

Mother's knowledge, attitude and practice determination of fever Management of children at Home Rural areas of Lahore

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Abstract

Fever is common problem in children. Most these episodes are managed at home unless consultation from a consultant. Mothers' response to fever will depend on their perception of its cause and Knowledge about how it can be manage. The aim of this study is evaluate mothers' perceptions of fever and its Management at home.

Methods: This was a community based descriptive study. It involved the distribution of questionnaires of 19 items on fever and related questions to 110 mothers. Data was analyzed using descriptive statistics. Results: The age of 110 mothers who were participated is 19 years to 45 years. Mothers check temperature not from proper place. And gave no proper dose of accurate medicine. Conclusion: Mothers of rural areas of Lahore have good Knowledge about fever however there is need to educate them on the use of thermometer and proper use of drugs.

Keywords: Mother s perception, fever, and children

DOI: 10.7176/JHMN/67-12

Publication date:October 31st 2019

INTRODUCTION

Elevation in body temperature is a fever. Oral measurement of 98.6 Fahrenheit (37 Celsius) or the normal rectal temperature of 99 F (37.2 C) is considered higher. However, these are averages, and one's normal body temperature may actually be 1 F (0.6 C) or more above or below the average of 98.6 F. Body temperature can also differ up to 1 F (0.6 C) (Athamneh, El-Mughrabi, Athamneh, Essien, & Abughosh, 2014)

Fever management is a technique in which mothers do some practices for fever diminish. There is no need for fever management if it does not cause uneasiness. It is not necessary to stimulate an adult or child to manage a fever unless doctor advised to do so (Athamneh et al., 2014).

A child who is suffering from fever should be kept in comfortable and not overdressed. Overclothing also can cause fever. Tepid water (85 F [30 C]) baths or sponge baths are a home remedy it also help in fever management. Never give bath with cold water to a feverish person. This is a very common mistake. Never sponge a child with alcohol; inhaled fumes of alcohol can causing many problems

Home remedies for fever controlling is include keep on hydrated. Drink sufficiently water and fluids, and avoid alcohol or caffeinated drinks, which can help to dehydration (Logo, F. W. (2011). Fever).

In childhood fever is very common problem and is one of the major cause that parents bring their children for medical care. In general practice of any pediatrician fever is a major complain which is about 1/3rd of all

complains.(Lagerlov P, Helseth S, Holager T. Childhood illnesses and the use of paracetamol (acetaminophen): Fever is increase body temperature. Fever is the body's natural response to fight with infections like cough and cold. Feel warm than routine to the touch on their forehead back or belly. Have red galls. Normal temperature in babies and children is about 36.4C, but this can differ slightly from child to child. In many studies range of fever is 37.5C to 37.9C and high fever is ranging from 38.4C to 39.1C and in dangerous level is 39.3C to 39.9C.

Infect fever itself is not a disease but it is the process by which body fights infection, (Athamneh, El-Mughrabi, Athamneh, Essien, & Abughosh, 2014). Fever after immunization; current concepts and proved future scientific understanding. (Clin infect, 2004). This increases the neutrophils production and increase T. lymphocytes production which improves the defense mechanism.

Fever is most common problem in children. Most of them are treated at home by mother's perception without any consultation or advice by the physician who find the cause of fever and managed

In rural areas of Lahore mothers mostly check fever of their children with their hands not use any thermometer and gave anti pyrexia medicine without any prescription by any physician. In mostly cases mothers' gives aggressive antipyretic treatment in incorrect doses. 51% mothers gave 6 hourly ibuprofen and 14% to 27% gave more frequently before 4 hours. 33% to 50% gave ibuprofen at less than 6 hours

Self-medication has customarily been labeled as "the taking of medicines, herbs or home remedies on one's own personal initiative, or on the advice of other person, without consulting a health physician. (Patil et al., 2014)

AIMS OF THE STUDY

The aim of this study is improves the knowledge and believes of mothers regarding childhood fever and its management at home. Prevent children from complication of fever and unnecessary medications.

SIGNIFICANCE OF THE STUDY

Pakistan among 10 countries with uppermost level of child death.60 present of the world's 5.9 million children who died within the first year of life.

Many child died with pneumonia, fever, meningitis and other reason due to unawareness and lack of knowledge about fever. Some time they don't feel any emergency and child become serious.

In many homes parents gave excessive medicine for very low grade fever. And some time times mothers give previous prescribed medicine without advice by physician.

After this study parents will be able to manage fever of children in home accurately. Mother's practice regarding become healthy, happy and stronger then country defiantly will become stronger.

LITERATURE REVIEW

Fever is very common in childhood. Parents have been exposed to have unlikely fears, resulting in incorrect management of fever in their children (AL Eissa al et, 2000).

According previous studies One hundred and thirteen (74.8%) participants defined fever as high temperature of the body, while One hundred and twenty one (80.2%) mothers knew that a child had fever when his/her body was hot, while 7(4.6%) believed fever is present when there is loss of appetite .The commonest identified that lack of appetite is also a symptoms of fever in 108(71.5%), while the least associated symptom was yellowness of the eyes 5(3.3%) shows the others.(Alex-Hart & Frank-Briggs, 2011)

Purpose of my study is to assess mother's knowledge attitude and practice for controlling of fever in children under 10 years of age at home. It is proved by many studies that less than 20% parents use digital or electronic thermometer, it is the best way to check temperature at home

More than 68%used their hands to check fever. it is not recommended because measuring by hands has been shown to be incorrect result falsely identifying that child has fever. (Athamneh et al., 2014)

In this study I will know that how parents check fever and how use thermometer I will inform them about right way to check fever and how use the thermometer. Lines for world

The guild lines from world Health Organization (WHO) recommended treatment when temperature is above 38.5 degree centigrade. (World Health Organization. Hand book IMCI; integrated management of childhood illness.)

In my study I will teach the mothers of rural areas of Lahore low temperature and high temperature and I will told them when they need anti pyrexia drug mostly people gave anti pyrexia and anti-biotic drugs without any physician's prescription. I will told them about hazers of excessive use medicine. 44% mothers keep age of child in mind when they manage fever of their child at home and 38% mothers keep fever in mind while 10% only considered weight as a very important factor to take into consideration before choosing the dose of medicine for fever control.

SETTING

A descriptive study was conducted in rural areas of Lahore children under 10 years of age.

Population:

I was collected data from rural reas of Lahore 110 homes

SAMPLING

Convenient sampling was used for the data collection

RESEARCH INSTRUMENT

5 point closed end Likert scale questionnaire adopted from the literature of (Uppal D et al., December 2014) was used as a research tool. Questionnaire consist of 2 parts first consists on demographic data of participant and second is Likert scale questionnaire which is further divided into 4 subparts focusing on part 1 knowledge of self-medication part 2 attitude towards self-medication, part 3 practice of self-medication, part 4 reasons for the use of self-medication, Questionnaire comprises of 21 quantitative questions.

DATA GATHERING PROCEDURE

Ethical clearance to conduct the study was obtained from Institution Review Board Committee the University of Lahore. Permission from community stakeholder was taken to collect health and demographic data in the community. The rules and regulation of community were followed. No personal identity of participants were revealed. No participant was forced to take part in research work. All the confidential data treated confidentially.

METHODS USED TO ANALYZE DATA

Data analysis was done using SPSS version 21.

STUDY TIMELINE

The study was conducted from September 2017 to January 2018 in the rural area of Lahore and the duration of this study is three months.

ETHICAL CONSIDERATION

- Veracity. Information was given to participants about the purpose of the study.
- Confidentiality. To keep the confidentiality intact, coding was made so that personal info of participants may not reveal.
- Non maleficence. No participant was forced to take part in study or to fill questionnaire without own willingness. No sensitive information was obtained.
- Autonomy. Informed consent was attached with each questionnaire.

- Justice. No biasness was involved in conducting study and analyzing data. Fair results were concluded.

Research Question – Is the health of children effected by illiteracy of mothers?

RESULTS

The study population is Husain Abad community and target population is mothers having children. 110 participants were response against questionnaire in which includes 15 to above 45 years old.

Data collected from the rural residents of the Husain Abad community, Lahore to determine the knowledge, attitude and practices of mother regarding children fever management, and they show 100% response to the current study. The data analysis consists of two parts. Demographic is the first part of data analysis which gives details about demographic variables. Second part is descriptive analysis which provides us recurrence and rate of respondent regarding 21 item of questionnaire.

Section 1

Table 1 depicts that participants of the study were n=110, male 0 and female were 110.

19 to above 45 year old participants were responded as, (83) 72.8% were 15-30 year old, 36.6%, (24) 21.1% were 31-45 year old and above 45 year old participants responded as (3) 2.6%. The statistical report shows in table 1 that the participants between the ages of 15-30 year old percentage is high between selected age group and above 45 year old is low. Mostly participants' education was, 66 (57.9%) Primary, 29 (25.4%) matriculation, and 15 (13.2%) not qualified/illiterate.

Demographic data involve gender, age, qualification, is further individually described as bellow.

Table 1 Demographic Characteristics

Variable	category	F	%
Age	15-30	83	72.8
	31-45	24	21.1
	Above 45	3	2.6
Education	illiterate	15	13.2
	Primary	66	57.9
	Matriculation	29	25.4

Section 2

Table 2 demonstrate the knowledge of mothers towards fever management..

In reaction of (1-7) items questionnaire which were used to determine the knowledge of participants towards the management of fever and majority of the respondent's express positive knowledge by circle their response in the favor of fever management. Majority of them shows positive knowledge but, little percentage of participants show poor knowledge. Complete details presents in table 2.

The percentage of mothers who have knowledge about normal temperature of the children is 66.7% and frequency is 76 7 present of mothers have knowledge about fever and frequency is 8.

TABLE 2 KNOWLEGDE REGARDING FEVER MANAGEMENT

STATEMENT		F	%
In home, often check temperature	With the thermometer	56	49.1
	Paper thermometer	4	3.5
	Don't know	18	15.8
Best sites for check temperature?	By hand	32	28.1
	The rectum	64	48.1
	The mouth	49	36.8
	The axilla	19	14.3

what is the normal temperature	36C	12	10.5
	37C	76	66.7
	38C	13	11.4
	Don't know	9	7.9
How much the temperature you consider of fever?	36C	8	7.0
	38C	50	43.9
	37C	40	35.1
	41C	12	10.5
How much fever of your child before going to the doctor?	38C	1	0.9
	39C	29	25.4
	40C	65	57
	41C	15	13
When your child suffering from fever you check his temperature every :	After 15 mints	6	5.3
	From 15 to half an hour	12	10.5
	From half an one hour	30	26.3
	From one to two hours	62	54
When you don't treat fever of your child it can cause	Seizure	34	29.6
	Brain damage	28	24.6
	Brain damage	12	10.5
	Dehydration	36	31.6

Section 3

Table 3 demonstrate the practices of mothers towards fever management..

In reaction of (1-6) items questionnaire which were used to determine the practices of participants towards the management of fever and majority of the respondent's express good practices by circle their response in the favor of fever management. Majority of them shows good response but, little percentage of participants show unsatisfactory. Complete details presents in table 3.

In my study 61% of mothers gave medicine of fever management to the children's according to leaflet of the medicine and 7 of frequency of this.

TABLE 3 PRACTICE REGARDING FEVER MANAGEMENT

Which drugs do you give to your child who is suffering from fever?	Panadol	29	25.4
	Brufine	58	50.9
	Aspirin	5	4.4
	Antibiotics	18	15.8
	previously advised meds	53	46.4
do you chose the right fever let down Drugs	Pharmacy person information through media	50	43.9
	Decide myself.	4	3.5
	pediatrician	3	2.6
	Reading the leaflet	31	27.2
	C0nsulting pharmacist	7	61
Dose of fever lowering drugs you give for treat fever?	I call me	28	24.6
		44	38
Z Fever not settled you gave additional Medicine.	Yes	25	21.9
	No	47	41.9
	don't know	38	33.3
in addition to drug which other home remedies are used?	Cold sponging	42	36.8
	Icepack tepid	12	10.5
	Taped sponging	46	40.4
	only drugs	10	8.8
: when give an medicine to your child you consider:	Age	28	24.6
	Sex	11	9.6
	Weight	31	27.2
	Severity of fever	40	35.1

Section 4

Table 4 demonstrate the attitude of mothers towards fever management..

In reaction of (1-2) items questionnaire which were used to determine the attitude of participants towards the management of fever and majority of the respondent's express positive attitude by circle their response in the favor of fever management. Majority of them shows positive attitude but, little percentage of participants show negative attitude. Complete details presents in table 4.

The outcomes exhibit 110(71.00%) respondents indicate favorable attitude towards children education responses against 21 items questionnaires. 43(29%) responded shows (disagree and strongly disagree) unfavorable attitude

TABLE 4 ATTITUDE TOWARDS FEVER MANAGEMENT

	He has a fever	58	50.9
You give an antibiotic drug if your child :	You suspect an infection	30	26.3
	Found information on net	16	14.0
		6	5.3
	Have prescription	69	60.5
When you go pharmacy to buy antibiotic drug , you frequently:	Deeside by yourself		
	according information	35	30.7
	Don't know	5	4.4
		1	9

DISCUSSION

In my study we explored knowledge, beliefs and attitudes of mothers of rural areas of Lahore in managing the fever of children at home.

In this study mothers should be encouraged to check temperature from the axilla not check from mouth of the children's. Use thermometer for check temperature of the child at home which is the most accurate way of fever check. More than 6828% used their hands which is not recommended because check fever by hand has been shown incorrect results by falsely identifying that child is suffering from fever and there is a risk of metal poisonousness with mercury thermometer use.

Studies found that physical procedures used to manage fever such as bathing, cold sponging, application of ice bags, and rubbing the body with these methods may paradoxically increase fever, have dangerous side effect such as shaking, shivering, severe hypoglycemia, or lead to coma. Consequently, physical methods to fever management are not recommended excepting cases of hyperthermia. However, in my study I found mothers in rural areas of Lahore gave Brufine and Panadol for fever without consult to doctor, when asked to the mothers about its reason most reported that it is more useful. On the other hand, more mothers gave medicine to their children after asking pharmacist and someone gave by self. And gave antibiotics no properly.

LIMITATIONS

Non-probability sampling technique was applied in the study. The study was conducted in rural area of Lahore.

CONCLUSION

Our results indicate that mothers of rural areas of Lahore use incorrect method for check fever of the children and use improper medicine to reduce fever of child in home.

As the data suggest that a high ratio of Mothers use the oral route for check temperature and medication Administration, Educational programs may be needed to ensure the Process of taking temperature by exile and arrange educational programs about medications use and ensure them to do not use antibiotics without advice by physician.

ACKNOWLEDGEMENT

Author's heart is filled with the feeling of gratitude toward God Almighty and then all the faculty of Lahore School of Nursing especially Mr. Muhammad Afzal, Mr. Muhammad Husain and Miss Hajira Serwer who

guided me on every step of this work. I also feel grateful to my family and friends especially my mother for always remaining encouraging and supporting in every aspect of life.

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