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KNOWLEDGE AND PRACTICE OF MOTHERS AMONG ACUTE RESPIRATORY INFECTION IN CHILDREN

Corresponding Author: Sumra Bibi, (sumranoor4567@gmail.com)

1) **Sumra Bibi**
Lahore School of Nursing,
The University of Lahore, Pakistan
(sumranoor4567@gmail.com)

2) Muhammad Afzal, (Supervisor)
Lahore School of Nursing
The University of Lahore)
(muhammadafzal@lsn.uol.edu.pk)

3) Muhammad Hussain(Co-Supervisor)
Lahore School of Nursing,
The University of Lahore, Pakistan
(Muhammad Hussain@lsn.uol.edu.pk)

Abstract

Objective: The objective of this research is to determine the mother's awareness and experience of acute respiratory infection in infants. **Introduction:** ARI is an infection of the upper or lower respiratory tract or of adjacent structures such as Para nasal sinuses, middle ears, or pulmonary pleura. It is known to be one of the primary causes of disease and death in children. ARI are known as upper respiratory tract or lower respiratory tract infections. **Material and Methods:** a quantitative descriptive cross-section design used in this analysis. The target population was the mothers of the rural community of Lahore. Approximately 240 mothers are required to research population. For data collection, a self-administered questionnaire was used. The data was analyzed using SPSS version 21. Statistic computer program for data analysis. Descriptive research statistics have been obtained through the SPSS program. **Results:** The knowledge and practice of mothers was poor among more than half of the participants.**Conclusion:** The knowledge of caregivers/parents on the signs, risk factors and complications of ARI was sufficient. Better awareness is required for

the safe use of antibiotics, and caregivers are encouraged to reduce indoor air pollution. More information is needed to discourage the practice of visiting quacks, as it can lead to serious complications in the infant.

Keywords
The mother of KAP on ARI. Children's pneumonia infant, illness, awareness, pneumonia, pollution, respiratory infection.

Introduction

Acute Respiratory Infection is known to be one of the primary causes of illness and death in children. This is the primary justification for the use of children's health services. Its regulation is a main community health concern, particularly in developing countries.

The signs of acute upper respiratory tract infection consist of pharyngitis/amygdalate, also referred to as common cold, and symptoms of ear infection, laryngitis, and occasionally bronchitis. The symptoms of Upper respiratory infections contain cough runny nose, fever and sneezing. The beginning of symptoms typically starts 1-3 days after interaction with a microbial pathogen. The period of infection is 7-10 days. (Bham, et al (2016)

The prevalence of acute respiratory infection in Pakistan is (16%) as exposed by a survey shown in Pakistan (2011). The survey also showed that ARI was more common in rural areas in the region.

Pneumonia occurs mostly in people living in poverty. Several factors, such as poor household climate, shortage of food and health care, are affected. Expiries that are encouraged are preventable along with limited breast-feeding methods and good nutrition. Many studies have been performed on ARI-associated prevalence and risk factor, although there are partial studies in India on understanding and awareness of mothers about pneumonia. Information or understanding about pneumonia (Pradhan, 2016).

There are two types of acute respiratory infections. Upper Respiratory and Lower Respiratory Infection. Upper respiratory infection is primarily associated with (Common Cold), Tonsillitis, and ear infection when lower respiration is present (Bham,etal.,(2016).

Over-the-counter medications are routinely prescribed by parents to their children as ARI causes anxiety and pain to their parents. There is a lack of proven capacity for such drugs. Safe home remedies and proper treatment are primarily suggested in these conditions.Information literacy in developed countries. (Bham, et al., 2016)

The various threat issues include illiteracy among parents, low socio-economic status, overcrowding, malnutrition, lack of breastfeeding,pre-lactealfeeding, incomplete immunization, inside air pollution, primary weaning, anemia, etc. All of these are modifiable risk factors and can be avoided by simple measures such as proper newborn feeding practices, appropriate diet and proper use of antibiotics (Mahal, T. (2020).

In developed nations, almost 50% of all expiries in the community are children under 5 years of age (WHO makes up 13 percent of the general population). Among the under-five, ARI is responsible for a particular mortality rate of 20-25%. On this basis, one million deaths among the under-five five in our country are attributed to ARI, most of which occur in children. The specific cause of ARI mortality is 10 to 50 times higher in developing nations than in developed countries (Ramani.,2016)

Acute respiratory infection is one of the primary causes of disease and death in new children. Maximum of the expiries take place outdoor the health facility signifying that mothers and major care givers lack services in proper health seeking behavior

Research Question

What are the mother's knowledge and practice among ARI in children?

Significance

This study will generate new information on ARI home management activities that can help prevent risk factors and improve early detection and prophylactic steps for ARI.

Purpose of study

The basic purpose of this research is to assess the mother's awareness and experience of acute respiratory infection in children.

Study design

For this research, a cross-section descriptive study design was used to determine mother's knowledge and practices of ARI in children.

Study Site

The study site was the community of Lahore. Study setting The rural community of Lahore was the study setting.

Target population

The target group was the mothers of the rural community of Lahore. Approximately 240 mothers are required to research population.

Sampling Method

A convenient sampling method was used for this study. Inclusion Criteria Mothers were able to engage in data collection Exclusion Criteria Mothers were illiterate and unable to see questions.

Data Collection Plan

A self-administered questionnaire was used for data collection from the study participants.

Research tool

As well-structured with questionnaire with close-ended, Likert scale adopted to determine the awareness and practice of mothers among infants during acute respiratory infection. The questionnaire consisted of two sections, the first part of which explains the consent form and demographic details of mothers whose name, age, educational level, occupation and monthly income. The other part of questionnaire will clarify the questions.

for the controlling of ARI. Public based studies are required to classify the exact gaps in knowledge and attitudes towards ARI in order to make health education and encouragement messages for stoppage of ARI death relevant.

This research will help enhance mothers' awareness of acute respiratory infection in infants. This research will help identify the adverse side effects of infection in children. After answering my research question, if the mothers offer proper care to the children can improve better health and less chances of infection.

Research objective

To determine parental awareness and practice on cute respiratory infection in children.

Ethical consideration

Permission was obtained from the appropriate HOD by letter of permission and from the Ethical Review Board of the university of Lahore and HOD of the Lahore School of Nursing Department for Research. Consents were obtained from all the contributors and free hand would be given to the contributors to take part in the study or to reject to take part, the participants were also entitled to the name specified or not. Appropriate information on research will be given to participants with help of full permission and this will be attained via a consent form attach to the questionnaire. Privacy was considered by enlightening participant.

Data analysis

The data analysis was carried out using SPSS version 21.Statistic computer software for data analysis. This research was a descriptive study and all descriptive statistics were collected from the SPSS program.

Table# 1 demographic data

Variables	**Responses**	***f* (100%)**	**Mean±S.D**
Age			
	25-29years	84(65%)	
	30-34years	45(30%)	
	35-39years	21(14%)	
	Total	150(100%)	1.58±726
Education	Primary	30(20%)	
	Middle	24(16%)	
	Higher	87(58%)	
	Illiterate	9(6%)	
	Total	150(100%)	2.50±880
Occupation	Housewife	60(40%)	
	Working women	90(60%)	

	Total	150(100%)	1.60±492
No of children	Less than 2child	15(10%)	
	3-4child	98(65%)	
	5 or more child	37(24%)	
	Total	150(100%)	2.15±492
Monthly income	Less than 10,000	27(18%)	
	10,000-20,000	105(70%)	
	Greater than 20,000	18(12%)	
	Total	150(100%)	1.94±546

Table #1 shows demographic frequencies of the participants in the study. Participants age was 25-29 y (n=84) 65%, age group of 30-34 y (n=45) 30% and age group of 35-39 y was (n=21) 14% (Mean±S.D1.58±726). The education of the participants was in the study primary (n=30) 20, middle (n=24) 16%, higher (n=87) 58% and illiterate females were (n=9) 6% (Mean±S.D 2.50±880)The occupation of the participants was in this study (n=60) 40% females were housewife and (n=90) 60% (Mean±S.D1.60±492) females were working women. The number of children was in this study less than 2(n=15) 10%, 3-4 children (n=98) 65% and 5 or more children were (n=37) 24% (Mean±S.D2.15±492). The monthly income of the participants was less than 10,000 (n=27)18%, 10,000-20,000 income was (n=105) 70% and greater than 20,000 income was (n=18) 12% (Mean±S.D 1.94±546).

Table # 2 Knowledge of the mothers among ARI in children

Question	**Responses**	***f* (100%)**
Symptoms of ARI?	Cough	66 (44%)
	Fever	30 (20%)

	Pain in ear, nose, throat	54 (36%)
	Total	150 (100%)
Aggravating factors of	Dust	90 (60%)
the diseases are?	Overcrowding	39 (26%)
	Lack of immunization	21 (14%)
	Total	150 (100%)
Complications of ARI?	Fits	27 (18%)
	Pneumonia	111 (74%)
	Measles	12 (8%)
	Total	150 (100%)
Environmental factors of	Summer	54 (36%)
disease?	Winter	45 (30%)
	Autumn	15 (10%)
	Rain	36 (24%)
	Total	150 (100%)
Do you know about treatment	Consulted qualified doctor	93 (62%)
of ARI?	Did not consulted doctor	15 (10%)
	Home remedy	36 (24%)
	Don’t know	6 (4%)

Table # 2 shows the knowledge of mothers among ARI in children. In this research the most symptom perceived was cough (n=66, 44%), most common aggravating factor was dust (n=90, 60%), most common complications were pneumonia (n= 111, 74 %) most common worsening environment was summer (n=54,36%), and most common treatment option was through medical practitioner (n=93,62%). Awareness of ARI symptoms was not good among caregivers (44%), which was less than in other studies. Cough was the most common symptom of ARI observed in this study (44%). This result may be recognized to the common environmental status of the area and poor municipal services. In this study, the ARI complication was found to have children suffering from pneumonia (74%).

Table # 3 Practice of mothers among ARI in children

Questions	**Responses**	***f* (100%)**
Have you ever practiced any home	Yes	73 (48%)
remedy on your child to reduce/ relieve	No	77 (51%)
any signs and symptoms of ARI?	Total	150 (100%)
Have you ever done self-medication	Anti-allergy	90 (160%)
on your child for ARI?	Anti-biotic	24 (16%)
What medication you prefer?	Homeopathic	36 (24%)
	Total	150 (100%)
Do you use ever practice to	Yes	91 (60 %)
reduce the malnourishment	No	59 (39%)
of your child?	Total	150 (100%)
Do use more medicines	Yes	72 (48%)
during respiratory infection?	No	78 (52%)

	Total	150 (100%)
Where the births of your	Yes	90 (60%)
child takes place?	No	60 (40%)
	Total	150 (100%)
During child birth your	Yes	75 (34%)
delivery was normal?	No	75 (66%)
	Total	150 (100%)
How many numbers of	1 to 2children	51 (34%)
children are fully vaccinated	3 to 4 children	99 (66%)
before infection?	Total	150 (100%)
During respiratory infection	Yes	85 (56%)
do you constant breastfeeding	No	65 (43%)
of children?	Total	150 (100%)
During delivery of mother the	Yes	90 (60%)
child was born in full term?	No	60 (40%)
	Total	150 (100%)
When symptoms	Yes	126 (60%)
appeared during infection	No	24 (40%)
do you consult doctor?	Total	150 (100%)

Table # 3 show that the practice of mothers among ARI in children. In this research practice of mothers was poor among more than half of the participants. Home remedies were practiced (n=73, 48%) of the participants in this study. Self-medication was practiced by (n=90, 160%) and in that use of Anti- allergy was most frequent during ARI. The vaccination of children during ARI was (n= 99, 66%). Most parents (n=126, 60%) agreed that they consult a physician whenever child presents with symptoms such as cough, fever, etc.

Discussion

The aim of this research was to evaluate the knowledge of mother's and practice of acute respiratory infection in children. Quantitative research findings were objectively interpreted by the inferential statistics and the response of the participants was addressed. Community mothers engaged in this study. In this study (n=84) participants are age groups of 25-29 years, (n=45) age groups of 30-34 years and (n=21) age groups of 35-39 years. Similarly, (n=60) participants are housewife and (n=90) women are working in this research. Other symptoms in order of incidence were fever (20%) and pain in the ear and throat (36%) where, as in a study in Ghana, typical symptoms were ribs retraction (22%), fever and cough (57%). Fever (92.5%), Cough (85.3%) and failure to play were major symptoms in the (Dar us Salam) study. Soil was the greatest common irritating factor of the infection (60%) while it was the most public irritating factor in the Myanmar report (89%). This result may be recognized to the common environmental status of the area and poor municipal services. In this study, the ARI complication was found to have children suffering from pneumonia (74%).

The questionnaire consisted of two parts, the first part of which describes the consent form and demographic information of mothers whose name, age, place of residence, occupation level, mode of delivery and mode of birth. The second part of the questionnaire consists of evaluating the mother's knowledge and practice among ARIs. Awareness of ARI symptoms was not good among caregivers (44%), which was less than in other studies. Cough was the most common symptom of ARI observed in this study (44%).

In this study (16%) of mothers claimed that antibiotics were essential for ARI. The greater occurrence of antibiotic usage (Chan et al.) 68% and (Bhanwra et al.) has been recorded in other studies (46%). Less antibiotic use in this study is a healthy sign that mothers are well responsive of this essential problem. The vaccination coverage of children in this study was (14%) where it is (85%) as shown in a study conducted in (Kenya). This research found that (56%) of children with ARI had constant breastfeeding while in another study (65%).

Self-medication use (48%) has been reported in this report. A related image was seen in a study in Multan, where it was (58%).Home-based medicines were performed by 48% of the participants in the current study. Further studies directed in Multan and Lahore has shown that the practice of home remedies is (40%) and (23%) respectively. In this study (39%) children were undernourished and children of low socio-economic status were more undernourished than those of higher socio-economic status. In this report, urban mothers preferred to visit either a trained doctor (62%) or a homeopathic medicine (24%) because of their higher literacy rate. Whereas rural mothers preferred bed rest and home remedies. A survey at (Darulsehat) Hospital reported that about (6%) of mothers practice home remedies.

Limitations

This study is conducted in very short period of time in a single community set up. Many difficulties faced in data collection. Most of people refused to participate in the study.

Conclusion

In conclusion, this research reported inadequate information from mothers on symptoms of ARI, environmental effects on ARI, troubling influences and convolutions. The knowledge of caregivers/parents about the signs, risk factors and complications of ARI was insufficient. The parents in the study did not have a good practice of consulting a physician if the child exhibits ARI symptoms. Better understanding is required for the safe use of antibiotics, and caregivers are encouraged to reduce indoor air pollution. More information is needed to discourage the practice of visiting quacks as it can lead to serious complications in the infant.

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