



“A STUDY TO ASSESS THE KNOWLEDGE AND PRACTICE ON PNEUMONIA AMONG MOTHERS OF UNDER-FIVE CHILDREN IN SELECTED RURAL AREAS OF KAMRUP (M) ASSAM”

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Abstract: Pneumonia is a common problem in children. Pneumonia is the most serious outcome of acute respiratory infection (ARI) and kills more children than any other infectious disease. [1] The purpose of the study was to evaluate the level of knowledge and practices on Pneumonia among mothers of under-five children.

To carry out study self- structured interview schedule was prepared and data were gathered from the mothers of under- five children. According to the findings, majority (64%) mothers of under-five children have moderate knowledge on Pneumonia. Mean score of knowledge was 14.55 and standard deviation was 5.28. Findings related to overall analysis of Practice: Majority mothers (75%) of under-five children have fair practice regarding Pneumonia of under- five children. Mean score of practice was 9.3 and standard deviation was 3.25

Keywords: Under -five Children and Pneumonia

INTRODUCTION:

The future of our country rests on the children of today. Healthy children make a healthy nation. Children are the major consumers of health care and always need special care to survive and thrive. They are not only large in number but also vulnerable to various health problems and considered as special risk group. Good health of these precious members of the society should be considered as prime importance in all countries. [2]

BACKGROUND OF THE STUDY

WHO, Pneumonia is a form of acute respiratory infection that affects the lungs. The lungs are made up of small sacs called alveoli, which fill with air when a healthy person breathes. When an individual has pneumonia, the alveoli are filled with pus and fluid, which makes breathing painful and limits oxygen. [3]

As children of under-five years are dependent on their mother so appropriate care through their mother helps to prevent Pneumonia and its complications. So the mother should have adequate knowledge of prevention, its complications, and the effective care of their children.

Thus, for every 1,000 children born, about 100–150 episodes of severe pneumonia arise during the first 5 years of life, most during the first 2 years. Approximately 21% of child deaths are due to pneumonia and 3 many developing countries have mortality rates of 60–100 per 1,000 children under 5 years of age, die from pneumonia before their fifth birthdays. Mortality is associated with poverty and with malnutrition. Therefore, the first priority for pneumonia research is a better understanding of the epidemiology of fatal pneumonia and taking steps for eradication of poverty and malnutrition. Increased understanding of this, as well as more detailed information about the etiology and pathophysiology of the disease, should guide new approaches to tackle the immense global problem of child deaths from pneumonia.[4]

WHO classification of pneumonia 2019, the new classification is therefore simplified to include only two categories of pneumonia; “pneumonia” with fast breathing and/or chest indrawing, which requires home therapy with oral amoxicillin and “severe Pneumonia” Pneumonia with any general danger sign, which requires referral and injectable therapy. [5]

In 2017, the Ministry of Health and Family Welfare of India allocated national funding to offer the pneumococcal conjugate vaccine, with prioritized roll-out to the states with the 4 highest pneumonia burden. Several policies, including improving nutrition and reducing pollution, which could reduce pneumonia incidence. The National programme, Pradhan Mantri Ujjwala Yojana, which aims to replace unclean cooking fuel in rural Indian households with liquid petroleum gas for cooking, will also minimize indoor pollution, a key risk factor for pneumonia. [6]

STATEMENT OF THE PROBLEM

“A study to assess the knowledge and practice on Pneumonia among mothers of under -five children in selected rural areas of Kamrup (M) Assam”.

OBJECTIVES:

1. To assess the level of knowledge on Pneumonia among mothers of under-five children.
2. To assess the level of practice on Pneumonia among mothers of under-five children.
3. To find out the correlation between knowledge and practice on Pneumonia among mothers of under five children.
4. To find out the association between knowledge on Pneumonia among mothers of under- five children and socio demographic variables.
5. To find out the association between practice on Pneumonia among mothers of under- five children and socio demographic variables.

HYPOTHESES

The hypothesis are tested at 0.05 level of significance.

H1: There is significant correlation between the knowledge and practice of mothers on Pneumonia among under- five children.

H2: There is significant association between the knowledge on Pneumonia among mothers of under- five children and socio-demographic variables.

H3: There is significant association between the practice on Pneumonia among under- five children and socio-demographic variables.

METHODOLOGY:

The descriptive research design (Non – experimental research design) is used for collection and analysis of data with the intention of estimating knowledge and practices among rural mothers of under- five children on Pneumonia. To carry out study and obtain specific objectives of this study self- structured interview schedule was prepared. Information pertaining to demographic characteristics of mothers, knowledge and practice on Pneumonia were obtained.

Analysis and interpretation of study result has done by using descriptive and inferential statistics after collecting all information regarding demographic variables, knowledge and practice on Pneumonia among mothers of under -five children.

RESULTS: Data analysis was done according to the objectives and hypotheses set for the study. Data will be analyzed in term of descriptive and inferential statistics. Result shows that, out of 100 mothers, majority (64%) mothers of under-five children have moderate knowledge on Pneumonia. Mean score of knowledge was 14.55 and standard deviation was 5.28.

Findings related to overall analysis of Practice: Majority mothers (75%) of under-five children have fair practice regarding Pneumonia of under- five children. Mean score of practice was 9.3and standard deviation was 3.25.

Data analysis shows that there is a positive correlation between knowledge and practice on Pneumonia among mothers of under-five children where the calculated value of correlation coefficient has been found to be 0.20047.

The study showed that there is significant association between the knowledge among mothers of under- five children and socio demographic variables such as, monthly income while no significant association is found with other demographic variables such as age, religion, educational qualification, occupation, types of family and sources of information.

Significant association found between practice and number of under-five children while no significant association is found with other demographic variables such as age, religion, educational qualification, occupation, monthly income monthly income, type of family and sources of information.

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FIGURE:1 LEVEL OF KNOWLEDGE ON PNEUMONIA AMONG MOTHERS OF UNDER- FIVE CHILDREN

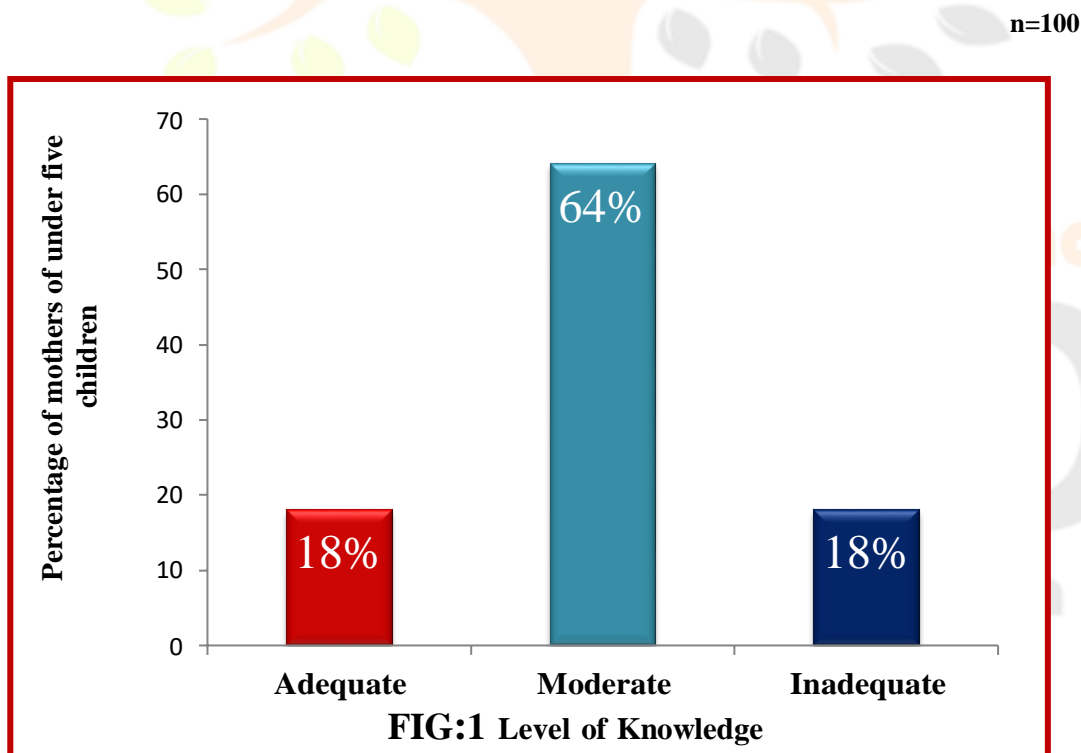
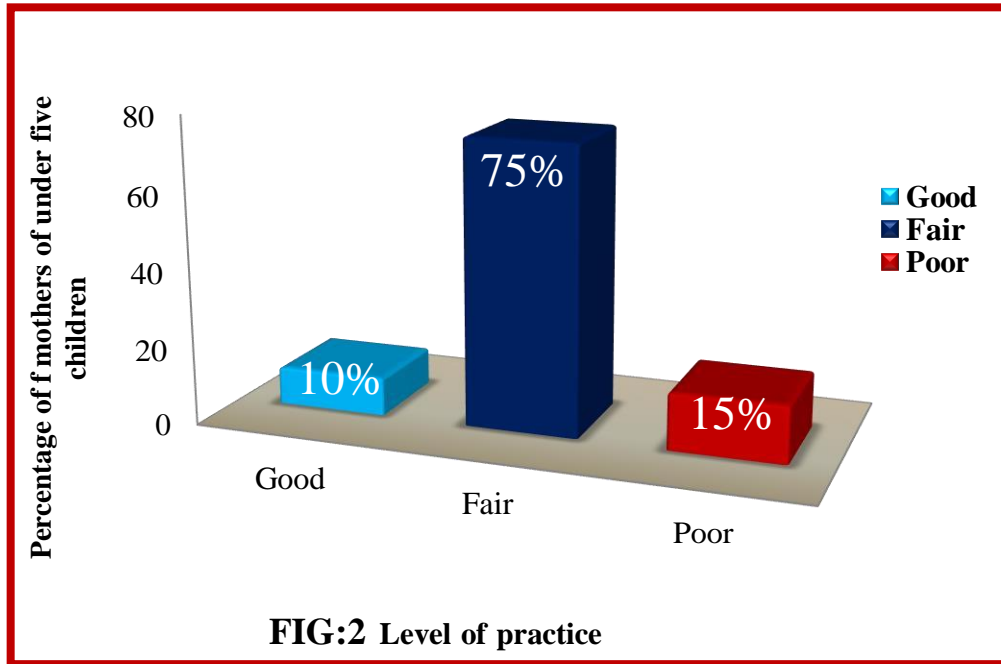


FIGURE:2 LEVEL OF PRACTICES ON PNEUMONIA AMONG MOTHERS OF UNDER- FIVE CHILDREN



n=100

Conclusion:

From the finding the study concluded that among the 100 mothers majority (64%) mothers of under-five children have moderate knowledge and majority (75%) mothers of under-five children have moderate practice on Pneumonia. Mean score of knowledge was 14.55 and standard deviation was 5.28.

