

A Study to Assess the Knowledge, Attitude and Practice on Acute Respiratory Infection on Under Five Children Among Mothers

¹Mariamamma CJ, ²Prof Dr Jinu K Rajan

¹Research Scholar, Department of Nursing, Shri, Venkateshwara University, Uttar Pradesh

²Research Supervisor, Department of Nursing, Shri, Venkateshwara University, Uttar Pradesh.

Introduction:

The ARI is one of the leading causes of morbidity and mortality in children and is correlated with large economic costs. This is the primary justification for the use of infant health care. Its regulation is a major public health issue in developed countries in particular. It is Upper Respiratory and Lower Respiratory Infection (URI) (LRI). Upper respiratory illness primarily includes Rhinitis (Common Cold), Tonsillitis, Sinusitis and ear infections, whereas the primary LRI presents are pneumonia with higher respiratory incidence.

Worldwide, the typical childhood ARI experience is 6-8 spells per year. ARI occurrence in Uttar Pradesh is 16%, as seen in a 2017 survey in Uttar Pradesh. This survey also found that ARI was more common in the country's metropolitan areas. Over the counter (OTC) medications are also prescribed to their children by parents as ARI leads to parental anxiety and depression. The effectiveness of such medications has been shown to be lacking. These can also be dangerous and have not been endorsed by the Food and Drug Administration (FDA) and the American Pediatrics Academy. Stable home remedy and due treatment are primarily advised in certain circumstances.

Sensibilisation to the experience and practises of mothers in acute respiratory tract (ARI) countries required assessment in order for researchers to obtain basis information on the severity of the issue. This adds to the existing information base on ARI. The aim of the research was to evaluate the awareness, attitude and activities of ARI (ARI) moms in children under the age of five.

METHODS

This cross-sectional survey was conducted in the Department of Paediatrics, selected hospitals in Uttar Pradesh from December 01, Pediatrics, selected hospital in Uttar Pradesh from 1 December 2018 to 28 February 2018 because more cases of ARI are registered in our hospital during the winter season. It was not likely a purposeful survey. 16 percent ARI occurrence, 95 percent CI and utter accuracy needs 0.05, minimum sample size 100.

Criteria for inclusion

Mothers who choose to take part in the research. Moms who had a minimum of one infant under the age of five who came to the hospital with an illness in their child. Moms come to the hospital with a serious condition. Women who were with you and had at least one kid under the age of five

Criteria for exclusion

It is impossible for mothers to perceive concerns. Mothers who have mental unhealth. The mothers took verbal informed consent. They have maintained their sovereignty, secrecy and privacy. They

were free not to answer all of the questions and stopped at any point during the analysis. This does not impact their proper treatment in the hospital in any way.

Data collection procedure

The English language in the Questionnaire was converted into Hindi for improved interpretation. Questionnaires were administered by the moderator. These completed questionnaires were examined by the researchers. Main independent variables included sex, birth weight and schooling for mothers. Mother's understanding of signs of ARI, aggravating and declining disease causes and complications were the major dependent variables. Categorical variables were education, employment, motherhood, socioeconomic status and family form. Self-medication, the form of self-medication and the consultation of competent individuals were all contingent variables.

RESULTS

There were a total of 100 mothers consulted. Of the 100 children (68 percent) ARI was present. 81% of mothers received higher education than secondary education. The mothers were 92% housewives, and the mothers were 66% fewer than two. The mean children's age was 20 months \pm 17 SD, while the maternal age was 29 years \pm 4 SD. The mean infant born weight was 2.7 kgs \pm 1.8 SD. ARI average length of five days (SD2.1). 85 percent had > Rs.20, 000/m monthly earnings. The common family structure consisted 62 percent and 99 percent of children were hospitalised. Completely vaccinated EPI children were 94%, while 80% were pneumonia vaccinated. Just 11% of the children suffered from poor nutrition and 69% had breast-feeding. The symptoms most perceived were 40 percent cough, the winter was the most deteriorating climate (87 percent dust was the most common aggravator), the most common complication is pneumonia 83 percent, and the most common therapeutic alternative is medical practitioners 89 percent. Self medicine was used by 58 percent and Paracetamol was more often practised by 42 percent.

DISCUSSION

In this research, mothers were questioned as most mothers go to the hospital with their infants. Most mothers had less than two children. The analysis found that mothers had a cumulative literacy rate of 97 percent. And all, 80% is higher than high school. This is compared to a related study at Uttar Pradesh, where 74 per cent of mothers have an overall literacy rate of urban history. Both research indicate higher education rate in mothers because they have an urban history, which emphasises that the government should aim to improve the education level in mothers in rural areas. Literate mothers are more attentive to their children's medical treatment.

In this report, the immunisation coverage of children by EPI was 94 percent. This research found that 69 percent of children with ARI continued breastfeeding and 65 percent in another study.

In this sample, 11% of children suffered from malnutrition.

This discovery emphasises the authorities involved in launching health services for the nutrition of infants. Such initiatives are expected to succeed because mothers' literacy rates are strong and mostly in the middle class.

Cough was the most frequent symptom of ARI in this report (40 percent). Fever (34%), Wheeze (9%), Sneezing (12%) and earaches (5%) have been other signs in the order of frequency.

In this analysis, the mean length of ARI was five days. This bad mean period of the disease may be attributed to 94% of moms visiting a trained ARI physician. Moms recommended care practitioners for 62 percent.

In this study, 8 percent of mothers thought that ARI requires antibiotics. In other trials, Chan et al. (68%) and Bhanwra et al. also identified a higher frequency of antibiotic use (46 percent). This are conflicting with our results because mothers are well educated about the dangers involved with the usage of needless antibiotics. Studies by Farhad et al. demonstrated the usage of 5 percent and 10 percent of antibiotics by Panagakau et al. These figures are identical to the analysis in hand. The lack of antibiotic usage in this study shows that mothers are well informed of this significant issue.

The use of self-medication was noticed in this research to be 58 percent. A study conducted in Multan, where it was 58 percent, showed a similar image. The self-medication used in this research contains paracetamol and ibuprofen which are highly popular. Moms consider those medicines to be natural and easy to use. Such medications are over-the-counter medicine types that are less harmful routinely utilised as self-medication.

6 percent of the researchers in the present sample conducted home remedies. N. The usage of Ginger as a home remedy in ARI in children was 27 percent in a report in New Delhi. This may be because of cultural variations.

The typical aggravating factor of the disease was dust (81%), while in a Myanmar sample it was 89%. This may be attributed to the poor environmental state of the region and the inadequate municipal operation.

CONCLUSION:

Mothers became satisfactorily acquainted with ARI signs, deteriorating environmental circumstances, problems and aggravating causes. Their approach to ARI was acceptable with early consultations with trained physicians. Better literacy, has a positive effect on mother's awareness, behaviour and activities.

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