Section: Pediatrics

Original Research Article

KNOWLEDGE OF COMMON CHILDHOOD ILLNESSES AND HOME REMEDIES: EXAMINING THE KNOWLEDGE AND ATTITUDES OF PARENTS AND CAREGIVERS TOWARD COMMON CHILDHOOD ILLNESSES, SUCH AS COLDS, FEVERS, OR DIARRHEA, AND THEIR UNDERSTANDING OF APPROPRIATE HOME REMEDIES AND WHEN TO SEEK MEDICAL CARE

Chintu Chaudhari[1], Asmita Patel[2], Bhoomi Patel[3], Pranav Punasanvala[4]

[1]Associate Professor, Department of Pediatrics, GMERS Medical College, Valsad, Gujarat, India
[2]Assistant Professor, Department of Pediatrics, GMERS Medical College, Valsad, Gujarat, India
[3]Assistant Professor, Government Medical College, Surat, Gujarat, India
[4]Associate Professor, Department of Pediatrics, GMERS Medical College, Himmatnagar, Gujarat, India

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Corresponding Author:
Dr. Pranav Punasanvala,
Email: flydown007@gmail.com

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Abstract

Background: Common childhood illnesses, such as colds, fevers, and diarrhea, can have a significant impact on children's well-being. The knowledge and attitudes of parents and caregivers regarding these illnesses and appropriate home remedies play a crucial role in effective management and healthcare-seeking behaviors. This study aimed to examine parental knowledge and attitudes toward common childhood illnesses, home remedies, and when to seek medical care. **Materials and Methods:** A cross-sectional study design was used to collect data from a diverse sample of 300 parents and caregivers of children aged 0-12 years. A structured questionnaire was developed and administered to assess demographic information, knowledge of symptoms, home remedies, and seeking medical care, as well as attitudes toward common childhood illnesses. Statistical analyses, including descriptive statistics, correlation analyses, and regression models, were conducted to explore associations between demographic variables, knowledge levels, attitudes, and practices. **Result:** The findings revealed knowledge gaps among parents and caregivers, with a significant proportion having partial or inadequate knowledge of common childhood illnesses and home remedies. Educational level emerged as a significant factor influencing knowledge and attitudes, with higher educational attainment associated with higher odds of adequate knowledge and positive attitudes. Socioeconomic status also showed a significant association with attitudes toward seeking medical care. Age and gender did not demonstrate significant associations with knowledge and attitudes. **Conclusion:** The study highlights the need for targeted interventions and educational programs to address knowledge gaps and promote positive attitudes among parents and caregivers. Enhancing parental knowledge and promoting appropriate healthcare-seeking behaviors can lead to better health outcomes for children.

INTRODUCTION

Common childhood illnesses, such as colds, fevers, and diarrhea, are prevalent health concerns that impact children's well-being. Parents and caregivers play a vital role in managing these illnesses, including their knowledge of symptoms, appropriate home remedies, and when to seek medical care. Understanding the knowledge and attitudes of parents and caregivers regarding common childhood illnesses and home remedies is crucial for promoting effective management and appropriate healthcare-seeking behaviors.[1,2]

Childhood illnesses can have significant impacts on children's health and development. While many of these illnesses are typically mild and self-limiting, they can cause discomfort and disrupt daily activities. Parents and caregivers are often the first line of defense in managing these illnesses, making their knowledge and understanding of great importance.[3,4]

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Effective management of common childhood illnesses requires a comprehensive understanding of their symptoms, causes, and appropriate home remedies. Home remedies, such as adequate hydration, rest, or specific natural remedies, can help alleviate symptoms and support children's recovery. However, it is essential for parents and caregivers to have accurate knowledge about the appropriate use of these remedies and their limitations.[5,6]

Moreover, parents and caregivers must recognize the signs indicating when medical care is necessary. Certain symptoms or conditions, such as persistent high fever, severe dehydration, or respiratory distress, may require medical attention. The ability to identify these warning signs and seek appropriate medical care in a timely manner is crucial for ensuring the well-being of the child.[7,8]

Existing literature suggests that parental knowledge and attitudes toward common childhood illnesses and home remedies can vary significantly. Some studies have reported knowledge gaps and misconceptions among parents and caregivers, leading to suboptimal management practices and delayed healthcare-seeking behaviors. These knowledge gaps may be influenced by various factors, including educational background, cultural beliefs, access to healthcare information, and socioeconomic status.[9-13]

By examining the knowledge and attitudes of parents and caregivers regarding common childhood illnesses and home remedies, healthcare providers and policymakers can identify areas for improvement and develop targeted interventions. Enhancing parental knowledge and promoting appropriate healthcare-seeking behaviors can contribute to better health outcomes for children and reduce the burden on healthcare systems.[11,14]

Therefore, this research article aims to investigate the knowledge and attitudes of parents and caregivers toward common childhood illnesses, such as colds, fevers, or diarrhea, and their understanding of appropriate home remedies and when to seek medical care. By synthesizing existing literature and analyzing empirical studies, this study seeks to identify knowledge gaps, explore factors influencing parental attitudes, and provide insights for the development of evidence-based interventions and educational programs. Understanding the knowledge and attitudes of parents and caregivers can facilitate the development of effective strategies to promote appropriate management of common childhood illnesses and improve children's health outcomes.

MATERIALS AND METHODS

Study Design

This research article utilized a cross-sectional study design to investigate the knowledge and attitudes of parents and caregivers toward common childhood illnesses and home remedies. The study aimed to provide a comprehensive understanding of parental knowledge, attitudes, and practices related to managing common childhood illnesses.

Sample Selection

The study recruited a diverse sample of parents and caregivers of children aged 0-12 years from various geographical locations. The sample size for this study was determined using a power analysis based on the anticipated effect size and desired level of statistical power. Considering the resources and feasibility constraints, a minimum sample size of 300 participants was determined as sufficient to detect meaningful associations and variations in knowledge and attitudes.

Participants were selected using a convenience sampling approach, including individuals recruited from community centers, schools, pediatric clinics, and online platforms. The inclusion criteria consisted of individuals who were primary caregivers of children and willing to participate in the study.

Data Collection

Data were collected through a structured questionnaire designed specifically for this study. The questionnaire was developed based on a thorough review of existing literature and validated measures related to childhood illnesses, home remedies, and healthcare-seeking behaviors. The questionnaire consisted of three main sections:

Demographic Information: Participants were asked to provide demographic details, including age, gender, educational level, occupation, and socioeconomic status. This information was collected to describe the characteristics of the sample and identify any associations with knowledge and attitudes.

Knowledge Assessment: The knowledge section assessed participants' understanding of common childhood illnesses, including their causes, symptoms, and appropriate management. Multiple-choice and open-ended questions were included to evaluate participants' knowledge levels and identify any knowledge gaps. The questions were designed based on evidence-based guidelines and recommendations from reputable health organizations.

Attitude Assessment: The attitude section measured participants' beliefs, opinions, and practices related to managing common childhood illnesses at home. Likert-scale and categorical questions were included to gauge agreement or disagreement with various statements. Participants were also asked about their healthcare-seeking behaviors, including when they would seek medical care for their child's illness.

Data Analysis

Data analysis was conducted using appropriate statistical techniques. Descriptive statistics, such as frequencies and percentages, were used to summarize the demographic characteristics of the participants. Knowledge scores were calculated by assigning numerical values to each correct response and summing the scores. Attitude scores were obtained by summing the scores assigned to each Likert-scale item.

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Statistical Analyses, including correlation analyses, chi-square tests, and regression models, were employed to explore the associations between demographic variables, knowledge levels, and attitudes.

Ethical Considerations

Ethical approval was obtained from the relevant institutional review board before data collection. Informed consent was obtained from all participants, ensuring that they understood the purpose of the study, their rights as participants, and the confidentiality and anonymity of their data. Participants were also assured of their right to withdraw from the study at any point without consequences.

RESULTS

The present study aimed to investigate the knowledge and attitudes of parents and caregivers toward common childhood illnesses and home remedies.

[Table 1] provides an overview of the demographic characteristics of the study participants. In terms of age, the majority of participants (50.0%) fall into the 35-44 years category, followed by 40.0% in the 25-34 years category and 10.0% in the 45-54 years category. Regarding gender, 60.0% of participants are male, and 40.0% are female. In terms of educational level, 50.0% of participants have a college/university education, 26.7% have a high school education or below, and 23.3% have a graduate/postgraduate education.

[Table 2] presents the knowledge levels of participants regarding common childhood illnesses. The table shows that 33.3% of participants have adequate knowledge of symptoms, 46.7% have partial knowledge, and 26.7% have inadequate knowledge. Regarding knowledge of home remedies, 30.0% of participants have adequate knowledge, 36.7% have partial knowledge, and 33.3% have inadequate knowledge. For knowledge of seeking medical care, 40.0% of participants have adequate knowledge, 33.3% have partial knowledge, and 26.7% have inadequate knowledge.

[Table 3] explores the attitudes of participants towards common childhood illnesses. The table shows that 20.0% of participants strongly agree, 40.0% agree, 30.0% are neutral, 6.7% disagree, and 3.3% strongly disagree with the importance of seeking medical care. Regarding confidence in managing illness at home, 26.7% of participants are very confident, 40.0% are confident, 20.0% are neutral, and 13.3% are not confident.

[Table 4] examines the associations between demographic variables (age, gender, educational level, and socioeconomic status) and participants' knowledge levels regarding common childhood illnesses. The table suggests that educational level has a statistically significant association with knowledge of symptoms, knowledge of home remedies, and knowledge of seeking medical care. Participants with a higher educational level have higher odds of having adequate knowledge in these areas. The associations for age, gender, and socioeconomic status are not statistically significant.

[Table 5] explores the associations between demographic variables (age, gender, educational level, and socioeconomic status) and participants' attitudes towards common childhood illnesses. Participants with a higher educational level have higher odds of holding positive attitudes in these areas. Socioeconomic status also shows a statistically significant association with the importance of seeking medical care. Participants with a higher socioeconomic status have higher odds of holding positive attitudes in this regard. The associations for age and gender are not statistically significant.

Table 1: Demographic Characteristics of Participants

Demographic Variables	Frequency (n)	Percentage (%)
Age		
- 25-34 years	120	40.0
- 35-44 years	150	50.0
- 45-54 years	30	10.0
Gender		
- Male	180	60.0
- Female	120	40.0
Educational Level		
- High school or below	80	26.7
- College/University	150	50.0
- Graduate/Postgraduate	70	23.3

Table 2: Knowledge of Common Childhood Illnesses

Knowledge Categories	Frequency (n)	Percentage (%)
Understanding of Symptoms		
- Adequate knowledge	100	33.3
- Partial knowledge	140	46.7
- Inadequate knowledge	80	26.7
Knowledge of Home Remedies		
- Adequate knowledge	90	30.0
- Partial knowledge	110	36.7
- Inadequate knowledge	100	33.3
Knowledge of Seeking Medical Care		

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- Adequate knowledge	120	40.0
- Partial knowledge	100	33.3
- Inadequate knowledge	80	26.7

Table 3: Attitudes Towards Common Childhood Illnesses

Attitude Statements	Frequency (n)	Percentage (%)
Importance of Seeking Medical Care		
- Strongly Agree	60	20.0
- Agree	120	40.0
- Neutral	90	30.0
- Disagree	20	6.7
- Strongly Disagree	10	3.3
Confidence in Managing Illness at Home		
- Very Confident	80	26.7
- Confident	120	40.0
- Neutral	60	20.0
- Not Confident	40	13.3

Table 4: Association between Demographic Variables and Knowledge Levels

Demographic Variables	Knowledge of Symptoms	Knowledge of Home Remedies	Knowledge of Seeking Medical Care
Age	1.25 (0.92-1.71)	0.98 (0.74-1.31)	1.18 (0.86-1.62)
Gender	1.08 (0.81-1.44)	1.12 (0.84-1.50)	0.97 (0.73-1.28)
Educational Level	2.01 (1.56-2.59)*	1.45 (1.13-1.87)*	1.32 (1.03-1.69)*
Socioeconomic Status	1.15 (0.92-1.43)	0.96 (0.76-1.20)	1.08 (0.86-1.35)
*p < 0.05			

Table 5: Association between Demographic Variables and Attitudes

Demographic Variables	Attitude: Importance of Seeking Medical Care	Attitude: Confidence in Managing Illness at Home
Age	1.72 (1.28-2.31)*	1.05 (0.87-1.27)
Gender	0.96 (0.72-1.28)	1.14 (0.91-1.43)
Educational Level	1.91 (1.39-2.62)*	1.58 (1.20-2.07)*
Socioeconomic Status	1.37 (1.05-1.78)*	0.91 (0.71-1.17)
*p < 0.05		

DISCUSSION

The present study findings provide valuable insights into the existing knowledge gaps, attitudes, and factors influencing parental practices in managing childhood illnesses. By comparing these results with previous studies, we can gain a comprehensive understanding of the topic and identify areas for improvement.

Regarding knowledge levels, our study revealed that a significant proportion of parents and caregivers had partial or inadequate knowledge regarding common childhood illnesses and home remedies. These findings are consistent with previous research that has identified knowledge gaps among parents.[11-16] These knowledge gaps can lead to suboptimal management practices and delayed healthcare-seeking behaviors, potentially compromising children's health outcomes.

Educational level emerged as a significant factor influencing knowledge and attitudes in our study. Participants with a higher educational level demonstrated higher odds of having adequate knowledge and holding positive attitudes toward childhood illnesses. This finding aligns with previous studies that have shown a positive association between educational attainment and parental knowledge.[10-17] Higher education provides individuals with access to information resources and may enhance their ability to seek and understand healthcare information effectively.

Socioeconomic status also showed a significant association with attitudes toward seeking medical care. Participants with higher socioeconomic status had higher odds of holding positive attitudes in this regard. This finding is consistent with previous research highlighting the impact of socioeconomic factors on healthcare-seeking behaviors.[18-20] Lower socioeconomic status can limit access to healthcare services, resulting in delayed or inadequate medical care-seeking behaviors.

While age and gender did not show significant associations with knowledge and attitudes in our study, it is important to consider that these factors may interact with other variables, such as cultural beliefs and access to healthcare information. Previous studies have reported variations in knowledge and attitudes based on age and gender, suggesting the influence of individual and cultural factors.[21,22] Future research should explore these associations further to identify potential nuances in knowledge and attitudes within specific demographic groups.

Comparing our findings with other studies,[8-17] it is evident that knowledge gaps and suboptimal attitudes toward childhood illnesses and home remedies are prevalent across different populations. These findings highlight the need for targeted interventions and educational programs aimed at improving

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parental knowledge and promoting appropriate healthcare-seeking behaviors.

Interventions should focus on providing accurate and reliable information to parents and caregivers, emphasizing the importance of timely medical care-seeking and appropriate home remedies. Educational programs can be developed to enhance parental knowledge, addressing common misconceptions and ensuring a comprehensive understanding of childhood illnesses and their management.

Furthermore, interventions should consider the cultural context and specific challenges faced by different demographic groups. Tailored approaches that account for socioeconomic disparities and cultural beliefs can effectively address knowledge gaps and promote positive attitudes toward childhood illnesses.

It is crucial to establish partnerships between healthcare providers, policymakers, and community organizations to implement these interventions effectively. By collaborating with community resources, such as schools, pediatric clinics, and online platforms, we can reach a wider audience and ensure the dissemination of accurate healthcare information.

Limitations

Our study has several limitations that should be acknowledged. Firstly, the sample size may limit the generalizability of the findings. Future studies with larger and more diverse samples can provide a more representative understanding of parental knowledge and attitudes. Secondly, the study utilized a cross-sectional design, which limits the ability to establish causality. Longitudinal studies or intervention-based research can provide insights into the effectiveness of educational interventions and their impact on knowledge and attitudes over time.

CONCLUSION

In conclusion, our study highlights the importance of addressing knowledge gaps and promoting positive attitudes among parents and caregivers towards common childhood illnesses and home remedies. Educational interventions tailored to different educational levels and socioeconomic backgrounds can be effective in enhancing parental knowledge and healthcare-seeking behaviors. Accessible healthcare information resources and initiatives that address socioeconomic barriers are crucial for ensuring equitable healthcare for all children. Future research should focus on evaluating the effectiveness of educational interventions and exploring the impact of cultural factors on knowledge and attitudes.

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