

Child Health and Disease Nursing II

Editör
Selmin ŞENOL



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PREFACE

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AUTHORS DIRECTORY

Fatmanur Sena BOSTAN

Lecturer, Kütahya University of Health Sciences, Faculty of Health Sciences, Department of Nursing, Kütahya, Turkey
ORCID: 0000-0002-8737-9265

Özlem DEMİREL BOZKURT

Asst. Prof. Dr., Ege University Faculty of Nursing, İzmir, Turkey
ORCID: 0000-0002-7212-9140

Feyza BÜLBÜL

Asst. Prof. Dr., BSN, RN, MSc, PhD, Uşak University, Faculty of Health Sciences, Uşak, Turkey
ORCID: 0000-0002-4377-5338

Günay DEMİR

MSc Nurse, Ege University Hospital Department of Pediatric, İzmir, Turkey
ORCID: 0000-0003-1468-1647

Canan Sümeýra GÜN

Lecturer, Kütahya University of Health Sciences, Faculty of Health Sciences, Department of Nursing, Kütahya, Turkey
ORCID: 0000-0002-1586-4712

Rabiye GÜNEY

Asst. Prof. Dr., Hamidiye University Faculty of Nursing, İstanbul, Turkey
ORCID: 0000-0001-7995-8040

Atiye KARAKUL

Asst. Prof. Dr., Tarsus University Faculty of Health Sciences, Department of Nursing, Tarsus, Turkey
ORCID: 0000-0001-6580-9976

Şerife Sevde KEKLİK

MSc Nurse, Ege University Hospital Pediatric Intensive Care Unit, İzmir, Turkey
ORCID: 0000-0003-4341-6543

Sevil ÇİÇEK ÖZDEMİR

Research Assistant, Kütahya University of Health Sciences, Faculty of Health Sciences, Department of Nursing, Kütahya, Turkey
ORCID: 0000-0001-6478-4236

Hamide Nur Çevik ÖZDEMİR

Asst. Prof. Dr., University of Health Sciences, Faculty of Health Sciences, Department of Nursing, Afyon, Turkey
ORCID: 0000-0002-1199-8801

Serra SEZGİN

Asst. Prof. Dr. Ankara Science University, Faculty of Fine Arts and Design, Department of New Media and Communication, Ankara, Turkey
ORCID: 0000-0002-8737-515X

Selmin ŞENOL

Prof. Dr., BSN, RN, PhD. Kütahya University of Health Sciences, Faculty of Health Sciences, Department of Nursing, Kütahya, Turkey
ORCID: 0000-0003-4716-3512

Aylin TANER

Research Assistant, Ege University Faculty of Nursing, İzmir, Turkey
ORCID: 0000-0002-3386-4863

Figen YARDIMCI

Associate Prof. Dr., Ege University Faculty
of Nursing, İzmir, Turkey
ORCID: 0000-0002-1550-985X

Şeyda BİNAY YAZ

Asst. Prof. Dr., Bakırçay University of
Health Sciences, Faculty of Health Sciences,
Department of Nursing, İzmir, Turkey
ORCID: 0000-0001-6410-6240

Suzan YILDIZ

Prof. Dr., BSN, RN, PhD, İstanbul
University-Cerrahpasa, Florence
Nightingale Faculty of Nursing, İstanbul,
Turkey
ORCID: 0000-0002-2528-2185

Hatice BAL YILMAZ

Prof. Dr., BSN, RN, PhD. Ege University
Faculty of Nursing, İzmir, Turkey
ORCID: 0000-0001-8015-6379

CHAPTER 1

NASAL OBSTRUCTIONS IN INFANTS AND CHILDREN AND THE NURSING APPROACH

Feyza BÜLBÜL¹, Suzan YILDIZ²

INTRODUCTION

The nose is an entry site to the body as part of the respiratory system, and is one of the body's five sensory organs (Köylü, 2016). Physiologically, the functions of the nose include breathing, olfaction, mucociliary function, warming and moisturizing inhaled air, filtering, speech, sneezing, temperature regulation, nasopulmonary and nasal cycle reflexes, contributions to the sense of taste, and bactericidal and bacteriostatic functions (Sarnaik & Heidemann, 2015; <http://kbb.uludag.edu.tr>). Infants are obligatory nasal breathers until the age of 2–6 months (Shah & Sharieff, 2009; Trabalon & Schaal, 2012), breathing through their mouths only when crying. Mouth breathing requires the maturation of the nervous system, and for this reason, the openness of the nasal passage is important for such basic activities as feeding and breathing (James & Ashwill, 2007; Kyle & Carman, 2013; Leboulanger, 2016).

Anatomically, the nose, nasopharynx and pharynx are smaller in infants and young children than in adults, and the trachea is shorter and narrower than in adults. The diameter of the airway is 20 mm in adults and approximately 4 mm in infants. An increase in the length of the airway occurs rather than an increase in its diameter up to the age of 5 years. This increases the likelihood of upper airway obstructions (Ihlenfeld & Fister, 2007; Ball & Bindler, 2008; Ball et al., 2010).

Nasal obstructions are serious clinical findings that are often encountered in infants and children with respiratory system problems. Such situations affect the families of children with nasal obstructions unfavorably (Hıra et al., 2017), with frequent panicked visits to the emergency department.

The causes of nasal obstruction in children vary by age. It may be congenital, anatomical, physiological or secondary to infection, trauma or tumor (Oktay &

¹ Assistant Professor, BSN, RN, MSc, PhD, Uşak University, Faculty of Health Sciences, Uşak, Turkey, feyza.bulbul@usak.edu.tr

² Professor, BSN, RN, PhD, İstanbul University-Cerrahpasa, Florence Nightingale Faculty of Nursing, İstanbul, Turkey, suzan.yildiz@iuc.edu.tr

- If the child is old enough, they are asked to cooperate in putting their body into the desired position.
- Aspiration should not be performed rapidly or under pressure.
- During aspiration, the tip of the aspirator should not be forced into the nasal cavity of the infant/child.
- Nasal aspiration can be performed with either a manual or battery-operated aspirator.
- The tip of the manual aspirator that contains a filter must be disposed of.
- The withdrawn mucosal secretions are retained in the disposable tip.
- Battery-operated nasal aspirators are designed for home use, and can be used repeatedly on the same child after cleaning. The same device should not be used for other children.
- Watching cartoons, parental distraction (speaking about things unrelated to the procedure), listening to music, using toys that make sounds, using a kaleidoscope, and using cards of various colors and textures can be considered for the distraction of the infant/child (Bülbül, 2018).

Conclusion

Nasal obstruction care in newborns and children is extremely important in nursing approaches. Particular care steps and the selection of materials require care. For this reason, the up-to-dateness of care information on this subject is supportive for pediatric nurses.

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- man Akçay, Çev. Ed.). İstanbul: Nobel Tıp Kitabevleri.
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CHAPTER 2

GETTING PREGNANT WHILE BREASTFEEDING: IMPACT ON MATERNAL, BABY AND FETAL HEALTH

Sevil ÇİÇEK ÖZDEMİR¹, Selmin ŞENOL²

INTRODUCTION

The breastfeeding process is the favored and healthy method for the newborn to reach breast milk, which is a natural source for growth and development (Cangol & Sahin, 2014). Breastfeeding has short and long-term benefits for the mother, newborn, and society. For the mother, some of the short-term benefits of breastfeeding include acceleration of the involution process and reduction of the possibility of postpartum hemorrhage and depression. The long-term benefits include reduction of the risk for breast, ovarian, and endometrial cancer and the likelihood of diabetes, cardiovascular diseases, metabolic syndrome, osteoporosis, rheumatoid arthritis, and Alzheimer's (Del Ciampo & Del Ciampo, 2018; Gunderson et al., 2010). For the newborn, in the short term, breastfeeding reduces the risk of infectious diseases, sudden infant death syndrome, atopy, allergies, and asthma and plays an important role in the development of the immune system. In the long run, it is protective against neurodevelopmental diseases, such as attention deficit and autistic spectrum disorder, diabetes, obesity, cardiovascular diseases, and cancer diseases, such as lymphatic leukemia and acute myeloid leukemia. In addition, breastfeeding also supports cognitive and behavioral development. Many benefits that it offers for mothers and newborns are also important for family and society. It reduces healthcare costs and contributes to the economy of the country since it protects against many diseases, is cheap and easily accessible, and prevents loss of family income. It is also environmentally friendly as it is natural and renewable and a method that is offered directly to the newborn without wastes such as contamination and packaging (Anatolitou, 2012; Brahm & Valdes, 2017).

Breastfeeding creates a bond of trust and love between the mother and the baby, and the continuity of breastfeeding is important (Goncu Serhatlioğlu & Yilmaz, 2020). According to the guidelines in the world and Turkey, breastfeeding must

¹ Research Assistant, Kütahya University of Health Sciences, Faculty of Health Sciences, Department of Nursing, sevil.cicek@ksbu.edu.tr,

² Prof. Dr., Kütahya University of Health Sciences, Faculty of Health Sciences, Department of Nursing, selmin.senol@ksbu.edu.tr,

that women who show signs of a threatened miscarriage, such as vaginal bleeding and cramps should immediately present to a health institution (Cetin, 2013; Balci & Goynumer, 2015). It can be stated that they can continue breastfeeding during pregnancy as long as there is no risk (Bryant, 2012; Devecioglu et al., 2014). The breastfeeding decision should be made case-specific by taking into account the medical history of the woman with pregnancy as well as her previous and current history of pregnancy (miscarriage, premature birth, multiple pregnancy, etc.) (Balci & Goynumer, 2015; Madarshahian & Hassanabad, 2012). If there is a history of threatened miscarriage, contraction, bleeding, or weight loss, it may be necessary to stop breastfeeding (Devecioglu et al., 2014). It is also important to provide effective breastfeeding counseling and encourage women with pregnancy to continue breastfeeding as long as there is no risk (Goncu Serhatlioglu & Yilmaz, 2020; Balci & Goynumer, 2015).

Conclusion

In this study, the changes that occurred in a mother who had become pregnant during breastfeeding, her baby and the fetus were examined. Although H knew that breastfeeding was very important, she terminated breastfeeding on her own will because her baby's weight gain had slowed. Getting pregnant during breastfeeding causes physiological changes in the mother, baby, and fetus as well as psychological effects on the mother. Considering both short-term and long-term benefits, mothers who become pregnant during breastfeeding should be advised to continue breastfeeding as long as there are no complications, and mothers should be supported in this regard. Studies have mainly investigated the physiological effects of pregnancy in terms of mother, baby and fetus during the breastfeeding process. However, the importance of the psychological effect of this process on the mother cannot be denied. For this reason, it is recommended to conduct studies with large samples in which the psychosocial changes experienced by mothers who have become pregnant during breastfeeding are discussed.

There are many examples of mothers similar to the case in this study, which shows that obstetrics and child health nurses should provide long-term and qualified guidance to mothers on this issue.

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CHAPTER 3

PARENT SUPPORT IN INFANTILE COLIC

Canan Sümeyra GÜN¹

INTRODUCTION

Crying is one of the earliest and most powerful forms of communication for infants. During the developmental period, they communicate with their parents by crying in order for their needs to be met. The term “colic” comes from “kolikos”, the Greek word for “colon” (Zeevenhooven et al., 2018). Infantile colic is a health problem with an unknown cause in infants, characterized by sudden attacks in the evening hours, abdominal tenderness, drawing up of legs towards the abdomen, excessive and unstoppable crying, clenching fists, and flatulence (Karabayır and Gökçay, 2017; Zeevenhooven et al., 2018). Infantile colic is seen in almost 5-20% of infants (Perry et al., 2019; Hjern et al., 2020), occurs in the first three months of life, in the 2nd week, and continues till the age of 4-6 months (Johnson, Cocker, Chang, 2015; Zeevenhooven et al., 2018; Goldman and Beaumont, 2017; Lam, Chan, Goh, 2019).

The etiology of infantile colic is not fully known (Wolke, Bilgin, Samara, 2017; Uysal, Düzkaya, Bozkurt, 2017). The sudden, inconsolable crying spells render parents helpless. Studies reported that especially mothers experience concerns, fatigue, insomnia, anxiety, and depression (Vik et al., 2009; Kurth et al., 2011), that they have difficulty in bonding with their babies, and that this negatively affects family dynamics (Wurmser et al., 2001; Kvitvaer, Miller, Newell, 2011; Radesky et al., 2013; Uğurlu, Kalkım, Sağkal, 2014; Mi et al., 2015; Orhon, 2016). In studies, it was determined that parents with babies with infantile colic apply maneuvers to their babies, causing shaken baby syndrome (Rejineveld and Van der Wal, 2004; Fujiwara et al., 2011).

Pediatric nurses should inform parents about the physiology of infantile colic, its effects on the baby, its treatment, and approaches and support them (Landgren and Hallström, 2011; Uysal, Sözmez Düzkaya, Bozkurt, 2017). In a study, it was reported that pediatric nurses give advice to parents with a crying baby, considering their personal opinions (Wynter et al., 2013).

¹ Lecturer, Kütahya University of Health Sciences, Faculty of Health Sciences, Department of Nursing, Kütahya, Turkey canansumeyra.gun@ksbu.edu.tr.

The European Society for Pediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN) issued recommendations on the treatment of infantile colic in 2013.

- Supporting parents who have a baby with infantile colic is the most important approach.
- There is not enough evidence for the medicines used in the treatment of infantile colic.
- A hypoallergenic diet should be recommended in infants with infantile colic who are breastfed or who are fed with breast milk, if there is no improvement within 4 months and if signs of cow's milk protein allergy such as diarrhea, vomiting, eczema, etc. accompany.
- Soy-based, lactase-free formulas, probiotics, herbal and manipulative treatments are not recommended due to insufficient evidence (Bellaiche, Levy, Jung, 2013; Orhon, 2016).

Conclusion

Although its etiology and effective treatment has not been proven, infantile colic is a process without serious symptoms. In this case, parents should be supported by the pediatric nurse and be informed about the definition, treatment, and approaches. Furthermore, participation in social support groups with other parents with anxiety and depression can improve coping.

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CHAPTER 4

COVID-19 AND BREASTFEEDING: ACCORDING TO CURRENT GUIDES

Sevil ÇİÇEK ÖZDEMİR¹, Fatmanur Sena BOSTAN²

INTRODUCTION

Breastfeeding is the process used in delivering breast milk to the newborn, which has an important role in the growth and development of the newborn (Cangol & Sahin, 2014). Breastfeeding is effortless and saves time; it is economical. In addition, the nutritional content of breast milk is the most suitable nutrient, which varies according to the physiological characteristics of the baby's age. Breast-feeding has numerous benefits in terms of mother, baby, health care system, economy and environment (Irmak, 2016; Kayhan, 2016; TNA, 2018).

Thanks to breastfeeding, the risk of postpartum hemorrhage and depression of the mother decreases, and the involution process accelerates. In addition, breastfeeding has positive effects such as losing the weight gained during pregnancy, improving the general well-being of the mother, reducing anxiety and anxiety, and facilitating mother-infant attachment. Breastfeeding seems to reduce the risk of developing diseases such as ovarian, endometrium, breast cancer, Type 2 diabetes, cardiovascular, metabolic syndrome, osteoporosis, rheumatoid arthritis and Alzheimer's for the mother. In addition, breastfeeding has a contraceptive effect if full breastfeeding conditions are provided. In addition, it reduces blood loss due to the delay of the menstrual cycle and helps the mother's blood glucose to reach the optimal level by providing insulin resistance (Del Ciampo & Del Ciampo, 2018; Gunderson et al., 2010; Yilmaz Sezer & Senturk Erenel, 2020).

In addition to many benefits of breastfeeding for the mother; It has also proven to be unmatched for infant health. Breastfeeding reduces the risk of mortality and morbidity in the infant. It protects the baby against diseases such as respiratory tract and gastrointestinal tract infections, otitis media, meningitis, sepsis, atopy, allergies and asthma. In addition, it is stated that the recovery processes of

¹ Research Assistant, Kütahya University of Health Sciences, Faculty of Health Sciences, Department of Nursing, sevil.cicek@ksbu.edu.tr,

² Lecturer, Kütahya University of Health Sciences, Faculty of Health Sciences, Department of Nursing, fatmanursena.bostan@ksbu.edu.tr,

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CHAPTER 5

CARE WITH MECHANICAL VENTILATOR IN PEDIATRIC PATIENTS FROM PAST TO PRESENT

Şerife Sevde KEKLİK¹, Atiye KARAKUL²

INTRODUCTION

Spontaneous breathing, which is necessary to sustain life, can be given invasive or non-invasive oxygen and respiratory support according to the carbon dioxide, oxygen and pH value in the blood gases of children under threat and respiratory effort (Ağnol & Şenol, 2018).

In patients with mechanical ventilation, ventilation and oxygenation insufficiency, the respiratory work is carried out with the help of a device in order to prevent the lungs from collapsing, to provide ventilation and to oxygenate the blood sufficiently until the pathology is eliminated (Kornecki et al., 2014). In patients who need mechanical ventilation, an endotracheal tube is used to establish a direct connection between the patient's lungs and the respiratory device, and airway is provided from the patient's oral cavity to the trachea (Couchman et al., 2007). In patients who require Mechanical Ventilation (MV), airway opening is provided with an endotracheal tube from the patient's oral cavity to the trachea in order to establish a direct connection between the patient's lungs and the breathing apparatus. (Cucu, 2016; Belli, 2020; Çalışkan, 2020).

Purposes of Mechanical Ventilation

The main purpose of MV is; it is to transfer oxygen to body organs and tissues with machine support and to bring oxygenation to the desired level in patients with respiratory failure, according to the parameters determined until the respiratory pattern improve (Kornecki & Wheeler, 2014).

Physiological Purposes

- Supporting or providing lung gas exchange,
- Increasing the lung volume,

¹ MSc Nurse, Ege University Pediatric Intensive Care Unit, sevdekeklik13@gmail.com

² Assist. Prof., Tarsus University Faculty of Health Sciences, atiyekarakul@gmail.com

- It should be evaluated whether there are amputations affecting the body image of the individual,
- Situations that may prevent children's sleeping habits should be eliminated and appropriate conditions should be established, sedation should be applied if they do not interfere with the medical condition of the child and if necessary,
- The feelings and thoughts of the child in the terminal period should be listened to, and psychological support should be provided to relatives in child MV (Terzi & Kaya, 2011).

Conclusion

In the care plan of a child in whom MV is applied, it is necessary to monitor the positive and negative effects of MV support on the child, to follow up laboratory tests, to perform physical examination of the child at frequent intervals, and to compare the obtained data with the ventilator data. As a result of the care of the nurses taking into account the evidence-based practices, the separation of the pediatric patient from the ventilator will be easier, possible complications in the child will be prevented and the duration of being dependent on the ventilator will be reduced.

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CHAPTER 6

ASSESSMENT OF ACUTE PAIN IN CHILDREN

Şeyda BİNAY YAZ¹

INTRODUCTION

The International Association for the Study of Pain (IASP) defines pain as “an unpleasant sensory and emotional experience associated with or similar to actual or potential tissue damage” (IASP, 2021). Pain is stated as “the fifth vital sign” by The Joint Commission on Accreditation of Healthcare Organizations (JCI, 2001; Baker, 2017; JCI, 2020). It has been stated that pain assessment should be recorded consistently with other vital signs (JCI, 2020). Assessment of pain is one of the fundamental parts of pain management. However, linguistic immaturity in children is difficult due to the cognitive and developmental state of the child or the associated medical illness (Twycross, 2003; Srouji, Ratnapalan & Schneeweiss, 2010). Pain perception is complex in children. Pain perception and related behaviors experienced during childhood may show long-term changes during the growth process. The perception of pain is affected by the child’s psychological state, behavioral and developmental characteristics (Srouji, Ratnapalan & Schneeweiss, 2010).

Trauma, injury, medical and surgical interventions are among the causes of children’s pain. It must first be properly evaluated for effective treatment (Brand & Thorpe, 2016). As well as a child’s pain self-report, pain assessment scales should be evaluated according to the age group of child. In addition, physiological variables and behavioral changes in the child’s body also help to evaluate pain (Twycross, 2003).

PAIN

Pain is characterized as “an individual experience influenced to varying degrees by biological, psychological and social factors” (IASP, 2021). Pain is generally divided into two groups, acute and chronic. The fact that the concept of pain is subjective and unbiased complicates its structure (RCN, 2015). Acute pain is associated with tissue damage. It is usually limited in duration (less than

¹ Assist. Prof., RN, PhD, İzmir Bakircay University, Faculty of Health Sciences, Pediatric Nursing Department, seyda.binay@bakircay.edu.tr,

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CHAPTER 7

PSYCHOSOCIAL PROBLEMS OF ADOLESCENT WITH ASTHMA¹

Rabiye GÜNEY², Suzan YILDIZ³

INTRODUCTION

Asthma is one of the most common noncommunicable diseases in the world. The prevalence of asthma, which can be seen at almost any age, increases from year to year. Asthma, especially affecting children, causes various deficiencies and is one of the main causes of early deaths (The Global Initiative for Asthma – GINA, 2021a). Asthma is defined as following,

“Asthma is a heterogeneous disease, usually characterized by chronic airway inflammation. It is defined by the history of respiratory symptoms such as wheeze, shortness of breath, chest tightness and cough that vary over time and in intensity, together with variable expiratory airflow limitation.” (The Global Initiative for Asthma – GINA. 2021b)

Asthma is a global health problem and affects 14% of children (Neyzi, 2002; World Health Organization, 2021; Azmeh et al., 2020), and there are more than 339 million asthma patients living in the world according to the World Health Organization (2021). In Turkey, 8.9 out of 100 people reported that they were diagnosed with asthma by a physician (TC. Ministry of Health of Turkey, 2019). Adolescent period has a particular significance due to the higher incidence of fatal asthma attacks. It is explained that higher mortality rates due to asthma in adolescence is caused by inadequate control of the disease in adolescents (MacDonald, 2001).

PSYCHOSOCIAL ADJUSTMENT OF ADOLESCENT WITH ASTHMA

Psychosocial adjustment is defined in Nursing Outcomes Classification – NOC as an *“Adaptive psychosocial response of an individual to a significant life circumstance”*

¹ This chapter is based on the background section of Dr. Rabiye Guney's PhD dissertation entitled: “Effect of creative drama-based support program on the psychosocial adjustment of adolescent with asthma”.

² Asst. Prof., BSN, RN, MSc, PhD, University of Health Sciences, Hamidiye Faculty of Nursing, Department of Child Health and Diseases Nursing, Istanbul, rabiye.guney@sbu.edu.tr

³ Prof., BSN, RN, PhD, Istanbul University-Cerrahpaşa, Florence Nightingale Faculty of Nursing, Department of Child Health and Diseases Nursing, Istanbul, suzan.yildiz@iuc.edu.tr

2000; Velsor-Friedrich et al., 2004). In asthma attacks, friends often try to help the adolescent with asthma in various ways, such as informing teachers, providing the inhaler, stopping the game, or bringing a glass of water (Gabe et al., 2002).

Even if in a less rate, the reactions of friends can be negative. For example, friends may get angry with an adolescent with asthma who comes out of the game due to being stuck in a team game or may blame him for decreasing the level of success of the team with his poor performance or may react adversely or mock because he constantly coughs (Gabe et al., 2002; Wildhaber et al., 2012). Wirrel et al. (2006) found that 4% of adolescents were reluctant to make friends with someone with asthma. In adolescents with asthma, the probability of being bullied or being blamed by their peers at school was higher than those without asthma (Blackman, & Gurka, 2007). In adolescents exposed to peer bullying, suicidal ideas increase (Muhammad, Korte, Bowman, De Santis, & Nietert, 2018).

Conclusion

The adolescence is a risky period in terms of emotional fluctuations. Likewise, physical illnesses not only affect people's physical condition but also their mental health. The overlap of these two critical processes can lead to psychiatric problems that can even lead to suicide. Anxiety, depression, aggressive behavior, attention deficit and hyperactivity disorder are some of the most common problems in this process. On the other hand, the limitations caused by the disease in this process, the dislike of the restrictions due to the developmental characteristics of adolescents create a great potential for conflict. Social isolation can make another contribution to the process that negatively affects mental health. The decrease in participation in sports activities and a decrease in academic success for various reasons bring about results that affect the life of adolescents in a multidimensional way.

Due to these psychosocial problems, it is necessary to pay attention to the development and implementation of programs to support adolescents with asthma.

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CHAPTER 8

THE BURDEN OF CARE AND INFLUENCING FACTORS IN FAMILY CAREGIVERS OF CHILDREN WITH CANCER

Hamide Nur ÇEVİK ÖZDEMİR¹

INTRODUCTION

At the present time, the number of children and adults diagnosed with chronic diseases is increasing day by day. (Abdel-Rahman & et al., 2015; Warner & et al., 2014). Cancer, one of the chronic diseases, is among the most important health problems in childhood and adulthood in the world and in our country (Borjalilu & et al., 2016; Nayak & et al., 2014). Cancer affects not only the patient, but also the family and relatives (Nayak & et al., 2014; Santo & et al., 2011). The diagnosis of cancer in the child, one of the family members, causes changes in family dynamics and deepens the effects of cancer in the family (Borjalilu & et al., 2016; Tang & et al., 2014; Warner & et al., 2014).

As the disease stage and treatment process of children diagnosed with cancer increase, the symptoms increase, and this situation directly increases the child's care needs (Duman, 2014; Santo & et al., 2011). Long duration of cancer treatment, repeated hospitalizations cause more active participation of family caregivers in the care process, social and economic losses, and an increase in the burden of care (Abdel-Rahman & et al., 2015; Santo & et al., 2011). During the illness, caregiver family members face various care burdens such as anxiety, depression, fatigue, social isolation and role conflict (Özdemir & et al., 2009). A frequent challenge for caregivers of cancer patients is the burden of care. Support is needed to manage the burden of care (Tang & et al., 2014). For this reason, health professionals should be able to plan interventions on how to manage the burden by determining the caregiver burden of the caregivers of children diagnosed with cancer.

DEFINITION OF CARE BURDEN

The burden of care is defined as “the caregiver feels under pressure, has difficulty in care and is under a burden during the caregiving process of an individual with

¹ Asst.Prof., Afyonkarahisar Health Science University, Faculty of Health Science, Pediatric Nursing Department. nur.ozdemir@afsu.edu.tr

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CHAPTER 9

PHYSICAL AND PSYCHOSOCIAL NURSING APPROACHES TOWARDS CHILDREN WITH OSTEOGENESIS IMPERFECTA DISEASE AND THEIR FAMILY

Günay DEMİR¹, Figen YARDIMCI²,
Selmin ŞENOL³, Hatice BAL YILMAZ⁴

Osteogenesis imperfecta (OI) is a heritable disorder of connective tissue accompanied by brittle bones. It develops as a result of the mutation of collagen genes, the main protein of connective tissues surrounding bones. Its incidence is around 1/15-1/20 thousand. The most prominent characteristic of OI is the high risk of fracture even after minimal trauma due to the decreased bone density. Physiotherapy, rehabilitation, and orthopedic surgery are the main treatment methods of OI. Prevention of possible fractures is the top priority. In addition to preventing fractures, care and treatment aim to increase functions, enhance independence, and promote the general health and well-being of children and families. Even minimal traumas in individuals affected by OI can cause fractures due to the brittleness of bones; therefore, education, care, and treatment that the individual with OI and their family will receive from healthcare professionals are particularly important. While osteogenesis imperfecta (OI) negatively affects the physical, social, and psychological development of children, it causes a decrease in independence and stigmatizes families. This review aimed to address the physical development, psychosocial development, immunization, and pain experience of children with Osteogenesis Imperfecta disease and present possible solutions with nursing approaches.

INTRODUCTION

Osteogenesis imperfecta (OI) is a heritable disorder of connective tissue, whose incidence is around 1/15-1/20 thousand and which is characterized by brittle bones. It develops as a result of the mutation of collagen genes, the main protein

¹ MSc Nurse, Ege University Hospital, gunaydemir.ege@gmail.com

² Ass. Prof. Dr. , Ege University Faculty of Nursing , figenyardimci@gmail.com

³ Prof. Dr., Kütahya University of Health Sciences, selmin.senol@ksbu.edu.tr

⁴ Prof. Dr., Ege University Faculty of Nursing, haticebalyilmaz@gmail.com

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CHAPTER 10

MUSIC THERAPY IN PEDIATRIC HEALTHCARE

Hamide Nur ÇEVİK ÖZDEMİR¹

INTRODUCTION

Music has an important place in human life. It is effective in people of all stages from infancy to adulthood (Özyıldız & Uçaner Çifdalöz, 2019; Roberts, 2004; Uçaner Çifdalöz & Özyıldız, 2016). In recent years, music practices and music therapy (MT) initiatives in health care delivery and health care continue to progress rapidly.

Music therapy can be used in many populations from newborns to elderly individuals in health care areas (Şenol & Özdemir Çevik, 2016; Uçaner Çifdalöz & Deliduman, 2016). Music therapy can be used for therapeutic purposes in infants and children in invasive procedures involving pain and suffering, palliative care, intensive care, and improving the quality of life (Stegemann et al., 2019; Stouffer et al., 2007). Music provides a therapeutic effect in pediatric patients with its relaxing, anxiety and anti-anxiety properties (Stouffer & et al., 2007).

DEFINITION OF MUSIC THERAPY

MT has existed in different forms in many cultures for centuries. MT may vary in definitions as it is affected by different cultural and geographical structures. MT is an alternative and complementary treatment method that is safe, has no side effects, and is low in cost, used in many areas within the health discipline (Kemper & et al., 2008; Klassen & et al., 2008). According to the American Music Therapy Association (AMTA), music therapy; “Music is a health service designed to meet the physical, emotional, cognitive and social needs of individuals in a therapeutic relationship” (AMTA, 2019). Music therapy involves an interaction between a music therapist or trained health professional and the patient. The procedures used to transmit music are based on scientific principles and the achievement of specific therapeutic goals (Stouffer & et al., 2007).

Music therapist is an evidence-based and art-based health profession that uses music experiences for a therapeutic relationship by addressing the physical, emo-

¹ Asst.Prof., Afyonkarahisar Health Science University, Faculty of Health Science, Pediatric Nursing Department., nur.ozdemir@afsu.edu.tr

Conclusion

Music has been used in children's health for various reasons from past to present. Studies have shown that music therapy is a safe and effective treatment. MT can be used to improve and strengthen the health of infants and children. With the application of music therapy to pediatric patients, the coping power of children and families increases in symptom control of the disease. Music therapy practice is among the methods that have positive effects in clinics where nursing interventions such as vascular access, injection, bloodletting, which can increase pain and anxiety in children, are applied intensively. Music therapy; it provides an opportunity to be used in the field of pediatrics as it reduces pain and anxiety, provides relaxation, increases the comfort of the patient, has no side effects and risks, is easy to apply, and has low cost of care. In order for music therapy to become widespread by including it in nursing practices, it would be meaningful to provide music therapy training to nurses in this field by experts.

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CHAPTER 11

SEXUAL DEVELOPMENT AND SEX EDUCATION IN CHILDREN

Özlem DEMİREL BOZKURT¹, Aylin TANER²

All over the world, individuals have unmet sexual health needs. However, in most societies, sexuality is seen as private. People are afraid to talk about sex and sexual health. However, children should be given sex education in order to have healthy sexual development. One of the reasons parents avoid sex education is because they are ashamed to talk about it, and another is because they don't feel knowledgeable. Sexual health education programs to be prepared for children and adolescents will improve parents' awareness, attitudes, and self-efficacy in the field of sexual health care. It should not be forgotten that the objectives of sexual education may vary according to regions, provinces, and even districts or neighborhoods in the same province. It is important to know which sexual development stages children go through and to be informed according to their age periods. A sexual health education program should be able to improve the sexual situation of adolescents and reduce the consequences of sexual abuse and harassment, abusive sexual behavior in them, and ultimately improve social health. In this context, in this section, it is aimed to share information about the sexual development stages of children and adolescents, sexual health education, disability, and sexual health, prevention of sexual abuse, benefits of sexual education, problems encountered, and mistakes made. There are suggestions for parents, teachers, and healthcare professionals.

INTRODUCTION

Sexual health education should be a part of care. Neglecting to discuss reproductive health and sexual health with young people will lead to continued misunderstandings and potential health risks such as sexually transmitted diseases, future cervical cancer, unintended pregnancy, and the possibility of sexual abuse (Lee et al., 2015; Streur et al., 2018).

A safe and respectful childhood forms the basis of an individual's sexual health (Cacciatore et al., 2020). Children must know about sexuality by obtaining hon-

¹ Asst. Prof. Dr., Ege University Faculty of Nursing, ozlem.bozkurt@ege.edu.tr

² Research Assistant, Ege University Faculty of Nursing, aylin.taner@gmail.com,

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CHAPTER 12

NEW MEDIA LITERACY AND GENERATION GAP

Serra SEZGİN¹

INTRODUCTION

This chapter analyses the relationship between generation gap and new media with a focus on culture and communication. As such, it discusses the potential role of new media literacy in this relationship. Within the framework of this chapter, an emphasis is placed on the communicational dimension of culture, which is defined as the totality of meanings that construct the society, and which are in turn learned, transferred, and constructed by the society. In this sense, culture refers to a set of learned attitudes and behaviours within a given social group. While often associated with arts and history, culture also refers to the ways of thinking, emotions, behaviours, attitudes, and perceptions that are repeated over time. Therefore, people are born into a culture, which is multi-layered and complex, and influences all aspects of life. When we think of the role of communication and means of communication in constituting a common culture, one can understand the role of communication technologies in interpersonal relations, education and teaching, political campaigns, production and consumption of media content, in other words, in the shared and co-constructed culture itself. Therefore, the concept of culture can be employed in settling the conflicts between children and parents/adults that result from the generation gap. Accordingly, this study aims to strengthen the communication and mutual rapport between new generations (children and youngsters) and adults/parents based on digital transformation, also referred to as information and communication technologies, digital technologies, and new media technologies in this study. The study also stresses the importance of new media literacy in this context.

Before moving on with these discussions, the concepts used in this study must be clearly defined. Accordingly, the first part of this chapter offers an overview of the concepts of new media and new media technologies. The second part includes a discussion on the generations, which may point to the cultural roots of the generation gap, and the way they interact with new media technologies. The

¹ Asst. Prof. Dr., Ankara Science University, Department of New Media and Communication, serra.sezgin@ankarabilim.edu.tr

prove meaningful in the face of the Alpha generation which shows tendency to challenge, to be more individual, and to be harder to satisfy. In terms of education within family, on the other hand, parents of Alpha generation might be advised to avoid oppressive and limiting attitudes and behaviour⁵. To ensure this, parents must be better informed with a higher level of new media literacy to reduce avoidance of uncertainties. Finally, the importance of new media literacy especially among female parents might be emphasized as well. In addition to and in relation with the literacy divide, in order to prevent further increasing of gender gap in future generation, trainings and courses targeting increasing the new media literacy of female parents seems to be an important objective. Trainings and courses on new media literacy among adults, starting from parents, must be free of charge (for instance through integration of these topics in in-company trainings or through development of local and regional training projects) to ensure equality in access to information. In this way, uncertainties may be expected to diminish, and the parents can be better equipped to provide support to their children through a more informed use of new media instruments and an increased level of participation.

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⁵ In future multidisciplinary research, the potential results of embracing an authoritarian rather than authoritative parenthood might be discussed.

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