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## Childhood Obesity and Hypertension

The recent article on childhood obesity and hypertension was timely and an eye opener(1). I would like to express the following comments.

During the follow up period of six months, only nine out of sixteen children with persistent hypertension could be investigated. Of these six had hypercholesterolemia. It remains to be clarified whether these six children were obese or not, because if so, the said metabolic disorder becomes additional high risk factor in the etiopathogenesis of hypertension.

In a review of 404 children studied prospectively, the authors conclude that most obese 5% of children at age 6-7 years were all in the most obese 10% of 13-14 year-old and, retrospectively, 44% of the most obese 10% of 13-14-year-old were in the most obese 5% of age at 6-7 years. This shows very accurate tracking of the most

obese children remaining in the same obese state over the span between ages 6 and 14 years(2). After the age of 5 years, there is a statistically significant tendency for fat children to become fat adults(3). These observations add to the significance of early therapeutic intervention and advice to families with obese children, so aptly brought out by authors of the study referred to in the beginning(1).

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## Parental Attitudes to Pediatric Intravenous Procedures

Acute illness and intravenous procedures may be one of the major event in a child's life. A search of medical literature yields limited data on the parental attitudes and preferences for these procedures(1). We conducted this study to find out parental attitudes towards basic pediatric procedures of intravenous sampling and/or intravenous placement and whether parents would prefer to remain present with the child during these procedures.

The parents of children who were admitted to pediatric wards in the Depart-

ment of Pediatrics, Medical College, Baroda during March-May 1990 formed the material of the study. The parents were explained the purpose of study, interviewed and their responses were noted on a pre-tested open ended questionnaire. The parents whose children were critically ill and requiring immediate emergency management were excluded from the study. Details like child's age, sex, diagnosis, number of children in family and parental literacy were included and analysed by Chi-Square test.

The study included 155 parents, of which 103 (66.4%) were mothers and 52 (33.6%) fathers. Out of these 155, parents, 67 did not receive any education and were illiterate and 88 had completed at least primary education or more. The mean age of the children was 5.4 years and 56.2% were boys and 43.8% were girls. Ninety two parents (59.9%) indicated their preference to remain with the children, while the intravenous procedure was performed. The different reasons quoted by parents to remain with the child or not are shown in *Table*. Parents who wanted to be present with their child during the procedure were more likely to be literate ( $p < 0.02$ ), than those parents who did not want to remain there. There was no significant difference in parental attitudes in relation to child's illness,

number of children in family, age and sex of the child ( $p > 0.1$ ). The attitude of the mothers from that of fathers was not observed to be different to any significant degree ( $p > 0.05$ ).

Pediatric procedures are usually performed in an acutely ill child and mostly parents are asked to leave the procedure room during the procedure. This study has shown that many parents (59.9%) prefer to remain with their child during the intravenous procedures. The parents who were literate, indicated their desire to remain with their child, as compared to those parents who had not received any education ( $p < 0.02$ ) and this may indicate their better understanding and knowledge. A few parents (9.6%) wanted to be with their child to check that extra amount of blood was not withdrawn from their child. To allay such parental anxieties and fears, adequate explanation of the procedure to the parents, should be included as a routine. Thus the parents should know what to expect, so that they may not unconsciously create a state of anxiety in their child.

During the stressful conditions, young children want to be with their parents expecting to be protected and/or comforted. Other factors like the age of the child, type of illness, parental awareness and pediatricians own preference, to allow

**TABLE—Parental Attitudes to Intravenous Procedures**

S.No.	Attitudes	No.
1.	To comfort and make the child feel better by their presence	61 (39.3)
2.	To help doctor/nurse to restrain the child by their presence	27 (17.4)
3.	To check that extra blood is not withdrawn from their child	15 (9.6)
4.	Do not want to be present, as the child is hurt	27 (17.4)
5.	Do not feel necessary to remain present as had complete faith in doctor/nurse	30 (19.3)
6.	Afraid of the procedure	15 (9.6)

Figures in parenthesis indicate percentages out of total 155 parents.

parental presence should also be considered(1). At present it seems best to have a flexible attitude to decide whether child's parents should be allowed during the procedure or not(2).

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