

## CHAPTER VI

### CONCLUSION

According to the results of a study, barriers related to prevention and home management of ARI among mothers having children less than age of five years were explored.

**The following conclusions can be drawn based on the study findings.**

1. Lack of awareness, following old traditional practices for management of ARI, low parental self-efficacy, family issues like dependence on family decision for child health, lack of cooperation from spouse/family at home in child rearing and time constraints were barriers reported by mothers related to prevention and home management of ARI.
2. The risk factors of ARI identified among under five children were preterm birth of child, low birth weight baby, open drainage system, indoor smoking by family members, overcrowding in house, pets in house, house located near by road, unclean fuel used for cooking, open waste disposal, inadequate ventilation of house, pre-lacteal feeding, non-exclusive breastfeeding, early initiation of weaning.
3. Need based interventional package was effective in improving mother's knowledge and self-reported practice.
4. The need based interventional package was effective in reducing the frequency of symptoms and number of ARI episodes among children under the age of five.

## **Implications of the study**

1. Awareness program can be conducted at PHC, CHC, subcenter and village level by community health nurses which must be culturally and socially acceptable for benefits of children.
2. Community health nurses can organize health camps at school and community areas for preventive and curative aspects of respiratory infection among children.
3. Educative session can be conducted for ASHA and anganwadi workers on prevention of ARI, early diagnosis and treatment of upper respiratory tract infection.
4. Health education on preventive and promotive health aspects of children can be conducted for mothers and caregivers to improve knowledge and skill.
5. Community research can be conducted focusing on cultural and traditional belief of mothers and caregivers on prevention and home-based management of ARI.

## **Recommendation for further/ future research**

The following recommendation suggested:

1. Exploratory study can be done on risk factors and prevalence of ARI in different regions of our country.
2. Experimental study can be conducted on effectiveness of multi component intervention package on physiological parameters of children suffering with acute respiratory infection.
3. Qualitative study can be conducted to identify challenges and issues encountered by mothers in providing care to their children during illness.

4. Comparative study can be conducted on effectiveness of pharmacological and non-pharmacological intervention among children with acute respiratory infection.
5. Quasi-experimental study can be conducted to determine knowledge and practice of community health workers related to prevention and home-based management of ARI.
6. Study can be conducted to identify stress experienced by mothers while providing care to children suffering from ARI.

## **Summary**

This chapter included conclusion, implication, recommendations from present research findings and for future research.