

RECOGNITION OF DANGER SIGNS IN CHILDREN UNDER 5 AND ITS ASSOCIATED FACTORS AMONG CAREGIVERS IN PAHANG

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INTRODUCTION

Presence of any danger sign in an unwell child indicates a serious problem. Hence, early detection of danger signs by caregivers is a key strategy for early medical care to reduce preventable under 5 morbidity and mortality. These important signs have been incorporated in various education materials. Caregivers' knowledge and experiences in handling unwell children are essential in caring for their young children, as it predicted appropriate health seeking behaviour.

OBJECTIVES

We aim to identify the association between correct recognition of danger signs for children under 5 with caregivers' source of health information and past experiences.

METHODOLOGY

A cross-sectional study was conducted among 393 caregivers of children under 5 who attended 8 child health clinics in Kuantan, Pahang between January and August 2020.

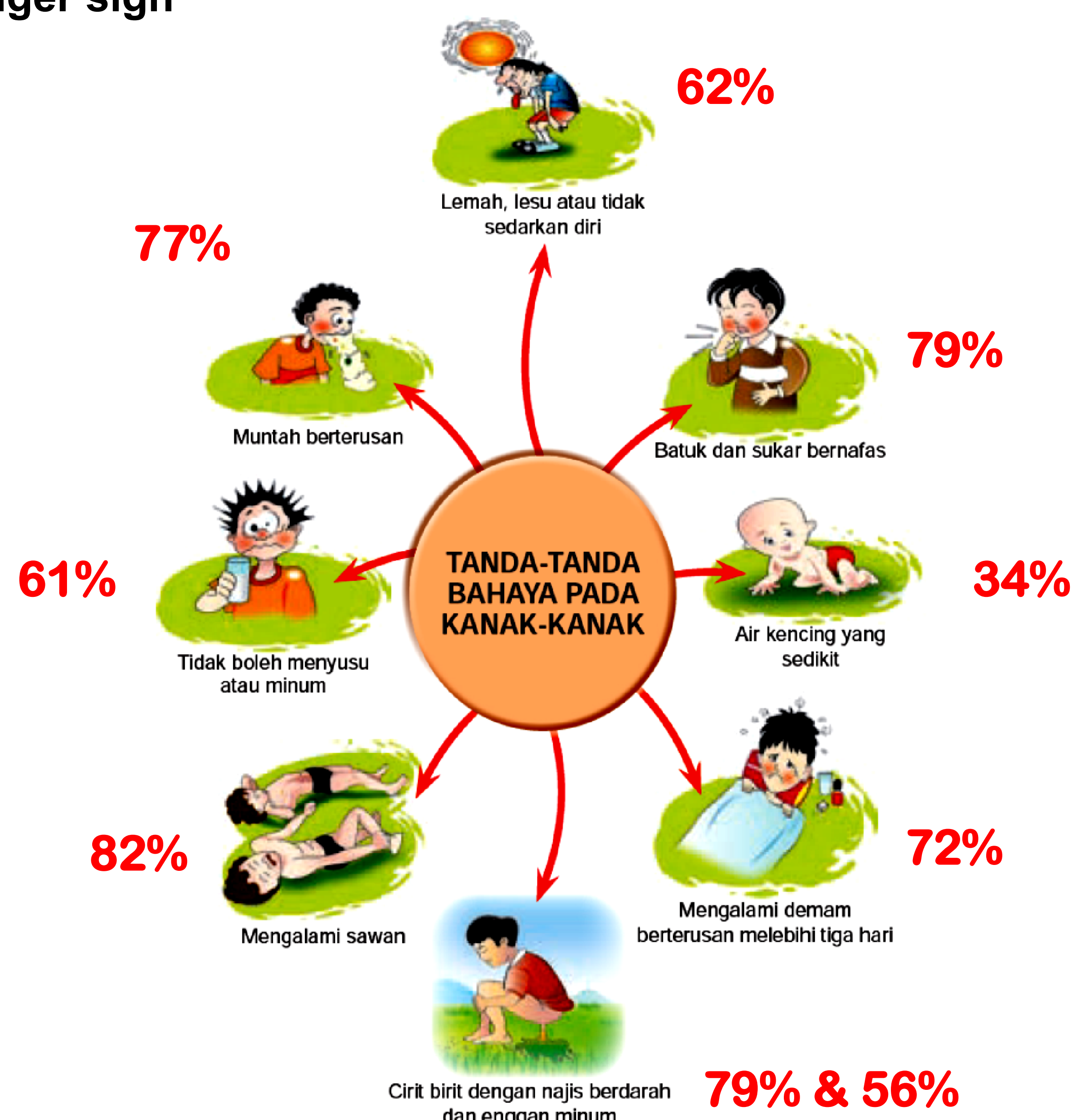
Caregivers have to identify the 10 primary danger signs from a checklist of 20 common signs and symptoms for unwell children written in Malay language.

A self-administered questionnaire was used to check caregivers' source of information and past experiences.

Data was analysed with SPSS 24.0 version.

RESULTS

Fig. 1: Proportion of caregivers who correctly identified each danger sign



RESULTS



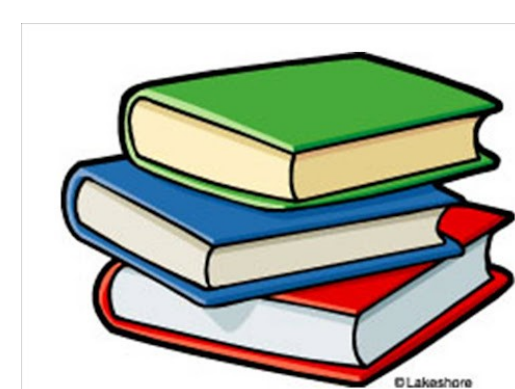
CHILDREN

- Mean age 24 ± 17.971 months
- Male: Female 1:1
- Immunization up to age 96.4%



CAREGIVERS

- Mean age 32 ± 6.070 year
- Female 90.6%
- Malay 89.3%



INFORMATION SOURCES

- Health care providers 64.4%
- Child health record book 56%
- Internet 55.5%



PAST EXPERIENCES

- Encounter serious event 31.3%
- Chronic Illness 22.1%
- Death in children 6.9%

Table 1: Factors significantly associated with caregivers' response

RESPONSE	SOURCE OF INFO/ PAST EXPERIENCE	χ^2 and p value
CORRECT	Child Health Record Book	χ^2 5.13, p=0.024
	Health care provider	χ^2 5.42, p=0.02
	Mother's card	χ^2 5.771, p=0.016
	Magazines	χ^2 7.941, p=0.005
INCORRECT	Friends	χ^2 3.86, p=0.049
	Experience of serious event	χ^2 5.821, p=0.016

CONCLUSION

Most of the danger signs in unwell children under 5 are correctly identified by majority of caregivers in this study. This shows adequacy of related knowledge among them and indirectly indicates efficiency of child health service.

Despite advances in information technology, direct physical interaction with health care providers and printed materials are still relevant medium for health education among caregivers.

Seeking health information from an untrained person or relying on self past experiences might produced inappropriate health seeking behaviour.

Empowering caregivers with reliable health information is crucial in primary care as it influences parental knowledge.

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RECOGNITION OF DANGER SIGNS IN CHILDREN UNDER 5 AND ITS ASSOCIATED
FACTORS AMONG CAREGIVERS IN PAHANG

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Introduction: Caregivers' knowledge and experiences in handling unwell children are essential in caring for their young children, as it predicted appropriate health seeking behaviour. We aim to identify the association between correct recognition of danger signs for children under 5 with caregivers' source of health information and past experiences. **Materials and Methods:** A cross-sectional study was conducted among 393 caregivers of children under 5 who attended 8 child health clinics in Kuantan, Pahang between January, and August 2020. A checklist of signs and a self-administered questionnaire were used for caregivers to choose the correct danger signs and to check their source of information and past experiences. **Results:** Majority of the caregivers were female (90.6%), of Malay ethnicity (89.3%) with the mean age of 32 ± 6 . 61.8% to 81.9% of caregivers have the correct response for 9 out of 10 danger signs. Their main sources of information were healthcare providers, HCP (64.4%), child health's record book, BRKK (56.0%) and the internet (55.5%). In terms of past experiences, 31.3% and 6.9% of caregivers have managed serious conditions and death among children respectively. Significant associations were found between correct responses with seeking information from BRKK (χ^2 5.13, $p=0.024$), HCP (χ^2 5.42, $p=0.02$), "Mother's card" (χ^2 5.771, $p=0.016$) and magazines (χ^2 7.941, $p=0.005$), while incorrect responses with friends as source of information (χ^2 3.86, $p=0.049$), and past experience of serious condition (χ^2 5.821, $p=0.016$). **Conclusion:** Empowering caregivers with reliable health information resources is crucial in primary care as it might influence parental knowledge. Direct interaction with healthcare providers and printed materials are still relevant mediums among caregivers.

