

Knowledge and Attitude Mothers Of 0-5 Years Children Regarding Prevention of Upper Respiratory Tract Infection Among In Selected Rural Areas Of Vadodara.

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ABSTRACT

Background: Upper Respiratory Tract Infection is global problem. Due to various changes in the world this problem is also increasing day by day which becomes a major concern in research studies. URTI is a frequently occurring disease with a major impact on the life of the affected children and the family and also society.

Aims and Objectives

To assess the existing level of knowledge and attitude towards on Prevention of Upper respiratory tract infection among mothers of 0-5 years children. And To correlate the level of knowledge & attitude and finding out the association between level of knowledge attitude & selected socio-demographic among mothers of 0-5 years children.

Materials and Methods: Non-Experimental Descriptive design one group Research Design, and probability convenience sampling technique was adopted to achieve the goal of the study. The tool consists of 26 knowledge questions and 10 items attitude scale. First part consists of demographic data of the sample and second part consists of self structured knowledge questionnaire and third part consists of 10 items attitude scale. The sample was 60 mothers of 0-5 year children from Waghodia district, Vadodara.

Results Results revealed that 60% of subjects have inadequate knowledge.33.33% of subjects have moderately adequate knowledge.6.66% of subjects have adequate knowledge, 86% of subjects have adequate attitude.14% of subjects have moderately adequate attitude. None of them

was found with inadequate attitude. There was a significant negative correlation between knowledge and attitude of mothers on prevention of URTI among 0-5 year children and was found to be $r = -0.314$ which is significant at 0.05 level. The association between level of knowledge and selected socio demographic variables was done Chi Square Formula. Among the selected socio demographic variables Education, Occupation, Monthly Income, Number Of Children in family and previous information regarding URTI were found to be significant. The association between the attitude and selected socio demographic variables was identified using Chi Square Test. Among the selected socio demographic variables types of houses was found to be significant statistically.

Discussion: The findings are discussed in relation to the objectives formulated, compared and contrasted with those of other similar studies conducted in different settings. The present study is an effort to find out the level of knowledge and attitude of mothers' of 0-5 year children regarding prevention of URTI. In order to achieve the objectives, a descriptive approach was adopted and convenience sampling technique was used to select the samples. This study was conducted over a period of four weeks. The data was collected from 60 mothers' of 0-5 year children using structure self-administered questionnaire.

Key words: Assessment, Knowledge, Attitude, Association, URTI

Introduction

Upper-respiratory-tract infection (URTI) occurs commonly in childhood. On average, a healthy three-year-old child suffers from 6–10 colds per year. URTIs are usually mild, viral, and self-limiting; however, the symptoms can cause fever and make children irritable, lethargic, and uncomfortable. The treatment strategy is to minimize symptoms and discomfort. Although widely used, nonprescription cough and cold preparations may not be effective for symptom control or shortening the illness. They may cause a wide variety of adverse effects, including paradoxical reactions and toxicity with unintentional over dosage, particularly in children less than three years old.^{2,3,4}

Respiratory tract infections (RTIs) are any infection of the sinuses, throat, airways or lungs. They're usually caused by viruses, but they can also be caused by bacteria. Respiratory tract infections are believed to be one of the main reasons why people visit their GP or pharmacist. The most widespread respiratory tract infection is the common cold.^{5,6}

Health professionals generally make a distinction between:

- **Infections of the upper respiratory tract**, which affect the nose, sinuses and throat
- **Infections of the lower respiratory tract**, which affect the airways and lungs

Children tend to get more upper RTIs than adults because they have not yet built up immunity (resistance) to the many viruses that can cause this infection.⁷

The upper respiratory tract includes the sinuses, nasal passages, pharynx, and larynx. These structures direct the air we breathe from the outside to the trachea and eventually to the lungs for respiration to take place.

Chronic obstructive pulmonary disease (COPD) is a lung disease characterized by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. COPD is diagnosed by a simple test called spirometry, which measures how deeply a person can breathe and how fast air can move into and out of the lungs. Because COPD develops slowly, it is most frequently diagnosed in people aged 40 years or older. COPD is preventable, but not curable. Treatment can help slow disease progression, but COPD generally worsens over time.⁸

India's under-five death toll is higher than the deaths in Nigeria, Congo and Pakistan put together. 50% of World's Upper respiratory tract infection deaths occur in India which means approximately 3.7 lakh children die of Upper respiratory tract infection annually in India. Nigeria, India, and Congo continue to suffer from low vaccination coverage and high child mortality. India is among the 4 of 15 countries that are yet to introduce the newest generation of pneumococcal vaccines in their Immunization schedule. India may miss meeting MDG4 by 2015 particularly due to Upper respiratory tract infection. Only 69% children with upper respiratory tract infection in India are taken to a health facility, and only 13% get antibiotics.⁹

Hence after reviewing the literature the researcher found that there is a lack of awareness regarding Prevention of Upper Respiratory Tract Infection among mothers of 0-5 year children, so researcher decided to conduct the study in a aim to improve the knowledge and attitude in same group of mothers.¹⁹

MATERIALS AND METHODS

Research Design: a non-experimental research approach was considered as best suited to assess the knowledge and attitude of Mothers of 0-5 year children regarding prevention of URTI .

Research setting: The research setting is Dhiraj General Hospital, Piparia and Waghodia taluka.

Population: Mothers of 0-5 year children

Sample: 60 mothers and samples were taken using convenience sampling

VARIABLES:

- a. **Knowledge:** Knowledge regarding prevention of upper respiratory tract infection among mothers of 0-5 years children
- b. **Attitude:** Attitude regarding prevention of upper respiratory tract infection among mothers of 0-5 years children

DEMOGRAPHIC VARIABLES:

Age, Religion, Education, Occupation, Number Of Children , Previous information regarding prevention of URTI, Monthly Income, Type of Family, Type of House.

Tool

The first draft of the tool has 3 sections

Section A: - Socio demographic variables

Section B: - Knowledge Questionnaire

Section C: - Attitude Scale

RESULTS

Section I: Assessment of KNOWLEDGE Regarding Prevention Of URTI

SCORE	KNOWLEDGE	
	FREQUENCY	%
Inadequate Knowledge (<50%)	36	60%
Moderately Adequate Knowledge (50-75%)	20	33.33%
Adequate Knowledge (>75%)	04	6.66%
Total	60	100%

Table depicts 60% respondents were having inadequate knowledge, 33.33% were having moderately adequate knowledge and 6.66% were having adequate knowledge

SECTION II -Assessment of ATTITUDE Regarding Prevention Of URTI

SCORE	ATTITUDE	
	FREQUENCY	%
Inadequate Attitude (<50%)	00	00%
Moderately Adequate Attitude (50-75%)	08	14%

Adequate Attitude (>75%)	52	86%
Total	60	100%

Table presents that 86% is having adequate attitude, 14% is having moderately adequate attitude and none of them having inadequate attitude.

SECTION III - Correlation between knowledge and attitude

	Mean	Mean%	Correlation	REMARKS
Knowledge	12.29	47.26%	-0.314	Negative Correlation
Attitude	23.65	78.83%		

Table illustrates that the correlation between knowledge and attitude is $r=-0.314$ is found moderate negative correlation.

SECTION IV - Association of socio demographic variables with knowledge and attitude

there was significant association between the knowledge and Attitude with selected demographic Variables. At the level of $P<0.05$ level.

DISCUSSION AND SUMMARY

The study was conducted to assess the knowledge and attitude regarding prevention of URTI among mothers of 0-5-year children. A non-experimental and descriptive correlation approach was used in the study. The data was collected from 60 samples through non probable convenient sampling technique.

MAJOR FINDINGS OF THE STUDY WERE

- 60% of subjects have inadequate knowledge.
- 33.33% of subjects have moderately adequate knowledge.
- 6.66% of subjects have adequate knowledge.
- 86% of subjects have adequate attitude.
- 14% of subjects have moderately adequate attitude.
- None of them was found with inadequate attitude.
- There is a significant negative correlation between knowledge and attitude.

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