Knowledge Attitude and Practice about Acute Respiratory Infection among the Mothers of Under Five Children Attending Civil Hospital Mithi Tharparkar Desert

Rajesh Kumar1, Anjum Hashmi2*, Jamil Ahmed Soomro3 and Aslam Ghouri4

1Polo Eradication Officer, World Health Organization, Pakistan
2Community Health Officer, Pakistan Relief Foundation Medical Center, Pakistan
3District Officer MNCH, World Health Organization, Pakistan
4Liaquat University of Medical and Health Sciences, Pakistan

Abstract

**Background:** Mortality and morbidity indicators represent the traditional measures of health status of community. These indicators continue to be used as the starting point in health status evaluation. The knowledge, attitude and practice of mothers play an important role in the reduction of morbidity in under 5 children. Socio economic conditions have long been known to influence human health.

**Objectives:** To evaluate the health seeking behavior of mothers, regarding ARI in under five children and to assess the knowledge, attitude and practices of mothers regarding ARI.

**Methodology:** It is a cross sectional study conducted from Nov 2008 to March 2009 at Civil Hospital Mithi of Tharparkar Desert. 1000 mothers were selected by convenience sampling and interviews were conducted. Data was entered and analyzed on SPSS 10.

**Results:** The duration of illness was less than 2 days in 3% and more than 2 days in 97% of children. 11% children are less than 1 year age, 31% between 1 year and 3 years age and 58% between the age of 3 to 5 years. 72% mothers had knowledge about ARI and could recognize it but 28% had no knowledge about ARI. 56% mothers took ARI as a serious disease while 44% did not. 76% mothers said that breast feeding should be continued during illness, while 24% said routine feeding should not be continued during ARI.

**Conclusion:** Knowledge of less educated mothers of children with ARI is low. Interventions like health education sessions, media campaign, lady health workers (LHW), banners and NGOs etc. are needed to improve situation.

Keywords: Acute disease; Respiratory tract infections; Child health services/utilization; Epidemiological studies; Infant; Pakistan/epidemiology

Introduction

Acute respiratory infection (ARI) is major public health problem in developing countries. Acute Diarrhea is rivaled in importance only by respiratory infection as a cause of morbidity in world wide scale. In our country ARI is considered as one of the major killer diseases and one of the leading causes of morbidity and mortality in children below five years of age. These infections are more frequent in urban community as compared to rural communities. In rural areas there are 3-5 episodes of ARI per child per year while in urban areas there are 5-8 episodes per child per year.

Traditional measures of health status of a community are mortality and morbidity indicators. These indicators continue to be used as the starting point in health status evaluation [1]. In Pakistan 19-20% of total deaths occur due to ARI in children under five years of age. Majority of children have about 4-6 episodes of ARI each year in their first five years of life [2]. It accounts for 60% of national mortality in Pakistan, which is 168 per 1000 live births [3].

For majority of world people, health status is determined by the level of socio economic development. Knowledge, attitude and practice of mothers play an important role in the reduction of morbidity in under 5 children. A number of risk factors have been shown to contribute to high mortality from ARI. First is socio economic conditions that have long been known to influence human health. A second measure to assess the health status is education, especially of female.

The study will generate new knowledge on domiciliary management practices of ARI which can be helpful in prevention of risk factors and our ability to improve early detection and prophylactic measures for ARI.

Objectives

To evaluate the health seeking behavior of mothers regarding ARI in under 5 children in Tharparkar Desert and to assess knowledge, attitude and practices of mothers regarding ARI.

Methodology

It is a cross sectional study conducted from Nov 2008 to March 2009 at Civil Hospital Mithi of Tharparkar Desert Sindh, Pakistan. 1000 mothers were selected by non probability convenience sampling interviews conducted by trained doctors. Informal permission was obtained from the subjects after explaining the purpose of study. A

*Corresponding author: Anjum Hashmi MPH, Community Health Officer, Pakistan Relief Foundation Medical Center, Pakistan, Tel: 92-332-3171275; E-mail: anjumhashmi61@hotmail.com

Received December 07, 2011; Accepted January 18, 2012; Published January 20, 2012

Citation: Kumar R, Hashmi A, Soomro JA, Ghouri A (2012) Knowledge Attitude and Practice about Acute Respiratory Infection among the Mothers of Under Five Children Attending Civil Hospital Mithi Tharparkar Desert. Primary Health Care 2:108. doi:10.4172/2167-1079.1000108

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structured interview will be conducted to assess the demographic data and test knowledge related to domiciliary management and prevention of ARI. The inclusive criterion is all the mothers of children under five years with ARI attending pediatric OPD. Exclusive criteria are children with congenital and chronic diseases. Data was entered and descriptive and inferential statistics was used for data analysis. Chi-square ($\chi^2$) test was applied to measure the association between the level of knowledge and selected demographic variables done on SPSS 10.

Results

Demographic results

The duration of illness was less than 2 days in 3% and more than 2 days in 97% of children. 1% children are less than 1 year age 31% between 1 and 3 years age and 58% between the ages of 3 to 5 years. Age and sex ratio of children showed below.

1 year 3% females and 8% males, between 1 and 3 years 19% female and 12% males and between 3 to 5 years were 22% females and 36% males. Socio economic status of family of children 55% belong to lower class, 45% to middle class and 2% in upper class. Urban/rural status of families 23% belong to rural area and 77% to urban area. There were 44% female children and 56% male children. Education level of mothers included 36% mothers were illiterate, 74% were educated, level of education 11% primary, 30% matriculate and 23% intermediate or graduate (Table 1).

Knowledge attitude and practice results

Seventy two percent mothers had knowledge about ARI and could recognize it while 28% mothers had no knowledge about ARI. Fifty six percent mothers took ARI as a serious disease while 44% did not. About feeding practices during illness of their children 76% mothers said that breast feeding should be continued during illness, while 24% mothers said routine feeding should not be continued during ARI. Thirty Six percent mothers started home remedies while 64% mother went to see the doctor and 95% mothers followed doctor’s advice while 5% did not. In ARI cough was present in 76% cases, fever in 72% cases, breathing difficulty in 48% cases, running of nose in 47% cases and ear discharge was present in 2% cases. About cause of ARI 72% mothers described right reason of ARI while 28% mother given irrelevant answer (Table 2).

Discussion

Our study has assessed the knowledge, attitude and practices among mothers of children under five years with complaint of acute respiratory infection attending pediatrics outpatient department at Civil Hospital Mithi. Our study was focused on determining severity of disease, feeding practice during illness, knowledge about cause of disease action taken after illness of their children, usage of home remedies and follow up of doctor’s advise.

A study conducted in Malaysia showed large proportion of the respondents felt that their present knowledge of ARI was inadequate [4]. About action taken after illness, our study showed 36% mothers started home remedies while 64% visited a doctor. A study conducted in Baringo District, Kenya showed 87.1% of mothers said that they would seek health center services for severe ARI [5]. Another study which was conducted in Aligarh India showed 72% mothers took early action during an episode of ARI [6]. However another study which was conducted in Gondar Ethiopia showed that 35.6% mothers took their children to a traditional healer [7].

About cause of ARI this study showed 28% mothers described right reason of ARI while 28% mother given irrelevant answer (Table 3).

Knowledge, attitude and practices results

| Variables | Total (n=1000) | Percentage % | p value |
|-----------|---------------|--------------|---------|
| Recognize symptoms of ARI | | | |
| No | 280 | 28% | 0.0188 |
| Yes | 720 | 72% | |
| Recognize seriousness of ARI | | | |
| No | 440 | 44% | 0.0001 |
| Yes | 560 | 56% | |
| Breastfeeding during ARI | | | |
| No | 240 | 24% | 0.0001 |
| Yes | 760 | 76% | |
| Routine feeding during ARI | | | |
| No | 720 | 72% | 0.0001 |
| Yes | 280 | 28% | |
| Follows doctor’s advice | | | |
| No | 50 | 5% | 0.0001 |
| Yes | 950 | 95% | |

Table 1: Demographic characteristics of mothers (n=1000).

Table 2: Education verses Knowledge, attitude and practices of mothers about ARI.
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Table 3: Locality wise breastfeeding practices of mothers of under 5 years children.

| Locality | No | Yes | Total | p-value |
|----------|----|-----|-------|---------|
| Rural    | 160| 170 | 230   | 0.0001  |
| Urban    | 180| 590 | 770   |         |
| Total    | 240| 760 | 1000  |         |

Acknowledgements

Our heartfelt acknowledgements to the Medical Superintendent and doctors of Paediatric OPD Civil Hospital Mithi Tharparkar for providing every possible help.