Assessment of Mother's Practice toward Their Children with Upper Respiratory Tract Diseases

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Abstract

The findings of the study have proved that there is a high significant positive relationship between the mothers' practice and their demographic variables (age, educational level, occupation, residential area). In general, practice of mothers related to upper respiratory tract diseases was low however, the mothers applied preventive practices towards their children with upper respiratory tract diseases..A quasi-experimental study was conducted in one of pediatric teaching hospital in Babylon city from the end of December 2013 till the beginning of March 2014, in order to identify mothers' practice of their children with upper respiratory tract diseases.

Aims of the study: To assess the practice of mothers toward upper respiratory disease under five years of age, it is aimed to find out demographic characteristics of mothers like age, level of education and occupation, and to find out demographic characteristic of child regarding age and the type of feeding.

Methodology: Purposive sample of (50) mothers' who accompanied their children with upper respiratory disease have been selected. The reliability of the instrument was determined through test and the validity through a panel of experts. The data were analyzed through the application of descriptive statistical analysis that include (frequency, the mean, the mean of scores, and percentage) .

Results: According to the interpretation and discussion of the study findings, the following conclusions were found (40%) of mothers their age between (18-23) years.(40%) of mothers are within the level of education from primary school.(84%) of child age are less than one year. 40%) of child are with mixture feeding, (85%) of mothers use household herbs for their children with cough. (70%) of mothers don't use of woolen clothing rather than clothing to keep from cold for their children with obstruction of nose and (88%) of mothers do not measure the body temperature for their children .

Recommendations : Health educational program should be done for mothers regarding upper respiratory disease. Mass media should play a role in educating the family or mothers concerning upper respiratory disease. Providing education programs for the mothers about the (breast feeding, home care, preventive measures). and further study should be conducted for larger samples.

Key words: Assessment , Mothers ,Practice , Children , Upper Respiratory Tract**,** disease

الخلاصة

لقد اثبتت الدراسة وجود علاقة ذات دلالة احصائية بين معارف الامهات والمعلومات الديموغرافية (عمر الام، المستوى الثقافي، الوظيفة، مكان السكن، نوع الرضاعة، التاريخ العائلي لامراض الجهاز التنفسي العلوي وعدد الاطفال المصابين في العائلة الواحدة). لقد ظهر بشكل عام ان معارف الامهات قليلة بالرغم من ان غالبية الامهات كانت ممارساتهم وقائية تجاه اطفالهم المصابين بامراض الجهاز التنفسي العلوي. اجريت هذه الدراسة الشبه تجريبية في احد المستشفيات التعليمية الخاصة بالاطفال في مدينة بابل من نهاية شهر ديسمبرلعام 2013 الى بداية شهر اذار لعام 2014 لغرض لتعرف على ممارسات امهات الاطفال المصابين بامراض الجهاز التنفسي العلوي.

الهدف: تهدف الدراسة لتقييم ممارسات الأمهات تجاه أمراض الجهاز التنفسي العلوي لاطفالهن دون سن الخامسة من العمر، وكذلك لمعرفة الخصائص الديموغرافية للأمهات كالعمر، ومستوى التعليم والوظيفة، ولمعرفة السمات الديموغرافية للطفل فيما يتعلق بالسن ونوع التغذية.

المنهجية: تم اخذ عينة عمدية (50) من الآمهات المرافقين لابناءهم المصابين بامراض الجهاز التنفسي العلوي والمراجعين الى مستشفى الاطفال لغرض العلاج ولقد جمعت معلومات الدراسة بواسطة الباحث وبمقابلة الابوين وملئ الاستمارة الاستبيانية المعدة والمصممة لغرض الدراسة.

حدد ثبات اداة القياس من خلال الاختبار وحددت مصداقية اداة القياس من خلال مجموعة من الخبراء وقد تم تحليل البيانات من خلال استخدام الاحصاء الوصفي والذي يتضمن (التكرار، الوسط الحسابي، الوسط المرجح، الانحراف المعياري، والنسبة المئوية) .

النتائج : وفقا لتفسير ومناقشة نتائج الدراسة، تم التوصل الى مايلى حيث ان نسبة (40٪) من الأمهات تتراوح أعمارهم مابين (18-23) سنة وان نسبة (40٪) منهن مستواهم التعليمي خريجات الدراسة الابتدائية وان نسبة (84٪) من الاطفال تتراوح اعمارهم أقل من سنة واحدة كذلك نسبة (40٪) من الأطفال مع تغذيتهم مختلطة وان نسبة (85٪) من الأمهات تستخدم الأعشاب المنزلية لأبنائهم المصابين بالسعال كذلك (70٪) من الأمهات لايستخدمن الملابس الصوفية للحفاظ عليهم من البرد لأطفالهم بالرغم من انسداد الأنف.وان (88٪) من الأمهات لا تقيس درجة حرارة الجسم للطفل.

التوصيات: برنامج التثقيف الصحي يجب ان يقدم للامهات فيما يتعلق بأمراض الجهاز التنفسي العلوي ويجب ان تلعب وسائل الاعلام دورا في تثقيف الاسرة فيما يتعلق(بالوقاية والرضاعة الطبيعية، والرعاية المنزلية، والتدابير العلاجية) وينبغى اجراء مزيد من البرامج الدراسية لعينات كبيرة من الامهات مجتمع الدراسة

الكلمات المفتاحية: التقييم، الأمهات، الممارسة، الأطفال، الجهاز التنفسي العلوي، المرض

Introduction

Respiratory illness is common in children under 5 years of age . Most children will develop three to eight cold or respiratory infection a year. This number may even be higher in children who attend day care or are exposed to tobacco smoke (Kassel *et al.,* 2010). Most cases are mild , but about one-third of all hospitalization in this age group are due to respiratory problem specially lower respiratory diseases including asthma and pneumonia (Wald *et al.,* 2005). The respiratory system has two part : upper and lower. The upper respiratory system include the noise, mouth, sinuses and throat . if the child has an upper respiratory infection he or she may feel uncomfortable and sound congest, with runny nose, cough and poor appetite (Weidner, 2003; C,D,C; 2009), "Influenza". The most common upper respiratory infection: common cold, influenza, croup and respiratory syncytial virus(RSV) (C,D,C, 2009), "Influenza". Common cold can be caused by 200 different viruses. These viruses spread easily from person to person both through the air and by touching germ-laden surfaces then touching the nose , mouth or eyes. Most people are familiar with the main symptoms of common cold. Nasal congestion, runny nose , sneezing, sore throat, mild to moderate hacking cough and possible low-grade fever for the first day or two (Tietze, 2007). The second influenza (FLU): influenza affects the upper respiratory system unlike cold, it often causes severe illness and complication . symptoms: fever with chills, body aches, cough , sore throat , nasal congestion /runny nose, extreme exhaustion and weakness, vomiting in children (Fagnan, 2008). Also croup is one of upper respiratory diseases , the common early childhood aliment known as croup (tracheo laryngo bronchitis) involves inflammation of the trachea (windpipe), the larynx(voice box) and the bronchitis(tiny airways leading to the lung). It is recognized by a distinctive “barking cough” that usually starts suddenly at night. Children with age 3 months to 3 years are most susceptible to croup. The signs and symptoms of disease, barking (brassy) cough, strider-noisy, labored breathing , high-pitched noise when inhaling, hoarseness, a tight throat (Fagnan, 2008). And the last one is sinusitis ,viral infection and allergies affect sinuses the same way they affect the nasal passage , causing swelling and producing extra mucus. This makes it difficult for the sinuses to drain properly and as mucus

accumulates, the sinuses become a safe haven for germs to grow. The resulting infection can cause sinus pressure and pain . signs and symptoms :upper respiratory tract infection symptoms lasting more than 10 days without improvement , nasal congestion or discharge , any color, cough ,day and night ,facial pain or headache , fatigue and irritability , low- grade fever. More severe symptoms , fever (temperature above 102f) , yellow or green nasal mucus (Fagnan, 2008). So we choose the study about this problem because during our practice in the hospital and we found that most of children attending in the hospital with the respiratory diseases especially upper respiratory disease and those children under five years of age. When we spoke with the mothers about how they can manage it at home, we have found that they have less practices about the disease to reduce complication .

Methodology

Descriptive study was carried out at Maternal and Child Babylon Hospital. The study period extended from 8 of Dec/2013 to 3March/2014.Data collection had been done by researchers, who kept the confidentiality and anonymity of the data. The form for data collection was applied without mentioning the name of mothers, their address, or any other information, and a verbal agreement was obtained from participants in the study.

Anon-probability sample, was selected from hospital in pediatric wards for mothers attending with their children in hospital and mother's who are attending emergency room. The sample consisted of (100) mothers, The questionnaire was used as means of data collection. The collection was carried out at Maternal and Child Babylon Hospital. Questionnaire concerning mothers practice and compromised of 23 items. Validity of the study instrument was determined initially through the panel of experts of different specialties related to the field of the present study. The expert's responses were positive toward the study questionnaire, changes and modification were made in respect to expert's suggestions of recommendations. Data were analyzed through frequency and percentage. The item ,were rated according to point type rating scale (Yes-No-sometimes)

Results

Table(1) : distribution by age group , level of education ,and occupation of mothers

Mother age	Frequency%	Percentage %
18-23 year	40	40
24-28 year	25	25
29-33 year	23	23
34-38 year	7	7
>than39	5	5
Total	100	100
Educational level		

Not read and write	30	30
Read and write	10	10
primary school	40	40
secondary school	15	15
institution and University	5	5
Total	100	100
Occupation Of The Mother		
Employed	10	10
Unemployed	90	90
Total	100	100

Table(1) shows that (40%) of mother's their age between(18-23 years)while(5%)of mother's their age more (39).Also this table reveals that (40%)graduate from primary school and (5%) of them are graduate from institution and university .Also the table shows that(90%)of mothers were unemployed.

Table (2) Frequency distribution by demographic characteristics of child

Age of The Child	**Frequency %**	**Percentage %**
Less than one year	84	84
1-2	10	10
3-4	6	6
5 year	0	0
Total	100	100
Type of feeding:-	**F %**	**Percentage %**
Breast feeding	35	35
Artificial feeding	25	25
Mixed feeding	40	40
Total	100	100

Table(2): stated that(84%) of children with an age less than one year, and (6%)of them their age between (3-4) years . Also table shows that (40%)of children their type of feeding were mixed feeding and (25%) of them were with artificial feeding.

Table(3)Frequency distribution of the study group by mothers' practices regarding obstruction of nose

No	Practices	Yes (3)		Sometime (2)		NO (1)		Total	Mean Score	Levels
		F	%	F	%	F	%	No(%)		
1	Cleaning The Child's *Nose	65	65	20	20	15	15	100	1.22	LL
2	* Stop the food for fear of suffocation of the child during a meal.	54	54	14	14	32	32	100	2.8	HL
3	*Stop breast feeding and initiation artificial feeding for fear difficulty breathing during breast feeding the child.	30	30	10	10	60	60	100	1.98	LL
4	* The use of woolen clothing rather than clothing to keep from cold.	10	10	20	20	70	70	100	1.75	LL
5	*Put the child lying down on the back to facilitate the process of respiration.	25	25	15	15	60	60	100	1.2	LL

LL=Low Level: ML= Medium Level: HL= High Level:

Table (3): shows that (65%)of mothers cleaning the child's nose . The table shows that (54%) of mothers stop the food for fear of suffocation of the child during a meal, and this table stated that (60%) of the mothers don't stop breast feeding and initiation artificial feeding. Also the table shows that (70%) of the mothers don't use of woolen clothing rather than cotton clothing .Also the table shows that (60%)of mothers don't put the child lying down on the back to facilitate the process of respiration.

Table (4) Distribution of mother's practices in condition of high degree of temperature

No	Practices	Yes (3)		Sometime (2)		No (1)		Total	Mean score	Levels
		F	%	F	%	F	%	No(%)		
1	*Measure the temperature of the child's body	10	10	2	2	88	88	100	3	HL
2	Cold Compresses (cooling * packs)	40	40	48	48	12	12	100	3	HL
3	*Give a Lot Of Fluids	35	35	25	25	40	40	100	3	HL
4	*Use Of Medical Herbs Without Consulting the Doctor.	20	20	10	10	70	70	100	3	HL
5	*Check With the Doctor or Health Center	37	37	10	10	53	53	100	2.6	HL
6	*Not To Transfer The Child To The Hospital For Fear Of Suffering Other Disease.	47	47	27	27	26	26	100	2.5	ML
7	*The Use Of Medication Available At Home Before Check With the Doctor.	45	45	25	25	30	30	100	3	HL
8	*Not Do Anything.	0	0	0	0	100	100	100	3	HL

LL=Low Level: **ML= Medium Level:** **HL= High Level:**

Table (4): shows that (88%) of the mothers don't measure the temperature of their child body and (2%) of them measure sometimes . Also the table shows that (48%) of the mothers sometime use cold compresses and (12%) of them don't used .Also this table shows that (40%) of them didn't give the child a lot of fluids, (25%) of mothers give sometimes . This table stated that (70%) of them don't used medical herbs without consulting the doctor, (10%) of them sometime used. Also the table shows that (53%) of them didn't check their child with the doctor or health center. Also the table shows that (47%) of mother's they were not transfer the child to the hospital for fear of suffering other disease, also the table stated that (45%)of mother's they used medication available at home before checking with her doctor and(25%)of mother's sometime use medication available at home before check with her doctor, and (100%)of them didn't do anything.

Table (5)Frequency distribution of mother's practices during cough

No	Practices	Yes (3)		Sometimes (2)		No (1)		Total	Mean Score	Levels
		F	%	F	%	F	%	No(%)		
1	*Use Household Herbs.	4	4	11	11	85	85	100	2.79	HL
2	*Give Of Medications To Treat Cough Without Consulting Doctor	42	42	20	20	38	38	100	2.06	ML
3	A Lot Of Drinking Warm *Liquid given to the child .	57	57	30	30	13	13	100	2.81	HL
4	*Use Of Medication To Relieve Inflammation Without Consulting Doctor.	37	37	10	10	53	53	100	2.83	HL

LL=Low Level: ML= Medium Level: HL= High Level:

Table (5) shows that (85%) of the mothers don't use household herbs and (4%) of mother's use household herbs . Also the table shows (42%)of mother's give medications to treat cough without consulting doctor and (20%) of mother's sometimes give medications to treat cough without consulting doctor .Also (57%) of mother's use a lot of drinking warm liquids given to the child and (13%) of mother's don't use a lot of drinking warm liquids . Also the table shows that (53%) of mother's don't use medication to relive inflammation without consulting doctor and(10%) of mother's sometimes use medication to relive inflammation without consulting doctor.

Discussion

Part (1) A- demographical characteristics of mothers

Table (1) found (40%) of mothers with age between (18-23 years) . This result is supported by (Aziz, 1997) which found (45%) of mothers, their age between (18-23 years) . Also our result found (40%) of mothers are graduate from primary school. This result disagrees with(Aziz, 1997) that found (55%) of mothers, not read and write, and (Salma, 1998) who found (53%) don't read and write.

Table(1) found (90%) of mothers were unemployed . This result again supported by (Aziz, 1997) who found (70%) of mothers unemployed, also supported (Salma ;1998) who found (65%) of mothers unemployed.

Part (1) B-demographical characteristics of child

Table(2) stated that(84%) of child their age is less than one year. This result supported with (Aziz, 1997) which were found (80%) of child age under one year.

Also this table found (40%)of children their type of feeding was mixture feeding. This result disagree with (Aziz, 1997) who found (62%)of children their type of feeding was breast feeding.

Part (2) A- mothers' practices regarding obstruction of nose of child

Table (3) found (65%) of mothers cleaning the child's nose. Our result is similar to the finding done by (Nichter , 2001). Also (54%) of mothers stop the food for fear of suffocation and (60%) of mothers that don't stop breast feeding and initiation artificial feeding . Our result agree with the study done by (Nichter , 2001) who found (60%) of mothers stop the food , but disagrees with that (60%) of mothers that don't stop breast feeding , that in his study, it is found (70%) of mothers stop feeding (W.H.O, 2002; Muhe , 2011).

B- Mothers practices in condition of high degree of temperature.

Table (4) found (88%) of mothers don't measure the temperature of their children. This result disagree with (Salma ;(1998) who found in her study (55%) of mothers measure the temperature of their child. Also this table found (40%) of them didn't give child a lot of fluids .These results agree with (Muhe ,2011) who found (50%) of mothers don't give child a lot of fluid.

Also the result found (70%) of them don't use medical herbs without consulting the doctor . It might be due to the mothers un believe in medical herbs. Also table found (53%) of them didn't check their child with the doctor , this result disagree with (Aziz, 1997; Spurling ,2007) who found (80%) of mothers are checking their children with the doctor . The table found (47%) of mothers they don't transfer the child to the hospital for fear of suffering other diseases , during collection our data we asked them why? they said because the hospitals are very crowded so our child can be exposure with other inflectional diseases . Also the table found (45%) of mothers use medication available at home before checking with the doctor . This result supported by (Reveiz ,2007; Muhe ,2011) who found the study results (55%) of mothers they used medication at home. Also the table is found (100%) of mothers didn't do anything it may be because they fear of complication to do anything like giving medication .

C- Mothers practices during cough

Table found (85%) of mothers don't use household herbs , since they don't have any idea regarding household herbs .Also the table found (42%) of mothers give medication to treat cough. Our result agree with the study done by (Salma ,1998) who found (50%) of mothers they give medication. Also table found (57%) of mothers use a lot of drinking warm liquids given to the child . This result disagree with (Muhe L; (2011)) who found (35%) of mothers didn't give fluid to the child . Also the table who found (53%) of mothers don’t use medication to relieve inflammation without consulting doctor , we thought that they may be afraid of complication .

Conclusion

According to the interpretation and discussion of the study findings, the following conclusions were reached:

High percentage of mothers their age between (18-23) years.
High percentage of mothers their level of education from primary school.
Majority of child age less than one year.
High percentage of child with mixture feeding.
Majority of mothers do not measure the temperature of their child body.

Recommendations

1- Health education programmer should be done for mothers regarding upper respiratory disease.
2- Mass media should play a role in educating the family or mothers concerning upper respiratory disease.
3- Providing education programs for the mothers about the (breast feeding, home care, preventive measures).
4- Further study should be conducted for large samples.

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