



Research Paper

A Study to Assess the Development of Social Concerns in Individuals with Skin Picking Symptoms Among Attention Deficit Hyperactivity Disorder Children At Selected Homes, Puducherry

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ABSTRACT

Body-focused repetitive behaviors (BFRBs) refer to a group of problematic, destructive, and nonfunctional behaviors directed toward one's body. These mainly include skin picking, hair pulling (trichotillomania), nail biting, and lip chewing; other BFRBs such as hair manipulation, nail biting, chewing gums, lips, and cheek are classified under the residual category of other BFRBs. BFRBs function as coping mechanisms during stress. These difficult to suppress behaviors result in physical and psychological difficulties. BFRBs become problematic when there is associated distress and impairment in day-to-day functioning. There is difficulty in resisting these behaviors and, on performing, results in relief. BFRBs persist for they ensure transient pleasant state, and they are negatively reinforced. The typical onset and severity peaks during childhood and adolescence; it affects females more than males. Hair pulling and skin picking are most prevalent of these conditions. Skin picking is a type of body-focused repetitive behavior in which a person constantly at their own skin to the point that it bleeds or forms ulcers and scars. People with the disorder may pick at small imperfections in the nails, acne, or small scabs, which can cause tissue damage, discoloration, and scarring. Some may even become embarrassed about this behavior and avoid social settings where these perceived imperfections may be noticed by other people. Skin picking may be a result of occasional picking at a rash or skin injury, which causes further skin injury and eventually turns into a continuous cycle. It can also start as an absent-minded coping mechanism for stress that eventually becomes a habit.

STATEMENT OF PROBLEM

A study to assess the development of social concerns in individuals with skin picking symptoms among attention deficit hyperactivity disorder children at homes Puducherry.

OBJECTIVES OF STUDY

To assess the skin picking symptoms among attention deficit hyperactivity disorder.

To associate the skin picking disorder among attention deficit hyperactivity disorder with their selected demographic variables.

METHODOLOGY

The research approach used for this study was quantitative research approach. A descriptive research design was used to assess the development of social concerns in individuals with skin picking symptoms among different types of attention deficit hyperactivity disorder at selected Homes, Puducherry. By using convenient sampling technique 30 samples was selected for the present study. The period of data collection was two weeks. The tool consists of demographic data, and standard questionnaire. The outcome of the study was evaluated by using descriptive and inferential statistics

DESCRIPTION OF TOOL:

Data collected were organized under the following sections.

Section A: distribution of demographic variables of the skin picking symptoms among attention deficit hyperactivity disorder children at selected homes puducherry.

Section B: Frequency and percentage wise distribution of the skin picking symptoms among attention deficit hyperactivity disorder children at selected homes puducherry.

Section C: Mean and Standard deviation of the skin picking symptoms among attention deficit hyperactivity disorder children at selected homes puducherry.

Section D : Shows that association on the skin picking symptoms among attention deficit hyperactivity disorder children at selected homes puducherry

Table 1: Frequency and percentage wise distribution of demographic variables of the skill picking symptoms among attention deficit hyperactivity disorder children at selected homes puducherry.

[N=30]

S.NO	DEMOGRAPHIC DATA	FREQUENCY	PERCENTAGE
1.	Age		
	5-7 yrs	9	30
	8-9 yrs	5	16.67
	10-12 yrs	8	26.67
	Above 12 yrs	8	26.67
2.	Sex		
	Male	11	36.67
	Female	19	63.33
3.	Religion		
	Hindu	17	56.67
	Christian	18	60
	Muslim	5	16.67
	Others	0	0
4.	Birth order of children		
	1st	16	53.33
	2nd	11	36.67
	3rd	2	6.67
	above 3	1	3.33
5.	Residency		
	Urban	15	50
	Rural	15	50
6.	Diet Pattern		
	Vegetarian	5	16.67
	Non Vegetarian	7	23.33
	Both Veg and Non Veg	18	60
7.	Types of Family		
	Nuclear family	16	53.33
	Joint family	14	46.67
8.	Family income		
	below Rs.5000 per moth	5	16.67
	Rs.500 -10,000 per month	13	43.33
	Above Rs.20,000 per month	12	40
9	Family history of Psychiatric illness		

	Yes if specified	16	53.33
	No	14	46.67
10.	Duration of stay in home		
	Less then 1yrs	16	53.33
	2-3 yrs	14	46.67
11.	Number of stressful events.		
	0-1	12	40
	2 nd	4	13.33
	3 rd	10	33.33
	4 th	4	13.34

Table 1: Shows the Frequency and Percentage wise Distribution of the skill picking symptoms among attention deficit hyperactivity disorder children at selected homes puducherry.

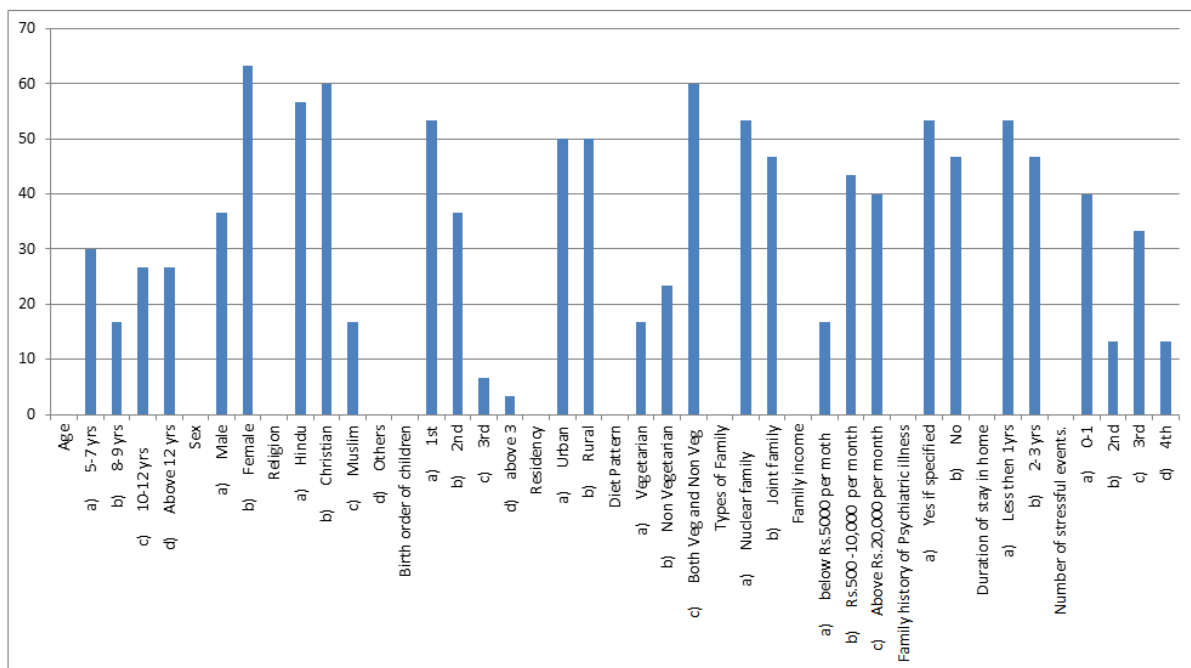


TABLE – II: Frequency and percentage wise distribution of the skill picking symptoms among attention deficit hyperactivity disorder children at selected homes puducherry.

[N= 30]

SCORING INTERPRETATION	FREQUENCY	PERCENTAGE
(0-24) Lesser Severity of skin picking symptom	22	73
(25-48) Greater Severity of skin picking symptoma	8	27

Table II: Shows that Frequency and percentage wise distribution of the skill picking symptoms among attention deficit hyperactivity disorder children at selected homes puducherr

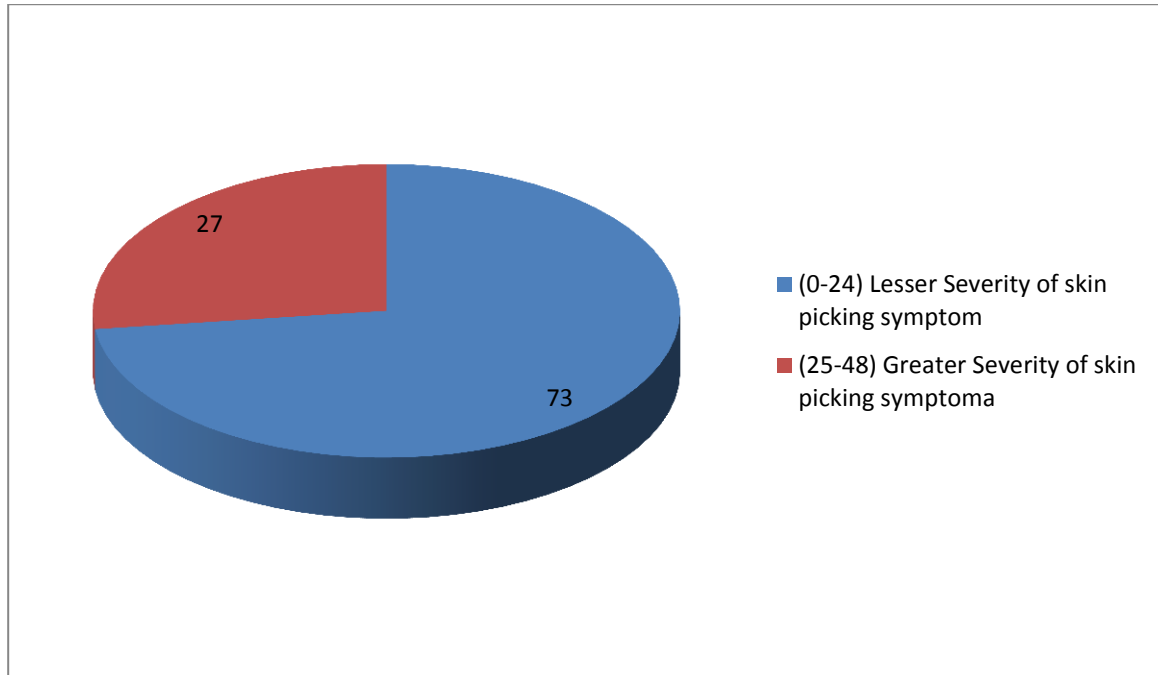


TABLE – III: Mean and Standard deviation of the skill picking symptoms among attention deficit hyperactivity disorder children at selected homes puducherry.

[N = 30]

MEAN	STANDARD DEVIATION
20.5	42.5

Table III: Shows that area wise mean and standard deviation about the skill picking symptoms among attention deficit hyperactivity disorder children at selected homes puducherry.

The findings reveal that mean (20.5) and standard deviation (42.5) of the skill picking symptoms among attention deficit hyperactivity disorder children at selected homes puducherry.

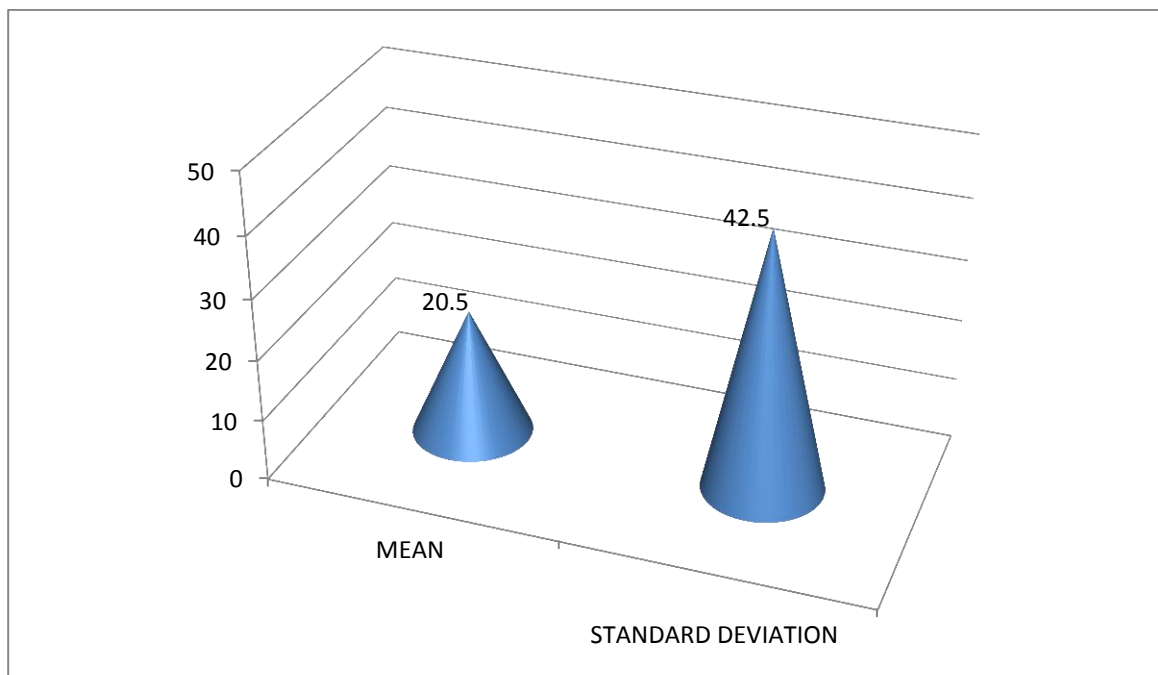


TABLE – IV: Shows that association on the skill picking symptoms among attention deficit hyperactivity disorder children at selected homes puducherry

[N = 30]

S.NO	DEMOGRAPHIC DATA	Lesser Severity		Greater Severity		X ²
		N	%	N	%	
1.	Age					
	a) 5-7 yrs	7	23.3	2	6.7	X ² = .568 Df=3 P=.9037
	b) 8-9 yrs	3	10	2	6.7	
	c) 10-12 yrs	6	20	2	6.7	
	d) Above 12 yrs	6	20	2	6.7	
2.	Sex		0		0	X ² = 2.676 Df=1 P=.1018
	a) Male	8	26.67	3	10	
	b) Female	14	46.67	5	16.66667	
3.	Religion		0		0	X ² = 1.341 Df=2 P=.5144
	a) Hindu	12	40	5	16.66667	
	b) Christian	7	23.3	1	3.3	
	c) Muslim	3	10	2	6.7	
	d) Others		0		0	
4.	Birth order of children		0		0	X ² = 1.311 Df=3 P=.7265
	a) 1st	11	36.67	3	10	
	b) 2nd	9	30	2	6.7	
	c) 3rd	1	3.33	1	3.3	
	d) above 3	1	3.33	0	0	
5.	Residency		0		0	X ² = 0 Df=1 P=.999
	a) Urban	11	36.67	4	13.3	
	b) Rural	11	36.67	4	13.3	
6.	Diet Pattern		0		0	X ² = 2.24 Df=2 P=.3262
	a) Vegetarian	5	16.67	0	0	
	b) Non Vegetarian	5	16.67	2	6.7	
	c) Both Veg and Non Veg	12	40	6	20	
7.	Types of Family		0		0	X ² = 0.049 Df=1 P=.8253
	a) Nuclear family	12	40	4	13.3	
	b) Joint family	10	33.3	4	13.3	
8.	Family income		0		0	X ² = .243 Df=2 P=.8858
	a) below Rs.5000 per moth	4	13.3	1	3.3	
	b) Rs.500 -10,000 per month	9	30	4	13.3	
	c) Above Rs.20,000 per month	9	30	3	10	
9	Family history of Psychiatric illness		0		0	X ² = 0.049 Df=1 P=.8253
	a) Yes if specified	12	40	4	13.3	
	b) No	10	33.3	4	13.3	

10.	Duration of stay in home		0		0	X ² = 1.099 Df=1 P=.2945
	a) Less then 1yrs	13	43.3	3	10	
	b) 2-3 yrs	9	30	5	16.66667	
11.	Number of stressful events.		0		0	X ² = 6.477 Df=3 P=.0906
	a) 0-1	9	30	3	10	
	b) 2 nd	1	3.33	3	10	
	c) 3 rd	8	26.67	2	6.7	
	d) 4 th	4	13.3		0	

*p<0.05, significant and **-p<0.001, highly significant*

Table IV: Shows that association on the skin picking symptoms among attention deficit hyperactivity disorder children at selected homes puducherry.

The chi square reveals that it is statistically association with gender belongs to highly significant $**\text{-}p<0.001$, name of the unit belongs to significant $\text{*}\text{-}p<0.05$, others are belongs

RESULT:

MAJOR FINDINGS OF THE STUDY:

Skin picking symptoms regarding children shows that percentage of(0-24) Lesser severity of skin picking symptoms 22(73%) of them (25-48) greater severity of skin picking symptoms 8(27%).

Mean(20.5) and standard deviation (42.5) of the skin picking symptoms among attention deficit hyperactivity disorder children at selected homes puducherry.

Association on the skin picking symptoms among attention deficit hyperactivity disorder children at selected homes puducherry. The chi square reveals that it is statistically association with gender belongs to highly significant $**\text{-}p<0.001$, name of the unit belongs to significant $\text{*}\text{-}p<0.05$, others are belongs to non significance.

RECOMMENDATIONS:

- The study can do at the large number of samples.
- The study can be implemented at the various states of India.

CONCLUSION:

A descriptive study to assess the skin picking symptoms among attention deficit hyperactivity disorder children at selected homes puducherry. The finding of the study revealed that out of 30 samples 22(73%) of lesser severity of skin picking symptom(0-24), of them 8(27%) of greater severity of skin picking symptom(25-48).

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