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QUALITATIVE STUDY: THE MOTHER'S EXPERIENCE IN CARING CHILDREN WITH ACUTE RESPIRATORY INFECTION (ARI)

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Abstract

Qualitative study that explores the mother's experience in caring the children with Acute Respiratory Infection (ARI) is still limited. ARI especially pneumonia is a major cause of morbidity and mortality in children under five years in Indonesia. In a study of rural communities, Sutrisna (1993) found that 30 out of 139 children under five of age with pneumonia die without treatment. The purpose of this study was to explore the mother's experience in caring the children with ARI. The results from this study can be used to target for health education and health promotion in controlling and decreasing the incidence of ARI. This study used phenomenology with 10 informants who had child under five of age. Purposive sampling was chosen as a strategy for sample selection. In this study, data were collected using in depth interview with open question and recorded. Colaizzi method was used to analyze the data. There were three themes identified by this study including the perception of ARI, the first action for sick child, and the special care for sick child.

Key words: ARI, first action, special care

INTRODUCTION

In Indonesia, ARI especially pneumonia is the main cause of highly the incidence of morbidity and mortality in children under five years of age (PPM & PLP, 1998). Pneumonia as an acute respiratory tract infection is also having a big role in mortality about 4 millions children under five of age in the world poor countries.

The study related to the strategy to decrease the mortality incidence caused by ARI using antibiotic has already done in many setting (WHO, 1988). However, it was very limited the study that concerning in how is community perception about ARI, definition, and concept that related to respiratory function, disease, also sign and symptoms (Spika et al. 1989). In relation to local perception, the social scientist have conducted the study associated to ARI, and they encouraged to do study that assess in depth about the understanding, signs and symptoms of ARI, ARI management that usually be carried out at home and how to decide to looking for help (Nichter, 1989).

Qualitative study about ARI that conducted in Matlab, Bangladesh, described that the mother recognize a pneumonia and think that pneumonia is caused by exposing cool air. Their experience in pneumonia management caused by exposing cold air was the strongest factor that relating in make decision to looking for alopatic medication. They were also capable to identify that inspire difficulty, chest retraction, lethargy, and unable to eat as the signs of severity disease that require management out side home (Stewart et all, 1994).

Etnography study about ARI that have performed in Indramayu, Jawa Barat, by Sutrisna (1993) found that 30 of 139 children under five died caused by pneumonia without treatment. In addition, he explained also that the cause of ARI in newborn related to supernatural power and the only traditional medicine (*dukun*) that can cure the baby. Meanwhile, in the same place, Notosiswoyo (2003) found that the mother's knowledge about ARI was still low, most of them didn't know about ARI in relation between "common cold" and ARI. In addition, the study also described that there was a correlation between education and mother's knowledge, between job status and education with mother's attitude, and the attitude of mother about ARI was positif. However, the mother tend to cure their children by un prescribed medicine (*obat warung*). There was no correlation between knowledge and mother's attitude with practice.

Assessments of perception, in fact, had a very strong relationship with how the parent's experience when caring their children with ARI. Qualitative study in relation with the parent's experience especially the mother in caring their children with ARI is very limited. The result of this study will be important to control and decrease the incidence of ARI.

The purpose of this study is to understand the parent's experience especially mother in caring the children with ARI. Generally, the result of this study will contribute to nursing science development especially in relation with mother's experience in caring the child with ARI. Another implication is as a basic information to develop and promote health programs for the next research.

METHODOLOGY

This qualitative study used phenomenology approach. The researcher tried to explore deeply the information abot the mother's experience in caring their children with

ARI by interview. The participants in this study were mothers who have children under five with ARI that recruited in the sub-district of Cibinong, Bogor district. Sample selection used inclusion criteria: living in Kedung umpal village, Cibinong sub district, Bogor district; capable to speak Indonesian language; capable to answer the question; has children under five of age who have ARI history 2 weeks before; and agreed to participate. A number of participants were determined based on data saturation where it is not anymore new themes that emerge from participants statement. Data were collected by researcher using interview deeply with open question as an instrumen. Data were compiled in transcript form and analyzed by Colaizzi method. There were 7 steps in Colaizzi method: read transcript and extract the phenomena from significant statement, formulate meaning, group of the meaning, integrate in description type, description from each transcript, formulate an essential structure, and validate the data.

RESULT

The participants for this study were 10 mothers and only one mother that accompanied by her husband when interviewed. Most of the participants had back round education elementary school (7 of 10 mothers). The interview conducted in the afternoon before lunch at home in the village with the environment busy enough also noisy because most of children with their mother. Some times, the researcher had to intend the participants to the question and answer the question. Grandmothers were also involve in this study to answer the question and sometimes make the mothers confuse to answer. Crying child also was contributing factor that affected mother to answer appropriately.

This study found themes: ARI's perception, the first action when the child was sick, and special caring for the ill child.

1. ARI's perception

This theme had three sub themes including the understanding of the mothers for ARI as a disease, the main cause of ARI, and the understanding the signs and symptoms of ARI. The statements that supported the understanding of the mothers for ARI as a disease sub theme were:

Mild disease

"According to my opinion, like mild disease" (I 3)

"Mild" (I 4)

"Yeah, mild, it was not really very severe" (I 8)

"Yeah it was usual, children disease" (I 5)

"... If it happened in a long time, may it was severe, when it happened one – two days may it was not severe" (I 7)

Moderate – severe disease

"...It was moderate, no mild, no, still can use free medicine" (I 9)

"Yeah if like that, for the children may be severe ..." (I 1)

"Yeah severe, yah cough, iritabel, sensitif, and temper" (I 2)

"For us, honestly it was very severe if the child was sick" (I 2)

"O yeh severe mom, he can not sleep in the night" (I 6)

The statements that supported the main cause of ARI sub theme: ice, dust, rained, candy, cough and common cold season, cold, get from other, snack, cold air, dirty air, and weather were:

"May be she drank ice to more" (I 1)

"... yeah, he got the rained, if common cold, ... also the dust, from some one who get common cold, ... spreading" (I 2)

"... if she consumed ice too much, consequently he got cough and common cold," (I 3)

"Usually consumed candy, eat chikky snack." (I 4)

"Usually season, ... cough season lah..." (I 10)

"May be Air, dirty air, ... most of the wind, the wind that bring the dust." (I 6)

The statements that supported the understanding the signs and symptoms of ARI theme including physical change, activities, mood, fever, decrease appetite, nervous, crying, vomit, sleep disturbance, runny nose, headache, body weight decreased, malaise, dyspnea, were:

"... may be also headache yeah, ... if he cough and common cold." (I 1)

"... crying." (I 1)

"... if cough, he was vomit, what ever he consumed and then vomit." (I 2)

"... the most....., may be fever yah." (I 3)

"In the afternoon, always "meler" right, also runny nose.... and decrease appetite, no eat" (I 3)

"... decreased, not really want to eat, if she already cough and common cold, she didn't eat." (I 4)

"... if he was fever, he didn't play, always with his mother's "rocking" (I 4)

"Sleeping was unusual, in the night always waked up because he can't breath easily and nasal stuffiness." (I 2)

"... In the night difficult to sleep." (I 6)

2. The first action when the child was sick

There were three sub themes for this theme: independent treatment, looking for help, giving vitamin. The statements that supported independent treatment sub theme including giving the medicine without prescription and traditional medicine were:

"Usually, he was given some medicine, if he got cough and common cold sometimes consumed inzana," (I 1)

"... yesterday he was continuous cough, giving medicine, bodrexin ..." (I 2)

"Usually giving Anakonidin, or Laserin." (I 3)

Traditional medicine:

"Saga leaf for cough," (I 9)

"Usually if my child was cough, karuk leaf and bangle would be given."

The statements that supported the sub theme of looking for help including going to community health service (Puskesmas), going to the midwife, and going to the doctor were:

- "... I brough to Puskesmas Cilebut..." (1 4)
- "Yes, I went to Puskesmas, that was cheap, only three thousands." (1 9)
- "...went to the midwife." (1 1)
- "Yes, high fever, and went to the midwife." (1 7)
- "...If fever i brough my child to the midwife..... " (10)
- "I gave the vitamine for my child." (1 4)
- "... usually I ate the medicine for my child." (1 10)

3. Special caring for sick child

This theme had five sub themes: giving water, giving food, giving comfort, bathing ways, dressing ways. The statements that supported the sub theme of giving water were:

- "Usually he drank sweet tea." (1 1)
- "Drinking just water frequently..... (1 2)
- "Yes I was usual to give cold water, he could't drink warm water." (1 5)
- "Yes cold water, but no ice water, yeh usual, just water." (1 9)
- "Just water, warm water." (1 8)

The statements that supported the sub theme of giving food were:

- "... No Chiki-chiki food, we didn't give,...." (1 3)
- "Yeah, basicly I didn't buy ice for my child ... " (1 6)
- "Yeah, we didn't permit our child to consume something fries, ... " (1 6)
- "... So if he was cough, prohibited to drink ice." (1 7)
- "Whatever, may buy something like meatball just for his stomach." (1 3)

The statements that supported the sub theme of giving comfort were:

- "Touching in the chest area." (1 7)
- "Usually, I used "kayu putih oil." (10)
- "Yeah usually I performed "kerok." (1 9)
- "I used pillows to make higher the the child position when he sleep." (1 6)
- "Usually I was doing massage." (1 6)
- "Yeah massage by myself, if he would go to sleep he was massaged in back, chest, and front." (1 6)

The statements that supported the sub theme of bathing ways were:

- "... bathing by wash with warm water" (1 1)
- "If me, I bathed my child in the early morning " digebeg" so cold " (1 3)
- "No, no bath for my child, just wash with warm water." (1 8)
- "Sometimes if the child was fever just wash by warm water " (1 9)
- "..... constanly bathing, always ... " (1 7)

The statements that supported the sub theme of dressing ways were:

"Yeah, I used warm cloth." (I 5)

"... if the child was fever, used long dress..... " (I 10)

"I didn't use long dress but actually open the cloth so just using underwear when he sleep ... " (I 6)

This study also found some information including the feeling of the mothers when their children were sick. They were confuse, afraid, and anxious because they didn't know what they could do. Other information were the efectivity of the traditional medicine that given 1-2 times and if the child wasn't recovery, they went to the doctor or midwife. From this study, the researcher identified that only three children who get complete immunization.

DISCUSSION

The parent's experience in caring the children with ARI vary. This study identified three themes: ARI's perception, the first action when the child was sick, and special caring for the ill child. Most of the participants had perception that ARI as a disease. However, this study used ARI term more focus on cough and common cold because the difficulties of the mothers to understand the meaning of ARI. They only understood that ARI is a disease. This information would give positive impact to anticipate the incidence of pneumonia as one type of ARI and still the main cause for the highly morbidity and mortality in children under five of age. Therefore, a clear information related to ARI involving the understanding, causes, and caring managemnet is required in desimination for the community to decrease the pneumonia incidence.

The first action when the child was sick had been identified as a second theme for this study. Doing treatment by ownself using un prescribed medicine (obat warung) was an action that have been conducted by most of people. This intervention has been known as a helpful action. However, they had to know the signs or symptoms where they have to see and bring the child to the health care provider. In addition, consuming unprescribed medicine for children described as an intervention that didn't emergency situation. For some peoples explained also that the child with cough and common cold shouldn't need the medicine till three days. At that time, the body system of the child develops immun system and adapt for the bacteria or virus that enter to the body.

The most important is the parent should know and alert when the child has to bring to the health care center (<http://mx1.ac.id/pipermail/dokter/2006May/001342.html>). This statement also was supported by physician who described that the immun system in children under five of age haven't develop completely, so the child was vulnerable for the various disease including cough and comon cold. Many parents must know the physician's reason give medicine to the child when he got cough and common cold because most of the cause of them is virus basically, and it isn't recovery by antibiotic. (<http://ayahbunda-online.com>; <http://oetjipop.multiply.com>).

In addition, traditional medicine is good enough to empower the kinds of medication alternatives. This medication could be choosen by a certain community. The

role of local culture affected in determining and using traditional medicine. An expert culture also explained that the local culture would be very strong influence the community behavior including self treatment using traditional medicine. Generally, choosing treatments were based on parent's experience by concerning on signs and symptoms. Furthermore, efectivity of a traditional medicine such as "*daun karuk dan bangle*" haven't been known because of parent's response vary. Therefore, it will be better and save if the next researcher conduct the study that related to traditional medicine especially the benefit of "*daun karuk and bangle*" for ARI.

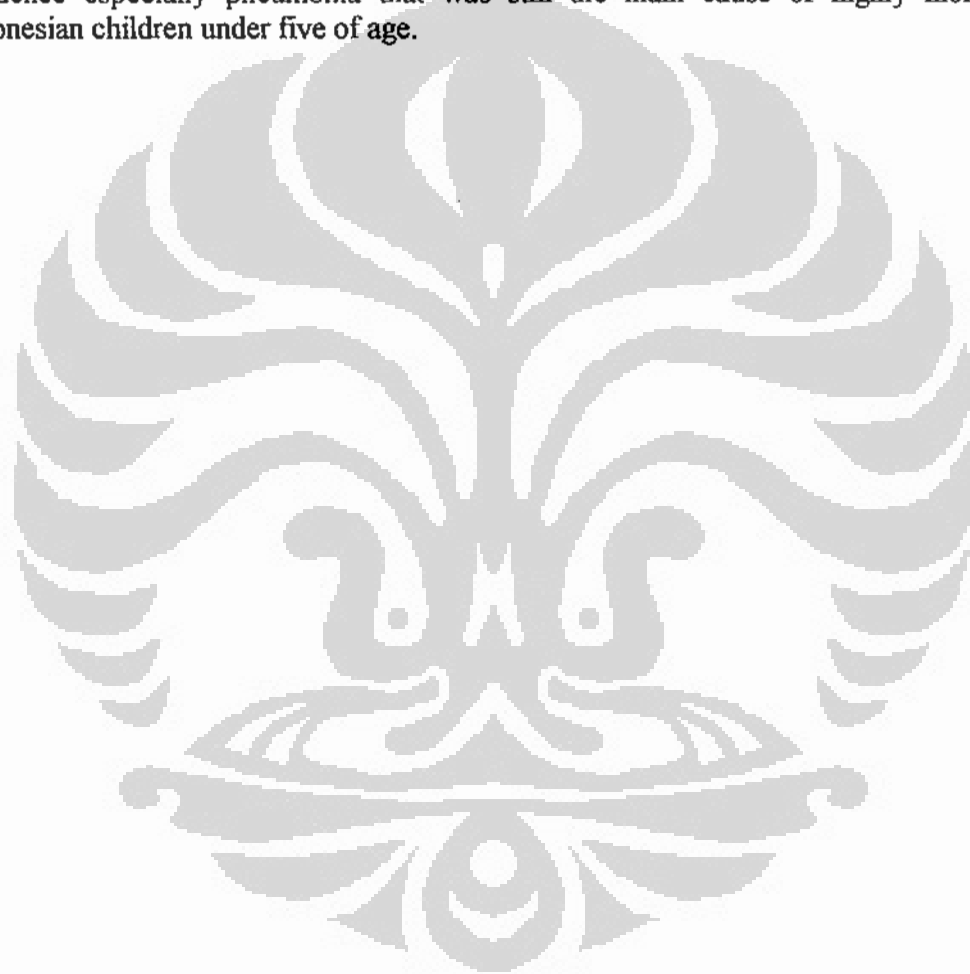
The parents would go to the health care services to find help when their children are still sick after using independent treatment. Factors such as distance and economic status of the parents determined their choices whether they go to Puskesmas, physician, or midwife. Furthermore, the parents didn't know the appropriate time when they had to brought their children to health care center. This study found that the parents would bring their child to the professional if the children cough with dyspnea, no play, and high fever. They had perception that's condition was severe disease. In addition, part of the parents were also not going to find for help if their financial were very limited.

According to Minister of Health (2003), a child that required emergency help when the cough and common cold of the child with dyspnea (more than 50x per minutes for age 2 – 12 months and more than 40x/ per minutes for age 12 months – 5 years). It was also that the child with cough and common cold suffering high fever more than three days, dyspnea, cyanosis, and lethargi need emergency help (<http://tentangkami.multiply.com>).

The last theme from this study was special caring for sick child that have sub themes giving water, giving food, maintain comfort, bathing ways, and dressing ways. Giving water for the child with cough and common cold was very important to avoid hydration problems, as a mucolitic especially warm water, and reduce the complication in lower respiratory tract (Wong, 2003; Depkes, 2003; Wong, 2003). Another reference described that care child with cough and common cold were by giving frequent warm water, sterile salt solution as a nose drop, inhale the air of warm water as a mucolitic, and paracetamol to reduce fever and give comfort. (<http://tentangkami.multiply.com>). Therefore, a hydration therapy was very important to explain by nurse appropriately to the community, associated to fluid needs for children. The kinds of food need to be clarified for parents related to nutrition content especially to avoid the food that stimulate of cough. Feel comfort was factor that contributes in recovery of the child. The parents had performed by swinging the child and touching of back, it depends on local culture. Wong (2003) described that an intervention that makes a child's comfort would influence psychology status of child and giving positive impact for a child's physiology status. The mother also cared the child with bathing. However, the bathing ways vary depend on local culture. For example, the term of "*mandi gebeg*" have done by mother to reduce high fever of the child. In addition, the parents also performed bathing their children with warm water. This fact was also appropriate with Wong (2003) that explained although the child was in sick condition, they have to bathed. In additon, in relation for dressing ways, when the child was sick and got high fever, it was better using thin cloth to facilitate evaporation.

RECOMMENDATION

It was important to do health education about ARI before developing next study related to the mother's experience in caring children with ARI. It needed for guarantee validity of data that have been found from this study. Collaboration with health care services like Puskesmas in identifying the child with ARI was also required to get the concrete data about the family that need a health education about ARI. Based on this program, the specific information about the mother's experience in caring children with ARI could be accurate. Therefore, the health prevention and promotion program related to ARI can be conducted more effective and efficient in reducing and controlling ARI incidence especially pneumonia that was still the main cause of highly mortality in Indonesian children under five of age.



REFERENCE

- Barry, P. D. (1998). *Mental health & mental illness (6 th ed)*. Philadelphia: Lippincott.
- Cerita seorang 'oetji'. (2006). *Coomon problems in pediatric: Colds and Flu*. (<http://ayahbunda-online.com>; <http://oetjipop.multiply.com>)
- Departemen Kesehatan. (2003). *Manajemen Terapi Balita Sakit*. Jakarta: Depkes.
- Dwiyanti, S (2006). Setiap bulan sakit batuk pilek (<http://mx1.ac.id/pipermail/dokter/2006May/001342.html>).
- Kamarullah, M. (2004). *Persepsi mahasiswa gizi dan keperawatan terhadap asuhan gizi dan asuhan keperawatan di rumah sakit dalam hubungan kemitraan gizi dan perawat di FK-UGM*. <http://www.irakedua.tblog.com>
- Nadia, Asma. (2005). *Pengalaman adalah guru terbaik*. (<http://www.BundaInBiz.com>)
- Nichter, M. (1989). *Social science lessons from Diarrhoea Research and their application to ARI*. Paper presented at the applied anthropology meetings, Santa Fe, New Mexico, April.
- Notosiswoyo, M. (2003). Pengetahuan, sikap dan perilaku ibu bayi/ anak balita serta persepsi masyarakat dalam kaitannya penyakit ISPA dan pneumonia. Badan Litbang Kesehatan. (<http://digilib.litbang.depkes.go.id>)
- PPM and PLP [Center for Disease Control and Environmental Health]. (1998). *Pedoman program pemberantasan penyakit infeksi saluran pernafasan akut untuk penanggulangan pneumonia pada balita*. Jakarta: Department of Health Republics of Indonesia.
- Seminar PESAT BDG. (2006). *Masalah Kesehatan Umum pada Anak: Commond cold and Flu*. (<http://tentangkami.multiply.com>)
- Spike, J. S., Muhnsi, M. H., Wojtiniak, B., Shack, D. A., Hossain, A., Rahmah, M., & Saha, S. K. (1989). Acute lower respiratory infection: A major cause of death in children in Bangladesh. *Journal of Annals of Tropical Paediatric*, 9(1): 33-
- Stewart, M. K., Parker, B., Chakraborty, J., & Begun, H. (1994). Acute respiratory infection (ARI) in rural Bangladesh: perceptions and practices. *Medical Anthropology*, 15, 377-394.

Streubert, Helen J. and Carpenter, Dona Rinaldi. (1999). *Qualitative Research in Nursing: Advancing The Humanistic Imperative*. 2nd ed. Philadelphia. Lippincott Williams & Wilkins.

Sutrisna, B. (1993). *Faktor risiko pneumonia pada Balita dan model pemberantasannya [Risk factors and management of pneumonia in children under five years of age]*. Unpublished doctoral dissertation, University of Indonesia, Jakarta.

Vinn.S. (2006). *Slam Dunk for Succes*. (<http://www.investorindonesia.com>)

WHO. (1988). *Case management of Acute Respiratory Infection in children: Intervention Studies*. Report of a meeting. WHO/ARI/88.2

Wong, Donna L. and Hockenberry, Marilyn J. (2003). *Wong's Nursing Care of Infant and Children*. 7th ed. St. Louis, Missouri. Mosby Inc.

