17.25



b. Regarding Pica:

N=400

Knowledge Category	Frequency (f)	Percentage (%)
Inadequate Knowledge	281	70.25
Average knowledge	93	23.25
Adequate knowledge	26	6.5



Frequency and percentage of knowledge level of mothers regarding selected behavioral disorders: N=400

Knowledge Category	Frequency (f)	Percentage (%)
Inadequate Knowledge	233	58.25
Average knowledge	113	28.25
Adequate knowledge	54	13.5

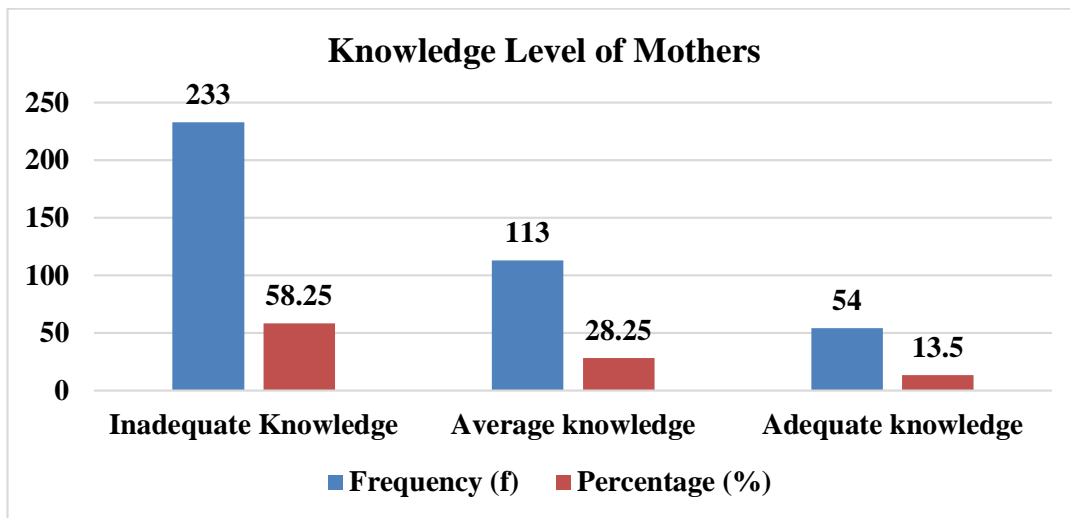


Table 5: Mean and Standard Deviation of knowledge level of mothers regarding selected behavioral disorders:

N=400

Knowledge	Mean	Standard Deviation
Level of Knowledge	43.71	8.04

The mean and standard deviation of mothers' knowledge level about specific behavioural disorders are shown in Table 4. A total of four hundred mothers were enrolled in the test. We can see the average level of knowledge and the dispersion of scores across the respondents with a standard deviation of 8.04 and a mean knowledge score of 43.71. Mothers' modest level of knowledge of specified behavioural disorders is reflected in the mean score of 43.71. There seems to be a large amount of variance in the mothers' knowledge ratings, as shown by the larger standard deviation of 8.04. What this means is that some mothers had a lot of expertise, while others were less well-versed. Mothers' understanding of behavioural abnormalities in children has to be improved and standardized, and this variability shows that systematic educational initiatives are necessary to make that happen.

SECTION-III: FINDINGS IN RELATION TO ASSOCIATION AMONG KNOWLEDGE OF MOTHERS REGARDING SELECTED BEHAVIOURAL DISORDERS AMONG CHILDREN UNDER FIVE YEARS OF AGE WITH THEIR SELECTED SOCIO DEMOGRAPHIC VARIABLES.

Table 6: Chi square value of knowledge level among Respondents with selected socio-demographic variables
 N=400

Sr. No.	Socio-demographic Variable		Chi square	df	P value	Significant/ non-significant
1.	Age of women	<25 Years	3.983	3	0.009	S
		26-27 Years				
		28-29 Years				
		>30 Years				
2.	Religion	Hindu	1.89	3	0.613	NS
		Muslim				
		Christian				
		Sikhs				
3.	Educational Status	No Formal Education	4.778	5	0.641	NS
		Primary				
		Secondary				
		12th				
		Graduate				
		>Graduate				
4.	Occupation	Own business	4.91	3	0.205	NS
		Government Job				
		Private Job				
		Housewife				
5.	Monthly income in Rs.	<10000	3.689	3	0.146	NS
		10000-30000				
		30000-50000				
		>50000				
6.	Type of family	Joint family	1.584	1	0.849	NS
		Nuclear family				
7.	Place of residence	Urban area	2.599	1	0.193	NS
		Rural area				
8.		One	4.034	3	0.101	NS

	Number of children	Two				
		Three				
		More than three				
9.	Previous knowledge about behavioral disorders	Yes	4.221	1	0.241	NS
		No				

Table 5 stated the association between the knowledge level of mothers regarding selected behavioural disorders with selected socio-demographic variables. The association was measured by using the chi-square test of statistics. It revealed that age of women showed a statistically significant association with the knowledge level of mothers ($p = 0.009$) at the level of significance of $p < 0.05$. Whereas the remaining socio-demographic variables such as religion ($p = 0.613$), educational status ($p = 0.641$), occupation ($p = 0.205$), monthly income ($p = 0.146$), type of family ($p = 0.849$), place of residence ($p = 0.193$), number of children ($p = 0.101$), and previous knowledge about behavioural disorders ($p = 0.241$) were found to have no statistically significant association with the knowledge level of mothers at the level of significance of $p < 0.05$.

Based on the present findings, the researcher accepted the research hypothesis H_1 for the socio-demographic variable age of women, as it showed a significant association with the knowledge level. However, for the remaining socio-demographic variables, the research hypothesis was rejected, as no significant association was observed.

Table 7: Chi square value of knowledge level among Respondents with selected socio-demographic variables of children N=400

Sr. No.	Socio-demographic Variable	Chi square	Df	P value	Significant/non-significant	
1.	Child age	0-1 year	1.627	2	0.524	NS
		1-3 years				
		4-5 years				
2.	Gender of child	Male	0.934	1	0.471	NS
		Female				
3.	Birth order of child	First	1.389	2	0.041	S
		Second				
		Third				

Table 6 stated the association between the knowledge level of mothers regarding selected behavioral disorders with selected child-related socio-demographic variables. The association was measured by using the chi-square test of statistics. It revealed that birth order of the child showed a statistically significant association with the knowledge level of mothers ($p = 0.041$) at the level of significance of $p < 0.05$. Whereas the remaining variables such as age of the child ($\chi^2 p = 0.524$) and gender of the child ($p = 0.471$) were found to have no statistically significant association with the knowledge level of mothers at the level of significance of $p < 0.05$.

Based on the present findings, the researcher accepted the research hypothesis H_1 for the variable birth order of the child, as it showed a significant association with the knowledge level of mothers. However, for the remaining child-related socio-demographic variables, the research hypothesis was rejected, as no significant association was observed.

6.5 IMPLICATIONS

The findings of the study provide recommendations for many domains of nursing education, nursing practice, nursing research, and nursing administration.

Nursing Education:

Possible implications for improved use of the current research results in nursing educations are as follows:

- The results underscore the need to enhance curriculum information pertaining to child behavioural problems in both undergraduate and postgraduate nursing programs.
- Increased focus should be directed on the early diagnosis and treatment of prevalent behavioural issues in children under five years of age.
- Nursing students must to be taught to inform mothers about typical and atypical behavioural tendencies in early infancy.
- Simulation-based instruction and case-based dialogues may be used to improve practical comprehension of behavioural assessment.
- Community health nursing placements must include systematic exposure to child mental health assessments and parental guidance.
- Continuing Nursing Education (CNE) programs must be structured to inform working nurses about the latest standards in behavioural child health.
- The creation of instructional materials, including educational pamphlets and multimedia aids, should be promoted as a component of academic endeavours.
- Nursing educators must to advocate for health education programs that emphasise parental awareness and preventative mental health.
- Targeted seminars on communication skills may equip nursing students to advise parents effectively.

- The use of behavioural health assessment instruments in practical assessments may improve competence development.

Nursing Practice:

The use of nursing knowledge, skills, and treatments supported by evidence to enhance the health of individuals and communities is known as nursing practice, and it is a cornerstone of the nursing profession. It is the foundation of professional nursing and the process by which abstract ideas become practical, high-quality care. This study is typical of all nursing research in that it seeks to improve therapeutic efficacy and clinical practice. This study finds that mothers don't know enough about some behavioural issues in children under the age of five, which means that child health services may be better geared toward prevention and promotion. Nurses may use the results as a road map to better integrate health education, early screening, counselling, and referrals into their daily practice. This research further supports the fundamental goal of nursing care: to support children and their families via the provision of comprehensive, evidence-based, and outcome-oriented nursing services. Following actions can be taken under nursing practice:

- Nurses need to consistently evaluate behavioural trends during paediatric health consultations.
- The early detection of behavioural abnormalities should be included into routine paediatric evaluations.
- Nurses are required to provide personalised counselling to mothers according to recognised knowledge deficiencies.
- Health education programs have to be administered in outpatient departments and community health centres.
- Nurses' ought to educate mothers on suitable home management strategies for behavioural concerns.
- Referral mechanisms must be enhanced for children needing specialised psychological assessment.
- Documentation of behavioural assessment results must be carefully preserved.
- Nurses need to promote excellent parenting techniques to mitigate behavioural difficulties.
- Community health nurses need to implement awareness initiatives focused on child mental health.
- Subsequent visits must include the assessment of behavioural advancements and parental comprehension.

Nursing Administration:

Improvements in nursing education and practice that last beyond the first stages of implementation need strong backing from upper management. Nursing administration is often the starting point for significant change because of the pivotal role administrators play in establishing objectives, distributing resources, and forming policies. In order to ensure that decision-making at all levels of healthcare organisations is based on evidence,

it is crucial to provide nurse administrators with the research-based information and insights they need. It is the professional obligation of nursing leaders to initiate, promote, and manage quality improvement programs in order to modernise and enhance nursing services. The strategic planning, competent execution, and thorough evaluation of new programs are all made possible by strong and imaginative leadership. In healthcare settings, the capacity of administrators to consistently track performance, evaluate results, and make any modifications is crucial for the sustainability of any innovation or improvement to existing systems. Nursing administrators were informed of the results of the current investigation:

- Nursing administrators must to provide frequent awareness programs for mothers in hospital and community settings.
- Policies must be established to include regular behavioural assessment in paediatric outpatient appointments.
- Proper staffing must be guaranteed to provide time for parental counselling in paediatric departments.
- Training programs should be organised for nurses to augment their understanding of behavioural issues in children.
- Educational resources, including brochures and booklets, must to be easily accessible in paediatric departments.
- Collaboration between child psychologists and paediatricians should be promoted to enhance interdisciplinary treatment.
- Monitoring and evaluation procedures must be established to determine the efficacy of educational activities.
- Budget allocation must prioritise preventative mental health activities for children and families.
- Administrative assistance is necessary for executing community engagement programs.
- The establishment of parent education clinics in hospitals may enhance the early diagnosis of behavioural problems.

Nursing Research:

The continuity, quality, and safety of patient treatment depends on research that keeps up with the times, is based on solid science, and can adapt to new health requirements. Healthcare providers may embrace new methods while maintaining high standards of practice when evidence is continuously generated and evaluated. There is an increasing need for high-quality, broadly applicable empirical data from randomised controlled trials, systematic reviews, and meta-analyses to bolster the scientific basis of healthcare and nursing treatments. Clinical decision-making, policy frameworks, and intervention validity may all benefit from such rigorous study approaches. Curriculum development, teaching practices, and institutional standards may be greatly impacted by research results that are thoroughly examined, recorded, and reported to regulatory and accrediting agencies like UGC, INC, NAAC, and similar entities. Students, professionals, and the community at large all stand to gain from this approach since it makes it easier to incorporate evidence-based information

into teaching tactics and instructional materials. This, in turn, promotes educated, high-quality healthcare practices. The results of this study point to a few potential areas for further investigations, like:

- Additional experimental research may be undertaken to assess the efficacy of educational interventions on maternal knowledge.
- Comparative studies may evaluate knowledge disparities between rural and urban populations.
- Longitudinal studies may assess the enduring effects of mother knowledge on child behavioural outcomes.
- Research may investigate obstacles hindering mothers from obtaining assistance for behavioural issues.
- Interventional research using digital channels for parental education may be conducted.
- Research may be undertaken to create and evaluate standardised instruments for evaluating maternal knowledge.
- Multicentric research enhance the generalisability of results across diverse locations.
- Research may investigate the involvement of dads and other carers in the management of behavioural problems.
- Mixed-method research may provide a more profound comprehension of parental perspectives and cultural effects.
- Future studies may investigate the efficacy of nurse-led behavioural therapy clinics.

Limitations

- The research was confined to certain locales, perhaps limiting the generalisability of the results to other regions or people.
- The sample included just mothers of children under five; hence, the results are not applicable to dads or other carers.
- The research used a structured questionnaire for data collection, reliant on self-reported answers, which may be susceptible to response bias.
- Time limitations during data collection may have affected the thoroughness of participants' replies.
- The research only examined certain behavioural abnormalities and did not include all behavioural or developmental issues in children under five years of age.
- The participants' availability and comprehension during the administration of the questionnaire may have affected the precision of their replies.

6.6 Recommendations for Further Study

Following recommendations are offering by researcher as per experience throughout the investigation:

- Perform Experimental Investigations: Future researchers need to conduct experimental or quasi-experimental studies to assess the efficacy of organised educational treatments, like informative

pamphlets, video-assisted instruction, or organised training programs, in enhancing maternal knowledge.

- **Longitudinal Research Methodology:** Longitudinal studies should be undertaken to evaluate the retention of information and its influence on behavioural management strategies across time.
- **Incorporate More Extensive and Varied Samples:** Research with bigger sample sizes across several districts or states may improve the generalisability of results and provide more extensive insights on mother awareness levels.
- **Comparative Studies of Rural and Urban Areas:** Comparative studies between rural and urban populations may elucidate inequalities in knowledge and access to information about behavioural disorders.
- **Incorporation of Fathers and Additional Carers:** Subsequent research should include dads, grandparents, and other key carers to evaluate their understanding and involvement in addressing behavioural issues.
- **Mixed-Methods Research Approach:** Qualitative or mixed-method research may investigate mothers' perspectives, attitudes, cultural practices, and obstacles concerning behavioural problems in more detail.
- **Creation and Verification of Standardised Instruments:** Researchers need to concentrate on creating and establishing standardised evaluation instruments to evaluate maternal knowledge more thoroughly and dependably.
- **Interventional Research Utilising Digital Platforms:** Research assessing the efficacy of mobile apps, online educational modules, or social media initiatives in enhancing parental knowledge may be investigated.
- **Correlation Analyses with Child Outcomes:** Future study may investigate the correlation between mother knowledge levels and the resultant behavioural consequences in children.
- **Evaluation of Cultural Influences:** It is advisable to investigate the impact of cultural beliefs and conventional parenting methods on the comprehension and treatment of behavioural problems.
- **Community-Engaged Participatory Inquiry:** Researchers may use community-based participatory methods to engage mothers actively in the development of educational interventions.
- **Research Focused on Policy:** It is suggested that studies evaluate the need of including behavioural screening into standard child health programs at the primary healthcare level.
- **Multicentric Collaborative Research:** Collaborative research across several universities may enhance sample variety and bolster external validity.
- **Assessment of Nurse-Led Counselling Clinics:** Future studies may assess the efficacy of nurse-led child behavioural therapy clinics in enhancing parental awareness and facilitating early identification.

- Interdisciplinary Research Investigations: Collaborative research among paediatricians, psychologists, educators, and nurses may provide a comprehensive knowledge of behavioural problems and enhance intervention options.

6.7 Conclusion

The current study aimed to evaluate mothers' knowledge concerning specific behavioural disorders in children under five years old. The results indicated that most mothers possessed insufficient knowledge across several areas, including temper tantrums, thumb sucking, enuresis, nail biting, and pica, with only a minor percentage exhibiting adequate comprehension. The research revealed that maternal age and child birth order had a statistically significant correlation with knowledge level, however the majority of other socio-demographic factors did not demonstrate significant associations. The results indicate significant knowledge deficiencies among mothers, highlighting the urgent necessity for organised educational interventions to improve awareness, facilitate early detection and proper management of behavioural disorders, and ultimately foster healthy growth and psychological development in children under five.

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