ISSN No:-2456-2165

Awareness on Acute Respiratory Infection among Mothers of Children Under Five Year

[1]Dr. Surendra Saha
Final Year, MPH Student,
Osh State University, Kyrgystan

[2]Dr. Akshoola Turusbekova,
Professor,
Osh State University, Kyrgystan

[3]Dr. Ravi Roshan Khadka
Professor, Surgery Department,
Jalal-abad State Univeristy, Kyrgystan

Abstract:-

- ***Background:***

In this study we have considered the level of awareness on Acute Respiratory Tract Infection among the mothers of children under five year of age in Jalal-abad, Kyrgyzstan. As we know Acute Respiratory Infection is a common diseases and hundreds of children under age of five they die due ARI in Developing countries. So the main objective of this study is to find out the level of knowledge regarding ARI among mother who has at least one child who is under fiver year of age.

- ***Methods:***

A cross- sectional study was conducted in which semi structured close ended questionnaire was used to collect data from the mother who had at least one child who is under fiver year od age. The sampling technique used in this study was on the basis of a convenient sampling technique and 280 sample size was taken for the study. After collecting data, they will entered in SPSS software for data analysis.

- ***Conclusion:***

Majority of the respondent 55% were from age group above 25-30 and remaining were from (20- 25) 38% and 30-35 years 7.5%. Among the respondents who have 2 children were 41.25% and 30% have only one child and those who have three children were 20% and the women who have children more than four are 8.75%. Majority of mother have very good level of knowledge regarding ARI, whereas 31.1% of the respondent had good level of awareness regarding ARI and remaining 5.9% of them had poor level of knowledge about ARI.

Keywords*: Awareness, Acute, Pneumonia, Infection, Mother, Children.*

I. INTRODUCTION

Acute respiratory infection is often classified as Acute upper respiratory infection (AURI) and Acute lower respiratory infection (ALRI). Upper respiratory infections include common cold, pharyngitis, and otitis media.

Lower respiratory infection includes epiglottitis, laryngitis, bronchitis, bronchiolitis and pneumonia. [1]

Acute respiratory infections can occur in any part of the respiratory system from the middle ear to the nose to the lungs. Pneumonia is a severe form of acute lower respiratory infection that specifically affects the lungs. Most acute respiratory infections result in mild illnesses, such as the common cold. But in vulnerable children, infections that begin with mild symptoms may sometimes lead to more severe illnesses, such as pneumonia – especially when they coincide with other illnesses like diarrhoea or malaria. It is estimated that more than 150 million episodes of pneumonia occur every year among children under five in developing countries, accounting for more than 95 per cent of all new cases worldwide. Between 11 million and 20 million children with pneumonia will require hospitalization, and more than 2 million will die from the disease. It is also important to note that incidence of pneumonia among children decreases with age.13 South Asia and sub-Saharan Africa combined bear the burden of more than half of the total number of pneumonia episodes worldwide among children under five. Three quarters of all pneumonia episodes worldwide among children under five occur in just 15 countries. [2]

Acute respiratory infections can be attributed to an interaction between the host, infectious agent, and the environment. Although 80% of all cases of pneumonia examined in hospitals in developing countries are caused by two types of bacteria, Streptococcus Pneumonia and Haemophylus Influenza, most of other infections are of viral origin. Other risk factors that encourage the spread of ARI include: low birth weight, malnutrition, poor breastfeeding practices, specific nutritional deficiencies (especially vitamin A), chilling in young infants, indoor air pollution (such as smoke from cooking fuels and tobacco), urban air pollution, illiteracy, overcrowding, poor hygiene, lack of access to health services (especially immunizations), and low socioeconomic status. Many of these risk factors may interact through complex mechanisms to cause subsequent illness. [5]

Caregivers will need to seek appropriate medical care immediately for children with signs of pneumonia. Only about 1 in 5 caregivers knows the danger signs of

pneumonia; only about half of children sick with pneumonia receive appropriate medical care; and, according to the limited data available, less than 20 per cent of children with pneumonia received antibiotics, the recommended treatment. Effective interventions to reduce pneumonia deaths are available, but reach too few children. Scaling up treatment coverage is possible, and at relatively low cost. Estimates suggest that if antibiotic treatment were universally delivered to children with pneumonia, around 600,000 lives could be saved each year, at a cost of $600 million.1 Furthermore, the number of lives saved could more than double to 1.3 million if both prevention and treatment interventions to reduce pneumonia deaths were universally delivered. [2]

➢ *Research Question/Problem Statement*

What is the level of awareness on Acute Respiratory Infection among mothers of children under five?

➢ *Objectives of the Study*

- *General Objective*

To find out the level of awareness about acute respiratory infection among the mothers with children under five.

II. RESEARCH METHODOLOGY

➢ *Study Design:*

A cross sectional study was carried out to find the level of awareness about acute respiratory infection among mothers with children under five.

➢ *Study Area:*

Group of family doctors polyclinic 3, Jalalabad, KyrgyzstanStudy duration:

- *Month of December, 2022*

➢ *Study Population:*

Mothers with children under five who had visited outpatient department of group of family doctors polyclinic.

➢ *Sample Size:*

- *238 Sample Size were Collected*

➢ *Selection CriteriaInclusion Criteria:*

All the women who had child under 5yr and who were present at the policlinic with the problem of ARI with their child with diagnosis of influenza.

➢ *Exclusion Criteria:*

- Those who refused to participate in the study.
- Those who were unable to provide information due to physically or mentally illness.

➢ *Sampling Technique:*

Non Probability sampling method was applied for this studyA structured (open and close ended) questionnaire.

➢ *Method of Data Collection:*

- Data was collected by face to face interview with mother whose children were affected by ARI,(under 5years)
- Before taking face to face interview, their consent and convenience were ensured withproper confidentiality.

III. RESULTS OF THE STUDY

➢ *Socio Demographic Characteristics:*

Table 1 Distribution of Respondents by Age of Mother who had Child with Under Five Year Child

Age	Frequency(n)	Percentage (%)
20-25yrs	90	37.8
25-30yrs	130	54.6
30-35yrs	18	7.5
Total	238	100.0

Table 1 shows majority of 55% of the respondent were from age group 25-30 and remainingwere from (20- 25) 38% and 30-35 years 7.5%.

Table 2 Distribution of Respondents by Ethnicity

Religion	Frequency(n)	Percentage (%)
Muslim	230	96.6%
Other	8	3.4%
Total	238	100.0

The above table shows 96.6% were Muslim and remaining 3.4 % were from other religion.

ISSN No:-2456-2165

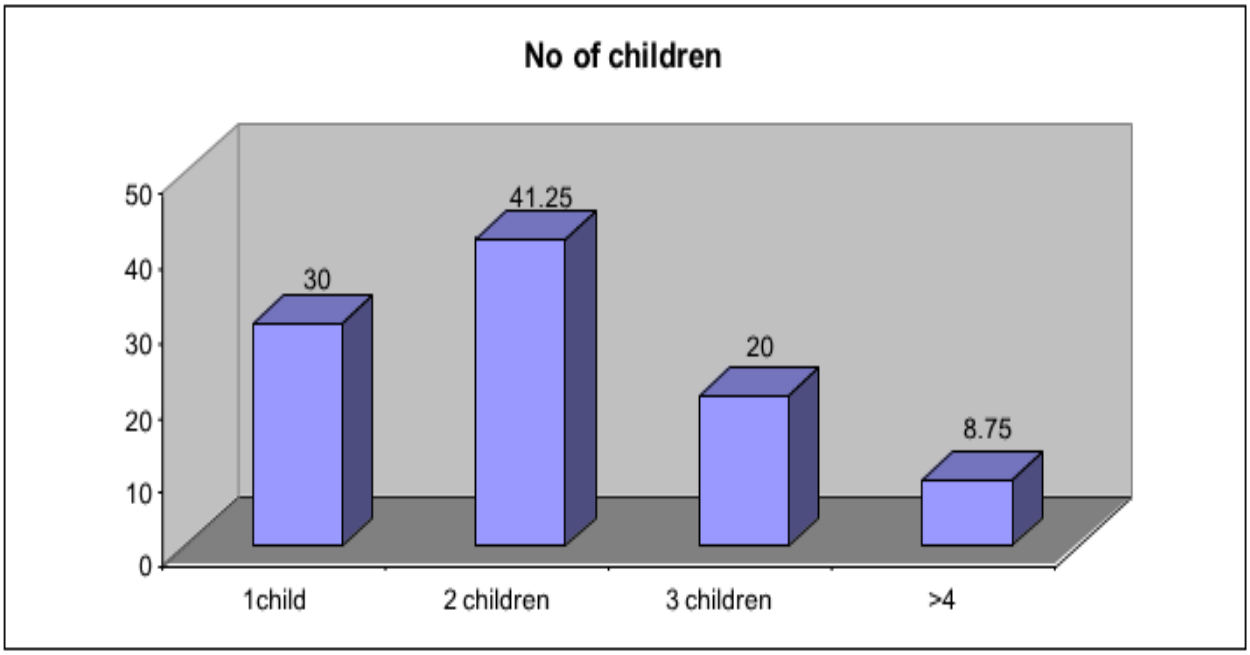

Fig 1 Distribution of Respondents according to No of Children

Above figure shows that respondents who have 2 children were 41.25% and 30% have only one child and those who have three children were 20% and the women who have children more than four are 8.75%.

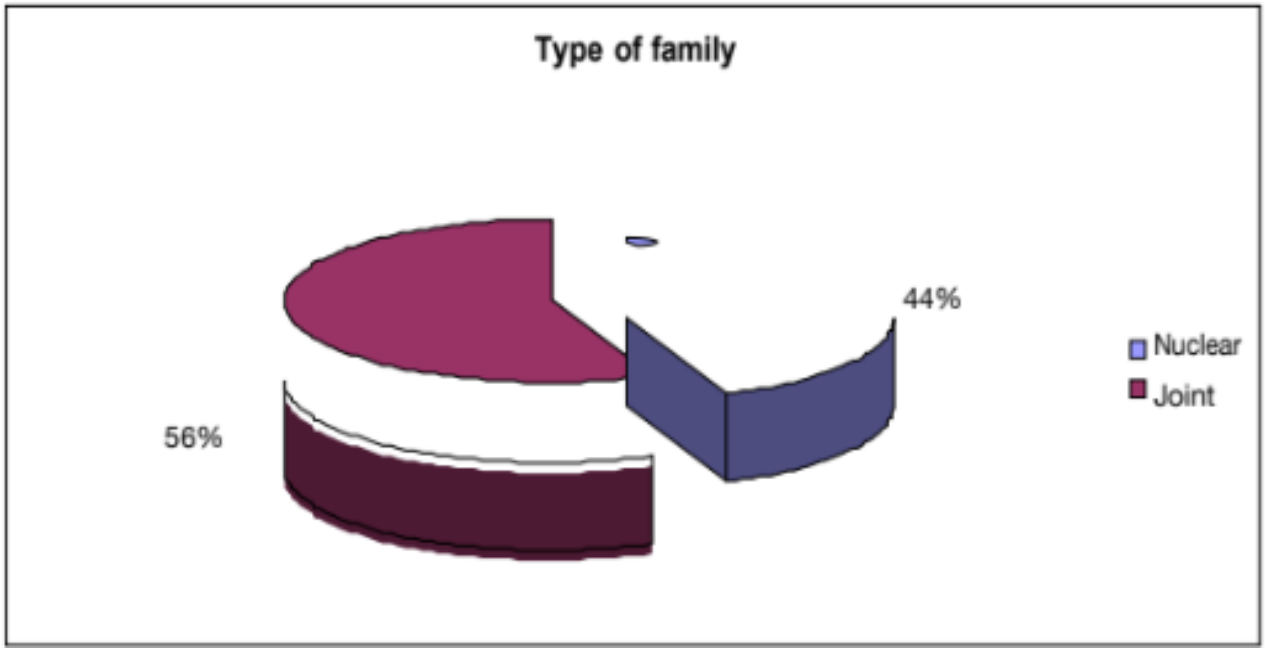

Fig 2 Distribution of Respondents according to Types of Family

Above figure shows that 56.2% women have to stay in joint family and the remaining 43.8%they have to stay as a nuclear.

Table 3 Distribution of Respondents by their Occupation

Occupation	Frequency(n)	Percentage (%)
Housewife	182	76.4%
Job Holders	56	23.5%
Total	238	100.0

Table 3 Shows that among respondents the majority of women 76.4% are housewife andremaining 23.5 % are engaged in some job.

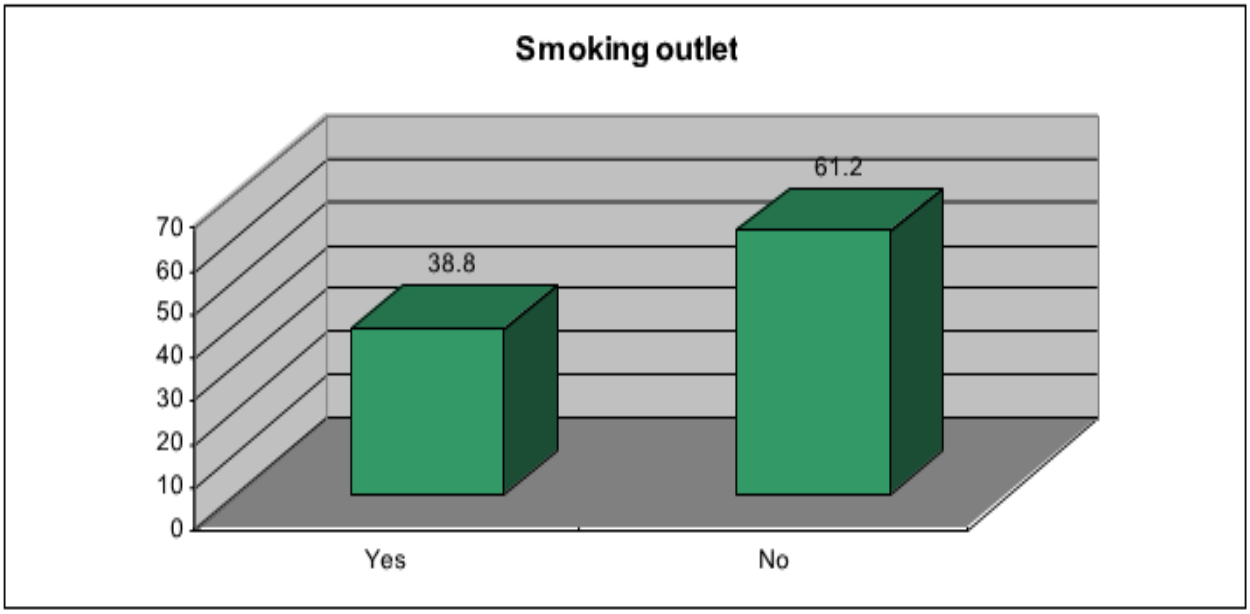

Fig 3 Distribution of Respondents by Presence of Chimney in their House

Above figure shows that 61.2% respondents doesn't have smoking outlet (chimney) at theirhouse and 38.8% have smoking outlet.

Table 4 Distribution of Respondents by Level of Awareness in ARI

Level of awareness	Frequency(n)	Percentage (%)
Very good	150	63%
Good	74	31.1%
Poor	14	5.9%
Total	238	100.0

Above table shows that majority of mother have very good level of knowledge regarding ARI, whereas 31.1% of the respondent had good level of awareness regarding ARI and remaining 5.9% of them had poor level of knowledge about ARI.

IV. CONCLUSION

➢ *The Study Concluded that:*

- Most of the respondents had heard about ARI and it is the major problems of childrenunder five years.
- Almost half of participants were found unaware of signs/symptoms and causes of ARI though they had heard about ARI are major problem in children.
- Most of the respondents are unaware of risk factors of ARI, though it is preventablediseases.
- More than half of the respondents had good level of awareness regarding ARI.

RECOMMENDATIONS

- Awareness campaign and BCC regarding ARI should be conducted using appropriate medias i.e. radio, television, magazines, pamphlets.
- Proper awareness is necessary to the community people which can be given in the hospital during follow-up.
- Proper training as well as proper environment is necessary for the health worker so that they can provide appropriate information to the client.
- This kind of study in large scale which represents the population of the districts or regions could be a useful tool for the planning and implementation of child health care programme.

REFERENCES

[1]. Park, k Preventive and Social Medicine 19th ed. M/S Banarasidas Bhanot Publishers 2007; Pp142-144.
[2]. UNICEF & WHO, Pneumonia: The forgotten killer of children 2006;retrived from www.unicef. org/.../index_3562 6.html
[3]. World Health Statistics 2009
[4]. Nepal Demographic and Health Survey 2001, Population Division, Ministry of Health and Population, Government of Nepal, Kathmandu, Nepal and Macro International, Maryland Calverton
[5]. Benti D, Kansal A, Khandewal S, Acute respiratory infection in developing countries,2002;retrived from http://dcc2.bumc.bu.edu/ih887/presentations98/ari-txt.htm
[6]. Nepal Demographic and Health Survey 2006, Population Division, Ministry of Health and Population, Government of Nepal, Kathmandu, Nepal and Macro International, Maryland Calverton.

[7]. Onta SR, Yengden B. What Do Mothers Know about Acute Respiratory Infection : a case from Eastern Nepal. Journal of the Institute of Medicine, 2003;retrived from http://jiom.com.np/index.php
[8]. Siswanto, E, Knowledge and Perception of Pneumonia Disease among Mothers of Children Under Five. (Masters Thesis Mahidol University, Thailand, 2007; Retrived from http:/mulllinet10.li.mahidol.ac.th/e-thesis.
[9]. Denno et al, A study of mothers knowledge, attitudes and practices regarding ARI in their children in urban Ghana. Maternal Knowledge Attitude and Practices Regarding Childhood ARI in Kumasi, Ghana. Ann Trop Paediatr. 1994;14(4)); retrived from www.ncbi.nlm.nih.gov/pubmed
[10]. Rashid, et al, Acute respiratory infections in rural Bangladesh: cultural understandings, practices and the role of mothers and community health volunteers Tropical Medicine and International Health. 2001;6(4). pp 249±255,retrived from www.ncbi.nlm.nih.gov/pubmed/11348514
[11]. Chan, G. C. & Tang, S. F. Parental knowledge, attitudes and antibiotic use for acute upper respiratory tract infection in children. Singapore Medical Journal 2006; 47(4) Retrived from www.sma.org.sg/smj
[12]. Gupta et al, an evaluation of Diarrhoeal Disease & ARI Control Programme in Delhi Slum Indian Journal of Paediatrics.2007;74(5) retrived from www.springerlink.com/content
[13]. Gálvez, et alPeruvian mothers' knowledge and recognition of pneumonia in children under 5 years of age Rev Panam Salud Publica/Pan Am J Public Health 2002; 11(2) retrived from www.scielosp.org/pdf/rpsp/v11n2/8380.pdf
[14]. Chatterjee, S. A study of epidemiological factors related to ARI in under five children attending the immunization clinic. Internet journal of pulmonary medicine. 2007; 7(2).retrived from www.ispub.com
[15]. Jain S.K Khan, J. A Epidemioplgical study of Acute Diarrhoeal Disease and Acute Respiratory Infection amongst under Five Children .Indian Journal for the Practicing Doctor.200; 3(5) retrived from www.indmedica.com/journals.php
[16]. Central Bureau of Statistics , Ramshah Path, Kathmandu, Nepal: Statistical Pocket Book Nepal.2010 June [cited June 7]: Available from: URL: http://en.wikipedia.org/wiki/Demographics_of_Nepal #Ethnicity
[17]. Basic indication of Nepal. UNICEF 2003-2007 [cited on 2010 April 30]. Available from: URL: http://www.unicef.org/infobycountry/nepal_nepal_statistics.html#70