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ELSEVIER



SRN
Societal Research Network

Universal
Impact Factor



PREVALENCE OF BRONCHITIS AMONG SCHOOL CHILDREN

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Relevance: Respiratory diseases, including bronchitis and pneumonia, are common among children aged 6-17 years. Living conditions in many rural areas are unacceptable compared to urban areas in terms of housing, health, income and wealth, and the quality of the environment. These conditions are characterized by personal, social and physical factors that may be associated with adverse respiratory outcomes.

Objective: To determine the prevalence and associated risk factors for bronchitis in school-age children.

Materials and methods of research: The study involved 151 children from among rural residents aged 6 to 17 years. The mean age and standard deviation of the study population was 10.7 ± 3.1 years. More girls (53.0%) than boys (47.0%) participated.

The prevalence of bronchitis was 17.9% (63/351). Of these, 34.9% were hospitalized with breathing problems. For individual factors, the following demographic information was collected: gender of the child; the age of the child; breast-feeding; birth weight; respiratory allergies, including allergies to house dust, grain dust, pollen, trees, grasses, mold or fungus, dogs, cats, or bird feathers (yes/no); and whether the mother smoked during pregnancy.

Study Findings: Obese children were at a higher risk of ever being diagnosed with bronchitis compared to children without being overweight or obese. Children living in homes with signs of mold or mildew were also more likely to report bronchitis. Any respiratory allergy was a serious comorbidity of bronchitis. There was no statistically significant difference in the prevalence of bronchitis by age, but there was a higher percentage (49.2%) of younger children (6 to 10 years of age) with documented bronchitis compared with older age groups (33.3% and 17. five%). A higher proportion of children (92.1%) with bronchitis were exposed to smoking by their parents compared to children without bronchitis (85.4%).

Significant predictors of an increased risk of bronchitis were obesity (OR = 3.90; 95% CI = 1.81–8.39), respiratory allergy (2.29; 1.14–4.61), parental smoking (2.97; 1.03–8.54) and signs of mold or mold in the house (2.02; 1.09–3.74). Hosmer and Lemeshow's test ($\chi^2 = 11.77$, degrees of freedom = 8, p value = 0.162) shows that the number of children who have ever had bronchitis does not differ significantly from the number predicted by the model, indicating good model fit.

Conclusions: There are several modifiable risk factors to consider when studying preventive interventions for bronchitis, including obesity, smoking, house mold or dampness. The high prevalence of damage caused by dampness and signs of mold or mildew in Indigenous homes, combined with the apparent association with bronchitis, is indicative of a major public health problem for Indigenous communities.