

**“A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE, ATTITUDE AND PRACTICE REGARDING UPPER RESPIRATORY TRACT INFECTION AMONG MOTHERS OF UNDER FIVE YEAR'S AGE CHILDREN AT J.K.LONE HOSPITAL JAIPUR, RAJASTHAN”.**

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**ABSTRACT**

**Introduction:** “The nation walks on the feet of little children. Children are the wealth of tomorrow. Take care of them if you wise to have a strong India.” (**Jawaharlal Nehru**)

Good health is the cornerstones for survival, and development for current and succeeding generations. Healthy child perform better in school, grow into healthy adults and in turn give their children a better start in life.

**Material & Methods:** Descriptive research design was used. Total 100 mothers of under five year age children were selected by convenience sampling technique from whoever attending pediatric OPD at Jay Kay Lone Hospital Jaipur.

**Result:** 47.4% of the mothers are having knowledge on upper respiratory tract infection. 53.7% of the mother having positive attitude on upper respiratory tract infection.

**Conclusion:** Concluded that the level of knowledge, attitude, and practice regarding upper respiratory tract infection among mothers of under five year age children was find adequate.

**Keyword:** Assess, knowledge, attitude, practice, upper respiratory tract infection, mothers of under five children

**INTRODUCTION:** Respiratory diseases are the disease related to the gaseous exchange. That is the disorder in the nose, nasopharynx, larynx, trachea, bronchi and lungs.<sup>1</sup>

Effective early management at homes level and health seeking behavior in case of appearance of danger signs are key strategies in acute respiratory infection (ARI) where majority of episodes are self limiting and viral in origin.<sup>2</sup>

Every year about 12 million children in developing countries die before they reach their fifth birthday, many during the first year of life. Seven in ten of these deaths are due to acute respiratory infections (mostly pneumonia), Diarrhea, measles, malaria or malnutrition or a combination of these conditions. Infectious disease like acute respiratory infection (ARI) and acute diarrheal Disease (ADD) contribute the major sources in childhood.<sup>2</sup>

Respiratory infections are recognized widely as the leading causes of mortality

among children in most developing countries, poverty, overcrowding, air pollution, malnutrition harmful traditional practices.

Pediatrician's epidemiologist and public health administration largely agreed in the 1980s that acute respiratory infection (ARI) were the largest neglected threat to child survival in developing countries. In response to prevailing relatively high levels of morbidity and mortality associated with ARI among Children.<sup>3</sup>

Acute respiratory infections (ARI) are major causes of pediatric mortality and morbidity particularly when associated with delays in treatment.<sup>4</sup>

An estimated more than 4 million children die of acute respiratory tract annually. The incidence of ARI however remains undetermined in many African countries.<sup>5</sup>

#### **OBJECTIVE:**

01. To assess the knowledge, attitude and practice of the mothers regarding the Upper respiratory tract infection.
02. To find out the relationship between the knowledge and attitude of mothers regarding the Upper respiratory tract infection
03. To find out the relationship between the attitude and practice of mothers regarding the Upper respiratory tract infection.

04. To find out the relationship between the knowledge and practice of mothers regarding the Upper respiratory tract infection.

05. To find out the relationship between the knowledge and demographic variables (Age, Educational states, Area, Income,) of the mothers regarding the Upper respiratory tract infection.

06. To find out the relationship between the attitude and demographic variables (Age, Educational states, Area, Income,) of the mothers regarding the Upper respiratory tract infection.

07. To find out the relationship between the practice and demographic variables (Age, Educational states, Area, Income,) of the mothers regarding the Upper respiratory tract infection.

#### **MATERIAL & METHODS:**

**Research Approach:** - The approach adopted for this study is Descriptive research approach.

**Research Design:** - For this study the research design chosen is a Descriptive design.

**Setting of Study:** - This study was conducted in J.K.LONE hospital Jaipur.

**Population:** - In the present study population includes mothers of under five year age children in J.K.LONE Hospital, Jaipur

**Sample Size:** - Study includes a sample of 100 mothers.

**Sampling Technique:-** Non-probability sampling technique was considered appropriate for this study.

**DATA ANALYSIS AND INTERPRETATION:**

**Table No.1 Mothers overall knowledge on upper respiratory tract infection**

	No. of questions	Min-Max Score	Mean Score	%
knowledge of the mothers regarding upper respiratory tract infection	20	0-20	9.47	47.4%

Above table shows that 47.4% of the mothers are having knowledge on upper respiratory tract infection.

**Table No.2 Mothers overall attitude on upper respiratory tract infection**

	No. of questions	Min-Max Score	Mean Score	%
Attitude of the mothers regarding upper respiratory tract infection	10	10-30	16.12	53.7%

Above table shows that 53.7% of the mothers are having positive attitude on upper respiratory tract infection.

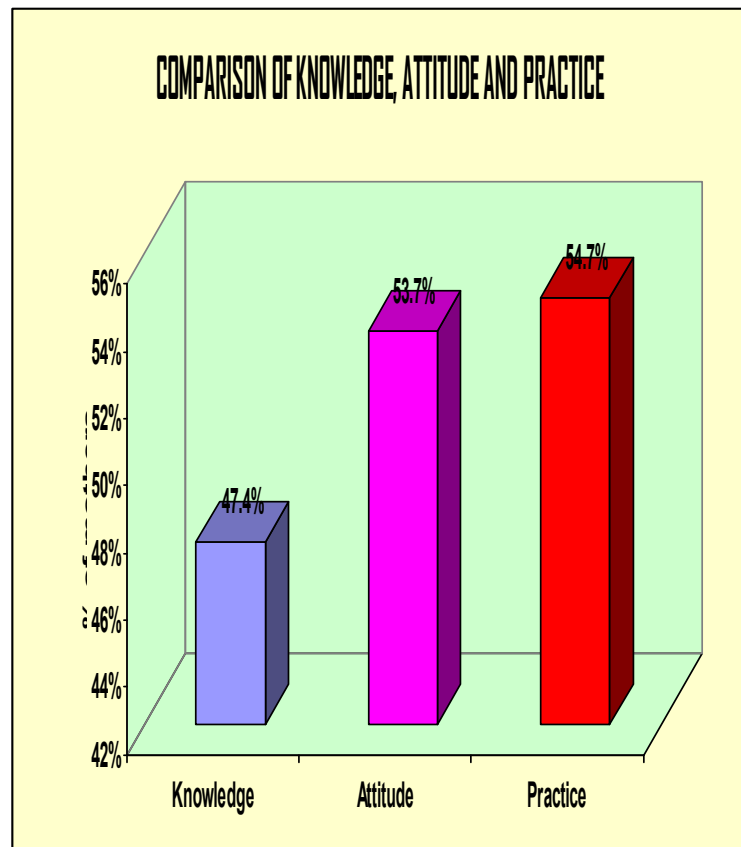
**Table No.3 Mothers overall Practice on upper respiratory tract infection**

	No. of questions	Min-Max Score	Mean Score	%
Practice of the mothers regarding upper respiratory tract infection	10	0-10	5.47	54.7%

Above table shows that 54.7% of the mothers are having practice on upper respiratory tract infection.

**Table no. 4 Comparison of percentage of Knowledge, Attitude and Practice score**

	KAP percentage
Knowledge	47.4%
Attitude	53.7%
Practice	54.7%



**Figure 1:** Simple bar diagram may show comparison of percentage of knowledge, attitude and practice.

**Table NO. 5: association between the knowledge and demographic variables of the mothers regarding the upper respiratory tract infection**

Socio demographic data		Practice				Chi square test
		Inadequate		Moderately adequate		
		n	%	n	%	
Mother age	<=25yrs	28	46.7	10	25.0	$\chi^2=4.78$ P=0.02 significant
	26-49yrs	32	53.3	30	75.0	
Child age	0-1 year	24	40.0	10	25.0	$\chi^2=3.75$ P=0.15 not significant
	1-3year	19	31.7	20	50.0	
	3-5 year	17	28.3	10	25.0	
Education Status	Illiterates	20	33.3	06	15.0	$\chi^2=10.71$ P=0.01 significant
	Primary	11	18.3	07	17.5	
	Secondary	19	31.7	11	27.5	
	Graduate	10	16.7	16	40.0	
occupation	Employed	19	31.7	05	12.5	$\chi^2=5.09$ P=0.17 not significant
	Business	04	6.7	04	10.0	
	Housewife	35	58.3	30	75.0	
	Others	02	3.3	01	2.5	
Monthly income	<Rs2000	31	51.7	32	80.0	$\chi^2=10.73$ P=0.03 not significant
	Rs2001-3000	06	10.0	04	10.0	
	Rs3001-4000	04	06.7	01	2.5	
	Rs4000-5000	12	20.0	01	2.5	
	>Rs 5000	07	11.7	02	5.0	
Types of family	Nuclear family	24	40.0	12	30.0	$\chi^2=1.04$ P=0.31 not significant
	Joint family	36	60.0	28	70.0	
Residential Area	Urban	24	40.0	30	75.0	$\chi^2=11.81$ P=0.001 not significant
	Rural	36	60.0	10	25.0	
Types of house	Hut	05	08.3	11	27.5	$\chi^2=3.77$ P=0.15 not significant
	Tiled	06	10.0	09	22.5	
	Concrete	49	81.7	20	50.0	

**Table NO. 6: Association between the Attitude and demographic variables of the mothers regarding the upper respiratory tract infection**

Socio demographic data		Practice				Chi square test
		Inadequate		Moderately adequate		
		n	%	n	%	
Mother age	<=25yrs	17	44.7	21	55.3	$\chi^2=0.44$ P=0.50 not significant
	26-49yrs	32	51.6	30	48.4	
Child age	0-1 year	11	45.8	23	54.2	$\chi^2=7.22$ P=0.03 significant
	1-3year	20	51.3	19	48.7	
	3-5 year	18	66.7	9	33.3	
Education Status	Illiterates	15	57.7	11	42.3	$\chi^2=2.08$ P=0.55 not significant
	Primary	6	35.3	11	64.7	
	Secondary	15	50.0	15	50.0	
	Graduate	13	48.1	14	51.9	
occupation	Employed	7	29.2	17	71.8	$\chi^2=9.14$ P=0.02 significant
	Business	7	87.5	1	12.5	
	Housewife	34	52.3	31	47.7	
	Others	2	66.7	1	33.3	
Monthly income	<Rs2000	32	50.8	31	49.2	$\chi^2=4.21$ P=0.37 not significant
	Rs2001-3000	4	40.0	6	60.0	
	Rs3001-4000	4	80.0	1	20.0	
	Rs4000-5000	4	30.8	9	69.2	
	>Rs 5000	5	55.6	4	44.4	
Types of family	Nuclear family	13	36.1	23	63.9	$\chi^2=3.84$ P=0.05 significant
	Joint family	36	56.3	28	43.8	
Residential Area	Urban	27	50.0	27	50.0	$\chi^2=0.05$ P=0.83 not significant
	Rural	22	47.8	24	52.2	
Types of house	Hut	7	43.8	9	56.3	$\chi^2=0.94$ P=0.62 not significant
	Tiled	9	60.0	6	40.0	
	Concrete	33	47.8	36	52.2	

**Table NO. 7: Association between the practice and demographic variables of the mothers regarding the upper respiratory tract infection**

Socio demographic data		Practice				Chi square test
		Inadequate		Moderately adequate		
		n	%	n	%	
Mother age	<=25yrs	15	33.3	23	41.8	$\chi^2=0.76$ P=0.38 not significant
	26-49yrs	30	66.7	32	58.2	
Child age	0-1 year	16	35.6	18	32.7	$\chi^2=0.096$ P=0.38 not significant
	1-3year	17	37.8	22	40.0	
	3-5 year	12	26.7	15	27.3	
Education Status	Illiterates	18	40.0	8	14.5	$\chi^2=10.47$ P=0.01 significant
	Primary	08	17.8	9	16.3	
	Secondary	12	26.7	18	32.7	
	Graduate	07	15.6	20	36.4	
occupation	Employed	10	22.2	14	25.5	$\chi^2=4.56$ P=0.21 not significant
	Business	01	2.2	7	12.7	
	Housewife	33	73.3	32	58.2	
	Others	01	2.2	2	3.6	
Monthly income	<Rs2000	33	73.3	30	54.5	$\chi^2=8.90$ P=0.06 not significant
	Rs2001-3000	2	4.4	8	14.5	
	Rs3001-4000			5	9.1	
	Rs4000-5000	7	15.6	6	10.9	
	>Rs 5000	3	6.7	6	10.9	
Types of family	Nuclear family	13	28.9	23	41.8	$\chi^2=1.79$ P=0.18 not significant
	Joint family	32	71.1	32	58.2	
Residential Area	Urban	23	51.1	31	56.4	$\chi^2=0.27$ P=0.60 not significant
	Rural	22	48.9	24	43.6	
Types of house	Hut	12	26.7	4	7.2	$\chi^2=6.93$ P=0.03 significant
	Tiled	6	13.3	9	16.4	
	Concrete	27	60.0	42	76.4	

**CONCLUSION:** Based on the finding of the study knowledge score is 9.47(47.4%) significant among the mother and attitude is improved up to 16.12(53.7%) with the significant among the mother and practice is improved up to 5.47(54.7%) with the significant among the mothers.

**RECOMMENDATION:**

01. A large sample can be included for the study in an out-patient paediatric department in a hospital.

02. A study can be conducted in the rural and urban primary health center.

03. Study can be conducted at remote area.

04. A study can be conducted to identify various factors affecting respiratory function of under five children.

05. Educational programmes can be designed to create awareness among parents.

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