



## A STUDY TO ASSESS THE KNOWLEDGE AND PRACTICE OF MOTHERS REGARDING PREVENTION OF UPPER RESPIRATORY TRACT INFECTIONS AMONG UNDER FIVE CHILDREN IN A SELECTED COMMUNITY AREA AT BANGALORE.

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### KEYWORDS :

#### INTRODUCTION

“Children are the Wealth of Tomorrow - Take them, if you wish to have a strong INDIA, ever ready to meet various challenges”

- Pandit Jawaharlal Nehru

The child is the future citizen of the nation. World's greatest resource for a healthy future lies in the children of today. Today's children are tomorrow's citizens and leaders. The resources spent on the care and health of the young ones form an investment for the future.

Respiratory tract infection is a frequent cause of acute illness and infection in children. Many paediatric infections are seasonal. The child's response to the infection will vary based on the age of the child, causative organism, general health of the child, existence of chronic medical conditions, and degree of contact with other children

Infections of the respiratory tract are perhaps the most common human ailment. They are a substantial cause of morbidity and mortality in young children and elderly. Many of these infections are their natural cause in older children and in adults without specific treatment and without complications.

Acute respiratory infections (ARI) may cause inflammation of the respiratory tract anywhere from nose to alveoli, with a wide range of combination of symptoms and signs. ARI is often classified by clinical syndromes depending on the site of infection and is referred to as ARI of upper or lower respiratory tract. The upper respiratory tract infections include common cold, pharyngitis and otitis media. The lower respiratory tract infections include epiglottitis, laryngitis, laryngotracheitis, bronchitis bronchiolitis and pneumonia.

In most developing countries eighty percentage of death occurs among children below 5 years of age, even though this group generally makes up fifteen percentage of the total population. About 20% of the babies who are born, die before they attain five year of age and 33 to 35% of these deaths are due to respiratory tract infections. Through these findings, the number one killer of children in under five years of age in the developing countries is upper respiratory tract infections

Upper respiratory infections are leading cause of morbidity. The cost of these infections is enormous because of the cost of treatment needed for treating it. There is an urgent need for systematic evaluation of existing knowledge and practice which can be applied to prevention and treatment.

The risk factors of respiratory tract infection in childhood indicate several approaches for primary prevention Education of the mother is crucial to prevent upper respiratory tract infections through improved living conditions, better nutrition and reduction of indoor smoke pollution will reduce the burden of mortality and morbidity associated with acute respiratory infections

#### DESIGN AND SAMPLING

To assess the knowledge and practice of mothers regarding prevention of upper respiratory tract infections, non-probability convenience sampling design was selected.

In non-probability sampling, the sample elements are chosen from the population by non- random methods. In convenience sampling the sample which appear convenient to the researcher and to the management of the organisation in conduction research.

The target population for the present study is mothers of under five children residing at boodigere and Narayanapura community of rural Bangalore.

#### TOOLS TECHNIQUES AND DATA COLLECTION

To meet the objectives of the study the tool was developed by the investigator. The tool used for the research study comprised of a structured interview schedule which consists of two parts. Part A and Part B.

#### Part A: Demographic profile

A structured proforma was constructed by the investigator to collect information regarding age, religion, educational status, occupational status, monthly income, immunisation status and source of information. This Proforma was used only to collect information regarding demographic variables.

#### Part B was prepared to assess the knowledge and practice of under five children. It consists of 4 sections.

**Section 1:** Knowledge regarding upper respiratory tract infection. This section comprises of 12 questions regarding general knowledge about upper respiratory tract infections. Questions are phrased in multiple choice forms with three alternatives as distractors and one correct response.

**Section 2:** Knowledge regarding risk factors, signs and symptoms, diagnostic procedures, and complications. This section consists of 10 questions. These questions are also phrased in multiple choice forms with three alternatives as distractors and one correct response

**Section 3:** Knowledge regarding transmission control prevention and treatment of upper respiratory tract infections. This section consists of 17 questions. These questions are also phrased in multiple choice forms with three alternatives as distractors and one correct response.

**Section 4:** Questions regarding practice. There are 15 questions in this section. The questions are phrased as closed ended questions in the YES/No format.

In the present study, so mothers of under-five children selected from rural community areas.

#### ETHICAL CONSIDERATIONS

Institutional Ethical Committee approval was obtained from the institutional ethical committee. The permission to conduct research was also given by the medical officers of boodigere and Narayana Pura community areas. Bangalore. informed consent was obtained from the mothers of under five children and they were assured of confidentiality and anonymity.

#### RESULTS

The study is aimed to gather information regarding knowledge and practice of mothers of under five children regarding prevention of upper respiratory tract infections. Based on this information, the investigator will prepare an information booklet if the knowledge and practice is found to be inadequate. The results were computed using descriptive and inferential Arrival procedure such as frequency, percentage, mean, standard deviation, correlation, and chi-square test. The results were presented in tables and figures.

#### CONCLUSION

The following conclusions were drawn based on results of the present

study to assess the knowledge and practice of mothers of under five children regarding prevention of URTIs at Boodigere and Narayanapura areas of Bangalore with a view to develop an information booklet.

#### Major findings of the study:

- a) Majority of the mothers (43.7%) were in the age group of 25 - 29 years.
- b) About 62.5% of the mothers had high school education
- c) About 97.5% were unemployed.
- d) Majority 81.2% were Hindus.
- e) About 68.7% had monthly income of Rs. 1500 2000.
- f) Majority of the mothers (96.3%) have fully immunised their children
- g) About 51.2% of the samples received information from friends regarding prevention of URTIS.

The higher mean percentage of knowledge score of mothers was 5:19 around risk factors, signs and symptoms, diagnostic procedure and complications and the lower mean percentage of knowledge score of mothers was 51.2% in knowledge regarding URTIs. The study findings shows that a positive relationship between knowledge and practice of mothers regarding prevention of URTIS among under five children. No significant association is found between knowledge and selected demographic variables like age, religion, education, occupation, income, and source of information.

There is felt need for bridging the gap between knowledge and practice regarding prevention of upper respiratory tract infections among mothers of under five children in the community. This is a challenge for the health professionals working in the rural area.

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