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Respiratory Hygiene: Descriptive survey report

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Abstract

Respiratory infections are a leading cause of illness, morbidity, and mortality around the globe. Easily transmitted between people, respiratory pathogens are a leading cause of widespread illness but can be prevented. With the use of standard precautions, appropriate respiratory and hand hygiene, and appropriate patient precautions at the onset of symptoms, respiratory infections can be managed and maintained.

Hygiene is a series of practices performed to preserve health. According to the World Health Organization (WHO). A respiratory infection is spread when a person who is infected with a virus coughs or sneezes. The droplets released from an ill person's cough or sneeze can travel for several feet reaching the nose or mouth of others and causing illness. The control of spread of pathogens from the source is key to avoid transmission. Among source control measures, respiratory hygiene/cough etiquette, developed during the severe acute respiratory syndrome (SARS) outbreak, is now considered as part of standard precautions.

Keywords: Respiratory hygiene, school children, respiratory etiquette

Introduction

Respiratory hygiene is the major health issue in children. Common respiratory tract infections include the common cold and influenza. Typical symptoms include nasal congestion, a runny nose, scratchy throat, cough, and irritability.

The overall incidence of ARI was 5.5 episodes per child-year observed; the prevalence was 35.4 per hundred days observed. Most of the episodes (96 per cent) were upper respiratory infections (URI). The Incidence of acute lower respiratory infections (ALRI) was 0.23 per child per year.

Because of poor knowledge and awareness regarding respiratory hygiene, respiratory etiquette is not practiced among school children.

The findings from this study revealed that educational programs aimed at increasing knowledge about respiratory hygiene among school children.

Thus, the present study aimed at identifying the level of knowledge on Respiratory hygiene among school children. By regular and frequent activities on health awareness to public, increases respiratory Etiquette. Hence this study has been conducted to create the awareness among school children on Respiratory Hygiene.

Objectives

1. To assess the level of knowledge regarding Respiratory Hygiene among school children.
2. To find the association between level of knowledge regarding Respiratory Hygiene and with their selected personal variables of school children.

Materials & Methods

Research approach and Research Design: A cross – sectional descriptive survey design

Setting: Suttur (health exhibition)

Population: School children attending the health exhibition

Sample and sampling technique: 150 school children were selected by non - probability convenience sampling.

Inclusion criteria:

- Children were in the age group of 10 -13 years

Description of the Tool

1. Performa to collect Socio demographic characteristics consisted of age, education, occupation, marital status, income of family and source of previous information.

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- Structured questionnaire which had 26 items regarding the knowledge regarding Respiratory Hygiene. It consisted of 26 items. Each item carried 4 options and the total score ranged from 0-26. Further the tool was arbitrarily divided as poor knowledge - 0-9 (less than 50%), Average knowledge – 14- 20(50%-75%), Good knowledge 21- 26(above > 75%)

Data collection after informed consent was obtained from the participants after explaining the purpose of the study and assuring confidentiality. Data were collected through interview with the participants from 22.01.2020 to 27.01.2020

Data Analysis

Data collected from the subjects were transformed into excel master sheet and analyzed using statistical package for social sciences (SPSS). Descriptive (frequency and percentage) and inferential statistics (chi-square test) were used in the study. All statistical analysis was carried out at a 5% level of significance.

Results

Section 1: Frequency and percentage distribution of school children according to their personal variables

Table 1: Frequency and percentage distribution of school children according to their personal variables n=150

Sl. no	Sample characteristics	Frequency	Percentage (%)
1.	Age in years		
	1.1 10 -11	65	43.33
	1.2 12-13	85	56.66
2.	Gender		
	2.1 Male	90	60
	2.2 Female	60	40
3.	Residential area		
	3.1 Rural	131	88
	3.2 Urban	18	12
4.	Parental education		
	4.1 No formal education	66	44
	4.2 higher primary to graduation	84	56
5.	Attendance of any awareness program on respiratory hygiene practices		
	5.1 Yes	57	48
	5.2 No	93	62

Data presented in table 1 revealed that 56.66%(85) women are in age group of 12 to 13 years. Majority 56% parental education, 62% were not attended the awareness program regarding Respiratory Hygiene.

Section 2: Description of knowledge scores of school children regarding respiratory hygiene

Structured knowledge questionnaire on respiratory hygiene practices was used to assess the knowledge of school children and analyzed data is presented below tables

a) Mean, median, range and SD (standard deviation) of knowledge scores

Table 2: Mean, median, range and SD (standard deviation) of knowledge scores of pretest and post test n=150

Group	Mean	Median	Range	SD (Standard deviation)
Pre test	10.11	10	5-17	± 2.38

Table 2 shows that knowledge score ranged from 5-17, with mean 10.11 and SDD + 2.38. And also the level of Knowledge have significant association with selected personal variable previous exposure to the knowledge regarding Respiratory Hygiene at p <0.05 level

b) Level of knowledge of school children regarding respiratory hygiene

The knowledge scores of school children regarding respiratory hygiene practice was further categorized arbitrarily as Good (21-26), Average (14-20) and poor knowledge (≤ 13). Analyzed data is presented in Table 3

Table 3: Frequency and percentage distribution of level of knowledge scores of school children regarding respiratory hygiene. n=150

	Frequency	Percentage
Good knowledge	00	00
Average knowledge	26	17.33
Poor knowledge	124	82.66

Data presented in table 3 shows that majority 83% of children had poor knowledge and 17% were had average knowledge.

Section 3: Association between knowledge regarding respiratory hygiene practices and their selected personal variables

Table 4: Association between knowledge scores of school children with their selected personal variables. n=150

Sl/ no	Sample characteristics	Knowledge		χ ²
		Poor	Average	
1	Age in years			*4.27
	1.1)10-11	50	15	
	1.2)12-13	76	9	
2	Gender			2.38
	2.1) Male	79	11	
	2.2)Female	47	13	
3	Residential area			2.06
	3.1) Rural	19	112	
	3.2)Urban	05	13	
4	Parental education			*14.75
	4.1) No formal education	64	02	
	4.2) Higher primary and secondary school	62	22	
5	Attendance of awareness program or respiratory hygiene			*26.16
	5.1) yes	37	20	
	5.2) No	89	04	

X²(1)P 0.05 level =3.84; *S: Significant;

Discussion

The above study conducted to assess the knowledge regarding Respiratory hygiene among school children. Study results shows that majority 83% of children had poor knowledge and 17% were had average knowledge. shows that knowledge score ranged from 5-17, with mean 10.11 and SDD + 2.38. And also, the level of Knowledge has significant association with selected personal variables like age, parental education and Attendance of awareness program on Respiratory Hygiene at $p < 0.05$ level.

Above study findings are supported with the some other studies conducted to assess the awareness and practice about cough etiquettes among respiratory symptomatic patients in Tamil Nadu. Study result shows that Correct knowledge about cough etiquettes was found in only 22 (9.1%) participants. Barriers to preventive practices were lack of awareness about cough etiquettes and hand hygiene in 14.1%.

Another study revealed that Respiratory hygiene/cough etiquette practice level was significantly higher in the educational experience group.

Conclusion

Awareness programs are needed to be organizing frequently to motivate the School Children to practice Respiratory hygiene/ cough etiquette. Hence as health care team our responsibility to provide the education regarding Respiratory hygiene and it will increase the knowledge and influence practice of Respiratory Etiquette.

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