

Knowledge, Attitude And Practice On Myths And Belief Of Parents, Regarding Childhood Illness In Outdoor Unit Of Gynaecology Department Of A Tertiary Care Teaching Hospital

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Abstracts: Introduction: Indian parents often apply different traditional aspects related to health care to treat their children. This may be due to illiteracy and also lack of knowledge, time and money. They avoid going to hospitals and prefer to treat their children by their own traditional ways. Every society follows different myths and belief in different traditional aspects. This includes belief in household remedies, supernatural powers, holy rituals, salvation, offerings and sacrifices. Objectives: To assess the knowledge, attitude and practice of parents towards care of the child during common childhood illnesses. Materials and Methods: This is a questionnaire based survey type study. undertaken among 100 caretakers using structured questionnaires. Analysis was done by percentage basis. Results: Considering knowledge, attitude and practice, 75% had knowledge about the childhood illness, 73.8% of them had a positive attitude towards it and finally 44.3% of them had actually practiced it. Conclusion: Implementation of educational awareness programmes with postnatal counselling is crucially important in order to improve management of childhood illnesses. [Shahenaz M Natl J Integr Res Med, 2018; 9(6):44-49]

Key Words: Myths, Belief, Common Childhood Illnesses, survey type

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Introduction: Childhood illnesses like diarrhoea, abdominal pain, cough; cold and fever are common in society. Indian parents often apply different traditional aspects related to health care to treat their children. This may be due to illiteracy and also lack of knowledge, time and money. They avoid going to hospitals and prefer to treat their children by their own traditional way¹.

Every society follows different myths and belief in different traditional aspects. This includes belief in household remedies, supernatural powers, and belief in holy rituals, salvation, offerings and sacrifices, etc¹.

India is famous for its cultural diversity, having a textual and theoretical backing in terms of the AYUSH system of Medicine for these household remedies but still these are not free from toxic effects. This is a baseline study focussing on myths and belief in society, highlighting the lacunae in treatment of common childhood illness.

Material And Method: This is a questionnaire based survey type study. The study was started after approval from institutional ethic committee (IEC NO.PDUMCR/IEC/11101, dated 15/4/2017). Mother/guardian (caretaker) coming to gynaecology department in a tertiary care hospital are included as participants. Written consent was taken before enrolment in the

study. Total 20 questions were prepared after validation by concern expertise of relevant branch. The questionnaire was provided to participants in vernacular language on the basis of knowledge, attitude and practice of common childhood illness (dehydration, abdominal pain, cold, cough, etc) and household treatment of these illnesses. Participants had been asked in detail regarding the socio-demographic profile like age, education level, type of family and the source of information.

The questionnaire was developed to assess the knowledge level of care taker about care of the child during common childhood illnesses. It consists of 45 items and is divided into non-pharmacological measures like superstition, household remedies, natural remedies and allopathic treatment. The areas included in the tool were knowledge on care of the child during common cold, fever, abdominal pain, ear ache and dehydration. The data was collected by the investigator using face to face interview technique, after giving the subject information sheet about the study and obtaining informed consent from each participant. The data collected were analysed using descriptive statistic.

Result: The analysis of the demographic characteristics presented in table 1, revealed that majority of the caretakers belonged to the age group of 21-30 years (43%). All were female

caretakers, most of them were illiterate (43%), (81%). Major source of information as received knowledge from elderly people in family 42(42%).

62% living in nuclear families and belonged to lower socio economic class and regarding history of pregnancy, majority were multigravida

Table: 1. Socio demographic details

Socio demographic parameter		Number of patients (%), n= 100
Age Group (Year)	21-30	43(43%)
Gender	Female	100(100%)
Education	Illiterate	43(43%)
	Primary/secondary	48(48%)
	Higher secondary	7(7%)
	Graduate/postgraduate	2(2%)
Type of Family	Nuclear	62(62%)
Socioeconomic class	Lower socio Economic class	100(100%)
Gravida	Multipara	81(81%)
Source of information	Elderly people	70(70%)

Considering knowledge, attitude and practice, 75% had knowledge about the childhood illness, 73.8% of them had a positive attitude towards it and finally 44.3% of them had actually practiced it.

Table2: Analysis of infections

Disease	Treatment modalities				
	Non-pharmacological			Allopathic	Non-responder
	S	H	N		
Mumps	0	0	39(39%)	9(9%)	52%
Measles	44(44%) ⁸		51(51%)	0	5%
Abdominal pain	0	78(78%)	0	99(99%)	0
Dehydration	0	14(14%)	0	100(100%)	0
Common cold	100(100%)	0	0	100(100%)	0
Diarrhoea	98	94(94%)	0	91(91%)	0
Worm infestation	0	97(97%)	0	7(7%)	0
Fever	0	2(2%)	0	98(98%)	0
Ear discharge	0	1(1%)	0	98(98%)	1%
Boil	0	3(3%)	4(4%)	98(98%)	0

S-Superstition, H-Household, N-Natural

Table 3: Analysis of practiced at birth and others

Category	Treatment modalities				
	Non-pharmacological			Allopathic	Non-responder
	S	H	N		
Practiced at birth					
Colostrum	54(54%)	0	0	0	46%
Oral honey	0	0	54(54%)	0	46%
Others					
Hydrocoele	22(22%)	0	0	45(45%)	33%
Umbilical hernia	21(21%)	0	0	20(20%)	59%
Breast feeding	97(97%)	0	0	0	3%
Evil eye	98(98%)	0	0	0	2%
Jaundice	0	0	29(29%)	98(98%)	0
Excessive crying	0	86(86%)	0	0	14%
Kajal application	0	0	84(84%)	0	16%
Burns	0	1(1%)	0	0	99%

S-Superstition, H-Household, N-Natural

Treatment wise analysis of symptoms of illnesses in children is shown in table 2. Majority of Parents practice that dehydration (100%), Abdominal pain (99%), Boil (98%), fever (98%), Ear discharge (98%) can be cured by allopathic treatment, in case of Common cold (100%), diarrhoea (98%), abdominal pain (78%) curable along with non pharmacological measures like superstition, household remedies and natural remedies when Worm infestation (97%), mumps (39%) and measles (44%) are treated with non pharmacological measures.

Analysis of practice at birth and others, Considering half of parents practiced that colostrum should be avoided and feeding honey in the form of 'GADHUTHI' to the new born baby.

Other conditions like breast feeding (97%), Evil eye (98%), Excess crying (86%) and kajal application (84%) parents practiced non-pharmacological measures and in jaundice (98%), hydrocele (45%) and umbilical hernia (21%) parents practiced non pharmacological measures as well as allopathic therapy.

Discussion: Despite the advances in reducing childhood mortality in the world, over ten million children under five years old still die each year, with the majority of these deaths occurring in developing countries. Globally, almost 50% of all childhood deaths are due to infectious diseases, in combination with malnutrition, all of which are preventable or treatable².

India is a developing country in South Asia. Life expectancy at birth has increased, but after 60 years of independence, it is still lower than developed country. Child mortality rate of 45 per 1000 children is among the higher in the region of South Asia³. Gender disparities are also common in terms of literacy; life expectancy for women is lower than for men. Only 65 percent of Indian women are literate, as compared to 82 percent of men. There is a paucity of data on health care utilization in India which may be due to lack of money, time and knowledge⁴.

Women are the primary caregivers at home and a large proportion of the population do not visit modern health facilities and instead seek the help of traditional healers. Most often, treatment for illness of child is done only after home remedies have failed. The most recent study

documenting health seeking behaviour in villages' reports that most of the people primarily believe in household remedies, some of them may also visit traditional healers while only small number of people visit formal health care institutions².

In our study majority of the caretakers belonged to the age group of 21-30 years (43%) which does not correlate with the study done by Khan SA et al⁵ which reported preponderance of 18-25 years (38%) and Srisha et al¹ where majority of caretakers were from 36-52 years (69.5%). In present study, all were female caretakers with most of them illiterate (43%) similar results were seen in a study done by Khan SA et al⁵ where 52.7% were female and 69.3% were illiterate. Srisha et al¹ also reported female preponderance (84%) but majority of the caregivers are educated up to primary school (58%). Another study done by Thac D et al⁶ also reported female preponderance (99.3%) whereas 93.2% of caregivers are educated.

62% of caregivers lived in nuclear families and all of them belonged to lower socio economic class this finding is similar with study done by Srisha et al¹. Where 74% of caregivers were residing in nuclear families. Regarding history of pregnancy, majority were multigravida (81%). Similar results were seen in a study done by Thad D et al⁶ in which 54.1% of caregivers are multigravida. Major source of information was as received from elderly people in family (42%) which is contradictory to study done Srisha et al¹. Where major source of information was from health personnel 155 (77.5%).

Considering knowledge, attitude and practice, 75% had knowledge about the childhood illness this result is similar to Srisha et al¹ where 77.5% had good knowledge. 73.8% of them had a positive attitude towards non pharmacological measures it is also similar to Srisha et al¹ where 79% had positive attitude. Finally, 44.3% of them had actually practiced it.

A study done by department of paediatrics of a tertiary care hospital in South India indicated that awareness and attitude of postnatal mothers towards neonatal care have lots of lacunae especially in those who belong to lower socioeconomic class. Treatment of mumps and measles in present study showed deviation towards natural remedies this could be due to

illiteracy and misconception of caregivers. Abdominal pain is a common problem in children. The most difficult challenge is timely diagnosis so that treatment can be initiated. In present study 78% of caregivers believed in household remedies this was supported as the use of analgesics may interfere with accurate evaluation and diagnosis. However several randomised studies have illustrated that judicious use may actually enhance diagnostic accuracy by permitting detailed examination of a more cooperative patient⁷.

Common cold in present study was managed by allopathy. However, it is mentioned that there is potential for harm and no benefits with common cold medications and should be avoided in children younger than four years⁸. For diarrhoea majority believed (94%) that it was managed by household remedies and similar results were seen in a study done by Kilali et al⁹. In 55.3% of caregivers believed in household remedies whereas Amare D Et al¹⁰. reported 16.7% believed in household remedies.

Worm infections continue to be among the most common diseases affecting children from low and middle income countries. Deworming using annual or biannual single-dose albendazole or mebendazole is recommended as a public health intervention for all children. On contrary, in present study worm infestation was managed in majority by household remedies. In present study, for fever majority of caregivers (98%) believed in allopathy treatment and contrast results were seen in a study done by Chiappini E et al¹². in which only 21.4% believed in allopathy. Zyoud SH et al¹³. also reported only 34.8% of caregivers believed in allopathy for fever.

Ear discharge and boils in children is mostly bacterial in origin, and predominantly treated with an antibiotic. In our study also ear discharge and boils were predominantly managed by allopathy¹⁴.

In present study, 54% of patients practiced that colostrum should not be given and similar results were seen by Aisha R et al¹⁵. in which 60% of caregivers were in view to discard colostrum. Contrast results were observed in a study done by Mohammed ES et al¹⁶. Where 74.2% of mothers fed colostrum. Pre-lacteal feeds in form of oral honey was seen (54%) in our study, however Mohammed ES et al¹⁶. reported 42.7% of mothers offering pre-lacteal feeds and Aisha R

etal¹⁵. only 37% giving Gadthuthi to their newborn.

Hydrocoele is primarily a surgical condition where as present study caregivers believed in allopathic treatment¹⁷. Many small umbilical hernias will close spontaneously as the child grows between birth and 4 years of age, if not occur by this time, surgical repair is indicated before child's 5th birthday¹⁸. However, in current study majority (59%) are nonresponders.

Caregivers in majority (97%) were in view of mother's diet influencing breast milk. American academy of Paediatrics denied its direct correlation. Breast milk is produced from mammary glands, not directly from the mother's diet¹⁹. Babies and children are said to be especially susceptible to harm from evil eye, and in many countries including India, praising a child publicly is sometimes considered taboo. Belief in the power of the eyes is so powerful that any eye affliction has come to suggest evil and bad luck. 98% of caregivers in present study are suspicious about evil eye²⁰.

Jaundice was in majority (98%) treated in allopath where as contrast results were seen in a study done by Goodman OO et al²¹. where only 35.6% of caregivers believe in allopathy. Excessive crying was treated 86% by balagoli. Balagoli had reported to contain opium with no fixed dosage and can be harmful²².

Kajal application is a common practice in Indian families. Although concerns about its safety have been raised, its use in paediatric age is prevalent. 84% of caregivers in present study believe in application of kajal. Mohta A et al²³. reported 90% of mothers practising kajal and more than 50% enumerating advantages like improves eyesight. Majority (99%) of caregivers are no responders about managing burns in paediatric age group. This could be due to illiteracy and lower socioeconomic class.

Conclusion: Caregivers have considerable myths and beliefs regarding treatment of childhood illnesses. Implementation of educational awareness programmes with post natal counselling is crucially important in order to improve management of childhood illnesses. Various stakeholders should be involved to develop policies towards healthy attitude and belief in community towards childhood illnesses.

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