

**AWARENESS ABOUT ACUTE RESPIRATORY
INFECTIONS AMONG MOTHERS HAVING
UNDER FIVE CHILDREN IN CHITWAN**

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RESEARCH APPROVAL SHEET

Research on “ **Awareness about ARI among mothers having under five children in Chitwan**”, my bonafide work, is being submitted for approval to Tribhuvan University, Institute of Medicine, Nursing Campus, Birgunj to fulfill the requirement of Bachelor in Nursing Program (Hospital major).

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ABSTRACT

Background: Acute respiratory infection (ARI) is defined as acute inflammatory changes in any part of respiratory tract, from nasal mucosa to the alveoli with an alteration in respiratory physiology. ARI is the most important cause of morbidity and mortality in children aged under 5 year worldwide. Between 11 and 20 million children with pneumonia worldwide will require hospitalization, and more than 2 million will die from pneumonia.

Objectives: The objective of this study is to find out awareness about acute respiratory infection (ARI) among mothers having under five children.

Methodology: A descriptive cross sectional study design was used for the study and semi structured questionnaire was used to collect the data .Collected data was analyzed by using frequency, mean, percentage and standard deviation (Descriptive Statistic). A total 50 mother of Bharatpur-11 and who have at least one live child under-five years was selected by using non probability purposive sampling technique.

Result: The study revealed that more than half of respondents (58%) said, it is a problem of lungs and respiratory tract, (72%) were aware that micro organism is the main cause of ARI .Majority (98%) said it is transmitted through air. Almost all (96%) respondents said that baby exposed to indoor and outdoor smoke and baby whose caretaker or mother smoke are at higher risk for ARI. Cent percent respondents said the sign and symptoms of common cold is running nose. Cent percent respondents said that child suffered from common cold should be kept warm. Almost all (98%) said extra warm fluids should be given to drink and continued breast feeding, Almost all (96%) said that sign and symptoms of pneumonia was fast breathing and fever. More than four fifth of the respondents (86%) said that the child suffered from pneumonia should seek for medical help. Hundred percent respondents said that child should be taken to seek medical help immediately when child breathing is noisy and in case of fever. Cent percent respondents said that they give warm Tulsi water to the child suffered from ARI as home remedy, Hundred percentage respondents said to prevent ARI, child should be kept away from smoke, dust and dirt, give proper nutrition to the child, keep child`s chest covered always, keep the

child away from direct draft, taking care of common cold immediately and completing child`s immunization on time. Majority (98%) respondent said that health post is the first person/health institution they contact for treatment.

Conclusion: More than half respondents (52%) had moderate aware and 48% had adequate aware about ARI. it is statistically significant between level of awareness and type of family ($p=0.03$), Occurrence of ARI($p=0.37$), which means level of awareness is higher in mother living in joint family rather than living in nuclear family. The awareness program can be conducted in especial occasions like mother group meeting and where the related person can get information.

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CHAPTER I

INTRODUCTION

1.1. Background

Acute respiratory infection is defined as acute inflammatory changes in any part of respiratory tract, from nasal mucosa to the alveoli with an alteration in respiratory physiology.(Onta &Yengden, 2003).

Acute respiratory infections (ARIs) continue to be the leading cause of acute illnesses worldwide and remain the most important cause of infant and young children mortality, accounting for about two million deaths each year. The incidence of ARIs in children aged less than 5 years is estimated to be 0.29 and 0.05 episodes per child per year in developing and industrialized countries, respectively, which translates into 150 million and 5 million new episodes each year, respectively. (Ali, Channar, Shah, Rahman, Khalid, & Sikandar, 2011).

Pneumonia is the leading killer of children. Of the estimated 6.9 million child deaths each year, 18 per cent or 1.2 million are due to pneumonia. Pneumonia is responsible for about 18% of all deaths in children aged less than 5 year. Nearly 90 per cent of deaths due to pneumonia as well as diarrheal occur in sub-Saharan Africa and South Asia (United Nation International Child Emergency fund Fund[UNICEF],2012).

Pneumonia is the most important cause of morbidity and mortality in children aged under 5 year worldwide. Between 11 and 20 million children with pneumonia worldwide will require hospitalization, and more than 2 million will die from pneumonia. South Asia and Sub-Saharan Africa have the highest incidence of pneumonia cases among children under five Several risk factors for acquiring respiratory infections in developing countries, such as poverty, low family income, low parental education level, low birth weight, malnutrition, and lack of breastfeeding, have been described.(UNICEF, & WHO, 2006).

In Nepal under five mortality rate is 76 per 1000 live births, and among them 19% death is due to Pneumonia (WHO, 2006). Incidence of ARI per 1000 under 5 years children is 880 and annual incidence of pneumonia is 239. ARI reported deaths are 319 and Case fatality rate from ARI is 0.01 per 1000 (Department of Health Services [DoHS], 2012/13).

The Ministry of Health (MoH) has recognized that Acute Respiratory Infection (ARI) is one of the major public health problems in Nepal among children under-5 years (60 months) of age. The National Control of ARI Program is an integral part of primary health care and has been accorded high priority by the MoH. The program focuses on children under five years because the majority of deaths in this age group are ARI-related. The program has recognized the important role of mothers and other caretakers in identifying the difference between the need for home care and the need for referral to health facilities. To fulfill its objective, its strategy is to educate mothers and child caretakers in supportive care strategies and in recognizing the signs and symptoms of ARI and pneumonia. But still very few mothers are aware about ARI, its sign and symptoms, home care and need for referral to health facilities for treatment. As a result under-five mortality is very high. (DOHS, 2007/2008)

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. 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 (UNICEF & WHO, 2006).

Community Based Integrated Management of Childhood Illness (CB-IMCI) Program is an integrated package of child-survival program and addresses major killer diseases like Pneumonia. The component of CB-IMCI consists of education messages and programs in support of key family practices focused on health promotion, development as well early care seeking and compliance with health workers advice.

CB-IMCI Program follows WHO guidelines on standard ARI case management. (Creation, 2011)

Various study results shows that ARI is the major killer disease among children with under five in developing countries despite of it is preventable and curable if early recognition and early treatment. Children can be protected from pneumonia, it can be prevented with simple interventions, and treated with low-cost, low-tech medication and care If early recognition. Mothers play important role in recognizing sign and symptom, danger sign and need for home care or need for refer to hospital facilities. Mother is a main primary care taker of the children. Therefore, all health workers should be able to communicate the necessary information effectively to mothers and caretakers.

1.2 Statement of the Problem

Pneumonia is the single largest cause of death in children worldwide. Every year, it kills an estimated 1.1 million children under the age of five years, accounting for 18% of all deaths of children under five years old worldwide. Pneumonia affects children and families everywhere, but is most prevalent in South Asia and sub-Saharan Africa. Deaths among children under age 5 due to pneumonia in sub-Saharan Africa is 49% ,in South Asia is 39% 2010. Children can be protected from pneumonia; it can be prevented with simple interventions, and treated with low-cost, low-tech medication and care. (WHO, 2013).

ARI is responsible for about 20-40 % of admissions to hospitals. The incidence of pneumonia in developed countries may be as low as 3-4 %, its incidence in developing countries ranges between 20-30%. This high differences is due to high prevalence of malnutrition , lack of exclusive breast feeding during first 6 month, low birth weight and indoor air pollution, lack of mothers awareness about early recognition of ARI danger sign home care, need of refer health facilities in developing countries (park, 2011).

ARI is a preventable and curable disease its Possible solution of this problem is to improve the knowledge of the mothers regarding ARI its causes sign and symptom ,danger sign , prevention and home management of cold, cough, recognition for seeking appropriate medical care and home care to reduce the mortality . So a need

arises to concentrate on assessing the mother knowledge regarding respiratory infections and also giving health education regarding respiratory infections. Awareness regarding Acute Respiratory Tract Infection helps the mothers to bridge the identified gap of knowledge, practices towards ARI and it helps to reduce the under-five mortality and morbidity. It is important to bring global awareness to prevent Acute Respiratory Tract Infection among mothers of under five by assessing their existing child rearing practices towards ARI.

1.3 Rational of the study

Acute respiratory infections (ARIs) are the most common causes of illness and death in children under five (except neonates), with pneumonia alone responsible for about one-fifth of the estimated 10.6 million deaths per year in young children. Moreover, the severity and fatality of lower respiratory tract infections (LRIs) in this population are worse in developing countries, and children often lack access to effective therapy. (Simoes, Cherian, Chow, Sonbol, Ramanan, & Jacob, 2010).

Acute respiratory infections [ARI] are also important cause of morbidity and mortality in children worldwide. An estimated 4.3 million deaths every year are attributed to ARI. About 33% of these deaths occur in the under five population. The developing world accounts for a substantial percentage of the global ARI morbidity and mortality. According to the World Health Organization (WHO), children below 5 years of age in the developing world suffer about 2-6 episodes of ARI annually. ARI is responsible for 30-50% visits to health facilities and 20-40% admission in hospitals (Jain & Khan, 2006).

In nepal the incidence of ARI per 1000 under 5 years children is 880 and annual incidence of pneumonia is 239. ARI reported deaths are 319 and Case fatality rate from ARI is 0.01 per 1000 (DoHS, 2012/13). In Chitwan incidence of ARI per 1000 under 5 children is 764 and percentage of pneumonia among new cases 1.12%.(DPHO, 2069/2070).

More than one-third of the deaths among the children under five are caused by ARI (DoHS, 2004). ARI deaths are largely preventable. Early recognition and prompt treatment of these diseases is life saving. A comprehensive intervention plan addressing the identified gaps in current community practices has considerable scope

to make a difference to the ARI and diarrhoeal disease burden in developing countries. In order to identify the gaps, a basic understanding of the risk factors of these diseases at the level of the community is imperative (Jain & Khan, 2006).

Early recognition, proper home care and early referral to health centre can reduce the mortality from ARI. The mothers are the main caretakers of children. Under five children are in close contact with their mothers. Any deviation in their health is first recognized by their mothers and primary care provider is the mother herself. So it is extremely important for the mothers to be aware about the ARI. Many mothers are not aware of the problem .So it is important to explore the awareness of ARI among mothers with under five.

1.4 Objectives of the Study

General objectives

To find out the awareness about acute respiratory infection among the mothers having under five children.

Specific objectives

To identify the awareness status of acute respiratory infection of the mother.

To find out the awareness regarding prevention of acute respiratory infection among the mother of under five.

To Assess the knowledge regarding home care on ARI among the mothers with under five.

To find out the association between dependent and independent variable .(Between independent variable such as, between level of awareness and education level, level of awareness and previous occurrence of ARI, level of awareness and type of family living in and between level of awareness and parity) .

1.5. Significance of the Study

The result of this study will be used as a source of baseline information for future researchers to conduct research on a large scale.

The findings of this study might provide data for policy makers of national and local level of health delivery system to plan for awareness raising package.

1.6. Research Question

What is the awareness status about ARI among mothers having under five children.

1.7 Conceptual Framework

Conceptual framework shows relationship among concepts. In this conceptual framework professional mass media, education level, parity, previous exposure to similar condition and availability and accessibility of health services are those factors which affects mothers awareness about ARI. Mothers who have above characteristics are aware about ARI which helps them in early recognition and treatment so that morbidity and mortality of children under five due to ARI will be decreased and disease burden of the country will also be decreased.

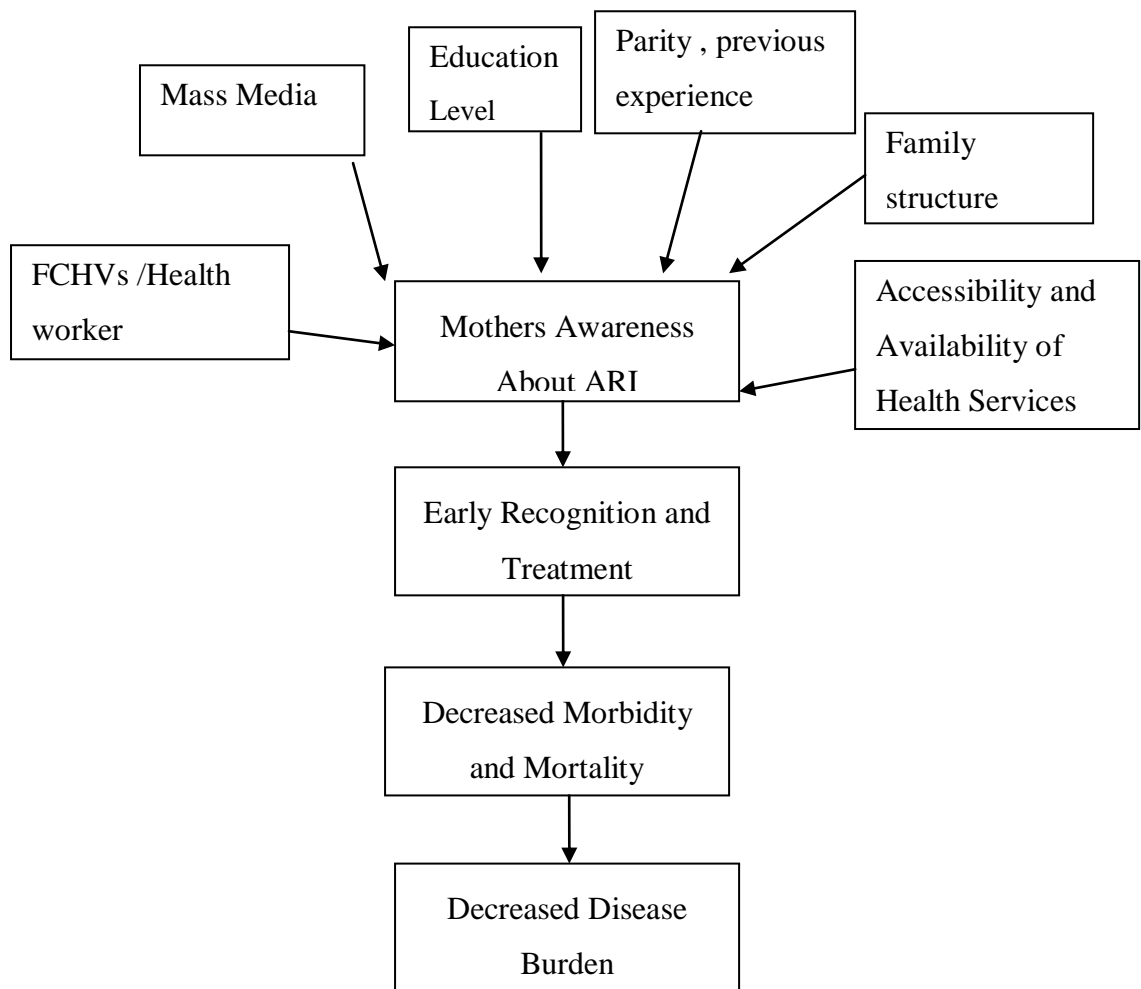


Figure No : 1

1.8 Operational Definition

These terms are defined in this Research study as Follows:

Awareness It refers to the correct responses about ARI or information of general signs and symptoms, danger signs, home care and preventive measures of Acute Respiratory Infection as measured by questionnaire.

Adequate Aware : score above 80%

Moderate Aware: score above 50-79%

Inadequate Aware : score below 50%

Key Scoring

Each response will score with 1 for correct answers and 0 for incorrect answers. Thus the total score of awareness will be calculated. The awareness is classified into 3 levels .i.e. adequate aware, moderate aware and inadequate aware. The respondents score 80 or > 80% (60 or above) will be categorized as adequate aware, those with score 50 – 79% (37.5 - 59.25) will be categorized as moderate aware level and those with score < 50% (< 37.5) will be categorized as inadequate awareness level.

Mothers : : Refers to a women who has a live child of under five.

FCHV: It refers to trained women local community under the public health division of ministry of health of government, who provide community based integrated management of childhood illness as well as health education program. Especially focused on maternal and child health.

Mass Media: Those mass media which gives information related to ARI like poster newspapers, radio, television, and magazines, all of which have the technical capacity to deliver information related to ARI.

Education Level: It is operationalized as literate and illiterate mothers with under five child. Literate also classify as primary level, secondary level, higher secondary and graduate.

1.9 Delimitations

The study will be carried out only in one setting and sample size is small (50). So the findings of the study could not be generalized to other places.

CHAPTER II

LITRETURE REVIEW

2.1 Introduction

Literature review was conducted in related literature that included both electronic and manual areas such as journals, articles, abstract from the internet, programs, computer search, etc. The purpose of literature review was to develop a thorough understanding and insight into the previous research works related to the present study that helped to gain deeper insight on the subject area, to develop instrument for data collection and facilitate the analysis and interpretation of the finding. The reviewed literature are organized and presented as following.

2.1 Review of the Literature

A community based cross-sectional study was conducted to identify the knowledge and practices of ARI case management in rural community people in Bacchauli Village Development Committee (VDC) of Chitwan District of Nepal. Almost all (94%) study population had known about ARI, and they reported as ARI when chill coughs(78%), followed by running nose (71%) and sore throat (39%). Most (90%) of them reported pneumonia as a serious disease and only 48% had knowledge about its sign of seriousness. Most of mothers(90%) reported that they provided supportive treatment at home while only 7% reported that they provided modern medicines by themselves and commonly used supportive treatment was Tulasi leaf (*ocimum tenuiflorum*). Majority (56%) of mothers takes their child nearby health post for treatment and (26%) visit private nursing home (*Acharya, Ghimire, Gautam, 2014*)

A hospital based observational study was conducted in paediatric out patient clinic (opd) on children below three years of age with complains of fever with respiratory symptoms in Medical College, Gwalior, Madhya Pradesh , India. For the current episode of illness, out of 223, 191 (85.6%) children had taken prior treatment and 32

(14.4%) children were brought directly to paediatric opd of study centre. Prior treatment was taken by allopathic doctors (46%), by traditional healers (32.4%), by medical store (10%), home remedies on advice of family and friends (5.7%) and by alternative system of medicine (4.7%). Primary reason for it being easy accessibility (28.3%).(Sharma, Divya, 2014).

A descriptive cross sectional study conducted on four hundred & eighty eight mothers taking care of their children of age less than three years. It was conducted among houses of Union Council Jhudo in Mirpurkhas District .Fast breathing & chest in drawing were most commonly reported symptoms for pneumonia (59.4%). The study revealed statistically significant association of symptoms identification by mothers with higher educational status ($p=0.04$), living in joint families ($p=0.05$) & higher parity ($p= 0.02$). Majority of the mothers (94.4%) were using two or more home remedies for their children. Honey was the most commonly utilized remedy for pneumonia (82.4%), followed by green tea (44.7%) & Vicks massage (43.2%). (Khalida, Khalida, & Bibi, 2013).

A hospital based cross sectional study conducted at Nakhon Pathom General Hospital, Thailand showed around 66% of the mothers had fair knowledge about pneumonia. only a few mothers answered all the questions correctly in terms of simple signs and symptoms of pneumonia (7%) and around 21% of the mothers answered all the questions correctly in terms of cause and factors related with pneumonia. No significant associations were found among the occurrence of pneumonia, mother's knowledge and mother's perception. The lack of knowledge among mothers about simple signs and symptoms of pneumonia, and also the lack of knowledge about its causes and factors related with pneumonia become important findings of this study. Community based public health education and training for health providers at all levels about correct and applicable prevention and assessments of pneumonia and other dangerous diseases should be promoted to ensure better transfer knowledge, better perception and better health practices in the community. (Siswanto, 2007).

A study was carried out in a primary healthcare clinic in the Hulu Langat district of Malaysia to assess the parental knowledge, attitudes and antibiotic use for common childhood acute upper respiratory tract infection (URTI). The study showed that

approximately 59 % of parents from this study believed that weather was the main cause of acute URTI of their children, 13 % thought it was due to food, and only about 27 % said it was caused by germs. Majority of them believed that antibiotics were helpful in treating the common cold, cough and fever, respectively. The antibiotic compliance was poor with only 74 % completing the entire course, with 85% of them stopping once they improved symptomatically. 15 % of parents gave “leftover” antibiotics, 24 % gave “shared” antibiotics, and 5.5 % bought antibiotics for their child without consulting a doctor. This study shows that parents often have inadequate knowledge and misconceptions on antibiotic use for acute URTI in children. Improved parental education may reduce unnecessary antibiotic prescription and antimicrobial resistance in the community. Results of this study revealed that more than half of the mothers (54.4%) were of low education while one-third of them were highly educated. About 52.8% were working. The family income per month was less than 150 L.E. for 52.9% of the sample. The majority of the sample (90.8%) lived in three-room flat. More than half of the mothers have 3 children while the rest have four or more children. In the study the number of infants constituted about half of the sample (47.1%) of the children. While the age of the rest of the sample varies between 1-5years (52.9%). Our results showed that there was a statistically significant relation between the mother’s education and the frequency of the children’s attacks where 72.8% of children who had one or two attacks of illness were of low educated mothers compared to 5.8% of those of high educated mothers. (Chan & Tang, 2006).

A descriptive study conducted in Eastern Nepal with an objective to assess the knowledge of mothers about acute respiratory infection (ARI) shows about 50.5% of the mothers correctly knew the signs and symptoms of ARI without pneumonia; 45% had mixed responses. Only 2.5% of the responding mothers reported to have knowledge about danger signs of ARI, 39.5% had wrong answers and 12% did not know about the danger signs of ARI. 50.5% had correct responses regarding knowledge about home care management. Both the correct and wrong responses about knowledge of ARI were more or less equally distributed across the educational level, ethnicity and age group of responding mothers.(Onta, &Yangden, 2003).

A descriptive and explorative study was conducted on knowledge, home care practice and health seeking behavior of mothers in regards to Acute Respiratory Infection

(ARI) in under five year children in Manamaiju VDC of Kathmandu district. 100 samples were taken for the study. All respondent felt that ARI is dangerous to the baby and 96% answered two or more than two sign and symptoms of ARI. Majority (87%) of mothers understood that ARI as cough and cold and received information from family members and health workers. Majority (67%) of mothers showed correct health seeking behavior; 68% mothers from literate group knew correct the conditions for taking ARI to health care institution. 57.38% ARI children were cured through home care practice of the mothers. And among remaining children, majority of them were taken to local medical shop and very small portion went to sub health post. (Onta, 2003).

Community based cross-sectional survey in Baringo District, Kenya, to determine the KAP of mothers regarding ARI in their children aged less than five years A total of 309 mothers were interviewed. Their mean age was 31.5 years (range 16-51) and 34% had no formal education. Only 18% of mothers described pneumonia satisfactorily. 60.2% knew that measles is preventable by immunization. 87.1% of the mothers said they would seek health centre services for severe ARI. Formal education had a positive influence on the KAP of the mothers. (Simiyu, Wafula, & Nduati, 2003).

A cross-sectional study, to assess Peruvian mothers' knowledge and recognition of pneumonia in children under 5 years of age, the mothers' attitude toward seeking medical help if they had a child with signs of pneumonia, and their perception of a Government of Peru pneumonia campaign. 501 mothers were selected randomly from 20 low income communities of the metropolitan area of Lima, Peru about 84% of the mothers said that they knew what pneumonia. Most believed that pneumonia is dangerous. A majority (58.7%) indicated that pneumonia is caused by lack of parental care. Only 28.9% believed that a virus causes the disease. More than 80% correctly picked rapid breathing and/or chest retraction from a list of possible signs and symptoms of pneumonia, and 94.6% said they were ready to take their child to the closest health center if they thought their child had pneumonia. Although 57.1% said they had heard about the Government of Peru pneumonia campaign, 69.3% of these mothers said they could not recall the motto of the campaign. Mothers who reported having heard of the campaign through TV were more likely than other mothers to

correctly recognize the two major signs of pneumonia presented in the campaign. (Gálvez, Modeste, Lee, Betancourt, & Wilkins, 2002)

Community based health program teach caregivers to recognize signs of ARI and seek timely treatment outside the home but in more than 82 countries with available data, fewer than 50% of the children with ARI were taken to health care provider. Availability and accessibility of appropriate health care provider and antibiotics must also be improved in many countries (UNICEF,2001).

A knowledge, attitude and practice study in relation to the literacy status of mothers whose children suffered from ARI was conducted. A sample of 140 mothers who had 265 children were selected for the study. A sample of 140 mothers who had 265 children were selected for the study. The majority of literate mothers (75%) had complete knowledge regarding management of ARI. Literacy alone was not the only factor responsible for developing a positive attitude and adopting correct practices during ARI. Mass media and health personnel played an equally important role. Most women (89.3%) had obtained their knowledge regarding ARI through media and paramedical staff. Most mothers (96.4%) were concerned about the health of their children when they suffered from episodes of ARI and the majority of them (87.2%) were worried because they felt that their children or contacts could be adversely affected. Nearly 72% of mothers took early action during an episode of ARI. The majority of the medical practitioners practiced non-allopathic medicine but all of them were prescribing allopathic drugs. Most of the mothers (70%) had no problem in taking their children to the desired health centers when needed. (Khan, Tickoo, Arif, Zaheer,1995)

2.3 Summary of Literature Review

Knowledge of mothers about ARI in general is low, particularly very low on danger signs of ARI. This might have led to delayed specific treatment of children with ARI, which could have resulted in various complications including death. The lack of knowledge among mothers about simple signs and symptoms of pneumonia, and also the lack of knowledge about its causes and factors related with pneumonia are the important findings. There was a poor maternal understanding of the etiology of ARI. Parents often have inadequate knowledge and misconceptions on antibiotic use for acute URTI in children. Improved parental education may reduce unnecessary antibiotic prescription and antimicrobial resistance in the community. Community based public health education and training for health providers at all levels about correct and applicable prevention and assessments of pneumonia and other dangerous diseases should be promoted to ensure better transfer knowledge, better perception and better health practices in the community. The study findings show an under-utilization of the established government facilities and services of government doctors and health workers.

CHAPTER-III

METHODOLOGY

This chapter concern with the method used to assess the study on Awareness of Acute respiratory infection among mothers with under five.

3.1 Research Design

Descriptive cross sectional study design was used to find out awareness about Acute Respiratory Infection in mothers with children under five.

3.2 Study Setting / Population

A total of 50 mothers having under five children of Ganesh Than Tole Bharatpur-11 Chitwan were included in the study. The data of houses with mother having under five children was obtained from the FCHV of the ward and from that mothers who are willing to participate.

3.3 Sampling Method

Non probability, Purposive sampling method was used. Total 50 respondents were used who have under five children.

3.4 Instrumentation

Interview method was used to collect the information. Semi-Structured interview schedule was used to collect the information. Research instrument is consist of two Parts:-

Part I : demographic related questionnaire and

Part II : general signs and symptoms, danger signs, home care and preventive measures of Acute Respiratory Infection.

Validity: The tool for data collection was checked by the research expertise, concerned teacher and colleagues to ensure the validity of tool. Necessary modification was done on the basis of their comments.

Reliability: The reliability of the instrument was maintained by pre-testing the instrument on 10% of total sample in similar setting other than the study population (in Birta-4). Questionnaires were translated into simple Nepali language and were back translated into English language. The questions were modified after the pretesting and, according to advice of the research instructor.

3.5 Data Collection Procedure.

At first request letter was submitted and administrative approval was taken from the authorities. The permission for the study was taken from the ward secretary after submitting request letter from college. A verbal informed consent was obtained from the subject. The data was collected by the researcher herself through face to face Interview schedule method was used to collect the information with explaining the objectives of the study.

Privacy and confidentiality of all respondents was maintained. The participant was made assure that the study was not directly harm and benefit them. Participation of the respondents in this study was voluntary and they can terminate from this study at any time.

3.6 Data Analysis Procedure

The data was checked, reviewed and organized for accuracy and completeness. And then coded, organized and interred in SPSS version 20 and was analyzed using frequency, mean, percentiles and standard deviation Inferential statistics chi-square test was done for association. Finding was presented through academic tabulation.

CHAPTER IV

FINDING OF THE STUDY

This chapter deals with the analysis and interpretation of data obtained from the fifty respondents on awareness of ARI including their socio-demographic characteristics. The response obtained from respondents through interview questionnaire. The data was checked, reviewed and organized for accuracy and completeness. Then organized, coded and interred in SPSS version 20. Analysis was done and findings were displayed by using frequency, mean, percentage and standard deviation. Inferential statistics e.g. chi-square test was done for association. Findings were presented through academic tabulation.

1. Distribution of the respondents according to Socio-demographic status
2. Distribution of the respondents according to awareness about ARI.

TABLE 1
Socio-demographic Information

Socio-demographic information	Frequency	Percentage
n =50		
Age group(in Years)		
16 to20	6	12.0
21 to 25	17	34.0
26 to 30	19	38.0
31 to 35	7	14.0
36 to 40	1	2.0
Mean age ± SD 26.00 ± 0.94	Max : 38yrs	Mini : 19yrs
Cast/Ethnicity		
Brahmin/Chhetri	17	34.0
Kumal	17	34.0
Newar	3	6.0
Tharu	2	4.0
Other	11	22.0
Education Status		
Illiterate	2	4.0
Can read and write only	3	6.2
Primary Level	7	14.6
Secondary Level	21	43.8
Higher Secondary Level	11	22.9
Bachelor and Above	6	12.5
Number of children		
One	26	52.0
Two	16	32.0
Three	4	8.0
Four	3	6.0
Five	1	2.0
Type of family		
Joint	30	60.0
Nuclear	20	40.0
Source of information		
Self experience	36	72.0
Health worker	34	68.0
Radio/TV	32	64.0
Family	15	30.0
Book/Newspaper	12	24.0
Others	1	2.0

Table 1 reveals that majority (38%)of the respondents are in the age group of 26 to30 years, however just (2%) of them are within the age of 36 to 40 years .The mean age was 26years with standard deviation of 0.94761. Regarding ethnicity,34% were Kumal and and 22% were from other group like Lama, B.K, Magar ,pakhrin, tharu etc. Almost all of the respondents (96%) were literate, among them, 43.8% had passed Secondary level. Likewise, more than half (52%) of the respondents had only one child and majority (60%) were in joint family .Almost three in four of respondents (72%) had got information by self experience, whereas, 68% of them got from health worker and 64% heard from Radio/TV.

TABLE 2

Previous Occurrence of ARI

n=50		
Occurrence of ARI	Frequency	Percent
Yes	31	62.0
No	19	38.0

Table 2, revealed that more than one fifth (62%) of the respondents said their children had suffered from ARI and 38% of them had not ever suffered from ARI.

TABLE 3

Awareness about Organ involved in ARI

n =50		
Organ involved in ARI *	Frequency	Percent
It is a problem of lungs and respiratory tract**	29	58.0
It is a problem of lungs only	28	56.0

*Multiple response **Correct response

Above table 3 shows that more than half (58%) of the respondents said that it is a problem of lung and respiratory tract.

TABLE 4

Awareness about Cause of ARI

n =50

Main cause of ARI*	Frequency	Percent
Exposure to cold is the main cause of ARI	39	78.0
Microorganism is the main cause of ARI**	36	72.0

*Multiple response

**Correct response

Table 4 shows that less than three fourth 72% respondent said micro organism is the main cause of ARI where as more than three fourth (78%) respondents said incorrect answer as exposure to cold is the main cause of ARI.

TABLE 5

Awareness about Mode of Transmission of ARI

n=50

Mode of transmission of ARI*	Frequency	Percent
It is transmitted through air**	49	98
It is transmitted through contaminated food	27	54

*Multiple response

** Correct response

Above table 5 shows that almost all of the respondents (98%) said correct answer as ARI is transmitted through air.

TABLE 6
Awareness about Risk Factor of ARI

Risk factor of ARI*	Frequency	Percent
Baby whose caretaker or mother smoke**	48	96.0
Baby exposed to indoor and outdoor smoke**	48	96.0
Baby`s room is not separate from kitchen**	45	90.0
Baby given contaminated water	43	86.0
Baby sleeping in overcrowded room**	39	78.0
Baby who is not breast fed**	32	64.0
Baby with malnutrition**	31	62.0
*Multiple response	**Correct response	

Table 6 revealed that almost all (96%) respondents said that baby exposed to indoor and outdoor smoke and baby whose caretaker or mother smoke are at higher risk for ARI, majority(90%) said that baby`s room is not separate from kitchen, where as 86% said that incorrect answer as baby given contaminated water is risk factor of ARI.

TABLE 7
Awareness about sign and symptom of Common Cold

Sign and symptom of Common Cold*	Frequency	Percent
Running nose**	50	100.0
Throat pain**	49	98.0
Dry Cough**	44	88.0
Fast breathing	44	88.0
Mild fever**	43	86.0
Chest in drawing	35	70.0
*Multiple response	**Correct response	

Above table 7, shows that Cent percent respondents said the sign and symptoms of common cold is running nose, All most (98%) respondent said throat pain, majority 88% respondents said dry cough, and 86% said mild fever.

TABLE 8
Awareness about Treatment of Common Cold

n=50

Treatment of common cold*	Frequency	Percent
Keep the child warm**	50	100.0
Give extra warm fluids to drink**	49	98.0
Continue breast feeding**	48	96.0
Observe the child so that the condition does not get worse**	45	90.0
Refer the child to hospital immediately	20	40.0
Close the window of child`s room	16	32.0
Start antibiotics immediately	10	20.0
Stop breast feeding	3	6.0
Limit fluid intake	2	4.0

*Multiple response

**Correct response

Table 8 shows the awareness about treatment of common cold hundred percent respondents said that child suffered from common cold should be kept warm. Almost all (98%) of the respondent said that extra warm fluids should be given to drink and continued breast feeding.

TABLE 9
Awareness of Sign and Symptoms of Pneumonia

n =50

Sign and Symptoms of Pneumonia*	Frequency	Percent
Fever**	48	96.0
Fast breathing**	48	96.0
Chest in drawing**	43	86.0
Lethargy**	47	94.0
Productive cough**	37	74.0
Blood in sputum	16	32.0
Difficulty in breathing**	47	94.0

*Multiple response

**Correct response

Table 9 shows that almost all 96% said that sign and symptoms of pneumonia as fast breathing and fever, majority 94% said lethargic and difficulty in breathing.

TABLE 10
Awareness about Treatment of Pneumonia

Treatment of Pneumonia *	Frequency	Percent
Immediately seek for medical help**	43	86.0
Use home remedies immediately	27	54.0
Give antibiotics if you have it at home	12	24.0
Take the child to traditional healer	3	6.0
Wait and watch for some days, Pneumonia can be cured itself	2	4.0
n =50		
*Multiple response	**Correct response	

Table 10 shows that Majority of the respondents 86% said that the child suffered from pneumonia should seek for medical help.

TABLE 11
Awareness about the Condition in which there is Need to Seek Medical Help Immediately

Need to Seek Medical Help Immediately*	Frequency	Percent
When breathing is noisy**	50	100.0
In case of high fever**	50	100.0
When child stopped sucking**	49	98.0
Child has cough	48	96.0
When the child has convulsion**	48	96.0
When the child is not able to eat or drink**	47	94.0
When severe imbalanced nutrition**	47	94.0
When the skin is very cold to touch**	47	94.0
n=50		
*Multiple response	**Incorrect response	

Table 11, shows that hundred percent respondents said that child should be taken to seek medical help immediately when the child breathing is noisy and in case of fever, Majority (more than 90%) said when child stopped sucking, when the child has convulsion, when child has severe imbalanced nutrition and when the child is very cold should be taken to seek medical help.

TABLE 12**Awareness About Home Remedies to practice in Caring for Child with ARI****n=50**

Home Remedies *	Responses	Percent
Give warm Tulsi water to the child	50	100.0
Give boiled water with Turmeric and salt	47	94.0
Apply herbs like Pogostemon Bengalisis, Ommum etc on the chest and head of baby	44	88.0
Give ginger honey to eat	41	82.0
Give boiled water adding black papper in it	29	58.0
Mother should be on food restriction	25	50.0
Give the smoke of different herbs	7	14.0

*Multiple response

Table 12 shows that cent percent respondents said that they give warm Tulsi water to the child suffered from ARI as home remedy, Almost all (94%) said that they give boiled water with Turmeric and salt.

TABLE 13**Awareness about Prevention of ARI****n=50**

Awareness about Prevention of ARI*	Frequency	Percent
Keep the child away from smoke, dust and dirt**	50	100.0
Taking care of common cold immediately**	50	100.0
Give proper nutrition to the child**	50	100.0
Completing child`s all immunization on time**	50	100.0
Keep the child`s chest covered always**	50	100.0
Keep the child away from direct draft**	50	100.0
Keep the child`s head covered with head cover during cold weather**	49	98.0
Have the child`s room away from the kitchen**	48	96.0
Avoid smoking near the children**	48	96.0
Not giving cold food to child	47	94.0
Keep the child in a well ventilated room**	45	90.0
Avoid cold food to the breastfeeding mother	45	90.0
Maintaining adequate distance between two children**	45	90.0

*Multiple response

**Correct response

Table 13 shows that hundred percentage respondents said child should be kept away from smoke, dust and dirt, give proper nutrition to the child, keep child's chest covered always, keep the child away from direct draft, avoiding nutritious, Taking care of common cold immediately and completing child's immunization on time. More than 90% said that said child's head should be covered with a head cover during cold weather, child's room should have away from the kitchen and smoking near the child should be avoided.

TABLE 14

Awareness about the First Person or Health Institution to contact for Treatment of ARI at community Level

n = 50

First person or Institution*	Frequency	Percent
Health post**	49	98.0
Sub health post**	45	90.0
FCHVs**	39	78.0
Local medical Shop	33	66.0
Community Leader	22	44.0
Traditional Healer	5	10.0

*Multiple response

**Correct response

Table 14 shows that almost all of the respondents (98%) said as health post is the first person/health institution they contact for treatment where as more than three-fifth(66%) of the respondent said incorrect answer as local medical shop is the first person of institution to contact for treatment of ARI.

TABLE 15

Respondent's Level of Awareness

n = 50

Level of Awareness	Frequency	Percent
Moderate	26	52
Adequate	24	48

Table 15 displayed that Around half of the respondents (52%) had moderate aware and less than half (48%) had adequate aware about ARI.

TABLE 16
Association between the Respondent's Level of Awareness and Selected Variables

Variables	Level of Awareness		P-Value
	Moderate%	Adequate%	
Types of Family			
Joint	57.7	62.8	0.03
Nuclear	42.3	37.5	
Occurrence of ARI			
Yes	53.8	70.8	0.037
No	46.2	29.2	

Significance level at 0.05

Table 16 reveals that it is statistically significant with type of family ($p=0.03$), previous occurrence of ARI ($p=0.37$) and not significant with other variables. This means, the people living in joint family are more aware than the people living in nuclear family. Self experience (previous occurrence of ARI to their child) is more aware than other.

CHAPTER-V

FINDINGS, CONCLUSION AND RECOMMENDATIONS

This chapter presents the brief accounts of the present study, which include summary of the findings of study, comparison of findings with literature reviewed, conclusion, implications and recommendation for future study.

5.1 Discussion

The major finding of this study was discussed in this chapter with comparison of other findings of the relevant studies, survey reports and other documented literatures.

The study revealed that more than one fifth (62%) of the respondents said their children had suffered from ARI. Cent percent respondents heard about ARI. Almost three by fourth (72%) had got information by self experience, whereas, 68% of them got from health worker and 64% heard from Radio/TV. This finding is contradictory with the study conducted by Onta (2003), which shows that majority (87%) of mothers understood that ARI as cough and cold and received information from family members and health workers. Contradictory finding was found out in the another study conducted by Khan, Tickoo, Arif, and Zaheer, (1995) which shows most women (89.3%) had obtained their knowledge regarding ARI through media and paramedical staff.

The study shows that more than half (58%) of the respondents said it is a problem of lung and respiratory tract. More than three by fourth (78%) respondents said incorrect answer as exposure to cold is the main cause of ARI. This finding is consistent with the study conducted by Chan & Tang (2006), which shows 59 % of parents from this study believed that weather (cold) were the main cause of acute URTI of their children. Based on the findings of the study and comparison with the reviewed literature the researcher concludes that there is a lack of awareness about the aetiology of ARI.

The study shows that Cent percent of the respondents had said that sign and symptoms of common cold is running nose, similarly, almost all (98%) of the

respondent said throat pain, majority (88%) of the respondents said dry cough, and 86% said mild fever. This finding is also supported by a study conducted in Nepal where 96% answered correctly more than two symptoms of cold and cough with no pneumonia (Onta, 2003), Contradictory finding was found out in the another study conducted by Onta and Yangden (2003), which showed that just one half of the mothers (50.5%) knew the signs and symptoms of ARI without pneumonia. This contradictory finding may be due to previous exposure of mother`s .This may be due to education status of mother as most of the respondents were literate.

Regarding treatment of common cold, hundred percent respondents said that child suffered from common cold should be kept the child warm. All most 98% respondents said that give extra warm fluids and 96% said that continued breast feeding. Majority 90% respondents said that child should be observed so that the condition does not get worse. This finding is contradictory with the findings of Chan & Tang (2006), which shows that majority of the respondents believed that antibiotics were helpful in treating the common cold, cough and fever, respectively. The finding is also supported by Gupta et al., 2006 where only 16% of caretakers perceived ARIs are mostly mild and self limiting. Based on the findings of the study and comparison with the reviewed literature the researcher concludes that most of the respondents are aware that child suffered from common cold does not need immediate referral to health centre and antibiotics is not needed.

The study shows that almost all (96%) respondents said sign and symptoms of pneumonia is fast breathing, 86% respondent said chest in drawing. This finding is not supported with Siswanto et al., (2007) where it was found that only a few mothers 7% answered all the questions correctly in terms of simple signs and symptoms of pneumonia. But the finding was supported with Galvez et al., 2002 where 80% respondents correctly picked rapid breathing and/or chest retraction from a list of possible signs and symptoms of pneumonia. Based on the findings of the study the researcher concludes that respondents are aware about the signs and symptoms of pneumonia.

The study shows that majority of the respondents 86% said that the child suffered from pneumonia should seek for medical help immediately. This finding is supported with Galvez et al., 2002 where 94.6% respondents said that they were ready to take

their child to the closest health centre if they thought their child had pneumonia. Based on findings of the study the researcher concludes that respondents are aware about need of medical help immediately if their child had pneumonia.

The study shows that hundred percent respondents said child should be taken to seek medical help immediately when the child breathing is noisy and in case of fever, Majority 98% said when child stopped sucking, 96% said when the child has convulsion 94% said when child has severe imbalanced nutrition and when the child is very cold. This finding was consistent with Onta, 2003 where majority (67%) of mothers showed correct health seeking behavior; 68% mothers from literate group knew correct conditions for taking ARI to health care institution. Based on the findings of the study the researcher concludes that respondents are aware about the signs that indicate the child need immediate referral to health centre.

The study shows that hundred percent respondents said they give warm Tulsi water to the child suffered from ARI as home remedy, All most 94% said that they give boiled water with Turmeric and salt, Majority 88% said that they apply herbs like pogostemon, ommom etc on the chest and head of child. Only 7% respondents give smoke of different herbs. This finding is consistent with Acharya, Ghimire, Gautam,(2014) where most of mothers (90%) reported that they provided supportive treatment at home while only 7% reported that they provided modern medicines by themselves and commonly used supportive treatment was Tulasi leaf (*ocimum tenuiflorum*). Based on the finding of the study the researcher conclude that respondent had used herbal and home remedies like Tulsi with warm water etc for the treatment of ARI.

The study shows that hundred percentage respondents said for the prevention of ARI child should be kept away from smoke, dust and dirt, give proper nutrition to the child, keep child`s chest covered always, keep the child away from direct draft, avoiding nutritious, Taking care of common cold immediately and completing child`s immunization on time. Most of the 98% respondents said child`s head should be covered with a head cover during cold weather, Majority 96% said that to have the child`s room away from the kitchen and smoking near the child should be avoided, 90% respondents said that child should be kept in a well ventilated room and adequate

distance should be maintained between two children. Based on the findings of the study the researcher concludes that respondents are aware about the preventive measures of ARI but they believe that cold foods should not be given to mother and child which is not correct.

The study shows that all most 98% respondent said health post is the first person/health institution they contact for treatment, majority 90% respondents said sub health post, 36% respondent said local medical shop . Contradictory finding was found out in the another conducted by Onta (2003), which showed that majority of them were taken to local medical shop and very small portion went to sub health post. This finding was consistent with Sharma & Divya, (2014) where treatment was taken by allopathic doctors (46%), by traditional healers (32.4%), by medical store (10%), home remedies on advice of family and friends (5.7%) and by alternative system of medicine (4.7%). This finding also supported by Acharya, Ghimire and Gautam, (2014) where Majority (56%) of mothers take their child nearby health post for treatment and (26%) visit private nursing home. Based on the finding of the study the researcher concludes that respondents were aware that they can contact health post, sub health post and FCHV at community level if the child suffers from pneumonia and there was utilization of established governmental facilities and services of health worker.

The study revealed that around half of the respondent (52%) had moderate aware and less than half of the respondent (48%) had adequate aware about ARI. The study revealed that, it is statistically significant association of living in joint family ($p=0.03$), Occurrence of ARI ($p=0.37$) and not significant with other variables. This finding was consistent with Khalid, Khalid, and Bibi, (2003) study revealed statistically significant association of living in joint families. ($p=0.05$) & higher parity ($p= 0.02$).

5.2 Conclusion

This study concluded that around half of the respondent had moderate aware and less than half of the respondent had adequate aware about ARI. The level of awareness is statistically significant with mother living in joint family, self experience (previous

occurrence of ARI).Which means the mother who lives in joint family were more aware than mothers living in nuclear family and mothers whose child suffered from ARI Previously were more aware than the mother had not ever suffered from ARI. The level of awareness about ARI is statistically not significant with level of education and parity.

Based on the findings of the study the researcher concludes that More than three fourth had lack of awareness about the etiology of ARI. Based on the findings of the study the researcher concludes that respondents were aware about, mode of transmission, and risk factor of ARI, and more than three fifth of the respondents had inadequate aware that chest in drawing and fast breathing is not sign and symptom of common cold but they are aware about other sign and symptom of common cold. The study also conclude that most of the respondents are aware that child suffered from common cold does not need immediate referral to health centre and antibiotics is not needed.

Based on the findings of the study the researcher concludes that respondents are aware about the preventive measures of ARI but most of them believe that cold foods should not be given to mother and child to prevent ARI which is not correct.

Based on the finding of the study the researcher concludes that respondents were aware that they can contact health post, sub health post and FCHV at community level if the child suffers from pneumonia and there was utilization of established governmental facilities and services of health worker.

5.3. Limitations

Study was conducted in Bharatpur-11 Ganesh Than Tole. So the findings could not be generalized to other setting. The study was conducted in a small scale i.e. sample size only 50. The study was conducted in limited time with limited resources.

5.4 Implications

According to the findings, only less than half of the respondent had adequate awareness regarding ARI, especially three fourth of the respondent had inadequate awareness about causative factor of ARI among mothers having under five children.

So, District public health office, Municipality, FCHVs and other health personal can conduct the awareness program through mass media, pamphlet to increase the awareness about ARI to mothers.

The finding of the study also beneficial to the municipality and health care personal to make policies, plan and implement further awareness planning.

The findings of this study could be helpful for other researcher as baseline information in future.

Findings of the study have implication to service sector in planning health education programs.

5.5. Recommendations

The study also recommends Child Health Division to conduct awareness program from mass media like television and information will be effective if it is given famous program like Tito Satya, Meri Basye, Jire Khursani , etc. which most of the people watch.

The study recommends District Public Health Office, Bharatpur, ARI Control Program to launch awareness program on ARI especially about organ involved, causative factors, and person to contact for treatment of ARI at community level.

The awareness program can be conducted in especial occasions like mother group meeting and where the related person can get information.

Large scale study can be conducted on the same topic so that generalized could be done.

A comparative study can be done on urban and rural areas, and in between different ethnic group.

5.6 Plan for dissemination

Campus Chief, library of Nursing Campus Birgunj.

Bharatpur Municipality.

Bharatpur-11, Ward office.

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APPENDIX A

Informed Consent form

Namaskar, I am Pramila Bista from Bachelor in Nursing student of Nursing Campus Birgunj. The title of the study is **“Awareness about Acute Respiratory Infections Among Mothers Having Under Five Children”**. The objectives of this study is to find out the awareness about acute respiratory infection among the mothers having under five children .The study and its procedure have been approved by the authorized person of Nursing Campus of Birgunj , Tribhuvan University Institute of medicine. The study procedure involves no foreseeable any risk/harm to you .Completing this questioner respondents in this study will take approximately 30 minutes and explained that you are free to ask questions about the study .Your participation in this study is voluntary; you have right to withdraw at any time. Your identity will not be revealed, confidentiality will be maintained while study is being conducted or when the study is published. This study will be used only for the research (this study) not for any other purposes.

Are you willing to participate in this study?

Yes

No

Signature:-

Date:-

APPENDIXES: B

TRIBHUVAN UNIVERSITY

INSTITUTE OF MEDICINE

NURSING CAMPUS

BIRGUNJ, PARSA

2070

SEMI-STRUCTURED INTERVIEW QUESTIONNAIRE

Researcher is a student of BN Second Year of NURSING CAMPUS BIRGUNJ-PARSA. This study is being conducted as a partial fulfillment of requirement for Bachelor of Nursing Program. The purpose of this study is to determine the **Awareness about Acute Respiratory Infections among Mothers Having Under Five Children.** Questionnaire consists of two parts.

Part- I : related to socio-demographic information.

Part II related to awareness about ARI.

Code No

Date of Interview

Part- I

Socio- Demographic

1. Age years.

2. Ethnicity/caste:

a) Brahmin

b) Chhetri

c) Gurung

d) Kumal

e) Newar

f) Other (please Specify).....

3. Education

a) Literate

b) Illiterate

If literate, in which level did you study?

a) Can read and write only

b) Primary level

c) Secondary Level

d) Higher Secondary level

e) Bachelor and above

4. Type of family.....

a) Nuclear

b) Joint

5. Number of children.....

6. What do you use for cooking purpose?

a) Firewood

b) Kerosene stove

c) Gas stove

d) others

7. Distance between home and health facilities

Part- II

Awareness related to ARIs

1. Have you heard about the term Acute Respiratory Infection (ARI)?

If yes, where did you hear from?

- | | | | |
|--------------------|--------------------------|--------------------|--------------------------|
| a. Self experience | <input type="checkbox"/> | b. Health Worker | <input type="checkbox"/> |
| c. TV/ Radio | <input type="checkbox"/> | d. Books/Newspaper | <input type="checkbox"/> |
| e. Family | <input type="checkbox"/> | f. Neighbors | <input type="checkbox"/> |
| g. Other | <input type="checkbox"/> | | |

2. Have your child ever suffered from ARI?

- a. Yes b. No

If yes, how long ago?yearmonth

Direction: the following are related to ARI. If you agree with the statements, say 'yes' otherwise say 'no' to them.

3. ARI affects which of the following organs?

- | | | |
|--|------------------------------|-----------------------------|
| a. It is a problem of lungs only. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. It is a problem of lungs and respiratory tract. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

4. Which of the following is the main cause of ARI

- | | | |
|--|------------------------------|-----------------------------|
| a. Micro-organism is the main cause of ARI. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Exposure to cold is the main cause for child to develop ARI | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5. How is ARI transmitted from one person to another?

- | | | |
|---|------------------------------|-----------------------------|
| a. This is the disease transmitted through air. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. ARI is transmitted from the contaminated food. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

6. In which of the following condition child is more likely to get ARI?

- | | | |
|--|------------------------------|-----------------------------|
| a. Baby with malnutrition. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Baby who is not breast fed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Baby's room is not separate from kitchen. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Baby exposed to outdoor dust and smoke. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- e. Baby sleeping in overcrowded room. Yes No
- f. Baby given contaminated water. Yes No
- g. Baby whose mother or caretakers smoke. Yes No
7. How would you know that your child has simple common cold?
- a. Running nose Yes No
- b. Dry cough Yes No
- c. Complains of throat pain Yes No
- d. Mild fever Yes No
- e. Fast breathing Yes No
- f. Chest indrawing. Yes No
8. What actions would you take when child has simple common cold?
- a. Start antibiotics immediately. Yes No
- b. Refer the child to hospital immediately. Yes No
- c. Keep the child warm. Yes No
- d. Clean child's nostrils with moist cotton. Yes No
- e. Close the windows of the child's room to keep warm. Yes No
- f. Give extra warm fluids to drink. Yes No
- g. Limit fluid intake. Yes No
- h. Stop breastfeeding. Yes No
- i. Continue with breastfeeding. Yes No
9. How would you guess or recognize that your child has pneumonia?
- a. Fever Yes No
- b. Fast breathing Yes No
- c. Chest indrawing Yes No
- d. Lethargy Yes No
- e. Productive cough Yes No
- f. Blood in sputum Yes No
- g. Difficulty in breathing Yes No
10. What different action would you take if your baby develops pneumonia?
- a. Give antibiotics if you have it at home. Yes No
- b. Use home remedies immediately. Yes No
- c. Immediately seek for medical help. Yes No

d. Wait and watch for some days, Pneumonia can be cured itself. Yes No

e. Take the child to traditional healer Yes No

11. In which of the following conditions of ARI you should seek medical help immediately?

a. When the child is not able to eat or drink Yes No

b. When the child has convulsions Yes No

c. When breathing is noisy Yes No

d. When severe imbalanced nutrition Yes No

e. When Child stopped sucking Yes No

f. In case of high fever Yes No

g. When the skin is very cold to touch Yes No

h. Child complains of cough. Yes No

12. Which of the following are safe remedies to practice in caring for child with ARI at home?

a. Give ginger-honey to eat. Yes No

b. Give warm Tulsi water to the child. Yes No

c. Give boiled water with Turmeric and salt. Yes No

d. Give boiled water adding black pepper in it. Yes No

e. Apply herbs like Pogostemon Bengalisis,

f. Ommum etc on the chest and head of baby. Yes No

g. Give the smoke of different herbs. Yes No

h. Mother should be on food restriction. Yes No

13. What can mother do to prevent child from getting ARI?

a. Keep the child away from smoke, dust and dirt. Yes No

b. Keep the child in a well ventilated room. Yes No

c. Give proper nutrition to the child. Yes No

d. Have the child's room away from the kitchen. Yes No

e. Keep child's chest covered always. Yes No

f. Keep the child's head covered with head cover

during cold weather. Yes No

g. Keep the child away from direct draft. Yes No

h. Not giving cold food to child. Yes No

i. Taking care of common cold immediately. Yes No

j. Avoid smoking near the children. Yes No

i. Avoid cold food to the breastfeeding mother Yes No

k. Completing child's all immunization on time Yes No

l. Maintaining adequate distance between two children Yes No

14. Which of the following is the first person/health institution to contact for treatment of ARI at community level?

a. FCHVs Yes No

b. Traditional healer Yes No

c. Community leader Yes No

d. Sub health post Yes No

e. Health post Yes No

f. Local medical shop Yes No

APPENDIX C

त्रिभुवन विश्व विद्यालय

चिकित्सा शास्त्र अध्ययन संस्थान

नर्सिङ्ग क्याम्पस, वीरगंज

२०७०/०७१

पाँच बर्ष मुनिका बच्चाको आमाहरुमा श्वासप्रश्वास समस्या प्रति चेतना सम्बन्धि प्रश्नावलि

अनुसन्धातकर्ता त्रि.वि.वि.चि.शा.अ.सं. नर्सिङ्ग क्याम्पस, वीरगंज दोश्रो बर्षमा अध्ययनरत छात्रा हुन् । यो अध्ययन वि.एन दोश्रो बर्षको पाठ्यक्रमको आंशिक परिपुर्तीको लागि गर्न लागिएको हो । यो अध्ययनको उद्देश्य पाँच बर्ष मुनिका बच्चाको आमाहरुमा श्वासप्रश्वास समस्याप्रति चेतना पत्ता लगाउनु हो ।

प्रश्नावलीमा २ भाग रहेको छ । भाग १ मा जनसांख्यिक विवरण रहेका छन भने भाग २ मा श्वास प्रश्वास समस्याप्रतिको चेतना सम्बन्धी प्रश्नहरु रहेका छन् ।

यो प्रश्नावलीबाट संकलीत सूचना (विवरणहरु) लाई गोप्य राखिने छ र यस अनुसन्धानको लागि मात्र प्रयोग गरिनेछ ।

निर्देशन : तपाईंले दिनुभएको जवाफहरुमा अनुसन्धानकर्ता आफैले चिन्ह लगाउनु हुनेछ ।

कोड नं.

मिति:.....

भाग १

१. तपाईको उमेर :बर्ष

२. तपाईको जाती : ब्राह्मण क्षेत्री
 नेवार थारु
 गुरुङ्ग अन्य.....

३. तपाईको शैक्षिक स्तर: शिक्षित अशिक्षित

शैक्षिक योग्यता प्राथमिक तह माध्यमिक तह
 उच्च माध्यमिक तह स्नातक तह वा सो भन्दा माथि
 सामान्य लेख पढ

४. बच्चाहरुको संख्या :

५. परिवारको किसिम

एकल परिवार संयुक्त परिवार

६. तपाई खाना पकाउन कुन इन्धन प्रयोग गर्नुहुन्छ ?

दाउरा मट्टितेल स्टोभ

ग्याँस चुल्हो

७. घर देखि स्वास्थ्य संस्था सम्मको दुरी

भाग २

८. तपाईले श्वास प्रश्वास समस्याको बारेमा सुन्नुभएको छ ?

छ छैन

यदि छ भने, तपाईले कहाँबाट सुन्नुभएको हो ?

आफ्नो अनुभव स्वास्थ्य कर्मी
 रेडियो/ टि.भि. किताव/पत्रपत्रिका
 सासु/परिवार अन्य.....

९. तपाईको बच्चालाई अहिले सम्म श्वास प्रश्वास समस्या देखिएको छ ?

छ छैन

यदि छ भने, कति समय अगाडी भएको थियो ?बर्ष.....महिना

निर्देशन : तल दिइएको पंक्तिहरु श्वास प्रश्वास समस्या सम्बन्धि छन् । उक्त पंक्तिसंग तपाई सहमत हुनुहुन्छ वा हुनुहुन्न तपाईलाई चित्त बुझ्दो उत्तर दिनुहोस् ।

१०. श्वास प्रश्वास समस्याले शरीरको कुन अङ्गमा असर पार्छ ?

क) यो फोक्सोको मात्र समस्या हो । हो होइन

ख) यो फोक्सो लगायत श्वास नलिको समस्या हो । हो होइन

११. श्वास प्रश्वास समस्या के कारणले हुन्छ ?

क) चिसो नै स्वास प्रश्वास समस्याको मुख्य कारण हो हो होइन

ख) श्वास प्रश्वास समस्याको मुख्य कारण किटाणु हो । हो होइन

१२. श्वास प्रश्वास समस्या एक व्यक्तिबाट अर्को व्यक्तिमा कसरी सर्छ

क) रोगी बच्चाको सास बाट यो रोग अर्को व्यक्तिमा सर्छ । हो होइन

ख) रोगी बच्चाको जुठो खानाले यो रोग अर्को व्यक्तिमा सर्छ हो होइन

१३. तलका कुन अवस्थामा बच्चालाई श्वास प्रश्वास हुने सम्भावना हुन्छ ?

- | | | |
|---|-----------------------------|-------------------------------|
| क) कुपोषण भएको बच्चा | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ख) आमाको दुध नखुवाइएको बच्चा | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ग) भान्छाकोठा र बच्चा सुत्ने कोठा एउटै भएमा | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| घ) धुवाँ धुलोको सम्पर्कमा भएको बच्चा | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ङ) बच्चा संग एउटै कोठामा धेरै जना सुत्ने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| च) प्रदुषित पानी खुवाइएको बच्चा | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| छ) बच्चाको आमा वा स्याहार गर्ने व्यक्ति धुम्रपान गर्ने भएमा | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |

१४. तपाइको बच्चालाई साधारण रुघाखोकी लागेको भनेर कसरी थाहा पाउनु हुन्छ ?

- | | | |
|-------------------------|-----------------------------|-------------------------------|
| क) नाकबाट सिंगान बग्ने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ख) सुख्खा खोकि | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ग) घाँटी दुख्ने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| घ) हल्का ज्वरो | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ङ) छिटो छिटो सास फेरेमा | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| च) कोखा हान्ने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |

१५. बच्चालाई साधारण रुघाखोकी लागेमा तपाई के गर्नुहुन्छ ?

- | | | |
|---|-----------------------------|-------------------------------|
| क) तुरुन्तै एन्टीबायोटिक औषधीको प्रयोग गर्ने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ख) तुरुन्तै बच्चालाई अस्पताल लैजाने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ग) बच्चालाई न्याने पारेर राख्ने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| घ) कोठाको भ्याल बन्द गर्ने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ङ) बच्चालाई थप तातो भोल खानेकुरा खान दिने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| च) बच्चालाई भोल खानेकुरा कम गर्ने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| छ) बच्चालाई आमाको दुध खान नदिने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ज) बच्चालाई आमाको दुध निरन्तरता दिने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| झ) बच्चाको अवस्था अभि गम्भीर हुन्छ कि भनेर हेर्ने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |

१६. तपाईको बच्चालाई निमोनिया भएको भनेर कसरी थाहा पाउनुहुन्छ ?

- | | | |
|---------------------------------|-----------------------------|-------------------------------|
| क) ज्वरो आएमा | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ख) बच्चाले छिटो छिटो सास फेरेमा | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |

ग) कोखा हान्ने	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
घ) बच्चा सिथिल भएमा	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
ङ) खकार निस्कने खालको खोकी लागेमा	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
च) खकारमा रगत आएमा	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
छ) सास फेर्न गाह्रो भएमा	हो <input type="checkbox"/>	होइन <input type="checkbox"/>

१७. बच्चालाई निमोनिया भएमा तपाईं के गर्नुहुन्छ ?

क) यदि घरमा छ भने त्यही एन्टीबायोटिक खान दिने	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
ख) बच्चालाई घरायसि उपचार गर्ने	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
ग) तुरुन्तै स्वास्थ्य सेवा लिने	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
घ) केही दिन हेर्ने, निमोनिया आफै सञ्चो हुन्छ ।	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
ङ) बच्चालाई धामी भक्तीकोमा लैजाने	हो <input type="checkbox"/>	होइन <input type="checkbox"/>

१८. तल दिइएको मध्य कुन-कुन अवस्थामा तपाईं (बच्चालाई) तुरुन्त स्वास्थ्य सेवा लिनुहुन्छ ?

क) बच्चाले खान पिउन नसक्ने भएमा	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
ख) बच्चालाई कम्पन्न आएमा	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
ग) बच्चाले सास फेर्दा अस्वाभाविक आवाज आएमा	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
घ) बच्चा कुपोषित भएमा	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
ङ) बच्चाले आमाको दुध चुस्न नसक्ने भएमा	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
च) बच्चालाई धेरै ज्वरो आएमा	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
छ) बच्चा धेरै चिसो भएमा	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
ज) बच्चालाई धेरै खोकि लागेमा	हो <input type="checkbox"/>	होइन <input type="checkbox"/>

१९. तल दिइएको मध्य कुन - कुन सुरक्षित घरेलु उपचारहरु तपाईंले श्वास प्रश्वास समस्या भएका बच्चामा अपनाउनु हुन्छ ।

क) अदुवा र मह खान दिने	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
ख) तुलसीको पात पानीमा राखेर उमोलेर खान दिने	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
ग) पानीमा वेसार, नुन राखेर उमालेर खान दिने	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
घ) मरिच पानी उमालेर खान दिने	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
ङ) जडिबुटीहरु जस्तै रुदिलो, ज्वानोको लेपन बच्चाको छाती र पेटमा लगाउने	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
च) बच्चालाई विभिन्न जडिबुटीको धुवाँ दिने	हो <input type="checkbox"/>	होइन <input type="checkbox"/>
छ) आमालाई खानामा बन्देज लगाउने	हो <input type="checkbox"/>	होइन <input type="checkbox"/>

२०. बच्चालाई श्वास प्रश्वास समस्या हुन नदिन तपाईं के गर्नुहुन्छ ।

- | | | |
|--|-----------------------------|-------------------------------|
| क) बच्चालाई धुँवा धुलोबाट टाढा राख्ने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ख) बच्चालाई हावा आउन जान सक्ने कोठामा राख्ने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ग) बच्चालाई प्रशस्त पोषिलो खानेकुरा खान दिने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| घ) बच्चा सुत्ने कोठा भन्दा टाढा राख्ने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ङ) बच्चाको छाति छोपेर राख्ने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| च) जाडोमा बच्चाको टाउकोमा टोपी लगाइराख्ने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| छ) बच्चालाई चिसो स्याठबाट जोगाउने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ज) बच्चालाई पोषिलो खानेकुरा खान नदिने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| झ) बच्चालाई चिसो खानेकुरा खान नदिने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ञ) बच्चालाई रुधाखोकी लागेमा समयमै उपचार गर्ने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ञ) बच्चा भएको ठाउमा धुम्रपन गर्न नदिने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ट) दुध खुवाउने आमालाई चिसो खानेकुरा खान नदिने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ठ) बच्चालाई समयमै खोपको मात्रा पूरा गराउने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| डं) दुइवटा बच्चाको विचमा पर्याप्त जन्मान्तर राख्ने | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |

२१. बच्चालाई श्वासप्रश्वास समस्या देखिएमा तपाईं समुदायमा कसलाई वा कहाँ सम्पर्क गर्नुहुन्छ ?

- | | | |
|---------------------------------|-----------------------------|-------------------------------|
| क) महिला स्वास्थ्य स्वयं सेविका | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ख) धामी भ्रात्री | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ग) गाउँका जान्ने बुझ्ने व्यक्ति | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| घ) उपस्वास्थ्य चौकी | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| ङ) स्वास्थ्य चौकी | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |
| च) औषधि पसल | हो <input type="checkbox"/> | होइन <input type="checkbox"/> |

धन्यवाद ।

