



## Home Remedial Measures For Common Childhood Diseases Among Mothers In Bantay, Ilocos Sur

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**Abstract:** This study aimed to determine the extent of home remedial measures for common childhood diseases among mothers in Calendar Year 2016. It further looked into the relationship between the extent of home remedial measures and the socio-demographic profile of the respondents. The descriptive - correlational method of research which made use of a questionnaire-checklist gathered the needed data. The questionnaire-checklist was based from the study of Segundo (2012). The respondents of the study were 124 mothers from the different barangays of Bantay. The statistical tools used to treat and interpret the data gathered were frequency and percentage, mean, and simple linear correlation analysis. Based on the findings of this study, the following conclusions were drawn: 1) a great percentage of the mothers belong to the age bracket of 26 and 30 and high school graduates; most of them are married and non-professionals; and majority have a family monthly income of 5,000 and below; 2) the extent of home remedial measures of the respondents for common childhood diseases “Fair” and 3) civil Status, Occupation, and Family Month Income affects the extent of home remedial measures for common childhood diseases. The following recommendations are hereby forwarded: 1) mothers should be educated by the community health workers with the treatment that has scientific basis and aware of home remedies which are applicable, approved and tested; 2) demonstration/video presentation on proper preparation and utilization of home remedies and on what home remedies are appropriate in each childhood illnesses; 3) Health education on the new updates on the use of home remedies for the treatment and management of common childhood illnesses by the RHU personnel; and 4) Department of Health should work hand in hand with their local counterparts in order to provide significant programs in aiding mother to properly address their children’s diseases.

**Keywords:** Home remedial, childhood diseases, linear correlation analysis.

### 1. Introduction

Childhood is a stage where in the immune system is considered to be developing. The immaturity of such predisposes the child to be vulnerable to diseases, which if left untreated, can lead worse conditions. In the absence of immediate medical care, mothers, who are the primary caregivers, provide remedial measures as an initial intervention to slow down the process, if not halt the disease.

Globally, from 2000 to 2016, the under-5 mortality rate dropped by 47 per cent, and the neonatal mortality rate fell by 39 per cent. Over the same period, the total number of under-5 deaths dropped from 9.9 million to 5.6 million (United Nations, n.d.). The decline in the numbers can be attributed to the conscious effort to better child health status in a global scale. However, despite levelling off child mortality rates, morbidity and mortality from childhood diseases remained to be one of the major interests globally.

Preventable diseases such as, pneumonia, diarrheal diseases and malaria are major causes of childhood morbidity and mortality world-wide (Ezeonwu, Chima, Oguonu, Ikefuna, & Nwafor, 2014). In the Philippines, the most common diseases are the following: acute gastroenteritis, dengue fever, pneumonia and the common cold (Pasco, 2016). Pasco emphasized that it is very important for parents to know about common childhood diseases. These illnesses are prevalent in the society and the leading

cause of morbidity and mortality among children. She further claimed that proper information of such diseases can help parents protect their children before it is too late.

Like the rest of the world, mothers often take responsibility of child care in the Philippines. Therefore, the mother's knowledge about child care influences the nature and quality of care that is given to the child. Several studies have revealed that the mothers' level of education has a positive impact on her knowledge and how she deals with child health care issues (Al-Ayed, 2010).

Feyisetan, Asa, and Ebigbola (1997) conducted a study that determined the mothers' perceptions of the etiology of some childhood diseases and the persistence of the belief in "abiku" (cultural belief about spirits of children who die before reaching puberty) as well as on the way this belief influence mothers' management of childhood diseases. The investigation revealed that many of the mothers lack accurate information about the causes of the selected childhood diseases, especially measles. Also, although many of them recommended the use of modern curative methods, they still have a strong belief in abiku and that the measures to be adopted by a mother to cure the diseases depend upon whether the sick child is believed to an abiku.

Meanwhile in the study of Al-Ayed (2010), that assessed the level of mothers' knowledge on certain aspects of child health care, in Saudi Arabia, mothers' knowledge of child health related matters is deficient. At present, knowledge on child health matters taught in schools in the Kingdom is inadequate. Health care institutions play a limited role in health education. There should be proper effective practical means of disseminating information on child health matters among mothers in our community.

Sakisaka, Jimba, and Hanada (2010) claimed that existing studies have shown that factors associated with a mother's care-seeking behaviors when faced with childhood illness are as follows: the mother's level of education, economic status, mother's age, ethnicity, distance to the health care facility, the child's age, birth order of the child, child nutritional status, lack of recognition of the severity of the illness, the presence of diarrhea or respiratory disease, prior participation in health education, knowing a medical doctor, and the quality of the health care services provided.

The study of Walsh and Edwards (2006) ascribed that major cause of morbidity and mortality among children remains to be diseases. Therefore, it is critical for mothers or the primary caregivers to detect the disease early and institute appropriate home remedies. They found out that maternal knowledge heavily affects their practices towards common childhood diseases.

At the household level, the choice of care given to the young child is mainly determined by the perception of illness by the caregiver. Care-seeking patterns may have evolved over the centuries, but it is a complex mix of dynamics that has been the subject of many an enquiry. Factors like caregiver characteristics in terms of cultural factors influencing the perception of illness, severity of illness, knowledge on the manifestations and etiology of the illness, educational attainment, and economic power affect one's care patterns. Other factors like nearness of the household to health-care centers and the supply of drugs, and the population demographics of the households are also considerations in the patterns that eventually emerge in the care that is sought for the ill child (Ekpo, 2016).

In today's generation, in the midst of modern technology in the health care delivery system and the continuous increasing prices of basic commodities including commercial drugs, many mothers rely on home remedial measures to heal and/or cure common childhood diseases. This remedial intervention includes the use of fruits, vegetables, and herbs which are found to be simple to use, inexpensive, no adverse reactions, and no chemicals.

Hence, this study was conducted to determine the extent of home remedial measures for common childhood diseases among mothers along cough and colds, asthma, tonsillitis. and dental carries and the profile of the respondents. The result of the study is hoped to create improvement on maternal knowledge and practices in managing common childhood diseases specifically on their use of home remedies. Moreover, the general public can be benefited through the promotion of scientifically-proven home remedies which can be readily be consumed by them. Also, it can raise consciousness on the usage of herbal medicines alongside with traditional interventions available within the community. Further, the study can help in the preservation of cultural beliefs and traditional practices that safe and found to be effective. Finally, the results of this study could serve as a basis for other healthcare providers to conduct health teachings on the use of home remedies and correct improper practices in the treatment of simple illnesses, thus reducing the cases of childhood diseases complications.

## **2. Research Methodology**

### *2.1. Research methods*

This research study determined the extent of home remedial measures for common childhood diseases among mothers along cough and colds, asthma, tonsillitis, and dental carries and the profile of the respondents for the Calendar Year 2016. The relationship between the extent of home remedial measures for common childhood diseases and the socio-demographic profile of the respondents was also determined.

*Research Design.* This study made use of a descriptive-correlational research design. The descriptive method determined the profile of the respondents and extent of home remedial measures for common childhood diseases. On the other hand, the correlational method ascertained the association between the dependent and independent variable.

*Population and Sample.* The study included the 124 mothers from different barangays of Bantay, Ilocos Sur. Sample size was determined with the use of G-power analysis software. They were purposively selected based on the following criteria: a) must be 18 years old and above; b) either single or married; and c) must have a child ages 5 year old and below.

*Data Gathering Instrument.* The study made use of a two-part questionnaire-checklist. Part I elicited information on the profile of the respondents. Whereas, part II gathered information on the Extent of Home Remedial Measures for Common Childhood Diseases. For this part, the instrument is adopted from the study of Segundo (2012) with 5-point Likert scale.

*Data Gathering Procedure.* A letter of permission to gather data was forwarded to and approved by the Municipal Mayor. After approval, the researchers personally distributed the questionnaire to the respondents enclosed with a cover letter explaining in brief the purpose of the study. Making sure of the respondents' anonymity/confidentiality with the use of codes, responses were tallied and subjected to statistical computation for analysis and interpretation.

*Statistical Treatment of Data.* To answer the formulated problems, the researchers utilized Frequency and percentage to determine the distribution of the respondents; Mean established the extent of home remedial measures for common childhood diseases of the respondents; Bivariate correlational analysis ascertained the significant association between the dependent and independent variable.

### *2.2. Ethical Considerations*

The Right to self-determination. The researcher explained to the respondents the objective of this study and obtained their consent. The respondents were informed of their rights to withdraw from the study at any time they deem their participation brings discomfort or undesired feelings. Right to confidentiality and anonymity. The researchers ensured and guided against unauthorized access to the data, and that the research data were only made available to the researchers. Right to privacy. Raw data were protected from unauthorized persons and were not shared. No names were linked in to the data. The data were kept safe in a locked cupboard.

## **3. Result and Discussion**

5.1 Socio-Demographic Profile of the Mothers. Most of the respondents are married, non - professionals and majority have a monthly family income of P5,000 and below. A great percentage (30 or 24.1%) of the respondents belong to the age bracket of 26 – 30, and high school graduates.

5.2. The Extent of Home Remedial Measures For Common Childhood Diseases. The extent of home remedial measures for common childhood illness of the respondents are presented in the succeeding tables.

5.2.a. On Cough and Colds. Shown in Table 1 are the mean ratings of the extent of extent of home remedial measures on cough and colds.

**Table 1. Item Mean Ratings Showing the Extent of Home Remedial Measures of the Mother – Respondents on Cough and Colds**

Items	As a whole	
	Mean	DR
1. I let my child take ginger tea several times in a day.	2.19	Se
2. I let my child drink garlic oil mixed in warm water.	2.04	Se
3. I apply oil on chest and back, on temple and back of the neck to ease congestion.	3.35	So
4. I let my child inhale boiled eucalyptus oil on a clean cloth and let a child sniff it.	2.37	Se
5. I let my child take a lemon juice extract and a teaspoon of honey in a glass of lukewarm water.	3.35	So
6. I let my child gargle with lukewarm water with salt.	2.73	So
7. I do some traditional rituals such as “kanyao” or butchering a native chicken.	1.94	Se
8. I apply warmed atsucte leaves with oil on my child’s chest	2.28	Se
9. I apply warm compress on my child’s neck	3.06	So
10. I encourage increase fluid intake of my child	3.41	O
11. If my child has fever, I do a tepid sponge bath.	3.82	O
12. I apply cold compress on the forehead.	2.72	So
13. I apply cold compress on the axilla.	3.12	So
14. I give Paracetamol	4.02	O
<b>Overall</b>	<b>2.96</b>	<b>Fair</b>

**Legend**

Range of Scores	Item DR	Overall DR
4.21 – 5.00	Always (A)	Very High (VH)
3.41 – 4.20	Often (O)	High (H)
2.61 – 3.40	Sometimes (So) Fair (F)	
1.81 – 2.60	Seldom (Se)	Low (L)
1.00 – 1.81	Never (N)	Very Low (VL)

As a whole, the overall mean of 2.96 manifests that the mother-respondents have “Fair” extent of home remedial measures for cough and colds. When taken singly, the mothers ‘Often’ give Paracetamol” ( $\bar{X} = 4.02$ ) and they do a tepid sponge bath if the child has fever ( $\bar{X} = 3.82$ ) and encourage to increase fluid intake ( $\bar{X} = 3.82$ ). On the other hand, they “Seldom” let the child drink garlic oil mixed in warm water ( $\bar{X} = 2.04$ ) and do some traditional rituals such as “Kanyao” or butchering a native chicken ( $\bar{X} = 1.94$ ).

The result of the study means that the respondents are aware of the importance of giving paracetamol and increasing the child’s fluid intake. Based on the informal interviews conducted by the researchers with some of the respondents, they claimed that they have already tried home remedies but it does not work immediately compared to drugs prescribed by their doctors. Furthermore, they verbalized that they prefer seeking medical consultation rather prolonging the discomfort or risk the health of their children by utilizing home treatments which take longer period of time.

5.2.b. *Asthma*. Depicted in Table 2 are the mean ratings of the extent of extent of home remedial measures on asthma.

**Table 2. Item Mean Ratings Showing the Extent of Home Remedial Measures of the Mother – Respondents on Asthma  
 Mother-Respondents on Asthma**

<b>Asthma</b>	<b>As a whole</b>	
1. I let my child drink a cup of green tea.	<b>2.01</b>	<b>Se</b>
2. I do massage therapy to my child for relaxation.	<b>3.11</b>	<b>So</b>
3. I practice steam inhalation for at least 15-20 minutes.	<b>2.98</b>	<b>So</b>
4. I give chicken soup to my child.	<b>2.49</b>	<b>Se</b>
5. I apply coconut oil on the chest and back of my child.	<b>3.13</b>	<b>So</b>
6. I let my child drink a cup of Lagundi.	<b>2.94</b>	<b>So</b>
7. I use pau d'arco to rub the back of my child	<b>2.85</b>	<b>So</b>
8. I do some traditional rituals such as "kanyao" or butchering a native chicken.	<b>1.83</b>	<b>Se</b>
<b>Overall</b>	<b>2.67</b>	<b>ir</b>

As a whole, the extent of home remedial measures of mothers on asthma is "Fair" as indicated by the overall mean rating of 2.67. In particular, the following home remedies for asthma that are "Sometimes" practiced by the mothers are "Applying coconut oil on the chest and back of the child" ( $\bar{X}=3.13$ ), "Doing massage therapy to their child for relaxation" ( $\bar{X}=3.11$ ) "Giving steam inhalation for at least 15-20 minutes" ( $\bar{X}=2.98$ ). On the other hand, they "Seldom" exercised by the mothers like giving chicken soup ( $\bar{X}=2.49$ ), letting child drink a cup of green tea ( $\bar{X}=2.01$ ), and doing some traditional rituals such as 'kanyao' of butchering a native chicken" ( $\bar{X}=1.83$ ). These results imply that the mothers' extent of home remedial measures to treat asthma is average. Basically, their measures is a mixture of modern and traditional methods.

5.2.c. *Tonsillitis*. Displayed in Table 3 are the mean ratings of the extent of extent of home remedial measures on tonsillitis.

Table 3. Item Mean Ratings Showing the Extent of Home Remedial Measures of the Mother – Respondents on Tonsillitis

<b>Tonsillitis</b>	<b>As a whole</b>	
	<b>Mean</b>	<b>DR</b>
1. I let my child gargle of warm water with a tablespoon of vinegar.	2.47	<b>Se</b>
2. I let my child gargle with ginger solution several times in a day.	2.07	<b>Se</b>
3. I let my child take food supplements such as vit. C.	3.39	<b>So</b>
4. I let my child gargle with warm salt solution.	2.65	<b>So</b>
5. I give vegetable juices, such as carrot, cucumber.	2.65	<b>So</b>
6. I let my child take a lemon juice extract in glass of warm water.	3.10	<b>So</b>
7. I increase fluid intake of my child.	3.31	<b>So</b>
8. I let my child take calamansi juice and a teaspoon of salt in glass of lukewarm water.	3.04	<b>So</b>
<b>Overall</b>	<b>2.83</b>	<b>Fair</b>

Generally, the mothers' extent of practicing home remedies for treating tonsillitis is 'Fair' as supported by the overall mean rating of 2.83. In detail, the ensuing items were classified by the respondents as "Sometimes" done: "Letting their child take food supplements such as Vitamin C" ( $\bar{X}=3.39$ ); "Increasing fluid intake of their child" ( $\bar{X}=3.31$ ), "Letting their child take a lemon juice extract in glass of warm water" ( $\bar{X}=3.10$ ). On the other hand, only two items were rated by the respondents as "Seldom" done like letting their child gargle of warm water with a tablespoon of vinegar ( $\bar{X}=2.47$ ) and letting their child ginger solution several times in a day ( $\bar{X}=2.07$ ). This outcome shows that the mothers still deemed the home remedies effective in treating tonsillitis and use them in conjunction with the treatments prescribed by doctors.

5.2.d. *Dental carries*. Shown in Table 4 are the mean ratings of the extent of extent of home remedial measures on dental carries.

**Table 4.** Item Mean Ratings Showing the Extent of Home Remedial Measures of the Mother – Respondents on Dental carries

<b>Dental Carries</b>	<b>As a whole</b>	
	<b>Mean</b>	<b>DR</b>
1. I let my child gargle with ginger solution.	2.05	Se
2. I let my child gargle with warm boiled guava leaves.	2.02	Se
3. I put a garlic clove of the decaying tooth.	2.25	Se
4. I apply oregano oil on the infected tooth.	1.73	N
5. I let my child take onion to prevent tooth decay.	1.72	N
6. I give peppermint or yerba Buena for pain relief.	1.83	Se
7. I let my child use twigs to brush his/her teeth.	2.15	Se
8. I let my child use thread, ribbon, or tape to floss his/her teeth.	1.94	Se
9. I let my child use salt in tooth brushing	2.07	Se
<b>Overall</b>	1.97	<b>L</b>

As a whole, the extent of practices of the respondents on home remedies for dental carries is “Low” ( $\bar{x}=1.97$ ). Specifically, the following home remedies for dental carries is “Seldom” done like putting a garlic clove on the decaying tooth ( $\bar{x} = 2.25$ ), using twigs to brush his/her teeth ( $\bar{x}= 2.15$ ), letting their child use salt in tooth brushing” ( $\bar{x}=2.07$ ). On the other hand, the succeeding items attained the lowest overall mean ratings indicating that these “Never” practiced by the mothers: letting their child to take onion to prevent tooth decay ( $\bar{x}= 1.72$ ) and “applying oregano oil on the infected tooth ( $\bar{x} = 1.73$ ).

5.2.e. *Summary of the Extent of Home Remedy Practices for Common Childhood Diseases*. Shown in Table 5 are the mean ratings of the extent of extent of home remedial measures on common childhood illnesses.

**Table 5.** Summary of the Extent of Home Remedy Practices of the Respondents for Common Childhood Diseases

<b>Common Childhood Diseases</b>	<b>As a whole</b>	
	<b>Mean</b>	<b>DR</b>
<b>1. Cough and Colds</b>	2.96	F
<b>2. Asthma</b>	2.67	F
<b>3. Tonsillitis</b>	2.83	F
<b>4. Dental Carries</b>	1.97	L
<b>Overall</b>	<b>2.61</b>	<b>Fair</b>

Generally, the respondents “Fairly” utilized home remedies for common childhood diseases as supported by the overall mean rating of 2.61. The home remedies for all the common childhood diseases are “Fairly” practiced by the respondents such as cough and colds ( $\bar{x}= 2.96$ ), tonsillitis ( $\bar{x}= 2.83$ ), asthma ( $\bar{x}= 2.67$ ), however, “Low” on dental carries ( $\bar{x}= 1.97$ ). This outcome suggests that the respondents do not strongly adhere to the common home remedy practices when treating their children. This can be attributed to the free access of medical consultation offered by the rural health units and government hospitals. The free access to health care, even in the simplest symptoms of a disease, tends to outweigh home remedial measures for common childhood diseases. Moreover, the

average use of home remedial measures can be secondary to the rotational visit of community health workers to the various barangays as part of the program of various rural health units. Thus, community health workers visit and insurance promote access to care.

*5.2.f. Relationship Between the Extent of Home Remedial Measures for Common Childhood Diseases and the Socio-Demographic Profile of the Mother-Respondents.* Shown in Table 6 is the relationship between the extent of home remedy practices for common childhood diseases of the respondents and socio-demographic factors.

**Table 6.** Relationship Between the Extent of Home Remedy Practices for Common Childhood Diseases of the Respondents and Socio-demographic Factors

<b>Socio-demographic Factors</b>	<b>Cough and Colds</b>	<b>Asthma</b>	<b>Tonsillitis</b>	<b>Dental Carries</b>	<b>As a whole</b>
Age	.108	.018	.098	.164	.120
Civil Status	.142	.127	.162	<b>.214*</b>	<b>.196*</b>
Educational Attainment	.051	.020	<b>.230*</b>	-.149	.052
Occupation	<b>.224*</b>	.129	<b>.433**</b>	-.021	<b>.239**</b>
Family Monthly Income	.208	.118	<b>.420**</b>	-.055	<b>.217*</b>

\*\* Correlation is significant at the 0.01 level (2-tailed)

\* Correlation is significant at the 0.05 level (2-tailed)

As a whole, there is a significant relationship between the extent of home remedial measures for common childhood illnesses of the mother - respondents and their civil status, occupation and family monthly income as supported by the computed r of .196, .239. and .217, respectively. The results imply that married mothers and those with high family income tends to have higher extent of practices on home remedies for common childhood illnesses.

When taken singly, a significant relationship also existed between civil status and dental carries (r = .214), educational attainment and tonsillitis (r = .230), occupation and cough and colds (r = .224) and tonsillitis (r = .433), and family monthly income and tonsillitis (r = .420).

In the study regarding knowledge, attitudes and practices of mothers on symptoms and sign on Integrated Management of Childhood Illnesses (IMCI) strategy, Athumani (2010) noted that most of the respondents has no hindrance in seeking care. Majority of them brought their children to the nearest facility once sick or upon the onset of any symptom of severe childhood disease.

Moreover, she claimed that improvement of health practices in the management of childhood disease depends on the maternal knowledge. Additionally, she finds the value of public health education along recognition of signs and symptoms, appropriate attitude and practices that are directed towards proper management of childhood illnesses being addressed by the IMCI strategy.

She ascertains that the implementation of IMCI programs in government health facilities will improve knowledge health seeking for childhood diseases.

#### **4. Conclusion**

Based on the findings of this study, the following conclusions were drawn: firstly. A great percentage of the mothers belong to the age bracket of 26 and 30 and high school graduates high school graduates; most of them are married and non-professionals; and majority have a family monthly income of 5,000 and below. Secondly, The extent of home remedial measures of the respondents for common childhood diseases “Fair”. Thirdly, Civil Status, Occupation, and Family Month Income affects the extent of home remedial measures for common childhood diseases.

#### **5. Recommendations**

Based on the conclusions, the following are recommended: first, The mothers should be educated by the community health workers with the treatment that has scientific basis and aware of home

remedies which are applicable, approved and tested. Second, Demonstration/video presentation of the proper preparation and utilization of home remedies and on what home remedies are appropriate in each childhood illnesses. Thirdly, Health education on the new updates on the use of home remedies for the treatment and management of common childhood illnesses by the RHU personnel. This will also serve as an avenue for the parents to clarify the applicability and affectivity with regard to the home remedies that they are implementing.

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