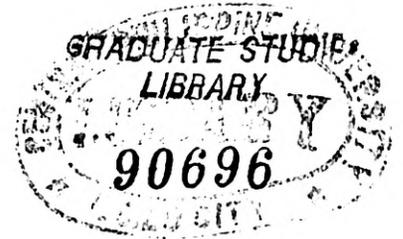


**KNOWLEDGE, ATTITUDE AND PRACTICES OF CARETAKERS
TOWARDS THE HEALTH CARE OF CHILDREN WITH
ACUTE LOWER RESPIRATORY TRACT INFECTION
IN LA PAZ, ILOILO CITY**



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KNOWLEDGE, ATTITUDE AND HEALTH PRACTICES OF
CARETAKERS OF CHILDREN WITH ACUTE LOWER
RESPIRATORY TRACT INFECTION (ALRI)
IN LA PAZ, ILOILO CITY

by

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ABSTRACT

This study aimed to determine the knowledge, attitudes and practices of health caretakers of children with acute lower respiratory tract infection in La Paz, Iloilo City.

Specifically, this investigation sought to determine:

a) the level of knowledge of caretakers, their attitudes and practices regarding the health care of children with acute lower respiratory tract infection.

b) whether there is a significant relationship between knowledge and health care practices of caretakers of children with acute lower respiratory tract infection.

c) whether knowledge about health care and practices significantly differs between those with positive attitude and those with negative attitude towards health care of children with acute lower respiratory tract infection.

d) whether there is a significant relationship between knowledge about ALRI, attitudes and practices and selected variables such as age and educational attainment.

e) whether there is significant relationship between knowledge and health care practices of caretakers when their attitude is controlled.

This study was conducted in La Paz, Iloilo City in 1995 with health caretakers as respondents. The study area was chosen since it had the highest incidence in acute lower respiratory tract infection in Iloilo City. From the list of city barangays the top five with the highest incidence of ALRI based on DOH records were indentified. The needed sample was proportionately allocated to each barangay. Systematic sampling with random start was utilized in choosing the respondents from each barangay. There were 203 respondents from the five barangays.

Findings

The result of the study showed that the respondents had an income of P 3,171.85 per month and a mean age of 28 years. Of the respondents, 54.8 percent were housekeepers and almost one-third (34 percent) of them finished college. Those with one child aging two months to five years comprised 54.1 percent, and 80 percent of these suffered from ALRI from July to September 1995.

The majority (58.5 percent) of the caretakers had "high" knowledge about ALRI. The information which the respondents were most familiar with were: "on the incubation period of ALRI" , "the causative agents of ALRI", "vaccine to be given to combat ALRI", "and specific parts of the body affected by ALRI" and "whether or not ALRI is curable." On the other hand, the caretakers were least familiar with information on "identifying vitamins and foods to be given to a child with ALRI."

Slightly more than half of the respondents had good attitude towards the care of children with ALRI. Most of them favored isolating a child with ALRI, and seeking second opinion from the doctor. They were also afraid that the child would have complication. They were also concerned if the health condition of the child changed. Moreover, they were interested to know more about ALRI and to join in activities or programs that seek to understand ALRI and its management.

Almost one-third of the health caretakers had a negative attitude on the use of vitamin C and completing the child's immunization. Almost one-fifth of the health caretakers were not concerned with their child and were not willing to take care of them.

Almost three-fourths of health caretakers had good health care practices. They cleaned the nose of their child when obstruction occurred, gave the complete dosage of the prescribed medicine, separated their ill child from others who were not sick, provided ways in giving relief to the ill child whenever the child had ineffective breathing, bought the prescribed drugs for the child with ALRI and at the same time provided them rest and sleep.

However, on the other hand, many of the caretakers did not give large amount of juice or water to the sick child, did not separate the personal things of the ill child, gave large amount of food high in calories and rich in minerals, did not bring their child to the doctor or health center and did not comply as advised.

The relational analysis showed that health caretakers who had high level of knowledge about ALRI tended to have good health care practices.

The caretakers' health care attitude towards ALRI was not significantly associated with their level of knowledge about ALRI.

The level of healthcare practices of caretakers who were afraid that their child with ALRI will have complication significantly differ from those who were not afraid.

Age of caretakers is significantly associated with knowledge about ALRI.

The caretakers educational attainment was not significantly associated with knowledge about ALRI. Caretakers who were on their early thirties had better attitude towards ALRI than their older counterparts.

Health caretakers who had very good attitude were those who were high school educated, but the health caretakers' attitude was not determined by their educational attainment.

Those health caretakers who were on their late thirties were found to have good health care practices. There was a positive association between caretakers' health practices and their age.

College educated health caretakers had good practices compared to those who were high school and elementary educated caretakers. Health caretakers' knowledge about ALRI still have a relationship with their practices when their attitude was controlled.

Conclusions

Caretakers of children with ALRI were knowledgeable, had good attitude as well as good practices.

Caretakers' practices in the management and care of ALRI patients was affected by their knowledge about the disease. The findings support the hypothesis that a person's knowledge about a disease can contribute in the improvement of their health care practices.

Health caretakers' attitude towards the management and care of ALRI patient was not affected by their knowledge about the disease. This finding does not support the hypothesis that a person's knowledge about the disease can contribute in the improvement of their attitude towards the disease.

Caretakers' practices in the management and care of ALRI patient was affected by their attitude towards the disease. This particularly focused on those who were afraid that the child with ALRI would have complications.

Knowledge about ALRI of the caretakers was not affected by their age and caretakers' educational attainment. The same finding was drawn when these variables were correlated with caretakers' health care practices.

Caretakers' practices in the management was affected by their knowledge when their attitude was controlled. This finding did not support the hypothesis, that a person's knowledge about a disease could contribute in the care of ALRI when their attitude was controlled.

Recommendations

The study found out that caretakers' health care practices was influenced by their knowledge about ARI: therefore it is recommended that a more comprehensive information campaign on ALRI be designed by the Department of Health, especially the

personnel of City Health Office, La Paz Health District and Barangay Health Centers. This information campaign be directed to mothers' classes, seminars, lectures and propaganda to enrich their knowledge on child diseases and preventive nursing care. Other programs that the DOH should give attention to are the micronutrients in food, its vitamins and mineral components. Likewise, an information campaign about immunization and its importance should properly be stressed to health caretakers for them to have a positive attitude towards it.

The health personnel should also educate the community about the proper way of taking medications and the dangers of self medications. With this, the community will be aware of the dangers of improper taking of antibiotics.

In implementing the program thrusts of the government, the health personnel are encouraged to be more creative enough to attract the community. These may include utilization of support groups and use of interpersonal communication skills to promote attitudinal change.

It is also recommended that a study of the psychological factors affecting knowledge and attitudes towards health care be conducted by future researchers.