A study to evaluate knowledge, attitude and practices of Mothers toward Acute respiratory infections in their children under the age of five years in urban poor of Mohali district of Punjab.

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Contents:

INTRODUCTION:

- Infant and child mortality and morbidity remains a challenge especially in the developing world. About 2 million under-five children annual deaths globally, India also accounts for a quarter of the global child mortality.
- As per the WHO report 1999, every year, more than 10 million children die in developing countries before they reach their fifth birthday. Seven in 10 of these deaths are due to acute respiratory infections (mostly pneumonia), diarrhea, measles, malaria or malnutrition-and often to a combination illness.
- According to WHO world Health statistics, in India 20% of under-5 mortality caused by reparatory infections. (world health statistics, 2011, World Health Organization)
- Pneumonia and diarrhea remain major killers of young children. Together, these diseases account for 29% of all deaths of children less than 5 years of age and result in the loss of 2 million young lives each year.

- Acute respiratory infection (ARI) is one of the leading causes of childhood morbidity and mortality throughout the world. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths caused by ARI.

- Punjab has made great progress in infant and newborn care. The infant mortality rate of the State is far below the national average.
- The major contributors to child mortality being pneumonia, diarrhea and malnutrition, the incidence and severity show a socioeconomic gradient due to exposure to risk factors related to the environment, such as lack of clean water, sanitation, indoor air pollution and overcrowding, and to impaired immune response caused by inappropriate feeding practices, lack of exclusive breastfeeding, artificial feeding and under nutrition.

Review of Literature:

- In India, 5.8 % of children under five was suffering with symptoms of ARI and in Punjab 6.9 % children under age of five years was suffering with symptoms of ARI. (National Family health Survey 3 – India, 2005-06)
- International Vaccine Access Center (IVAC) said globally, every 20 seconds, a family loses its child to either pneumonia or diarrhea.
- Achievement of Millennium Development Goal of reducing child mortality by two thirds from the 1990 rate will depend on renewal efforts to prevent and control malnutrition, respiratory infections and diarrheal diseases.
- In a study of 600 mothers living in urban and rural area of Burdwan district from October 2011 to February 2012 , revealed that

✓ 40% of mothers preferred private set up as a place of choice for treatment (more in urban area 55%).

✓ 70% of mothers preferred allopathic medicine as a choice of type of treatment.

✓ 42.5% of mothers rated diseases as serious(more in urban area 55%).

RATIONALE:

- The solutions to tackling pneumonia do not require major advances in technology. Proven interventions exist. Children are dying because services are provided piecemeal and those most at risk are not being reached.
- Use of effective interventions remains too low; for instance, only 39% of infants less than 6 months are exclusively breastfed while only 60% of children with suspected pneumonia access appropriate care.

RESEARCH QUESTION:

- Are the mothers of children under the age of five years having sufficient knowledge, attitude and practice about respiratory tract infection in urban poor of Mohali, Punjab?

OBJECTIVES OF THE STUDY:

- To assess the current knowledge level of mothers about the cause, affect and management of ARI.

METHODOLOGY:

- A community based study was conducted on the mothers of children under five years of age in the urban poor of Mohali district of Punjab during the period of February 2015 to April 2015.

Sample size:

- The sample size was calculated using the formula for cross sectional survey. Assuming that 50% of the mothers has reasonable knowledge about various factors associated with the disease and that we require a precision of 10%, the sample size was calculated as:

$$n = Z^2pq/d^2 = (0.5*0.5/(.1)^2) = 100$$

Where n = the desired sample size

Z = the standard normal deviate, set at 1.96 which corresponds to the 95% confidence level.

P = the proportion of the estimated population and q = (1-p), d representing the about accuracy desired, set at 0.5.

Study population

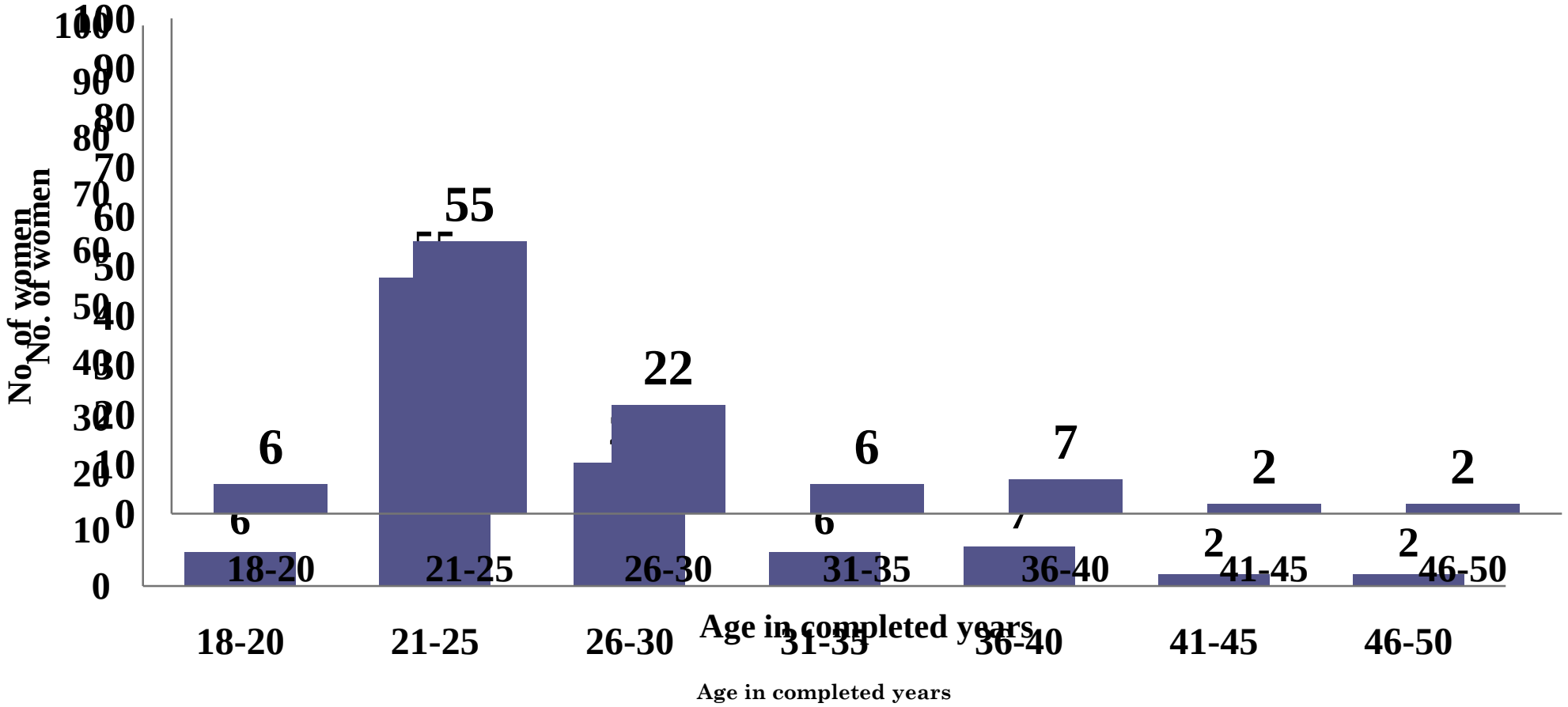
- The target population is 100 mothers above 18 years of age with at least one child under 5 years old and he/she ever suffer from respiratory infection, who lives in urban poor area of Mohali, Punjab.

Methods of data collection:

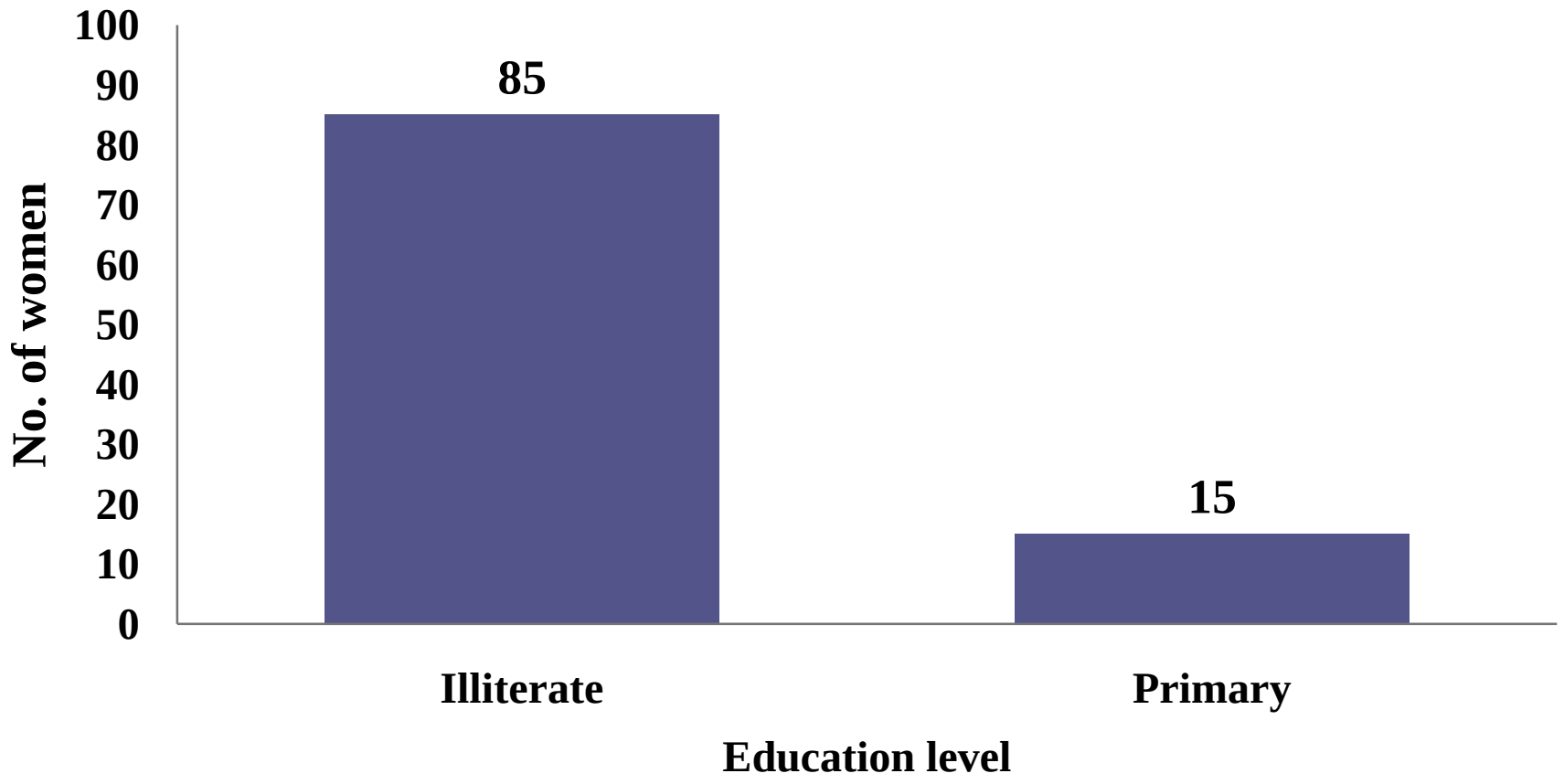
- After taking the permission from the mother a structured questionnaire was administer to evaluate the knowledge, attitude and practice of mother about respiratory infection.

FINDINGS:

Age of Mothers:



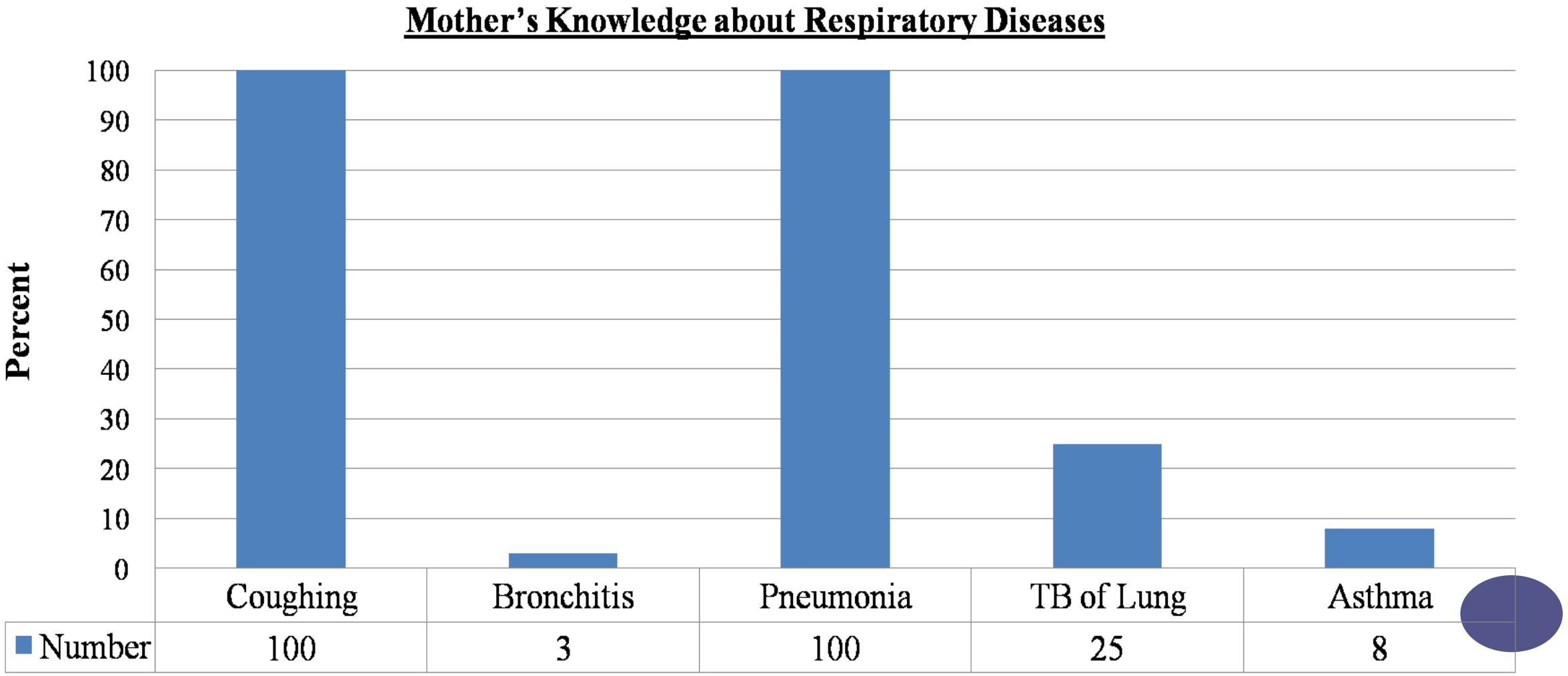
EDUCATION LEVEL OF MOTHERS:



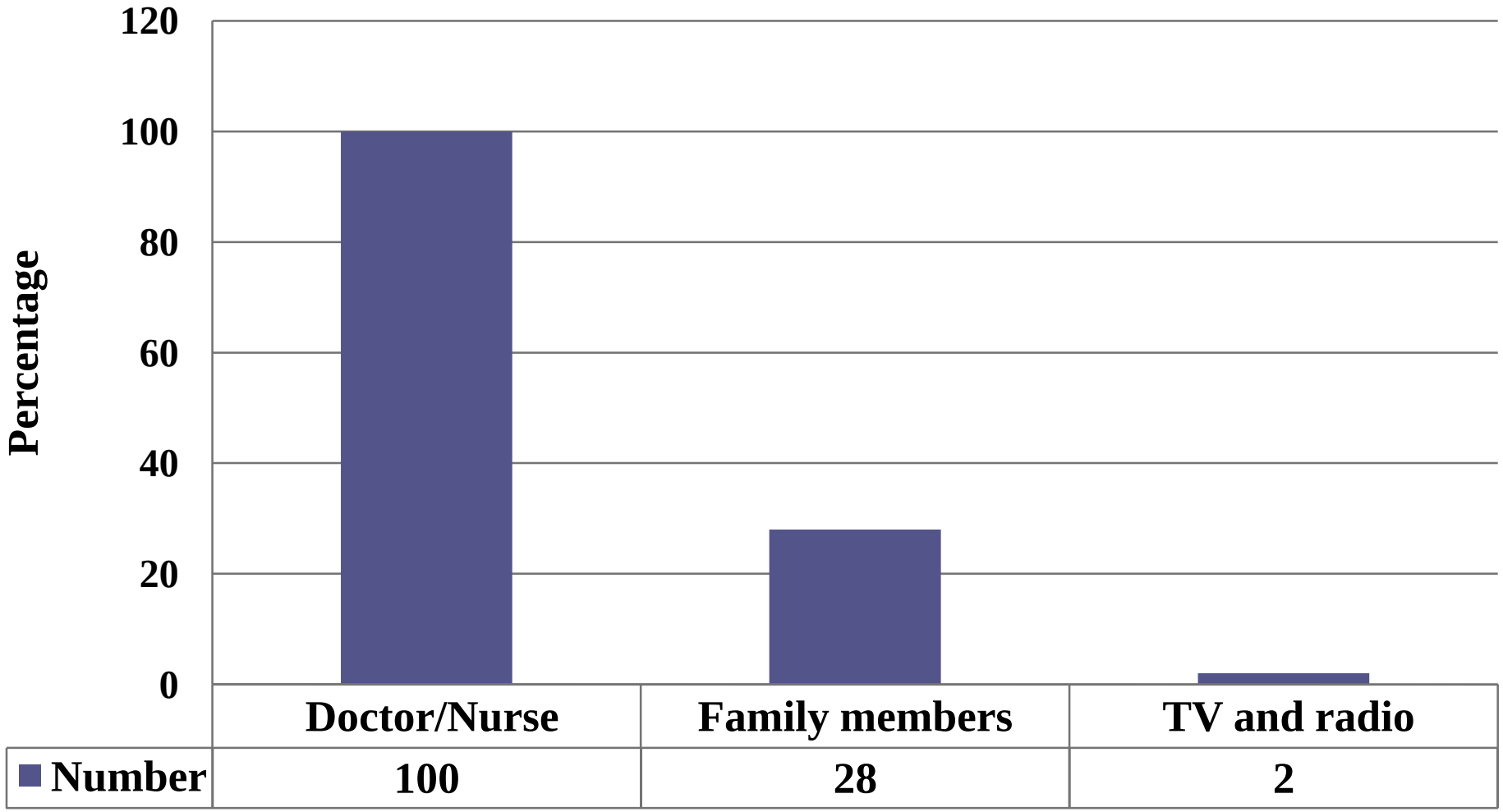
Occupation of Mothers:

KNOWLEDGE OF MOTHERS TOWARD RESPIRATORY DISEASES:

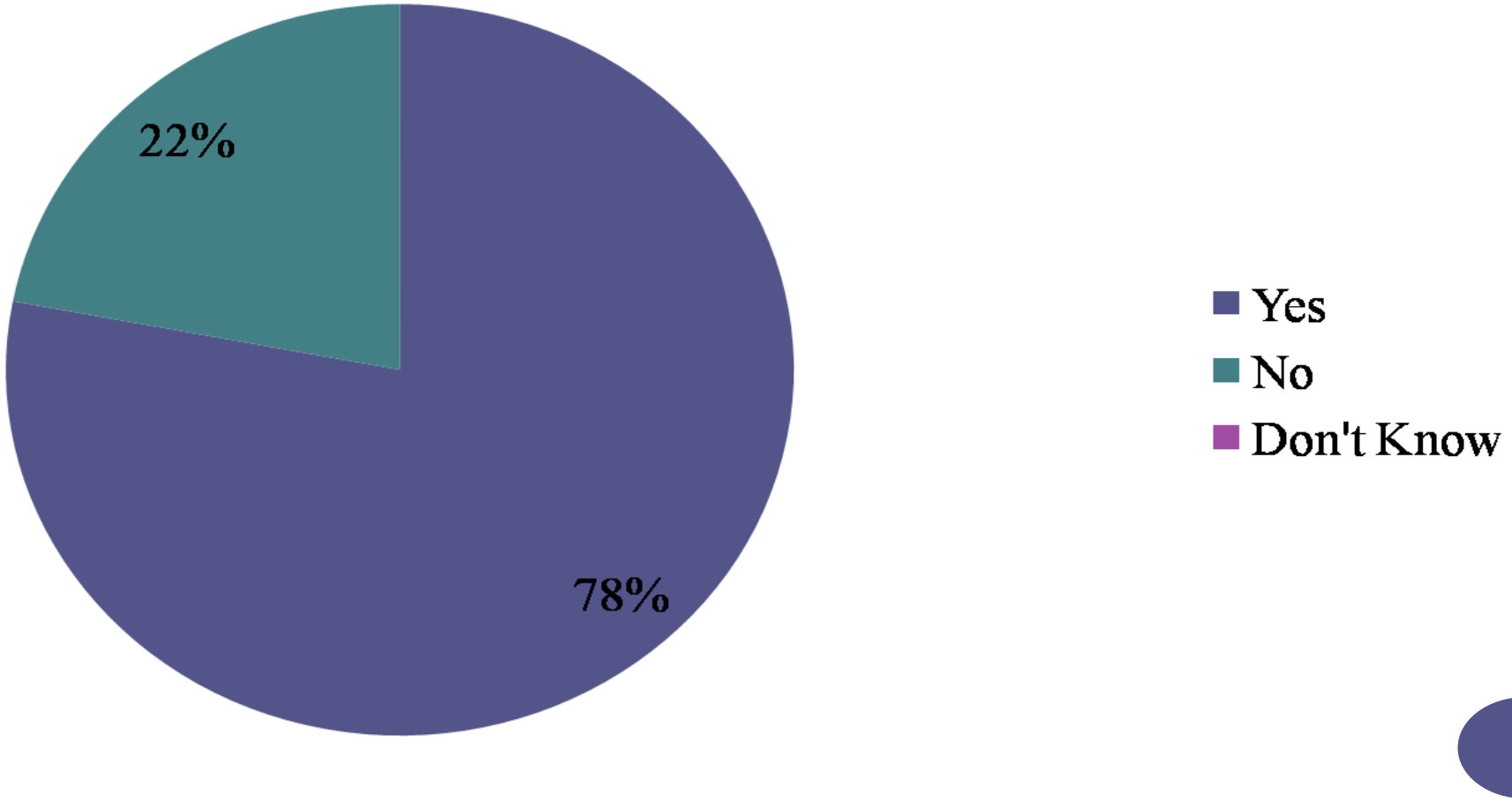
- Out of 100 respondents all of them had knowledge about respiratory diseases.



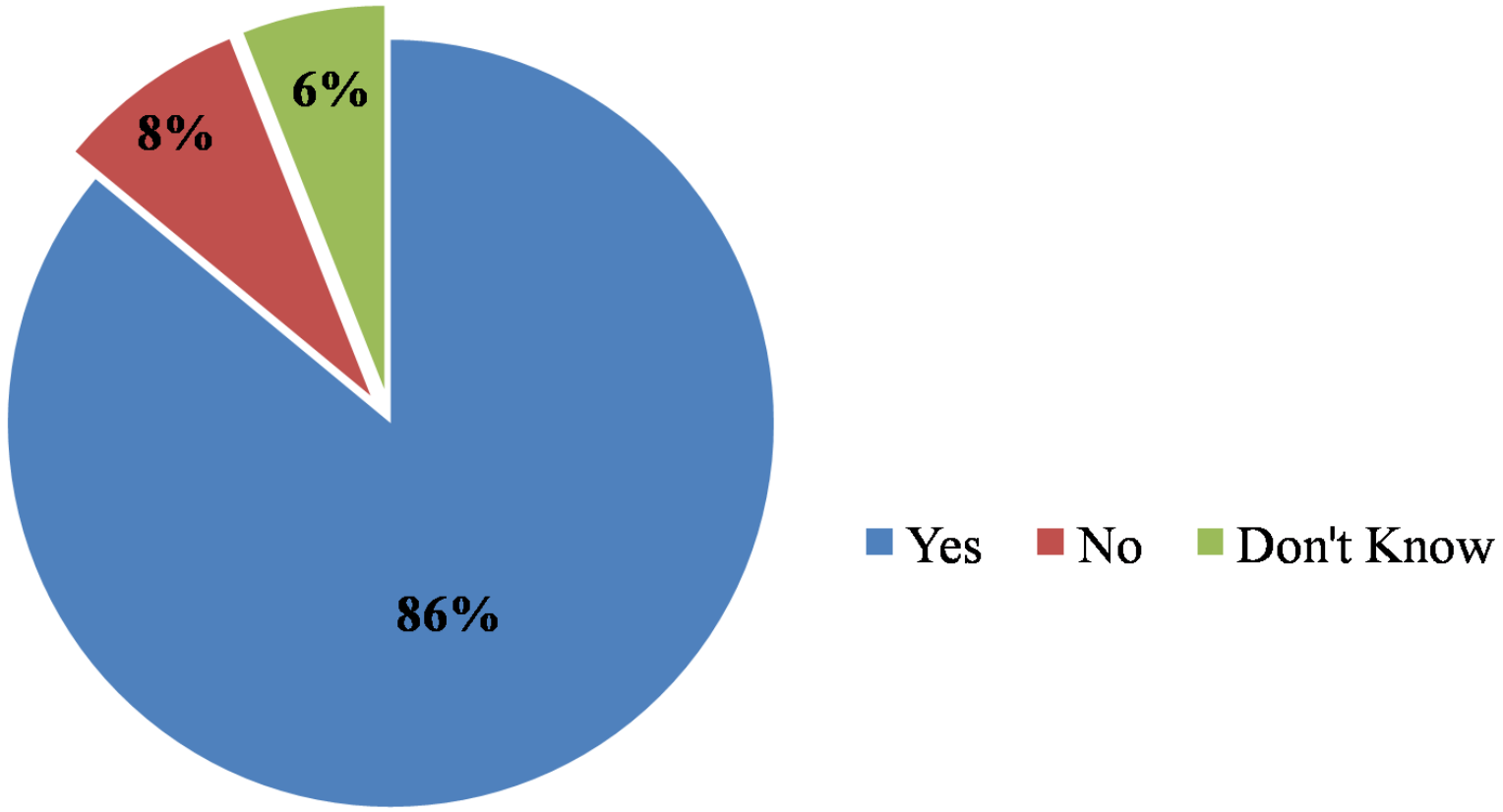
SOURCE OF INFORMATION:



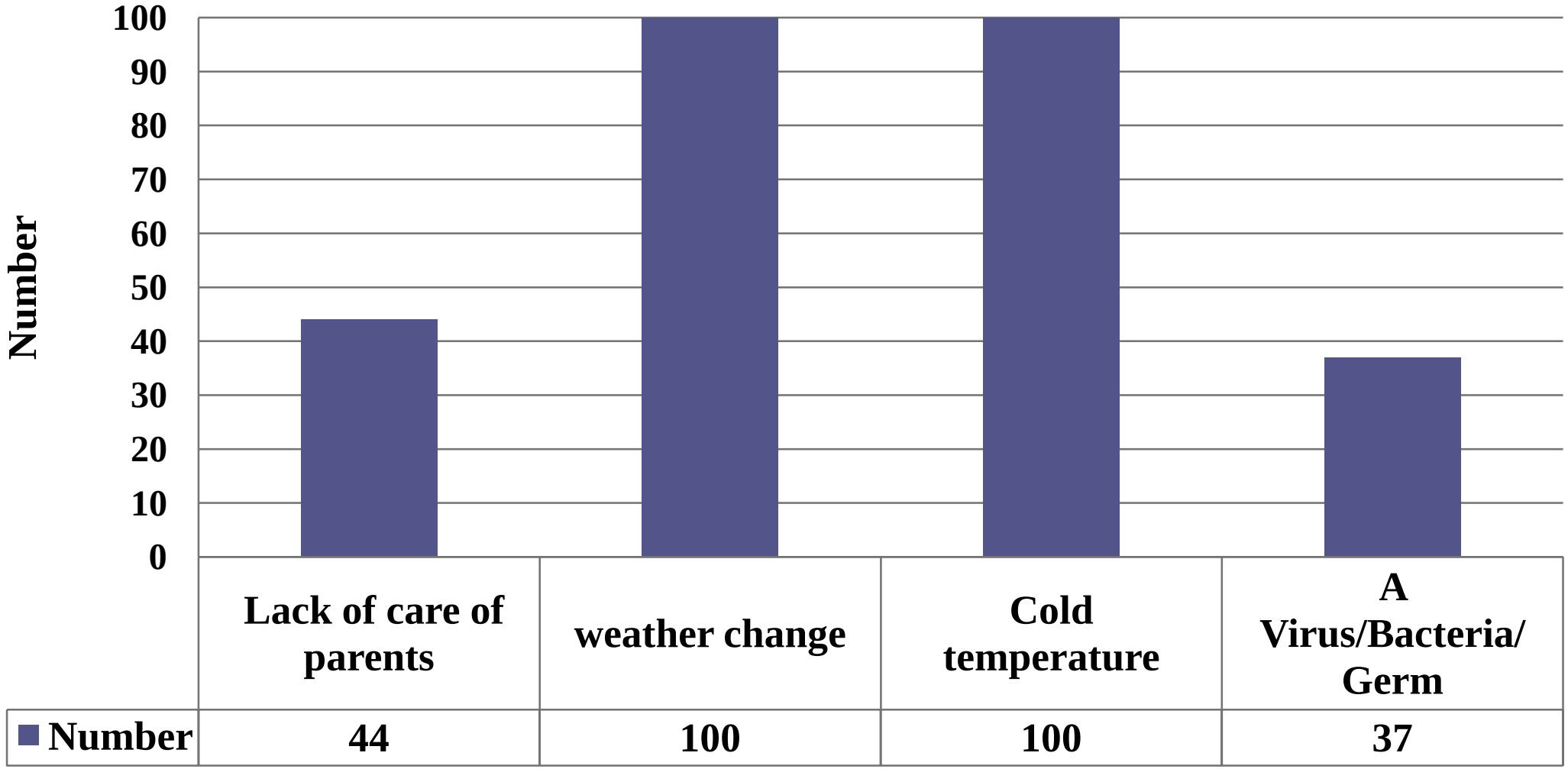
Knowledge of Impact of Air pollution on respiratory diseases:



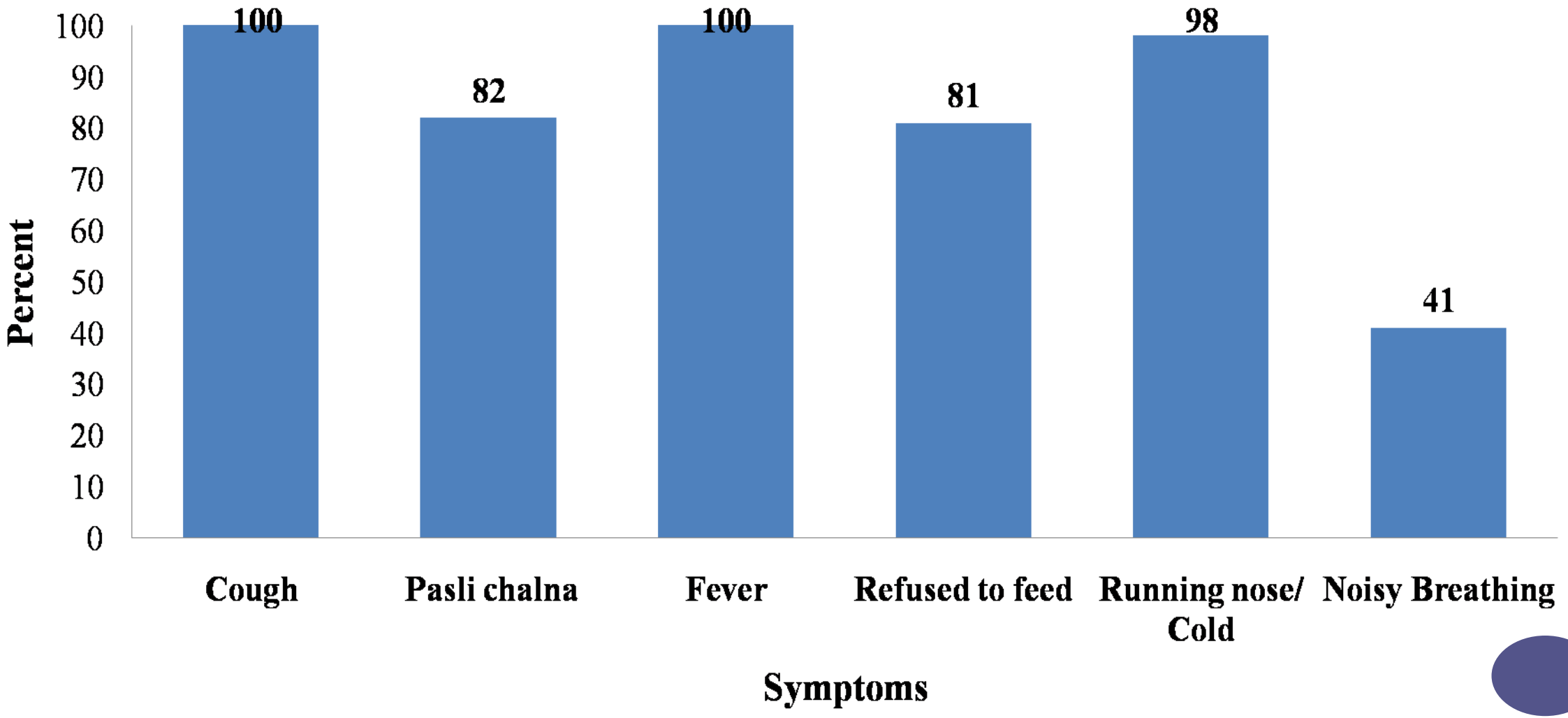
Effect of indoor temperature, humidity and air movement on respiratory infection:



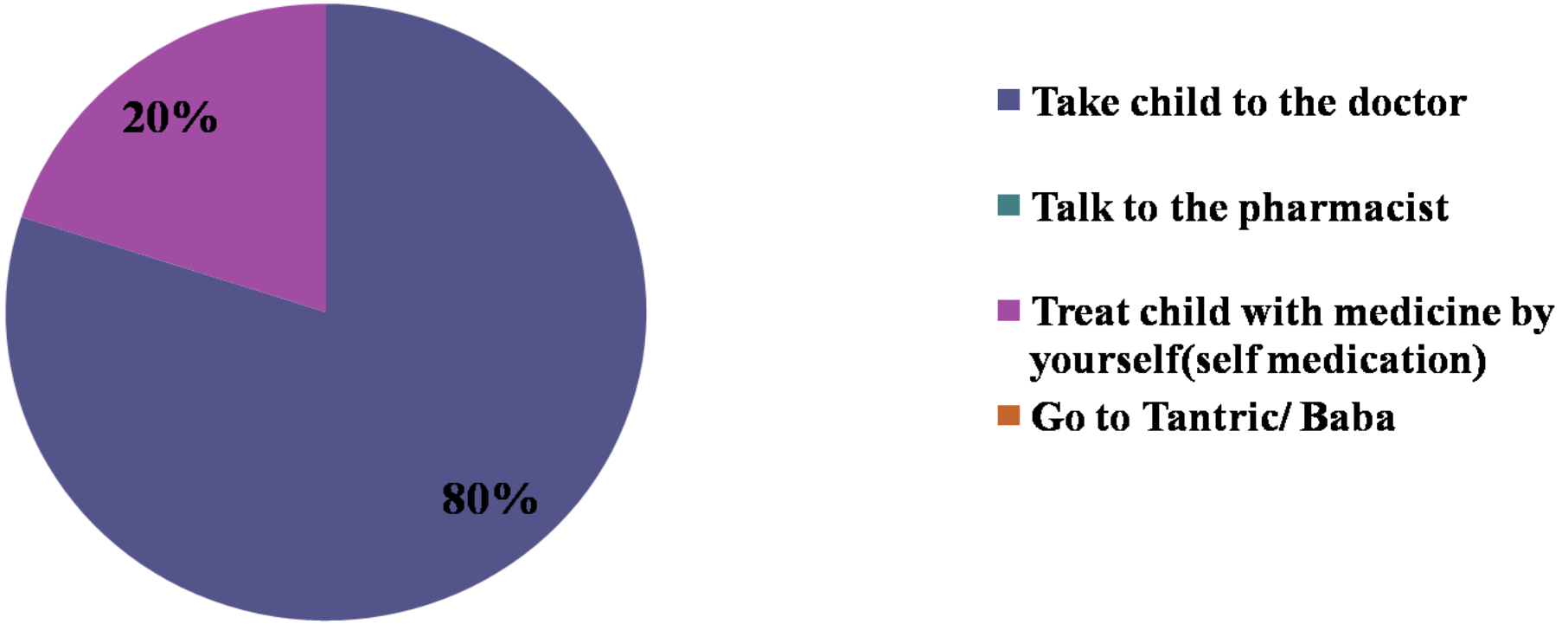
Cause of respiratory Infection:



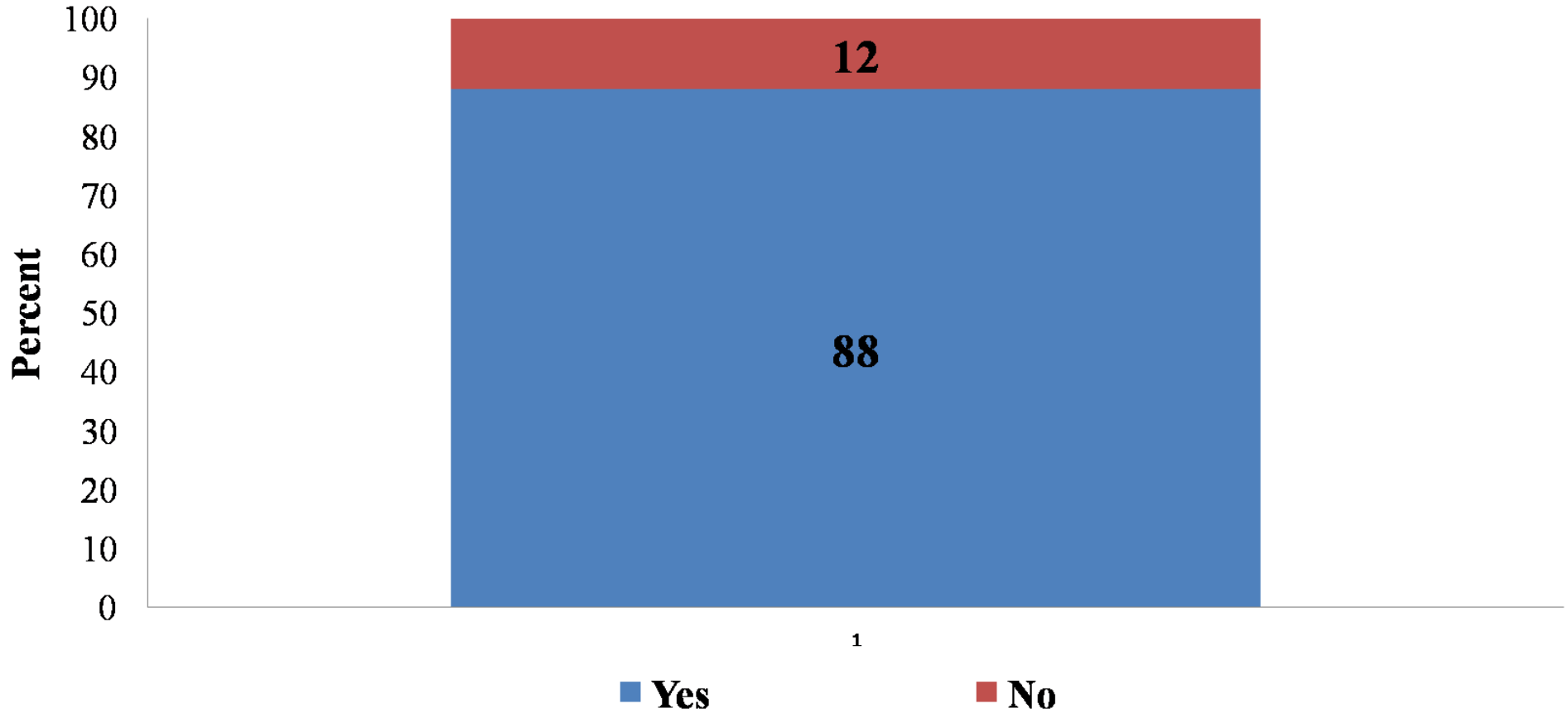
SYMPTOMS OF RESPIRATORY INFECTION:



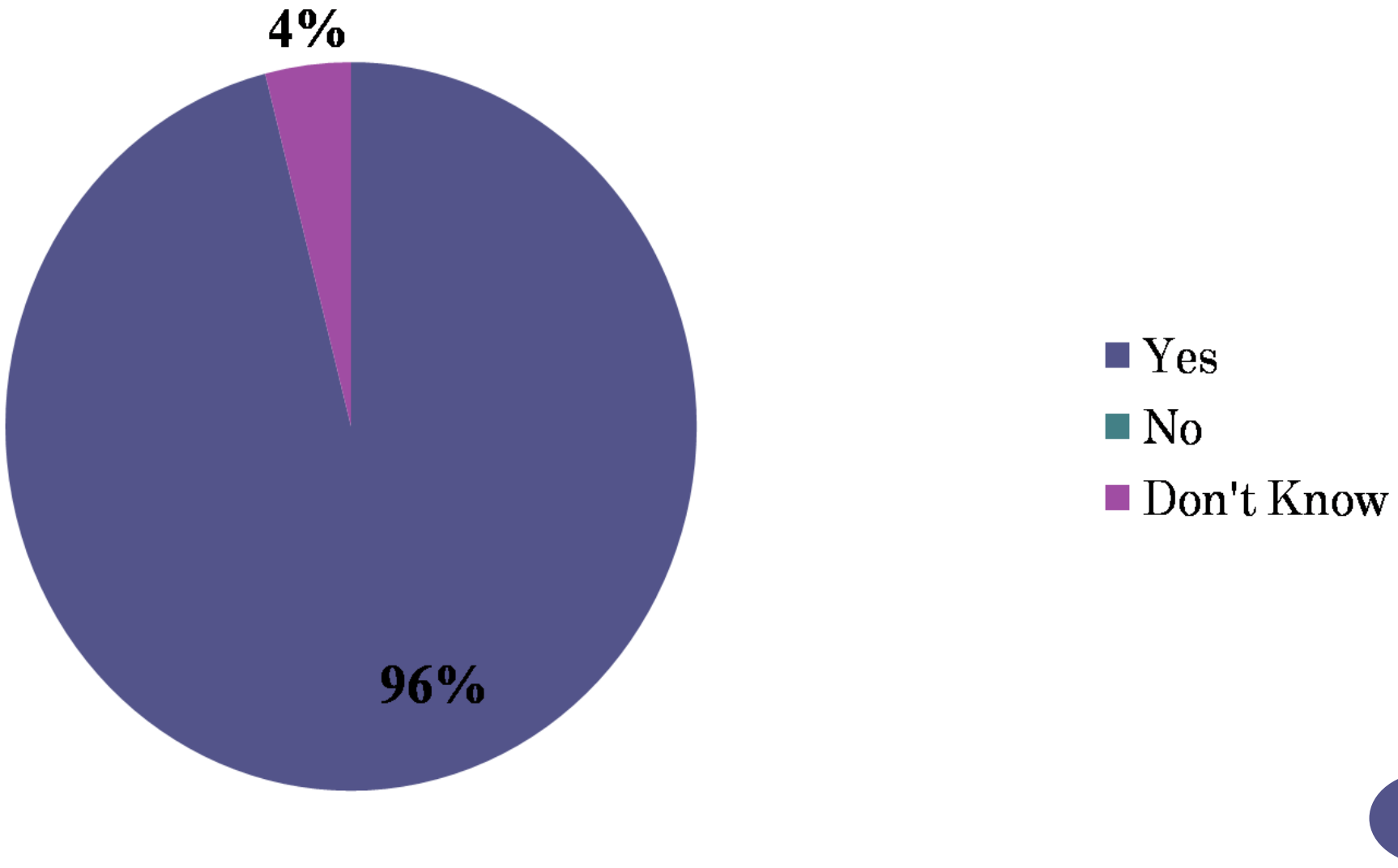
SEEKING MEDICAL HELP:



KNOWLEDGE OF MEDICINE USED FOR TREATMENT OF RESPIRATORY INFECTION:

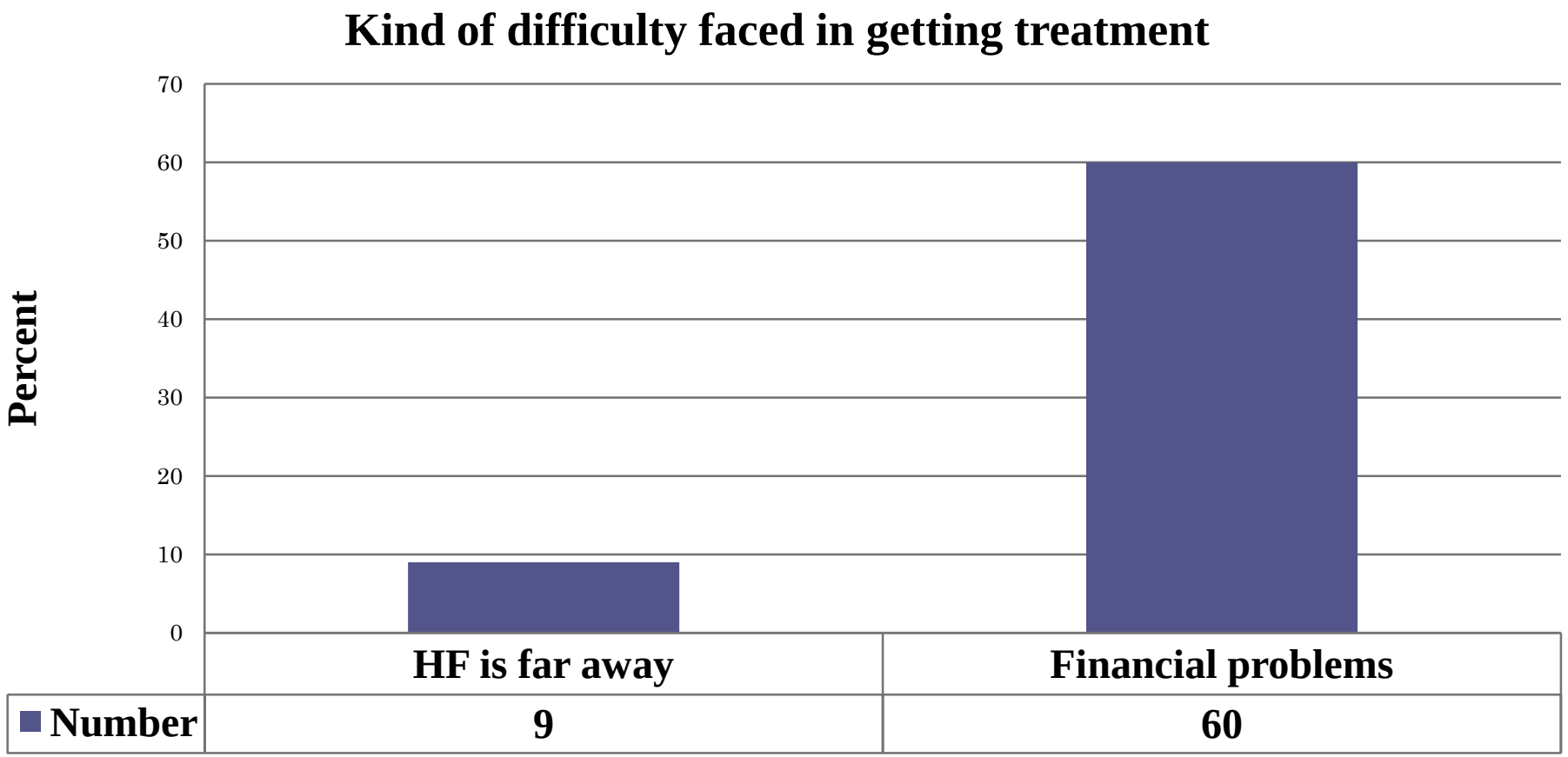


PREVENTION OF RESPIRATORY INFECTION:



DIFFICULTY IN GETTING TREATMENT:

- Out of 100 respondents 60 respondents had faced the difficulty in getting treatment.



SUGGESTIONS:

To improve knowledge and Attitude:

- There is a need to increase the efforts to bring awareness about public health services.
- There may be regular education regarding ARIs.
- A regular visit by health staff to these areas to educate and promote prevention methods like breast feeding habits, clean drinking water, proper sanitation and hygiene.

To improve practice:

- Also regular check up of under five children by health staff and tell mothers to use best practices to keep their child free from any illness.

LIMITATIONS:

Due to the following unavoidable and uncontrollable factors, the result might not be accurate:

- The study and its results are limited to the district Mohali of Punjab.
- Due to limited time and resources the study was carried out for a limited sample.
- In this study main focus is Acute respiratory infections only, not much result on other aspects found.

CONCLUSION

- This study shows that most of the mothers with in the study population were illiterate and it has adverse impact on their prevention aspects of ARIs.
- Most of them knew about the respiratory infection in under five children but not in detail.
- Also they knew about effect of air pollution on acute respiratory infection but still they were using coal chulha in their house for cooking.
- Their health seeking behaviour was good and they were visiting doctor immediately after recognizing the ARI.
- Majority of mothers faced the financial difficulties to visit doctor.

References:

- WHO Country Cooperation Strategy 2006-2011. http://www.searo.who.int/LinkFiles/ WHO_Country_Cooperation_Strategy_-_India_Health_Development_Challenges.pdf.
- World Health Organization. World Health report 1999 making a difference. Geneva, WHO, 1999.
- Sanjana Gupta , DS Jamwal, Dinesh Kumar, S K Gupta, JK SCIENCE, Morbidity among Under Five Children in a Rural Area of Jammu, Vol. 14 No. 2, April - June 2012, *www.jkscience.org)*
- Bandyopadhyay Dr. Debasis and Ahemed Dr t, A study of knowledge, attitude and practice among mothers towards acute respiratory infection in urban and rural communities of Burdwan district, West Bengal, India, Vol - 1, Issue - 8, June 19 2013.)
- Sources: WHO Global Health Observatory (httt://www.who.int/gho/child_health/en/index.html) and 'Black R et al. *Lancet*, 2008, 371:243-260 (5, 6))
- UNICEF, Ending Preventable Child Deaths from Pneumonia and Diarrhoea by 2025, The integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD), 2013.
- Patnaik L, Pattnaik S, Kumar V, Sahu T, Morbidity pattern among under 5 children of in an urban slum area of Bhubaneswar City, Odisha)

THANK YOU