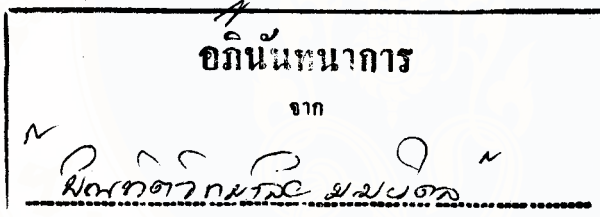




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MATERNAL PERCEPTION AND SOCIOECONOMIC FACTORS
ASSOCIATED WITH
SEVERITY OF ACUTE RESPIRATORY INFECTION
IN CHILDREN AGED UNDER FIVE YEARS

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ABSTRACT

The case-control study was conducted in Bhumibol Adulyadej Hospital from February 20, through April 15, 1992 to determine maternal perception, socioeconomic status and risk factors associated with severity of acute respiratory infection (ARI) in children under 5 years of age. Data were collected from 98 mothers in which 48 were cases and 50 controls. Among children of 48 cases, 97.9% had acute lower respiratory tract infection (ALRI) and 2.1% had acute upper respiratory tract infection (AURI) with partial airway obstruction. Attending physicians concluded that clinical signs and symptoms of all cases children were severe ARI. All AURI children of controls were mild ARI. This study found that the majority of severe ARI (ALRI) children was young infants (\leq 12 months). Mothers of ALRI children were younger, less education and lower family income than those of AURI

group. Educational level and family income are significantly associated with severity of ARI.

This study demonstrated that children with birth order $\geq 3^{\text{rd}}$, ≥ 3 offsprings family, smoking fathers, exposure to charcoal smoke, and mothers' feeling of inconvenience to attend the hospital have significant higher risk to develop ALRI than children without those characteristics.

The results from this study revealed that mothers of severe ARI had significantly less knowledge about ARI disease, primary home care, health promotion, and lower perception on severity of ARI than those of non-severe group. On the other hand, mothers of severe ARI children showed significantly higher perception on their child's susceptibility to complications of ARI. The majority of both groups did not perceive barriers of seeking for treatment. However barrier perception showed non-significant association with severity of ARI.

Mothers of severe ARI had low scores on patterns of child rearing practices (CRP) and on experience of health services utilization (HSU). Proper supplementary food disclosed significantly different between both groups e.g. severe ARI children did not receive proper supplementary food. It was also found that the mothers of severe ARI significantly made use of health centers than controls.

Regarding treatment seeking behaviors, almost all of both groups had given some medicine to their children prior to attending the hospital. After failure of home remedies, most of non-severe ARI mothers sought treatment from government hospitals. At this stage, most cases showed the delay in attending the government hospitals.

Generally, lower income mothers prefer health centers to government hospitals for medical consultation. It is suggested that the health personnel pay more attention to the ARI high risk children. Moreover, special health education program initiated by the Ministry of Public Health should continue emphasizing pneumonia, primary home care, and appropriate drug-using in children for the better benefit of ARI children. The health center plays a vital role for the great success of the said program. Further study of maternal perception on ARI especially among young infants and first child is also recommended.