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KNOWLEDGE, ATTITUDE, AND PRACTICE OF EAR CARE IN COMMUNITY PEOPLE OF ALI RAZA ABAD LAHORE

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1.TITLE

Knowledge, Attitude And Practice Of Ear Care In Community people of Ali Raza Abad Lahore Pakistan.

2.INTRODUCTION

The World Health Organisation (WHO) has defined health as: "a state of complete physical, mental and social well-being and not merely the absence of disease or illness or infirmity (Kühn and Rigger 2017).

Health is a blessing from God's many blessings on us, which enable human to live a normal life and enable him to enjoy his life. Human must maintain his health by avoiding all influences that cause harm to his health, such as, Prevention of many diseases and pests, as well as the practice of some bad habits that lead to the destruction of health (Parvis 2018).

The human ear consists of three parts the outer ear, middle ear and inner ear. The ear canal of the outer ear is separated from the air-filled tympanic cavity of the middle ear by the eardrum. The middle ear contains the three small bones the icicles involved in the transmission of sound, and is connected to the throat at the nasopharynx, via the pharyngeal opening of the Eustachian tube. The inner ear contains the otolith organs the utricle and saccule and the semicircular canals belonging to the vestibular system, as well as the cochlea of the auditory system (Gray and Standring 2018).

Ears are not only help us to hear, they also show an vital character in the maintenance of balance (Adoga and Nimkur 2013).

Ear care is the part of social cleanliness (Alwassel, Alateeq *et al*. 2018).

Ears may not demand much care but their proper and adequate care is essential to protect their daily optimal functions. using simple steps such as wiping the external ears with a clean washing cloth or with tissue and whenever

accumulation of cerumen occurs, the removal should be handled by a clinician (Amutta, Yunusa *et al*. 2013).

Care of the ears may not matter to like caring for the teeth for example- we don't have to brush the ear daily like we do teeth (Alharbi, M. M., *et al.*2019).

Commonly, ear prepared to hygienic ear wax measured as dirt from the EAC. Still, wax resulted from collective secretions of the ceruminous and sebaceous glands and desquamated epithelium from the tympanic casing and skin coating the outer aural channel form the ear wax (Gyamfi, C. K. R., *et al*.2016).

Hearing capacity is essential to knowing and communicating with the world around us. Hearing loss is the most common sensory disability in people, affecting newborns, adolescents, adults and elderly people (Hobson, J, *et al*.2018).

Influenza virus increases middle ear infection with pneumococcal disease. F or adolescents the degree of nasal colonization is correlated with otitis media incidence (Olajide, T. G., *et al.* (2018).

Self-medication remains a major public health issue throughout the world (Ridley and Channing 2008).

Most occurrences of the illness are treated by self-medication in economically poor communities. According to the WHO self-medication is defined as the choice and usage of medications by persons to treat self-recognized disease or symptoms (Olajide, Aremu *et al.* 2018).

Loud sound exposure for any length of time causes sensory cells of the ear to tire. The effect is acute hearing loss (a ringing sound in the ear) or tinnitus. A person attending a noisy concert may have a dull hearing or tinnitus experience. It can cause permanent damage if the exposure is particularly loud, frequent or

prolonged. The hearing improves with the regeneration of the sensory cells (Organization 2015).

Noise in the workplace may cause temporary or permanent hearing loss. After leaving a noisy area, people frequently experience temporary deafness. This should not be avoided, because hearing improves within a few hours it is an indicator that your hearing could be permanently damaged if you continue to be exposed to the sound. Permanent hearing loss can be caused by sudden, extremely loud, disruptive noises immediately (Olaosun, A. O. (2014).

Occupational health is a major concern of the working population for public health (Gyamfi, Amankwaa *et al*. 2016).

Different aspects of the working environment may expose an individual to possible risks. Noise is considered one of these possible risks and is widely seen as a risk for global health. Noise, is defined as irritating sounds, is part of you very day human activity. Excessive noise from all assets above acceptable levels is risk and may cause hearing impairment. This is a wide-spread occupational hazard that could lead to hearing loss caused by noise. Certain related health effects include high blood pressure, difficulties in sleeping, irritation and anxiety, and temporary threshold shift (Olajide, T. G., *et al*. 2018).

3. LITERATURE REVIEW

The World Health Organization valued in 2008 that above 0.36 billion individuals have inactivating hearing loss which represents 5.3% of the world people. Eighty per cent of these people reside in little- or middle-income countries . In Europe, about 0.05 billion individuals are affected and other than 50% of European adults beyond 65 ages old current slight to severe hearing loss according 2010 estimates(Peracino 2014)

The descriptive review used a self-adopted questionnaire. Of the 206 participants that answered, 98% involved in self-ear washing, with 75% indicating that it was useful. The most common method (79.6%) is the use of cotton buds, with a related injury rate of 2.4%. There were no statistically significant correlations with the symptoms encountered between those who used cotton buds and did not use them. The complications show that self-ear cleaning poses a risk of injury, requiring more information and education (Olaosun 2015).

The extent of awareness about the harmful effects of noise exposure has also been documented. Loud music and headphones are the most popular among the participants because they do not realize the disastrous effects on their ears when enjoying the loud music. This results were close to another study that showed that listening to music with the headsets was the most common risk factor among urban populations (82%) compared to rural people. (22%)9. The current study showed that rural populations (17%) and urban populations (7%) were vulnerable to loud noises from outside sources such as the working environment (Olajide,2018)

Otitis media is one of the childhood's common ear diseases and the leading cause of hearing loss among Indian children. Some recent reports indicate that the prevalence of otitis media among Indian children aged 5–15 years is 9.4–20% In an earlier 1997 survey, The prevalence of otitis media in rural South Indian

communities has been found to be 17.6% Recently, the prevalence of otitis media in a region other than the same district has been found to be 8.9% (Rupa 2009). While there may have been a decrease in incidence due to overall health indices progress and economic prosperity, otitis is still high compared to statistics from developed countries. In In India, the disorder tends to be an important component of the training and operating sessions of anotolaryngologist..(Adoga and Nimkur 2017)

66.7 percent -90 percent have not known that ' cold ' can cause ear infection across different educational groups, and 46.7 percent -75.0 percent have not known that diabetes and hypertension can reduce hearing. If ear pain or discharge occurs, people place ear drops at home in 48.3% -75.0% across 3 age groups; 58.5% -61.5% across 3 religions and 44.8% -67.9% across 5 academic groupsIn the process of pouring oil into ears across denominations, no statistically significant difference was observed. A maximum of 58.6% -100% wash the ear everyday and 70-100% using cotton buds (Amutta, S. B., *et al*. (2016).

This study was attended by a total of 782 participants (response rate: 78.2 percent). The majority of respondents were knowledgeable (76.2%), had a positive attitude (78.9%) and had positive care-seeking practices (89.5%). There was a statistically important variance among parental care finding experience and information on both bivariate and multivariate analyzes (P<0.05). Parents who pursued traditional care methods were found to be almost nine times more likely than those who did not seek treatment to have a good attitude towards ear infections (odds ratio = 8,907, 95% confidence interval = 2,655–34,928; P < 0,001). There was a statistically significant association between good practice and age seeking care, as well as socio-economic status (P < 0.05 each). (Alharbi, Almasri *et al.* 2019)

A journal which analyzed seven publications related to the hearing of rock music ians found that an average of 20% of rock musicians experienced permanent hearing loss, with a prevalence of 5 to 41%.(Peracino 2014)

The study also showed that hearing problems such as tinnitus and hyperacusis (a compromised response for ordinary ambient sounds) occurred more often in rock musicians than in non-musicians.

A research investigating a band of 139 rock and jazz musicians found that 74% had one or more hearing problems combined: Hearing loss, tinnitus, hyperacusis (low intensity sounds are uncomfortably loud), distortion and/or diplacusis (hearing the same tone at two different pitches), the first three of which are the most commonly reported disorders(Petrescu 2018)

The study also found that tinnitus and hyperacusis were observed more commonly in musicians than in reference populations. (Ridley and Channing 2018)

A study of a group of 700 young Swiss men and women between the ages of 16 and 25 showed that 79% of the respondents visit discotheques on a regular basis (76% once or less a week, 19.6%). Twice a week, 4.8% three times a week and 1.3% at least three days a week, 52% pop and rock concerts, and 35% techno parties (e.g. raves) (pop, rock, techno combined: 68.2% once or less a week, 13.3% twice a week, 4.9% three times a week, and 13.6% more than three times a week) Kohli, C., *et al*. (2016).

4.PROBLEM STATEMENT

EAR not only the part of the hearing body, but they also play a key role in maintaining the body's balance that is important to enable the individual to practice their daily activities. There is still a lack of knowledge and understanding of best practices for human ear treatment. Human activities and practices that are not hygienic can affect both human hearing and body balance, Such as substances that might enter the tympanic membrane, allergic reactions, bacterial and fungal infections, noisy noises from surroundings and the use of harmful instruments To wash the ear. (Alateeq, Alwassel,*et al*. 2017).

in developing countries, ear diseases are considered a serious public health problem with the potential to influence the psychological and social health of children and their families. Among ear diseases, auricle infections are one of the most common infective sicknesses in children. Many studies have shown that most children (around 80%) will experience at least one period of OM at three years and 40% will have at least six recurrences before the age of seven.(Kohli, Kadirvelu *et al*. 2016).

Due to lack of ear care many diseases lead to complication and illness. It is important to educate the children to improve their ear care through health education session to save the life of human to increase the excellence of life and decrease mortality rate. When it preformed correctly and at appropriate times, it stop the spread of bacterial infection help to prevent from many illness, There is no study conducted before in this topic so the researcher is interested in this topic.

5.OBJECTIVE(S)

The objective of this research is to assessed the knowledge , Attitude And Practice Of Ear Care In Community Of Ali Raza Abad Raiwind Road Lahore

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6.OPERATIONAL DEFINITION(S)

The ear is a self-cleaning organ and requires no active cleaning. The ear should only be cleaned from the outside. No objects or liquids should be inserted or instilled into the ears, unless indicated by a healthcare professional.

7 RESEARCH QUESTION

What is the knowledge attitude and practice of ear care of community people of Ali Raza Abad Lahore Pakistan?

8 RESEARCH PURPOSE.

To determine the Knowledge attitude and practice of ear care among community people of Ali Raza Abad rural community of Lahore pakistan.

8. MATERIAL AND METHODS

Study Design .

A Cross-sectional study design will be used this study.

Settings:

The study was conducted in the Community Of Ali Raza Abad Raiwind Road Lahore Pakistan .

Duration of Study:

the research was conducted in a four months period from September (2019) to December (2019.

Target population:

The target population of the study Ali Raza Abad community Raiwind Lahore Pakistan .

Sample Size:

The sample size is 171 Participants were selected from the community of Ali Raza Abad Lahore Pakistan.

Sampling Technique.

A simple Random sample technique was used in this research study.

Sample Selection:

Sample size is calculated by using Slovin´Formula

n = *N* 1+ N (e) 2

Total Population= N= 300 Margin of error = e =0.05 at 95% confidence interval (CI)

n =N/1+N(e)2

n =300/1+300 (0.05)2

n = 300/1+300 (0.0025)

n =300/1 + 0.75 = 300/ 1.75

n = 171

Sample size was 171 for this study (Slovin, 1960).

Inclusion Criteria:

- All the people of Ali Raza Abad community.
- People who are willing to participate.

Exclusion Criteria:

- Participants who are not willing to participate .

ETHICAL CONSIDERATIONS

The rules and regulations set by the ethical committee of Lahore school of Nursing will be followed while conducting the research and the rights of the research participants will be respected.

- Written informed consent attached will be taken from all the participants.
- All information and data collection will be kept confidential.
- Participants will remain anonymous throughout the study.
- The subjects will be informed that there are no disadvantages or risk on the procedure of the study.
- They will also be informed that they will be free to withdraw at any time during the process of the study.
- Data will be kept in under key and lock while keeping keys in hand. In the laptop it will be kept under password.

DATA COLLE TION PROCEDURE

The research tool used is an authentic, well organized questionnaire with close ended questions in it, as per the yes and no option Questionnaire is taken from the prior research article “Knowledge attitude and practice of ear care in community people of Ali Raza Abad.

DATA ANALYSIS PROCEDURE

Data will analysis by SPSS (statistical package social sciences) version 21.

- Outcomes of the study will offer as frequencies, mean, percentage, and the relevant statistical test.
- Statistical significance will well-thought-out at p-value <0.05.

RESULTS;

age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18_30	79	46.2	46.2	46.2
	30_42	65	38.0	38.0	84.2
	42_54	27	15.8	15.8	100.0
	Total	171	100.0	100.0	

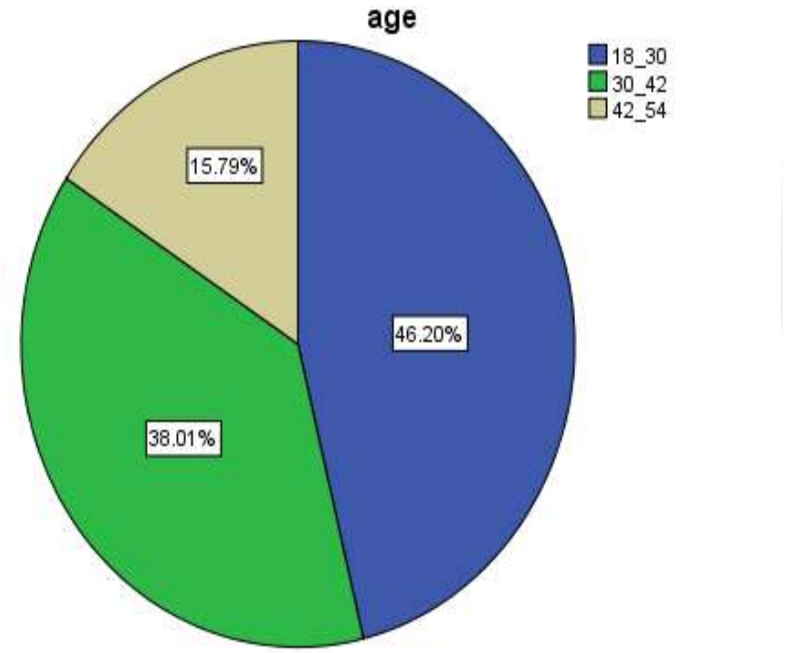

Figure 1

Table number 1 and figure number 1 show that in this study the age of participant 18 -30 was 46.20% , 30-42, 38.01% and 15.79% from 44-54.

gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	93	54.4	54.4	54.4
	female	78	45.6	45.6	100.0
	Total	171	100.0	100.0	

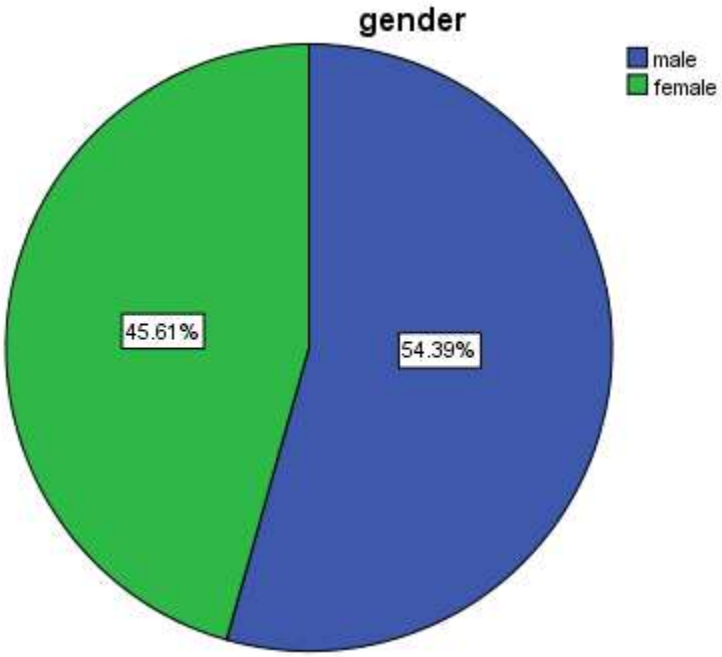

Figure 2

Table number 2 and figure number 2 show that in this study there were 53.39% male and 45.61%female.

education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	primery	77	45.0	45.0	45.0
	middle	38	22.2	22.2	67.3
	high	6	3.5	3.5	70.8
	other	21	12.3	12.3	83.0
	illiterate	29	17.0	17.0	100.0
	Total	171	100.0	100.0	

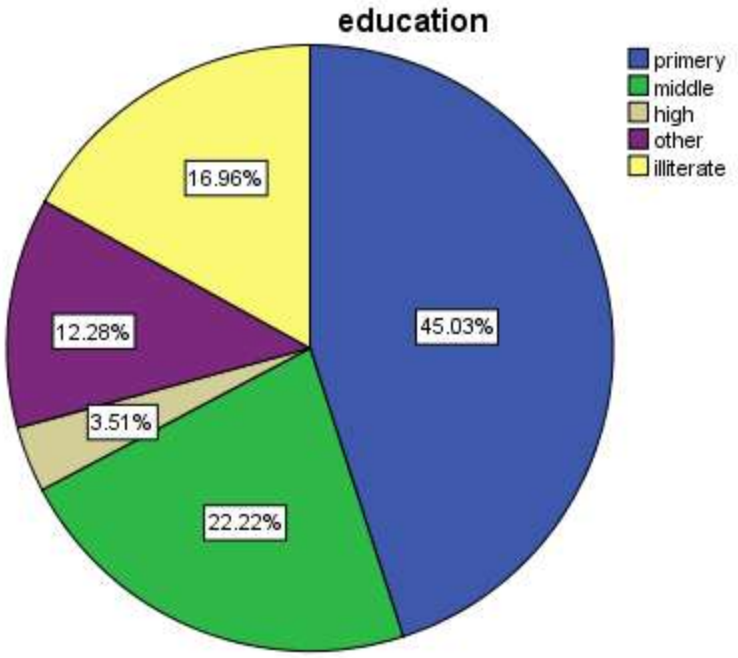

Figure 3

Table number 3 and figure number 3 show that there were total 171 participant in this study , 45.03 %participants were primary level of education , 22.22%, participant were level of middle, 3.51% participant were level of high, 12.28% participant were other education, and 16.96% participant were illiterate.

I try to clean my ears with wet objects or sharp tools such as pins or pencils

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	105	61.4	61.4	61.4
	2.00	66	38.6	38.6	100.0
	Total	171	100.0	100.0	

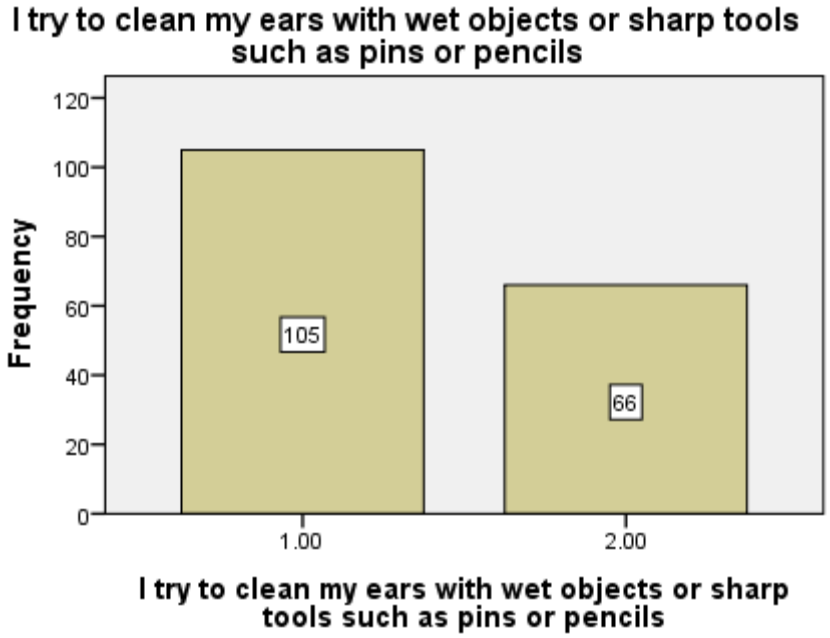

Figure 4

Table number 4 and figure number 4 show that there were 171 participant participate in this study 105 participant responded to option yes and 66 participant were responded to option no

I have a previous ear infection history

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	105	61.4	61.4	61.4
	2.00	66	38.6	38.6	100.0
	Total	171	100.0	100.0	

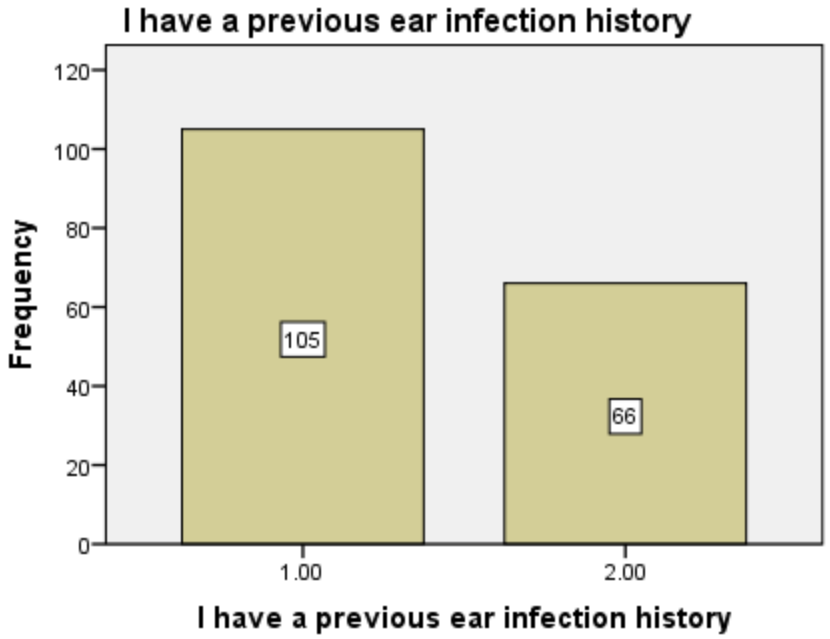

Figure 5

Table number 5 and figure number 5 show that there were 171 participant participate in this study 105 participant responded to option yes and 66 participant were responded to option no

I have a previous history regarding an object that got stuck in my ear canal

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	98	57.3	57.3	57.3
	2.00	73	42.7	42.7	100.0
	Total	171	100.0	100.0	

Figure 6

Table number 6 and figure number 6 show that there were 171 participant participate in this study 98 participant responded to option yes and 73 participant were responded to option no.

I have experienced difficulties in my hearing ability

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	91	53.2	53.2	53.2
	2.00	80	46.8	46.8	100.0
	Total	171	100.0	100.0	

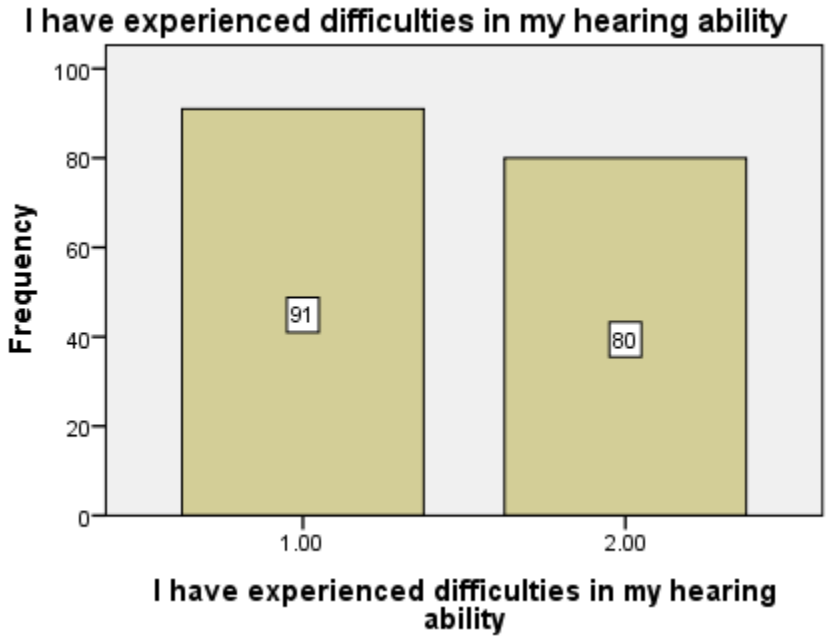

Figure 7

Table number 7 and figure number 7 show that there were 171 participant participate in this study 91 participant responded to option yes and 80 participant were responded to option no.

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Normally I blow my nose roughly when I have cold or influenza

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	92	53.8	53.8	53.8
	2.00	79	46.2	46.2	100.0
	Total	171	100.0	100.0	

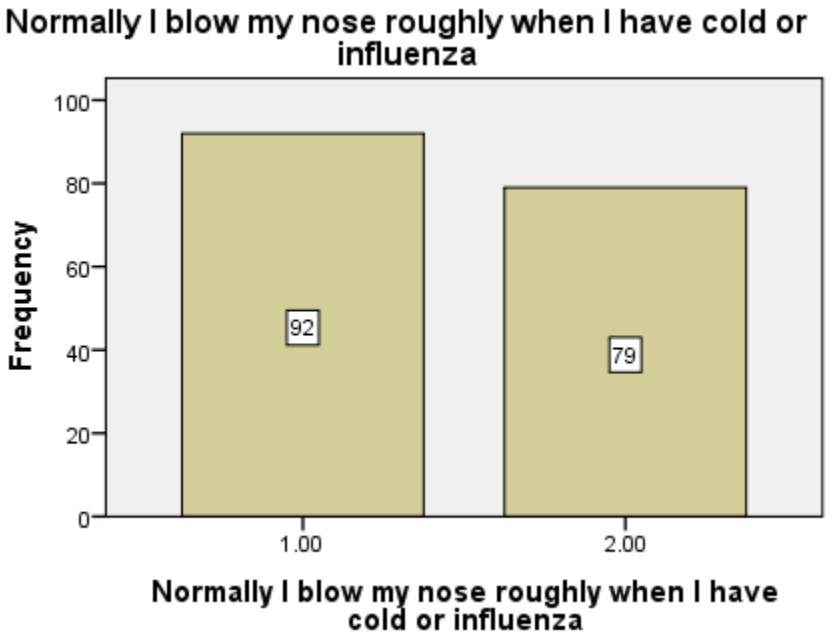

Figure 8

Table number 8 and figure number 8 show that there were 171 participant participate in this.

92 participant responded to option yes and 79 participant were responded to option no.

I normally use ear drops without doctor consultation when I have an ear pain

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	111	64.9	64.9	64.9
	2.00	60	35.1	35.1	100.0
	Total	171	100.0	100.0	

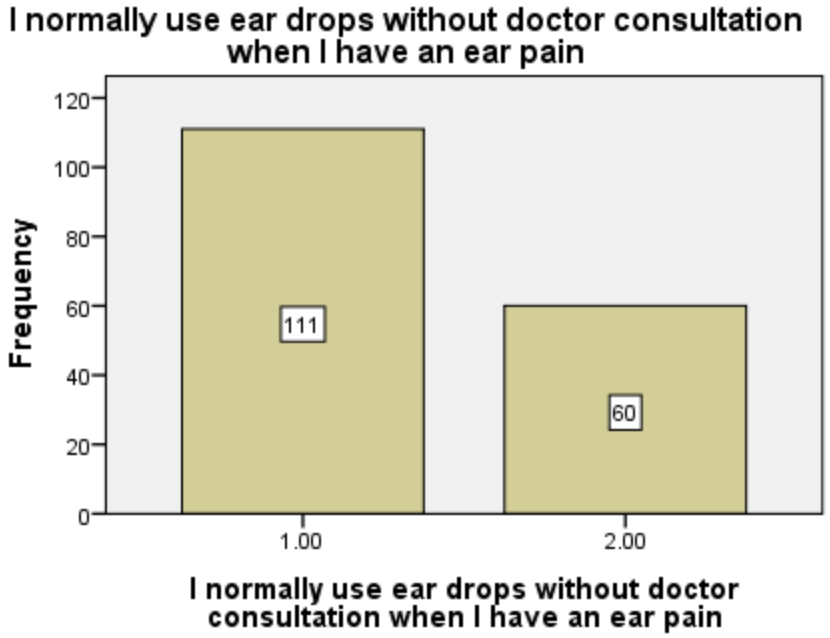

Figure 9

Table number 9 and figure number 9 show that there were 171 participant participate in this study 111 participant responded to option yes and 60 participant were responded to option no.

I use headsets when listening to loud audio (i.e. music)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	114	66.7	66.7	66.7
	2.00	57	33.3	33.3	100.0
	Total	171	100.0	100.0	

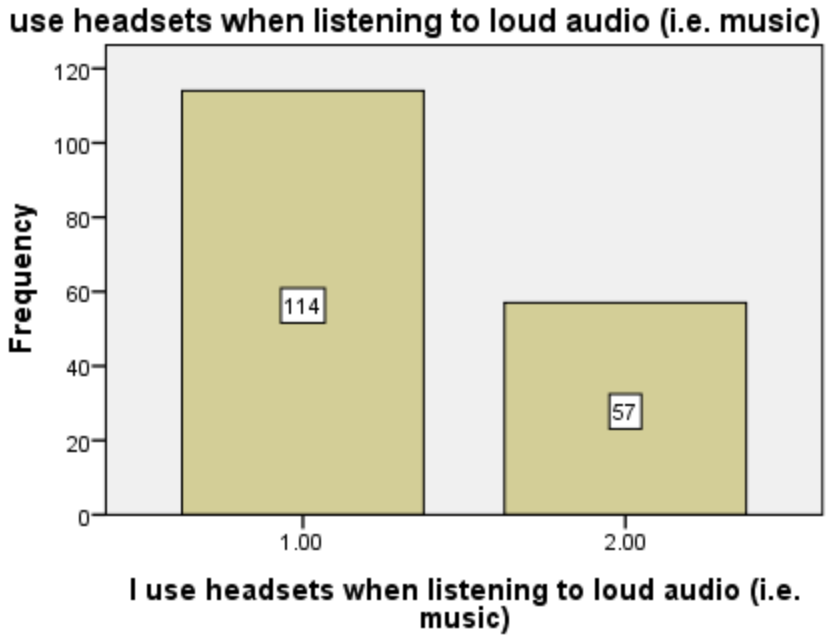

Figure 10

Table number 10 and figure number 10 show that there were 171 participant participate in this study 114 participant responded to option yes and 57 participant were responded to option no.

I am exposed to noisy sounds from external sources such as the working environment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	94	55.0	55.0	55.0
	2.00	77	45.0	45.0	100.0
	Total	171	100.0	100.0	

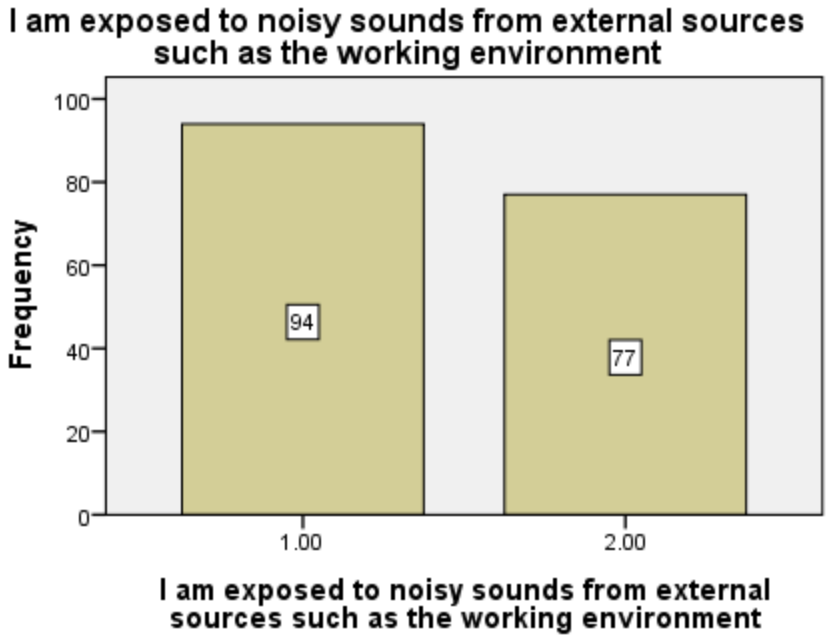

Figure 11

Table number 11 and figure number 11 show that there were 171 participant participate in this study 94 participant responded to option yes and 77 participant were responded to option no.

I am aware of the risk of the outer environment noise exposure

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	99	57.9	57.9	57.9
	2.00	72	42.1	42.1	100.0
	Total	171	100.0	100.0	

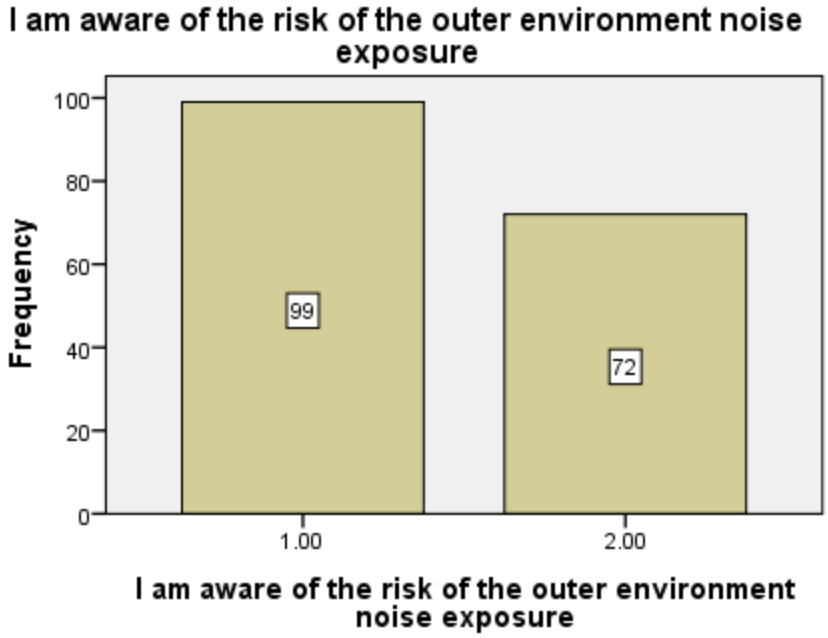

Figure 12

Table number 12 and figure number 12 show that there were 171 participant participate in this study 99 participant responded to option yes and 72 participant were responded to option no.

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I have been exposed to sudden noise, such as gunfire

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	90	52.6	52.6	52.6
	2.00	81	47.4	47.4	100.0
	Total	171	100.0	100.0	

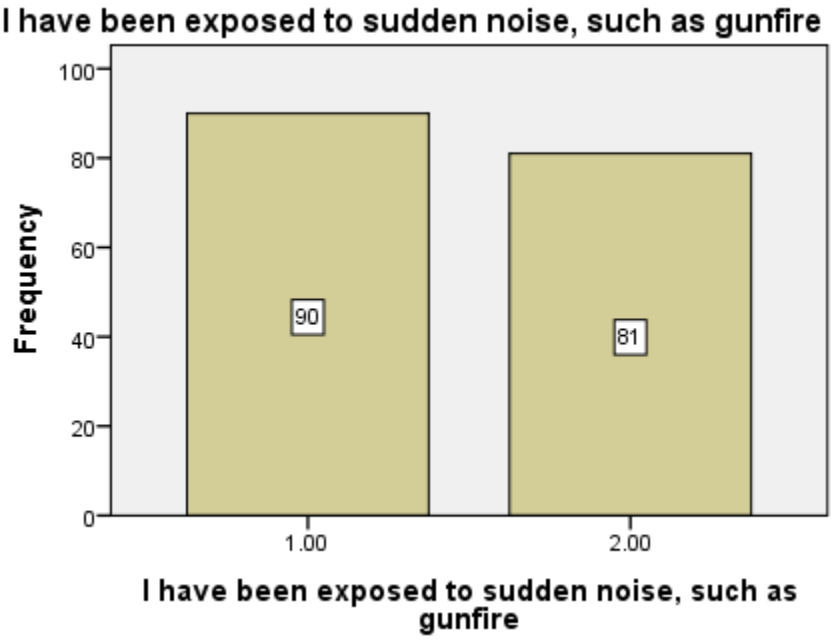

Figure 13

Table number 13 and figure number 13 show that there were 171 participant participate in this study 90 participant responded to option yes and 81 participant were responded to option no.

I have a medical condition, such as diabetes mellitus, hypertension, kidney disorders, or any other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	165	96.5	96.5	96.5
	2.00	6	3.5	3.5	100.0
	Total	171	100.0	100.0	

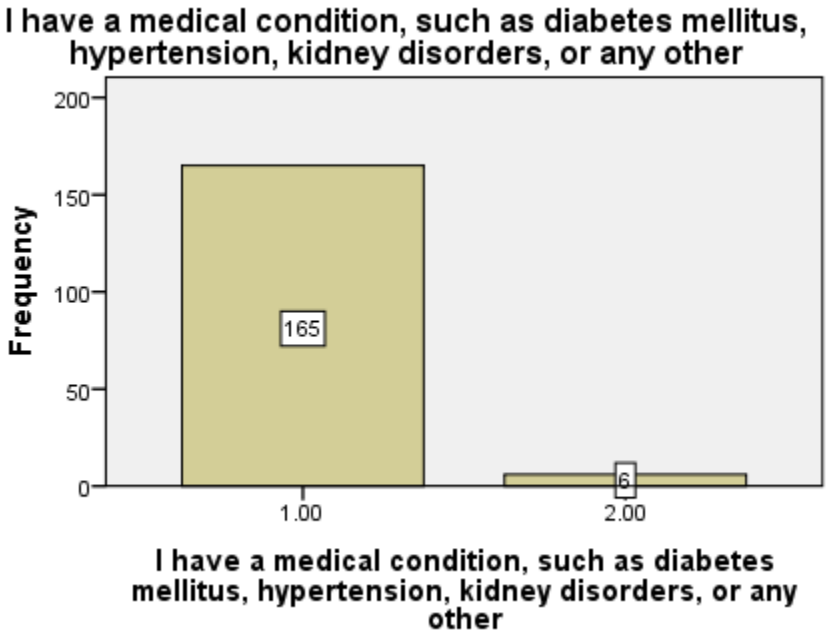

Figure 14

Table number 14 and figure number 14 show that there were 171 participant participate in this study 165 participant responded to option yes and 6 participant were responded to option no.

I require medical consultation and help because of poor hearing ability

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	108	63.2	63.2	63.2
	2.00	63	36.8	36.8	100.0
	Total	171	100.0	100.0	

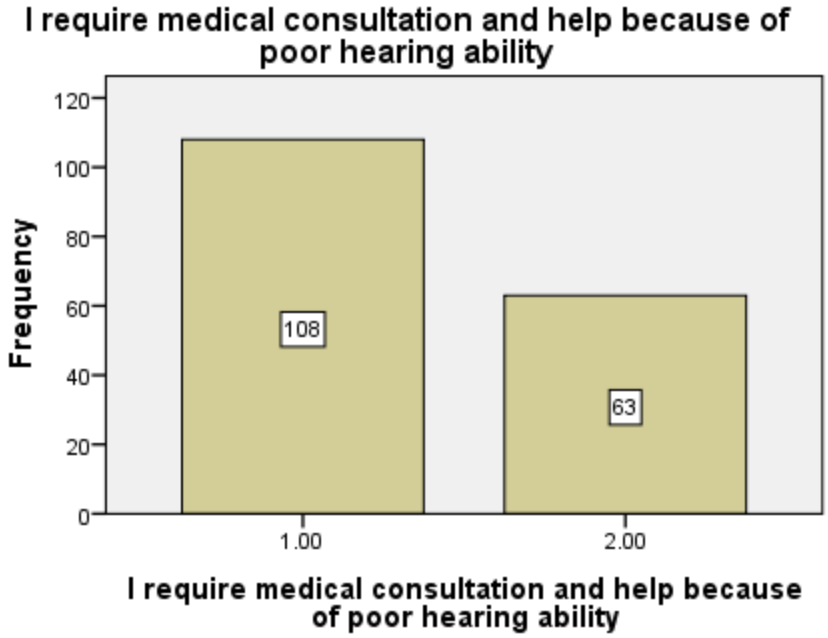

Figure 15

Table number 15 and figure number 15 show that there were 171 participant participate in this study 108 participant responded to option yes and 83 participant were responded to option no.

I use oils to clean my babies ears

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	122	71.3	71.3	71.3
	2.00	49	28.7	28.7	100.0
	Total	171	100.0	100.0	

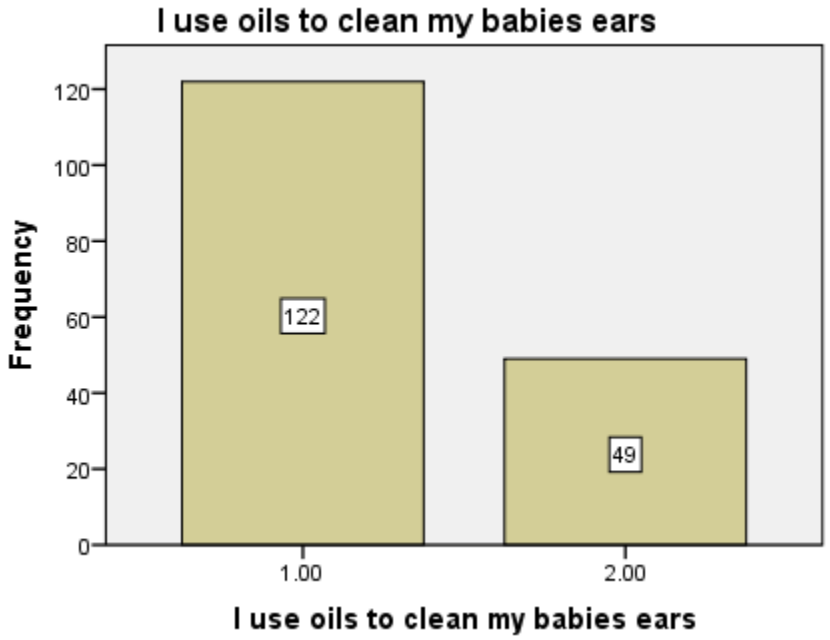

Figure 16

Table number 16 and figure number 16 show that there were 171 participant participate in this study 122 participant responded to option yes and 49 participant were responded to option no.

I realize the importance of neonatal screening for hearing status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	107	62.6	62.6	62.6
	2.00	64	37.4	37.4	100.0
	Total	171	100.0	100.0	

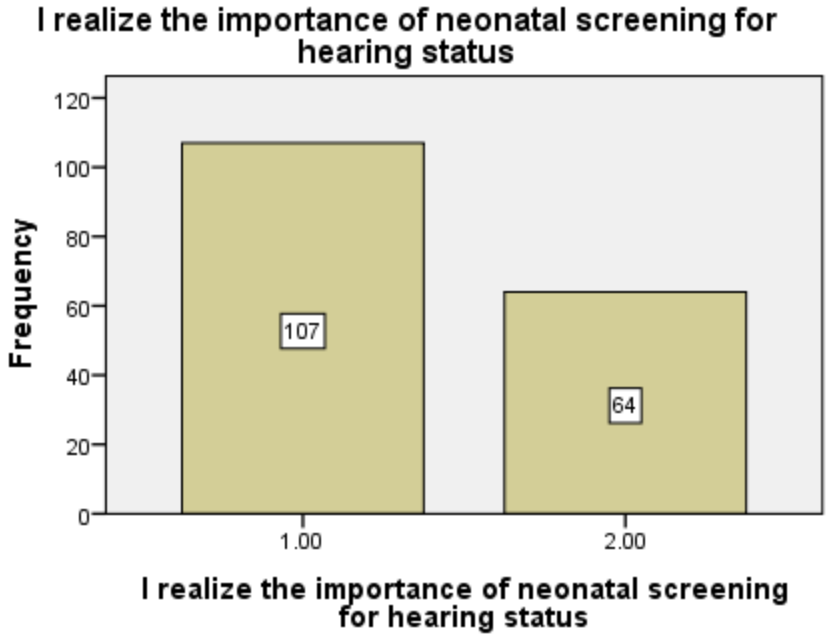

Figure 17

Table number 17 and figure number 17 show that there were 171 participant participate in this study 107 participant responded to option yes and 64 participant were responded to option no.

I clean my ears by the help of unspecialized individuals

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	101	59.1	59.1	59.1
	2.00	70	40.9	40.9	100.0
	Total	171	100.0	100.0	

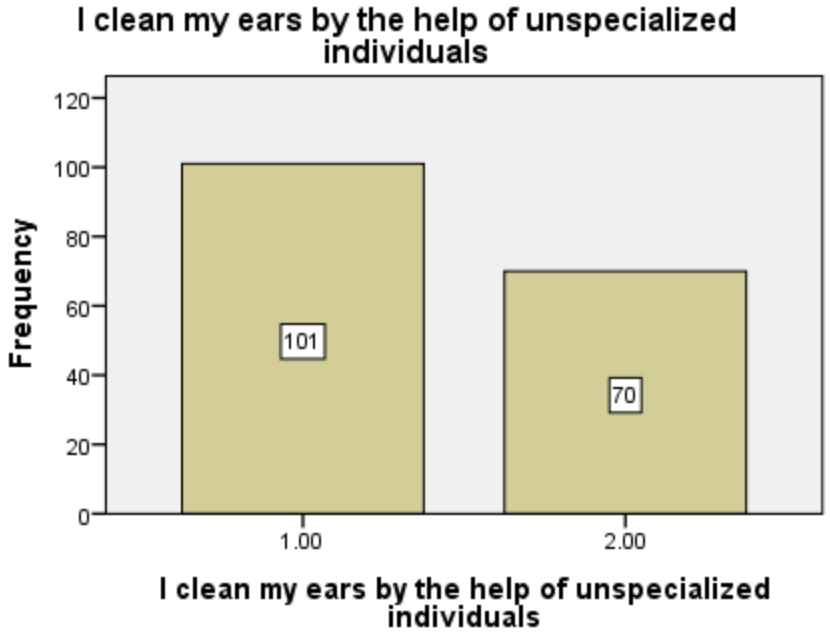

Figure 18

Table number 18 and figure number 18 show that there were 171 participant participate in this study 101 participant responded to option yes and 70 participant were responded to option no.

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DISCUSSION.

A crossectional study was conducted to explore the knowledge attitude and practice of ear care in the community people of Ali Raza Abad Lahore Pakistan.

A brief demonstration regarding the correct and incorrect ear care practices was also performed. Study questions were mainly oriented towards the participant's knowledge, attitudes and practices of ear care.

Findings of the study showed that incorrect practices such as using objects to clean the ears canals, sudden or gradual exposure to loud noise, using ear drops randomly.

171 participant were participate In this study the age of participant from 18 -30 was 46.20% , 30-42, 38.01% and 15.79% from 44-54. 53.39% , male and 45.61%female involve in this study.
Same study was conducted in which also the percentage of male was higher than the females as they constituted 65.6% while females represented 34.4%

45.03 %participants were primary level of education , 22.22%, participant were level of middle, 3.51% participant were level of high, 12.28% participant were other education, and 16.96% participant were illiterate but another study show that there were more percentage of people were graduated and in this study type of study according to their educational background.

Similar study was conducted According to the study the educational background of the participants, has been observed that the undergraduate participants were the highest represented category as they constituted 63.4% of the total sample

Table number 4 and figure number 4 show that there were 171 participant participate in this study 105 participant responded to option yes and 66 participant were responded to option no I try to clean my ears with wet objects or sharp tools such as pins or pencils.

Self-ear cleaning is the insertion of the object in to the ear canal to clean it a wide spread practice that has the potential to compromise its integrity as a natural self-cleaning mechanism and a risk factor for possible injuries . Ear injuries caused by cotton buds are commonly seen in ear, nose and throat (ENT) practice. We asked 1000 patients attending an ENT referral clinic whether they used cotton buds to clean the ear canal. Of the 325 who responded, 171 said they did. The frequency of use was no higher in those with ear complaints than in those with nose and other complaints. 15–20% of respondents disagreed with the statements that cotton buds can cause infections, (Khan, Thaver et al. 2017).

94 participant responded to option yes and 77 participant were responded to option no about the question I am exposed to noisy sounds from external sources such as the working environment.

The knowledge level regarding the harmful effects of exposure to noise has also been reported. Listening to loud music and using headsets, are most common among the participants as they are unaware of the disastrous effects to their ears while they enjoy the loud music (Hobson and Lavy 2018).

Table number 9 and figure number 9 show that there were 171 participant participate in this study 111 participant responded to option yes and 60 participant were responded to option no about I normally use ear drops without doctor consultation when I have an ear pain.

the prevalence of topical ear drop self-medication was 66.0%. This is higher than the 31% reported by Afolabi (Afolabi, Ehalaiye et al. 2011).

Table number 16 and figure number 16 show that there were 171 participant participate in this study 122 participant responded to option yes and 49 participant were responded to option no I use oil to clean my babies ear .

A study measured the knowledge of, attitude towards and care-seeking practices for Peadiatric ear infections among parents with children ≤10 years of age. The majority of participants (76.6%) were knowledgeable about ear infections, while 78.9% had good attitude and 89.5% reported positive care-seeking practices. These results support the findings from other similarly conducted studies (Mukara, Waiswa *et all*. 2017).

Table number 10 and figure number 10 show that there were 171 participant participate in this study 114 participant responded to option yes and 57 participant were responded to option no I use headsets when listening to loud audio (i.e. music).

The review literature of similar study show that when people listen loud music they were use head 85% of those by (Bogoch, House et al. 2005)

CONCLUSSION;

According to the previously demonstrated findings, current study suggests that it is highly recommended to educate people and increase their awareness level regarding the ear care habits, especially rural population community people of Ali Raza Abad Lahore Pakistan. However, teaching should be strengthened, in particular with regard to the concepts of knowledge attitude and practice about ear care Future educational strategies can be improved through demonstration of the return of effective ways of ear care.

CONSENT FORM

Description of the Research and Participation

You are invited to participate in a research study conducted by Jawad Khaliq. The purpose of to determine the knowledge and practice of personal hygiene among secondary school students of grade nine and ten in a rural community of Lahore.

Risks and Discomforts

There will be no harm or discomfort associated with this research.

Potential Benefits

Through this study knowledge of secondary school students will improve for changing the behavior regarding personal hygiene, which ultimately promotes the health of the secondary school students. The study will prevent secondary school students from any kind of disease and promote health status which will lead to a better quality of life.

Protection of Confidentiality

We will do everything we can to protect your privacy. Your identity will not be revealed in any publication resulting from this study.

Voluntary Participation

Your participation in this research study is voluntary. You may choose not to participate and you may withdraw your consent to participate any time. You will not be penalized in any way should you decide not you participate or to withdraw from this study.

CONSENT

I have read this consent form and have been given the opportunity to ask questions. I give my consent to participate in this study.

Participant's Signature _____ Date: _____

A copy of this consent form should be given

RESEARCH WORK PLAN

The division of work according to desirable objective

Activity	Months			
	September	**October**	**November**	**December**
Synopsis writing				
Questionnaire Development				
Synopsis Submission				
Data collection				
Data analysis and interpretation				
Thesis compilation				
Thesis presentation, correction and submission				

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Responses of the study participants

1	Questionnaire	Yes	no
2	I try to clean my ears with wet objects or sharp tools such as pins or pencils	105	66
3	I have a previous ear infection history	103	68
4	I have a previous history regarding an object that got stuck in my ear canal	98	73
5	I have experienced difficulties in my hearing ability	91	80
6	Normally I blow my nose roughly when I have cold or influenza	92	79
7	I normally use ear drops without doctor consultation when I have an ear pain	111	60
8	I use headsets when listening to loud audio (i.e. music)	114	57
9	I am exposed to noisy sounds from external sources such as the working environment	94	77
10	I am aware of the risk of the outer environment noise exposure	99	72
11	I have a medical condition, such as diabetes mellitus, hypertension, kidney disorders, or any other	165	6
12	I require medical consultation and help because of poor hearing ability	108	63
13	I use oils to clean my babies ears	122	49
14	I realize the importance of neonatal screening for hearing status	107	64
15	I clean my ears by the help of unspecialized individuals	101	70