



Identify The Choice Of Treatment By The Head Of The Family (Decision Maker) For The Care Of The Child With Respiratory Infections

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Abstract:

A descriptive design with cross sectional survey approach was undertaken to Identify the choice of treatment by the head of the family (decision maker) for the care of the child with respiratory infections in Salem, Tamilnadu among 205 decision makers having children before 14 years of age were selected by purposive sampling method and data were collected from them by closed ended questionnaire. Analysis of findings reveals that highest percentage of the decision maker was the father of the child (63.4%), in the age group of 21 to 30 years (55.2%), had high school education (27.3%), were daily wagers (52.2%), were in the income group of Rs.3001–6000 (47.3%), and highest (72%) percentage of the children were males for the age group of below one year. Most (84%) of decision makers were males and were from nuclear family (79%) and 59.5% got information from neighbours, 47.3% had two children. Most of them preferred home based treatment for common cold, cough, sore throat and pharyngitis except pneumonia, fever and breathing difficulty. And almost all of the decision makers preferred further treatment in specialty hospital when symptoms not cured. No significant association was found between the choice of treatment by the head of the family (decision maker) and demographic variables.

Introduction:

Acute respiratory infections (ARIs) in children are common and present substantial health risks, being a major cause of illness, hospitalizations, and mortality among children, leading to significant economic burdens on families and society. [1, 2, 3]

Acute Respiratory Infection (ARI) such as influenza is a disease common to all ages including children. These influenza epidemics are approximately 3 to 5 million severe cases and annual deaths of 250 000 to 650 000 worldwide. The condition is more severe in the high risk groups such as children, the elderly, and patients with other chronic diseases. Mortality cases due to ARI among children under 5 years are approximately 900 000 yearly. [4, 5]

The responsibility of child care predominantly falls on mothers; thus, their knowledge greatly influences the type and caliber of care provided to the child. Consequently, parental uncertainty often arises regarding whether and when to seek NHS services when children become ill with respiratory tract infections (RTIs). [6, 7, 8]

The various risk factors include illiteracy among parents, low socioeconomic status, overcrowding, malnutrition, lack of breast feeding, prelacteal feeds, partial immunization, indoor air pollution, early weaning, anemia, etc [9, 10]

Objectives

- The primary objective of the study was to identify the choice of treatment by the head of the family for the treatment of child with Respiratory Tract Infections.
- The secondary objective was to associate the choice of treatment by the head of the family (decision maker) with selected demographic variables.

Subjects and Methods

The quantitative descriptive cross-sectional study was done in rural areas of Salem, Tamilnadu. The study population included All decision makers having children before 14 years of age, who were residents of Salem Tamilnadu.

Sampling technique:

The Purposive sampling was used to select the participants. A total of 205 participants who met the inclusion criteria were the sample. The agreement to fill out the questionnaire was considered consent to participate in the study.

Study tool

The researcher initially established a rapport with the participants. After obtaining informed consent the self structured interview schedule was used to collect the data on demographic profiles (relationship to the child , age ,sex ,occupation, family income , educational status , type of family ,religion previous source of information regarding respiratory infections and its management.) and structured interview schedule to identify the choice of treatment in care of the child with respiratory infection such as common cold, cough, fever, sore throat, breathing difficulty, pharyngitis and pneumonia

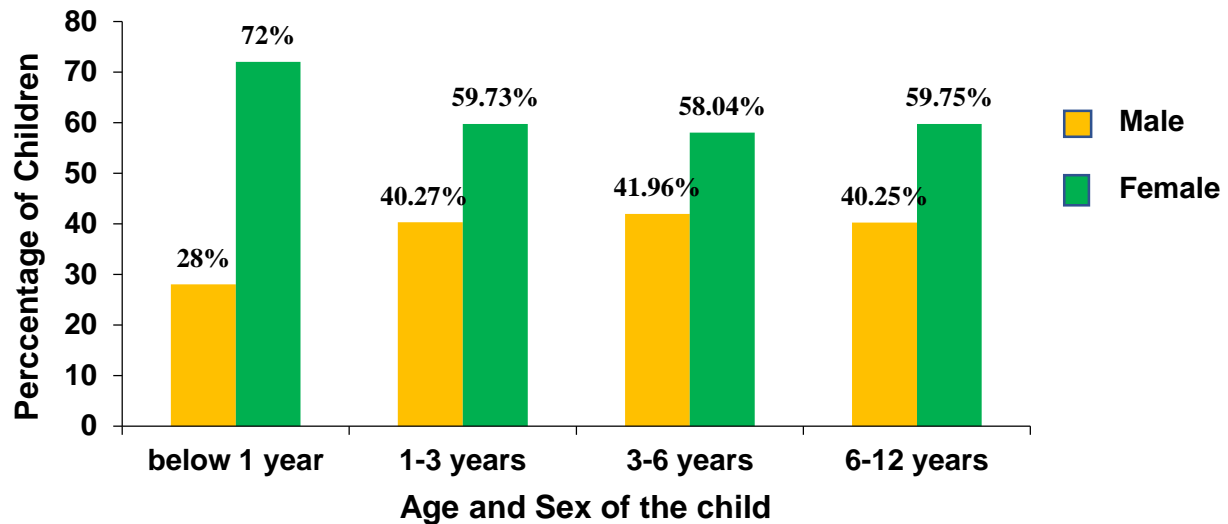
Statistical analysis

The collected data was planned to be organized, tabulated and analyzed by using descriptive and inferential statistics i.e. Chi-square test. The chi- square test was used to test the association between choice of treatment by the decision makers and demographic variables. All statistical calculations were performed using SPSS Statistics version 20.0 (IBM Corp., Armonk, NY, USA).

Results:

Percentage wise distribution of decision makers in relationship with their child shows that highest percentage (63.4%) of the decision maker were the father of the child, age group shows (55.2%) and 84% of decision makers were males. The highest 27.3% of decision maker had high school education, occupational status 52.2% of were daily wages, 79% of them were from nuclear family and 47.3% of them were in the income group of Rs.3001 – 6000. The source of information reveals that highest percentage (59.5%) of them got information from neighbours.

Percentage wise distribution of children according to their age and sex shows that highest (72%) percentage of the children was male for the age group of below one year. (Figure-1)



Results of decision makers for their choices of treatment of child with common cold problems:

Percentage wise distribution of decision makers according to common cold depicts the placement of treatment taken for their child is home based 39%, type of treatment given steam inhalation 36.3%, reason for taking treatment in specific place is best treatment modality 44%, duration of taking treatment one visit 44%, and further treatment in case of symptom not cured then the decision was speciality hospital 78%

Results of decision makers for their choices of treatment of child with Cough problems:

Percentage wise distribution of decision makers according to cough depicts the placement of treatment taken for their child is home based 39.5%, type of treatment given camphor oil application 43.2%, reason for taking treatment in specific place is best treatment modality 43.9%, duration of taking treatment one visit 41.5%, and further treatment in case of symptom not cured then the decision was speciality hospital 76%

Results of decision makers for their choices of treatment of child with Fever problems:

Percentage wise distribution of decision makers according to fever depicts the placement of treatment taken for their child is taken to hospital 45.3%, type of treatment given antipyretics 84.4%, reason for taking treatment in specific place is best doctor 32.7%, duration of taking treatment reduction of symptom severity 36.1%, and further treatment in case of symptom not cured then the decision was speciality hospital 86.8%

Results of decision makers for their choices of treatment of child with sore throat problems:

Percentage wise distribution of decision makers according to sore throat depicts the placement of treatment taken for their child is home based 71.7%, type of treatment given saline gargling 55.1%, reason for taking treatment in specific place is best treatment modality 64.9%, duration of taking treatment one visit 53.7%, and further treatment in case of symptom not cured then the decision was speciality hospital 81%

Results of decision makers for their choices of treatment of child with breathing difficulty problems

Percentage wise distribution of decision makers according to breathing difficulty depicts the placement of treatment taken for their child hospital 100%, reason for taking treatment in specific place is best doctor 43.4%, duration of taking treatment as long as symptom get cured 30.4%, and further treatment in case of symptom not cured then the decision was speciality hospital 100%

Results of decision makers for their choices of treatment of child with pharyngitis problems

Percentage wise distribution of decision makers according to pharyngitis depicts the placement of treatment taken for their child is home based care 41.9%, type of treatment given saline gargling 50%, reason for taking treatment is best treatment modality 32.6 % duration of taking treatment is one visit 53%, and further treatment in case of symptom not cured then the decision was speciality hospital 74.4%

Results of decision makers for their choices of treatment of child with pneumonia problems

Percentage wise distribution of decision makers according to pneumonia depicts the placement of treatment taken for their child hospital 100%, reason for taking treatment in specific place is best treatment modality 34.8%, duration of taking treatment as long as symptom get cured 43.4%, and further treatment in case of symptom not cured then the decision was speciality hospital 100%

Results of Association between choice of treatment of respiratory tract infections with decision makers

Chi square was calculated to find out the association between the choice of treatment in upper and lower respiratory tract infections and the decision makers reveals that there is no significant association between choice of treatment of upper respiratory infections like common cold cough, fever, sore throat, breathing difficulty, pharyngitis, pneumonia and by the decision makers

Choice of treatment	Upper respiratory infection	Lower respiratory infections	Level of significance
	Chi square value	Chi square value	
Place of treatment	1.06	2.07	NS
Type of home treatment	1.08	0.93	NS
Reason of taking treatment in specific place	1.96	2.16	NS
Duration of taking treatment	2.23	1.78	NS
Treatment in case of symptoms not cured	2.56	2.34	NS

(Df = 1) NS- Not Significant

Table value = 3.84 (P<0.05)

Discussion:

It is observed that highest percentage highest percentage (63.4%) of the decision maker is the father of the child whereas the lowest percentage (15.6%) decision maker is mother of the child contradictory to Sekimoto et al (2004) who conducted a study on “parent’s preferences for involvement in treatment decision making in Japan” reported that both the parents have positive attitudes towards participation in medical decision making. [11]

Highest percentage (39%) of the decision makers gave home based care, whereas lowest percentage (9.8%) preferred to take treatment in nursing home. It is supported by Pachter LM et al. (1998) which states that Home-based remedies for childhood colds, often complementary to biomedical treatments, are commonly utilized. [12]

Highest percentage (45.3%) of them preferred to take treatment in hospital whereas lowest percentage (9.7%) preferred to take treatment in nursing home for the treatment of fever. It is supported by AlAteeq MM et al. (2018) that parents prefer to seek healthcare for their children, with 38% doing so for any fever and 75% specifically for high fever. [13]

Highest (55.1%) percentage of the decision makers gave saline gargling for the treatment of sore throat whereas lowest percentage (8.2%) of them gave solid diet for its treatment Satomura K et al.(2005) stated that Saline Gargles are the excellent remedy for sore throat which is supportive to the present study. [14]

According to the place of treatment for the treatment of breathing difficulty shows that all the decision makers preferred to take treatment in hospital. It is supported by Muro F et al.(2017) who observed that the mothers took their children early to the hospital if their children had breathing difficulty related to pneumonia. [15]

Highest percentage (41.9%) of the decision makers gave home based care for the treatment of pharyngitis whereas lowest percentage of them (25.5%) took treatment in P.H.C further 32.2% preferred for taking to hospital. It is supported by Jan E Drutz. who observed that Systemic analgesia or soothing measures such as gargling with warm salt water at home are often used to treat sore throat caused by acute pharyngitis/tonsillitis. [16]

According to the place of treatment for the treatment of pneumonia shows that all the decision makers took treatment in hospital. It is Supported by Muro F et al.2017 who observed that the mothers took their children to the hospital for treatment of pneumonia. [15]

There is no significant association between upper respiratory infections common cold, cough, fever, sore throat, and pharyngitis and choice of treatment except, reason of taking treatment in specific place and duration of taking treatment with sex of the decision makers which shows significant association.

Conclusion:

This study concludes that most of them preferred home based treatment for common cold, cough, sore throat and pharyngitis except pneumonia, fever and breathing difficulty. And almost all the decision makers preferred further treatment in specialty hospital when symptoms not cured.

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