



**Ministry of Higher Education
and Scientific Research
University of Babylon
College of Nursing**



**Mothers' Knowledge and Preventive Measures Concerning
Urinary Tract Infection among Children**

**"Graduation Project"
Submitted to
the Faculty of Nursing, University of Babylon,
for a bachelor's degree**



By Group:

Mariam Alaa Khazaal
Worood Basim Idan
Ghufran Hasan Talib
Fatma Neama Hassan

Supervised:

Prof. Dr. Nuhad Mohammed kassim

M. ٢٠٢٣



١٤٤٤

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



يَرْفَعُ اللَّهُ الَّذِينَ آمَنُوا مِنْكُمْ وَالَّذِينَ
أُوتُوا الْعِلْمَ دَرَجَاتٍ



صَبَّحَهُ اللَّهُ الْعَظِيمَ

الإهداء

إلى الأمام صاحب العصر والزمان الذي لطفه وعنايته رافقتنا في كل مسيرتنا الدراسية

إلى كل من علمنا حرفا في هذه الدنيا

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الظلمة لا يضيء إلا قنديل الذكريات التي تبقى عالقة في الأذهان إلى (أصدقائي)

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Abstract

Background: Urinary tract infection is the most common bacterial infection disease among children. Girls after the age of one are exposed to the urinary tract infection on the average four times more than boy. The clinical course of UTI is influenced by various factors, including: child's age, general condition location and severity of inflammatory changes.

Design & Setting of the study: A descriptive study was adopted to assess the Mothers' Knowledge and Preventive Measures Concerning Urinary Tract Infection among Children through the period (12 /10 /2022) to (1/5/ 2023) at Hilla maternal-child health centers.

Sampling: Non-Probability (Convenience) sampling consist of (150) mothers having child within early childhood age group.

Results of the research: the main results of the study which achieve the topmost objectives identified by researchers that revealed a good level of knowledge concerning causes as preventive measures of the problem.

Other results indicate non-significant relation of mothers' knowledge regarding causes and risk factors among children with such demographic information.

Recommendations: Educational sessions for parents with young children should be alert for the possibility of UTIs among these age groups particularly females, and more information should be given once a UTI is diagnosed. As well as booklets should be distributed in health centers including personal protective and hygiene measures that may be helpful in this issue.



Chapter One

Introduction

1: Introduction

Urinary tract infection is the most common bacterial infection disease among children. Girls after the age of one are exposed to the urinary tract infection on the average four times more than boy.(**Tullus , Shaikh 2020** }It is most common bacterial infections in childhood which were equal incidence in boys and girls during the first year of life and become more common in girls after the first year of life.(**Tullus , Shaikh 2020**)

The incidence of the problem is 2% of boys and 8% of girls develop UTI at the age of 11 years old. The major challenges for parents, clinicians, and health workers are related to the variation of disease presentation and prevalence, which depend on age, sex, race, region, and culture(**Al zubaidi , Al salman 2022**) while (**Shabani , Sadeghi and etal 2022**) studies that 3%to 5% of girls and 1% of boys develop UTI during childhood. In the first year of life, boys (3.7%) are more susceptible to UTI than girls (2%). However, after the first year of life, the prevalence of this infection is significantly greater in girls.

The clinical course of UTI is influenced by various factors, including: child's age, general condition location and severity of inflammatory changes, coexistence of urinary tract defects and other chronic diseases and may be also influenced by such factors as: rare and ineffective micturitions, urinary retention, too slow peristalsis of the ureters, constipation, pinworms, and urinary bladder catheterization for diagnostic and therapeutic purposes. Blood-borne UTI spreads as a complication of general organism infection(**Pawluk , Lwona and etal 2020**)

Most infections are caused by Escherichia coli, although in the first year of life Klebsiella pneumoniae, Enterobacter spp, Enterococcus spp, and Pseudomonas are more frequent than later in life, and there is a higher risk of urosepsis compared with adulthood . The incidence of UTIs depends on age and sex.(**Urology , Stein and etal 2015**)

The prevalence of UTI is 1.25 per 1000 live births. Symptomatic and asymptomatic UTIs are seen in 1 - 2% of school-age girls and are more common between the ages of 7 and 11, but they are rare in boys in these age. some bacteria, including Proteus, Enterococcus, Klebsiella, and Staphylococcus, can infect the urinary tract. Nevertheless, more than 80% of simple UTIs are caused by Escherichia coli (**Shabani , Sadeghi and etal 2022**).

The clinical presentation of UTI varies with age. Infants generally present late in the course of infection because of initial nonspecific signs, such as fever, and the inability to express symptoms or localize pain. Older children can usually localize early symptoms of UTI, such as dysuria or abdominal pain, and therefore present earlier in the clinical cours { **Balighian , Burke 2018** } Acute complications of UTI are similar to those associated with any febrile illness in a young child. These include dehydration, electrolyte abnormalities, and febrile seizures. (**Shaik , P. Nelson 2021**)

The long-term consequences of UTI in children especially if inadequately treated and followed up are chronic abdominal pain and renal scar that result in hypertension and chronic renal insufficiency in adulthood,So the early recognition and prompt treatment are considered vital aspects in management of UTI in children to lessen the risk of adulthood complications { **Al zubaidi , Al salman 2022** }

The prevention of UTI, in their diagnosis and therapy, an important role is played by nursing staff, who have an obligation to educate child carers on the subject of risk factors, the importance of check-ups in early diagnosis of infections, and rules in force during therapy. It is not without significance to learn skills related to the care of the child's intimate areas, as well as the principles relevant for the prevention of relapses. { **Pawluk , Lwona and etal 2020**}.

So, the mothers of children particularly having female must be well knowledgably concerning renal infection as protection and early detection and management for being live in well healthy promoted .

{ **Pawluk , Lwona and etal 2020**}.

The Aim of the study is to identify the mothers' knowledge concerning urinary tract infections and preventive strategies for their children.



Chapter Two Methodology

II: Methodology

2.1: Design & Setting of the study:

A descriptive study was adopted to assess the Mothers' Knowledge and Preventive Measures Concerning Urinary Tract Infection among Children that is starting from (12 /10 /2022) to (1/5/ 2023) .

The study was conducted in Three primary health care centers:

- 1-AL-kuthar health care center.
- 2-Teachers health care center.
- 3-Babel Health Training care Center.

Table (1) Distribution of the settings and sample No. for each one:

MCH. Name	Sample No.	Percentage
1-AL-kuthar health care center.	60	40%
2-Teachers health care center.	45	30%
3-Babel Health Training care Center.	45	30%
Total	150	100%

2.2-The sample of the study:

The sample of the study was encompassed as non-probability convenience sampling, which included 150 mothers collected by researchers through the period of (1/12/2022-15/12/2022) to determine the mothers' knowledge and preventive measures concerning urinary tract infection among children.

2.3- The Instrument of the study:

The questionnaire contains three parts; the first related to demographic data of mother and their children. the second are including of 20 items regarding mother knowledge of urinary tract infection, while the last are involve of 20 items Relates to preventive measures of urinary tract infection.

2.4- Statistical Data Analysis :

Several electronic statistical measures were used by using Statistical Package of Social Sciences (SPSS) version 25 , and Microsoft excel (2016) in order to analyze and evaluate the results of the study . Correlational analysis was used to determine the relationships between dependent variable (level of mothers ' knowledge) and independent variables (socio- economic - level of study - demographic variables affecting the level of mothers ' knowledge) .



Chapter

Three

Result

Result of the research

The following tables and description are presented to achieve the objective of the research .

Table 1: Descriptive Statistic Study Sample Demographic Variables

Variables	Rating	N= ١٥٠	%
Number of Sibling	<= 1	22	14.7
	2 - 6	112	74.7
	7+	16	10.7
Child weight	<= 10	73	48.7
	11 - 19	54	36.0
	20 - 28	17	11.3
	29 - 36	4	2.7
	37+	2	1.3
Mother age	<= 25	40	26.7
	26 - 37	68	45.3
	38 - 48	35	23.3
	49+	7	4.7
Gender	male	69	46.0
	female	81	54.0
Residency	urban	29	19.3
	rural	121	80.7
Occupation	Employed	52	34.7
	unemployed	98	65.3
Level of education	Illiterate	3	2.0
	Literate	23	15.3
	primary	14	9.3
	secondary	38	25.3
	Institute and above	72	48.0

This table reveals that the (٤٥.٣%) of the study sample are within the second age group (26-37) years old. Regarding gender, the majority of them (54%) of the study sample is female and the remaining is male. Concerning education, the study results indicate that (48.0%) of the study sample are Institute and above. In addition to the study sample occupation, the study results indicate that (65.3%) are unemployed. Regarding residency the study indicate that (80.7%) are living in rural area. Concerning child weight, the results of study

illustrated that more than two thirds of sample their weight ≤ 10 . Finally, the study results indicate that most of participants have 2-6 child in regarding number of sibling.

Table 2: Overall assessment mothers knowledge regarding UTI

Assessment of knowledge		Frequency	Percent
Rating	Poor	1	.7
	Fair	33	22.0
	Good	116	77.3
	Total	150	100.0

This table depict that more than two thirds of study sample are good knowledgeable regarding UTI.

Table 3: Overall assessment of mothers regarding preventive measures of UTI

Assessment of mothers		Frequency	Percent
Rating	Fair	28	18.7
	Good	122	81.3
	Total	150	100.0

This table show that most of participants are good knowledge regarding preventive measures of UTI

Table (ξ) Association between Mothers' knowledge with their Demographic Characteristic

Demographic data of mothers	Rating	Mothers' knowledge			X ²	D.F	p-value assessment
		Poor	Fair	Good			
Age	<= 25	0	6	34	6.133	6	0.408
	26 - 37	0	19	49			
	38 - 48	1	7	27			
	49+	0	1	6			
Level of education	Illiterate	23	8	0	14.315	8	0.046
	Read and write	18	7	4			
	Primary	13	10	2			
	Intermediate and secondary	17	2	3			
	Institute and above	10	8	0			
Occupation	Employment	0	7	45	4.040	2	0.133
	Unemployment	1	26	71			
Area of living	Urban	0	7	22	0.324	2	0.850
	Rural	1	26	94			
Gender	Male	0	16	53	0.938	2	0.626 NS
	Female	1	17	63			
No. sibling	<= 1	0	5	17	11.463	4	0.22 S
	2 - 6	0	22	90			
	7+	1	6	9			
Child weight	<= 10	0	18	55	2.910	8	0.940 NS
	11 - 19	1	11	42			
	20 - 28	0	3	14			
	29 - 36	0	1	3			
	37+	0	0	2			

This table indicates that there were non- significant association between the knowledge and mothers' sociodemographic characteristics, at p- value < 0.05; while significant relationship is reported only with no. sibling at p-value < 0.05

Table (5) Association between Mothers' knowledge about preventive measures with their Demographic Characteristics

Demographic data of mothers	Rating	Mothers' knowledge		X ²	D.F	p-value
		Fair	Good			
Age	<= 25	7	33	1.993	2	.369 NS
	26 - 37	15	53			
	38 - 48	4	31			
	49+	2	5			
Level of education	Illiterate	1	2	7.016	4	.135 NS
	Literate	7	16			
	primary	1	13			
	secondary	10	28			
	Institute and above	9	63			
Occupation	Employment	7	45	1.420	1	.233 NS
	Unemployment	26	71			
Area of living	Urban	7	22	.709	1	.400 NS
	Rural	21	100			
Gender	Male	15	54	.794	1	.373 NS
	Female	13	68			
No. sibling	<= 1	6	16	11.463	4	0.22 NS
	2 - 6	18	94			
	7+	4	12			
Child weight	<= 10	17	56	2.943	4	.567 NS
	11 - 19	8	46			
	20 - 28	3	14			
	29 - 36	0	4			
	37+	0	2			

This table indicates that there were non- significant association between the knowledge of mothers with their demographic characteristics, at p- value < 0.05.



Chapter four

Discussion

Discussion of the results

The results of the research are discussed as following with supportive articles as related to urinary tract infection and mothers' preventive measures.

The present study showed that most of mothers in this study were young adults within (26 _ 37) years old , mean age of children were 1.5 years. It go in similar study conducted at **Nepal in (2019)** shown that less than fifty% of the sample were between the age group of 22-25 years. Another study conducted at **Brazil in (2018)** shown that more than 50% of the mothers were aged between 20 and 29 years. Both studies are agreed with present study.

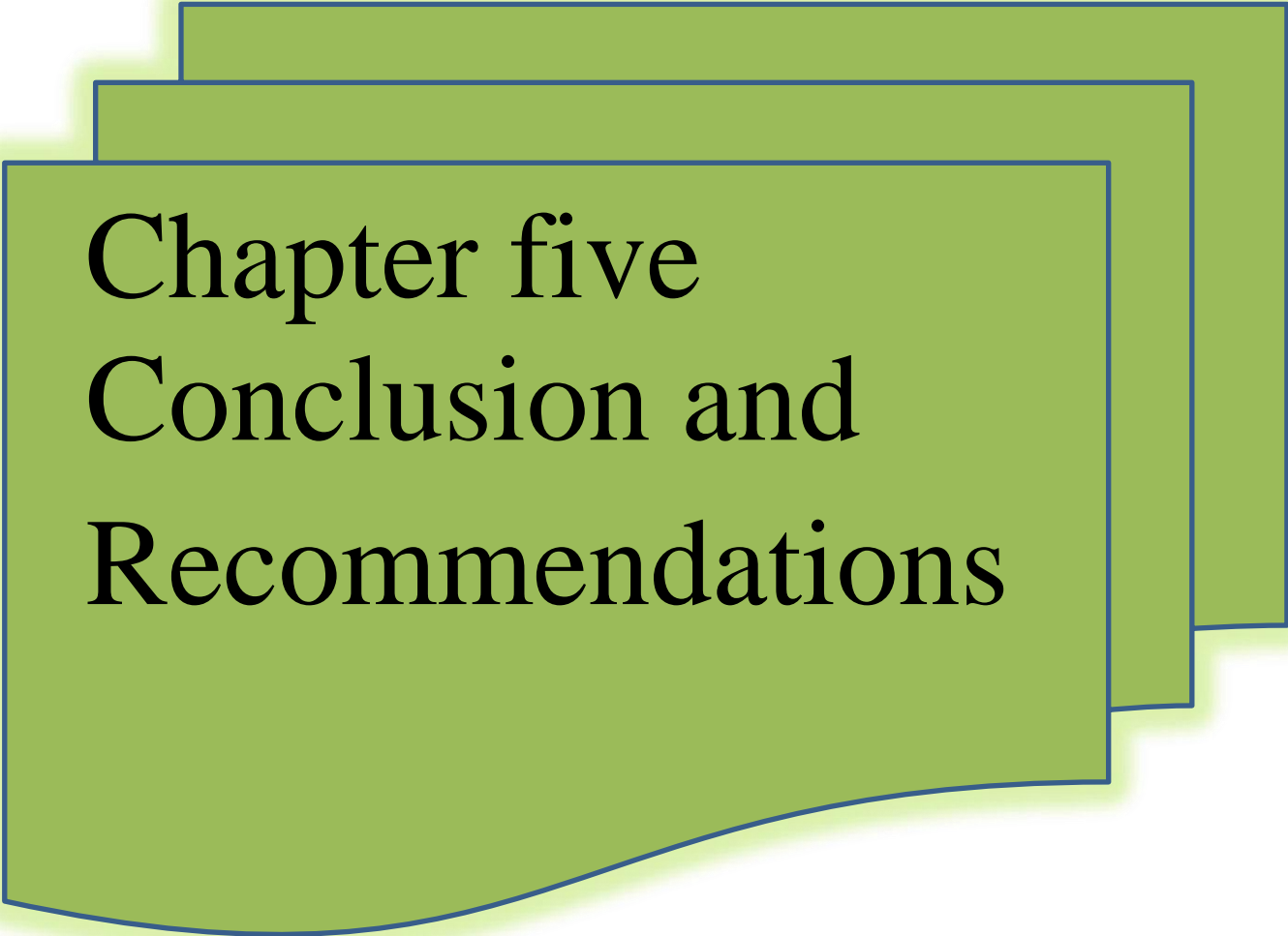
Education background and Residential status that's basically socioeconomic status play an important role in the prevalence of UTI particularly among early female childhood and its prevention home activities will effect child health along life.

The present study as shown in (table 2) has assessed mother's knowledge and protective measures of pediatric urinary tract infection , which resulted to three quarters of respondents had good knowledge concerning the condition, and majority have good practice the home preventive measures, which can be rationalized by the researcher as the ages of participants as young adult who well qualifies in using electronic media to have knowledge regarding common health problems among early childhood . Certain study was observed **Kermanshah University of Medical Sciences, Kermanshah, Iran in (2020)** about "Parents' Awareness of Urinary Tract Infections (UTI) in Infants and Children and Related Demographic Factors" who showed that the awareness score was medium among 37% of the parents and desirable among 63%. Based on the answers to the awareness items, most parents were sufficiently informed of the underlying causes of UTIs and symptoms, and the aware- ness of complications, treatment, prevention, and diagnosis of UTIs was high.

Furthermore, study [**Abolhassan Seyerzadeh , etal (2020)** who mentioned that mothers may not be adequately aware of all important factors which make children vulnerable to UTI. Translation of knowledge into preventive strategy could be an effective tool for controlling the spread in a population of children and should be a key public health strategy.

And another study of its results. (Seyezadeh A, Tohidi M 2020) According to the results, the parental awareness of the UTIs in children was moderate, and the overall score on the awareness of symptoms, treatment, prevention, and diagnosis of UTIs in children was high. While, (Almatrafi A, Sindi L 2022) showed Parent's total awareness scores were high; however, individual domain scores indicate a moderate level of knowledge.

The awareness and knowledge of mothers increases with mothers' education and contact with either relatives, friends or with technology, social media, so that the old studies indicate that the knowledge of mothers about UTI is scanty, but recent studies indicate that most of the participants in the research have very good knowledge about the disease in terms of causes, signs and symptoms, diagnosis and prevention, and we aspire to the upcoming studies include more and more participants from one region to be compared between regions.



Chapter five Conclusion and Recommendations

Chapter five : Conclusion and Recommendations

Conclusion

This particular study shows Most of mothers in this study were young adults within (26_37) years old, most of them were Institute and above about (48%), the present study showed that most of mothers experienced with good knowledge (77.3%) and Preventive measures regarding urinary tract infection in children (81.3%).

Recommendation

- 1- Developing a long-term plan from the Ministry of Health to increase mothers' knowledge the problem, risk factors and its prevention .
- 2- Carrying out workshops and sessions to teach mothers about how to take care of their children and each age group according to the changes that occur in it
- 3- Carrying out research in other regions of Iraq and conducting research concerning the problem.

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Mothers' Knowledge and Preventive Measures Concerning Urinary Tract Infection among Children

Table1: Demographic characteristics of mothers and Their Children

A. Mothers age

- 29 or less
- 30-39 years
- More than 40

B. Mother's education level

- Illiterate
- Read and write
- Primary
- Intermediate and secondary
- Institute and college

C. Mother's occupation

- Employed
- Unemployed
-

D. Number of sibling

D. Residential area

Rural

Urban

E. Child Weight

F. Child Gender Male

Female

Table 2: Mothers' Knowledge concerning UTI:

Item.	I know	Not Sure	I don't know
1- Urinary tract infections causing pain with urination.			
2_ Child with UTI suffering from urinary frequency (needing urinate).			
3_ The child with UTI suffering from urinary urgency (feeling urge to urinate).			
4_ Abdominal pain is common during passing urine.			
5_ The child with UTI suffering from blood in urine.			
6- The child present vomiting .			
7_ The child with UTI suffering from increase temperature (hyperthermia) .			
8-The possibility child straining to void or pushing hard to pass urine.			
9- The child with UTI suffering from Foul smelling in urine.			
10-Recurrent UTI could delay bladder control and			

cause incontinency.			
11-Renal system including kidney , urethra, ureter and bladder.			
12- UTI can cause by stone.			
13- The child practicing nocturnal urination.			
14-Oranges, lemons, strawberries and green leafy vegetables packed with vitamin C prevent bacteria from growing in the system .			
15-to diagnosis of UTI take a urine sample and test it for bacteria.			
16-UTI treat with antibiotics.			
17. The child complain from itching or soreness in diaper site.			
18. The child complain from dripping or incontinence.			
19. Presence of secretions from vagina or penis(discolorations of underwear).			
20. Constipation increase possibility of UTI.			

Table 2: Preventive Measures from UTI:

Item.	Always	Some times	Never
1—Females hygiene.			
2- Improve bowel habits decrease constipation			
3- The child practicing hold maneuver (incomplete emptying.			
4- Tight underwear or underwear made of nylon cause urinary tract infection?			

5- Prevent use of alcoholic wet wipes			
6- Wearing nylon diapers or underwear.			
7- Pinworms infection.			
8- Taking lemon juices and apple			
9- Decrease taking Soda and beverages.			
10- Spicy foods cautioned			
11- Washing an area daily from front to back.			
12- Instruct to empty bladder at least every two to three hours.			
13-Cotton underwear is recommended, especially during the summer months.			
14- Bubble baths filled with foaming soap as it may lead to skin irritation in and around the genitals.			
15-Eating yogurt and other cultured dairy products (fermented with “good” bacteria) regularly.			
16-A diet high in fiber paired with drinking enough water.			
17. Increase fluid intake.			
18. Encourage morning voiding			
19. Circumcision as early as possible			
20. Encourage emptying bladder.			

معارف الأمهات والتدابير الوقائية المتعلقة بعدوى المسالك البولية بين الأطفال

الجدول ١: الخصائص الديموغرافية للأمهات وأطفالهن

أ. عمر الأمهات

ب- مستوى تعليم الأم

أمي

اقرا و اكتب

الأولية

متوسط و ثانوي

المعهد والكلية

ج. هل تعمل الأم

موظف

غير موظف

د- عدد الأخوة

هـ_ منطقة سكنية

قرية

مدينة

و. وزن الطفل

ي . جنس الطفل

ذكر

انثى

الجدول ٢ : معرفة الأمهات فيما يتعلق بالتهاب المسالك البولية:

العنصر.	أنا أعرف	لست متأكدا	لا أعرف
١ - التهابات المسالك البولية تسبب ألم في التبول.			
٢ _ طفل مصاب بالتهاب المسالك البولية يعاني من كثرة التبول (بحاجة للتبول).			
٣ _ الطفل المصاب بالتهاب المسالك البولية ويعاني من إلحاح التبول (الشعور بالحاجة إلى التبول).			
٤ _ آلام البطن شائعة أثناء التبول.			
٥ _ الطفل المصاب بالتهاب المسالك البولية يعاني من دم في البول.			
٦ - الطفل المصاب بالتهاب المسالك البولية يعاني من التقيؤ			
٧ _ الطفل المصاب بالتهاب المسالك البولية يعاني من ارتفاع في درجة الحرارة (ارتفاع الحرارة).			
٨-احتمالية اجهاد الطفل لإفراغه أو دفعه بشدة لإخراج البول.			
٩ - الطفل المصاب بالتهاب المسالك البولية يعاني من رائحة كريهة في البول.			
١٠-يمكن أن يؤدي تكرار التهاب المسالك البولية إلى تأخير التحكم في المثانة ويسبب سلس البول.			
١١-الجهاز البولي ويشمل الكلى والحاليين والمثانة.			

١٢- يمكن أن يسبب التهاب المسالك البولية تكوين الحصى .			
١٣- يمكن أن يسبب التهاب المسالك البولية التبول الليلي للطفل.			
١٤- البرتقال والليمون والفراولة والخضروات الورقية المليئة بفيتامين سي تمنع نمو البكتيريا في الجسم.			
١٥- لتشخيص التهاب المسالك البولية ، يتم أخذ عينة من البول واختبارها بحثاً عن البكتيريا.			
١٦- علاج المسالك البولية بالمضادات الحيوية.			
١٧. يشكو الطفل من حكة أو وجع في مكان الحفاض.			
١٨. يشكو الطفل من التنقيط أو سلس البول.			
١٩. وجود إفرازات من المهبل أو القضيب (تغير لون الملابس الداخلية).			
٢٠. الإمساك يزيد من احتمالية الإصابة بالتهاب المسالك البولية.			

الجدول ٢: الإجراءات الوقائية من التهاب المسالك البولية:

العنصر.	دائماً	بعض الأحيان	أبداً
١ - النظافة الشخصية خصوصاً الإناث			
٢- تحسين عادات الأمعاء وتقليل الإمساك			
٣- قيام الطفل بمناورة الإمساك (إفراغ غير كامل).			
٤- الملابس الداخلية الضيقة أو الملابس الداخلية المصنوعة من النايلون تسبب التهاب المسالك البولية؟			
٥- منع استخدام المناديل المبللة الكحولية			
٦- لبس حفاضات من النايلون أو الملابس الداخلية.			
٧- عدوى الديدان الدبوسية تسبب التهاب المسالك البولية			
٨- تناول عصير الليمون والتفاح			
٩- تقليل تناول المشروبات الغازية والصويا			

١٠- تخفيف تناول الأطعمة الحارة			
١١- غسل المناطق التناسلية يوميا من الأمام إلى الخلف.			
١٢- يجب إفراغ المثانة كل ساعتين إلى ثلاث ساعات على الأقل.			
١٣- ينصح بالملابس الداخلية القطنية خاصة خلال أشهر الصيف.			
١٤- حمامات الفقاعات المليئة بالصابون الرغوي لأنها قد تؤدي إلى تهيج الجلد في الأعضاء التناسلية.			
١٥- تناول الزبادي ومنتجات الألبان الأخرى (المخمرة بالبكتيريا "الجيدة") بانتظام.			
١٦- اتباع نظام غذائي غني بالألياف مع شرب كمية كافية من الماء.			
١٧. الاكثار من تناول السوائل.			
١٨. تشجيع إفراغ الصباح اي التبول صباحا			
١٩. الختان بأسرع وقت ممكن			
٢٠. تشجيع إفراغ المثانة باوقات متكررة.			

الخلاصة:

الخلفية: عدوى المسالك البولية هي أكثر أمراض العدوى البكتيرية شيوعاً بين الأطفال. تتعرض الفتيات بعد سن الواحدة لعدوى المسالك البولية بمعدل أربع مرات أكثر من الصبي. يتأثر المسار السريري لالتهاب المسالك البولية بالعديد من العوامل ، بما في ذلك: عمر الطفل وموقع الحالة العامة وشدة التغيرات الالتهابية.

تصميم وإعداد الدراسة: تم اعتماد دراسة وصفية لتقييم معرفة الأمهات والتدابير الوقائية فيما يتعلق بعدوى المسالك البولية لدى الأطفال خلال الفترة (٢٠٢٢/١٠/١٢) إلى (٢٠٢٣/٥/١) في الحلة. المراكز الصحية.

أخذ العينات: يتكون أخذ العينات غير الاحتمالية (الملائمة) من (١٥٠) أمهات أنجبن أطفالاً في مرحلة الطفولة المبكرة.

نتائج البحث: النتائج الرئيسية للدراسة التي تحقق الأهداف العليا التي حددها الباحثون والتي كشفت عن مستوى جيد من المعرفة فيما يتعلق بالأسباب كإجراءات وقائية للمشكلة.

تشير نتائج أخرى إلى علاقة غير ذات دلالة إحصائية بين معرفة الأمهات فيما يتعلق بالأسباب وعوامل الخطر بين الأطفال مع هذه المعلومات الديموغرافية.

التوصيات: يجب أن تكون الجلسات التعليمية للآباء والأمهات مع الأطفال الصغار في حالة تأهب لاحتمال الإصابة بعدوى المسالك البولية بين هذه الفئات العمرية وخاصة الإناث ، ويجب تقديم المزيد من المعلومات بمجرد تشخيص التهاب المسالك البولية ، وكذلك يجب توزيع الكتيبات في المراكز الصحية بما في ذلك الحماية الشخصية و تدابير النظافة التي قد تكون مفيدة في هذه المسألة.



وزارة التعليم العالي والبحث العلمي
جامعة بابل
كلية التمريض



معارف الأمهات والتدابير الوقائية المتعلقة بعدوى المسالك البولية بين الأطفال

"مشروع التخرج

ارسلت الى

كلية التمريض جامعة بابل لدرجة البكالوريوس



اعداد:

مريم علاء خزل

ورود باسم عيدان

غفران حسن طالب

فاطمة نعمة حسن

اشراف الدكتورة : نهاد محمد قاسم

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