CRIMSON PUBLISHERS
Wings to the Research

Research in
Medical & Engineering Sciences

ISSN: 2576-8816

Opinion

Ear Care Practices among Parents of Under Five Children and Challenges in Health Seeking: An Unexplored Domain in Research

Mukesh Shukla*

Department of community & family medicine, India

***Corresponding author:** Mukesh Shukla, Senior Resident, Department of Community & Family Medicine, Bhopal, Madhya Pradesh, India

Submission: February 22, 2018; **Published:** February 27, 2018

Opinion

Infections involving the middle ear includes diverse entities and are one of the most common childhood occurrence. Acute otitismedia (AOM) is an inflammation of the middle ear mucosa presenting acutely with symptoms of otalgia and fever. Treatment guidelines advocate 'wait and see' [1], as majority(80%) of the cases undergo spontaneous resolution [2]; but in spite of that antibiotic prescriptions for acute ear infections continues to grow in routine health care settings.

Globally it is estimated that by third year of life, almost 80% of children have at least one episode of acute otitis media and it is estimated that 330 million people have CSOM of which 60% have hearing loss; the majority of those being children [3]. However, baseline reliable data in context to ear morbidities is still not available due to lack of community settings studies in India. In some cases, it might present with discharge through ear due to tympanic membrane perforation which usually gets healed spontaneously in 2-14 days [4]. However, up to 41% of cases have persistent ear discharge; chronic suppurative otitis media (CSOM) [5]. Disease also presents with symptoms like tinnitus, hearing loss and persistent discharge refractive to medical treatment usually implying cholesteatoma and treatment is by antibiotic ear drops and surgery for repair of the persistent tympanic membrane perforation and treatment of complications [6].

Even in India, majority of vague practices has been seen both in urban and rural areas. Use of local herbal extracts, pouring of warm oil preferably mustard oil and injudicious use of antibiotics by quacks has been reported at various situations. These practices vary from region to region and from state to state. No change has been noticed with respect to these practices over time. These practices have been seeded in the mind sets of people like taboos. Mothers and primary care givers still prefer these traditional methods and even keep on practising and discovering new practices with no scientific base and totally based on baseless assumptions and hear say. Due to these so called taboos either no health seeking or delayed presentation has been observed in routine settings. With due course of time the condition complicates to conditions like neck abscesses, mastoiditis, facial nerve paralysis, labyrinthitis, lateral sinus thrombosis, meningitis and brain abscess [7]. Moreover, it results in speech and language maldevelopment and thereby deteriorated school performance as indirect result of hearing impairment [8,9] and may eventually diminish prospects for gainful employment in adulthood. And mostly when the patients reach designated health settings they present with complications which have economic consequences by cumulating the expenditure on treatment cost. Thus a small controllable health condition might progress towards medical catastrophe.

Therefore, timely health seeking for proper treatment might play an effective role in reducing the suffering of child and in preventing the forthcoming complications. But a major hindrance is lack of awareness among primary care givers. Optimal health seeking behaviour often depends on accessibility of health facilities coupled with knowledge and understanding of the benefit of modern medical treatment as opposed to local customs and beliefs [10-12]. In spite of having a national programme for prevention of deafness, minimal results are seen at grass root level. Even unlike other national health programmes the IEC (Information, Education and Communication) related to ear care practices are almost nil in community settings. With respect to research minimal studies are present in context to ear care practices in India; and those which are present are only hospital based. The ground reality and facts, are still lacking in the domain.

This letter is an appeal to the medical providers and public health experts that gap in the information regarding facts and factors playing intervening role for improper and delayed health seeking for ear complaints need to be assessed. For that more authentic and large scale research work need to be conducted involving stakeholders so as to address the issues for ear care practices in community settings. Even programmes to address this issue, need to be strengthened at grass root level. Also increasing awareness of care givers by means of more comprehensive and

strengthened IEC activities might help to get better outcomes in relation to ear morbidities.

References

1. Barber C, Ille S, Vergison A, Coates H (2014) Acute otitis media in young children - what do parents say? Int J PediatrOtorhinolaryngol 78(2): 300-306.
2. Qureishi A, Lee Y, Belfield K, Birchall JP, Daniel M, et al. (2014) Update on otitis media - prevention and treatment. Infect Drug Resist 7: 15-24.
3. Monasta L, Ronfani L, Marchetti F, Montico M, Brumatti LV, et al. (2012) Burden of disease caused by otitis media: systematic review and global estimates. PLoS One 7(4): e36226.
4. Todberg T, Anders K, Mikael A, Olsen SF, Lous J, et al. (2014) Incidence of otitis media in a contemporary Danish National Birth Cohort. PLoS One 9(12): e111732.
5. Macfadyen C, Gamble C, Garner P, Macharia I, Mackenzie I, et al. (2005) Topical quinolone vs. antiseptic for treating chronic suppurative otitis media: a randomized controlled trial. Trop Med Int Health 10(2):190-197.
6. Mukara KB, Waiswa P, Richard L, Tucci DL (2017) Knowledge and care seeking practices for ear infections among parents of under five children in Kigali, Rwanda: a cross-sectional study. BMC Ear Nose Throat Disord 17: 7.
7. Acuin J (2004) Chronic suppurative otitis media: burden of illness and management options. World Health Organization, Switzerland.
8. Smith AW (2001) WHO activities for prevention of deafness and hearing impairment in children. Scand Audiol Suppl 53: 93-100.
9. Sanders M, Houghton N, Dewes O, McCool J, Thorne PR, et al. (2015) Estimated prevalence of hearing loss and provision of hearing services in Pacific Island nations. J Prim Health Care 7(1): 5-15.
10. Lasisi AO, Ajuwon JA (2002) Beliefs and Perceptions of Ear, Nose and Throat- Related Conditions among Residents of a Traditional community in Ibadan, Nigeria. Afr J Med Med Sci 31(1): 45-48.
11. Srikanth S, Isaac R, Rebekah G, Rupa V (2009) Knowledge, attitudes and practices with respect to risk factors for otitis media in a rural South Indian community. Int J PediatrOtorhinolaryngol 73(10): 1394-1398.
12. Poole N, Skilton MK, Martin TC, Smith MC (2016) Knowledge, attitudes, beliefs and practices related to chronic suppurative otitis media and hearing impairment in Pokhara, Nepal. J Laryngol Otol 130(01): 56-65.