Journal of Medical and Health Studies (JMHS)
ISSN: 2710-1452
DOI: 10.32996/jmhs
Journal Homepage: www.al-kindipublisher.com/index.php/jmhs

JMHS
AL-KINDI CENTER FOR RESEARCH AND DEVELOPMENT

| RESEARCH ARTICLE

A Narrative Inquiry on Mothers' Knowledge and Preventive Practices Regarding Upper Respiratory Tract Infections in Under-Five Children

Estrada C. A[1]✉, Atienza, K.A.[2], Carro, V.[3], Libang, A. M. [4] Corcolon, K. [5] and Quintana, M. L. [6]

[1]*College of Nursing, Canossa College Inc., San Pablo City, Laguna, Philippines*
[2]*College of Nursing, Canossa College Inc., San Pablo City, Laguna, Philippines*
[3]*College of Nursing, Canossa College Inc., San Pablo City, Laguna, Philippines*
[4]*College of Nursing, Canossa College Inc., San Pablo City, Laguna, Philippines*
[5]*College of Nursing, Canossa College Inc., San Pablo City, Laguna, Philippines*
[6]*Dalubhasaan ng Lungsod ng San Pablo, San Pablo City, Laguna, Philippines*
Corresponding Author: Cleo Alexene Estrada, **E-mail**: c-23000026estradaca@canossacollegespc.com.ph

| ABSTRACT

Upper Respiratory Tract Infections (URTIs) remain a primary health challenge for pediatric populations, particularly in high-density communities. This study explored the lived experiences, knowledge, and preventive practices of mothers managing URTIs in children under five years old in Barangay San Nicolas, San Pablo City. Utilizing a narrative inquiry research design, semi-structured interviews were conducted with 15 purposively selected mothers to uncover the meanings behind their caregiving decisions. The results identified a "layered response" to illness, where mothers initially employ traditional home remedies—such as oregano and calamansi—based on experiential knowledge before escalating to professional medical consultation. While mothers demonstrated high awareness of environmental triggers like dust and smoke, structural barriers, including financial instability and inconsistent medicine supplies at local health centers, often hindered optimal care. The study concludes that maternal decision-making is a dynamic process shaped by a blend of traditional wisdom, socio-economic realities, and a high level of trust in nursing professionals. These findings suggest that community health interventions should focus on strengthening the partnership between health workers and mothers to bridge the gap between symptom recognition and timely medical intervention.

| KEYWORDS

Child health;Health-seeking behavior; Maternal knowledge; Narrative inquiry; Upper respiratory tract infections

| ARTICLE INFORMATION

ACCEPTED: 21 June 2026 **PUBLISHED:** 03 July 2026 **DOI:** 10.32996/jmhs.2026.7.9.4

1. Introduction

Mothers serve as the primary caregivers instrumental in safeguarding and promoting pediatric health, particularly during the critical developmental window of the under-five cohort. Among the most prevalent clinical challenges in early childhood are upper respiratory tract infections (URTIs). As anchored in Brunner & Suddarth's Textbook of Medical-Surgical Nursing (15th ed.), URTIs encompass acute inflammatory and infectious conditions affecting the upper airways, specifically the nose, sinuses, pharynx, and larynx. Globally, URTIs represent a leading cause of childhood morbidity; due to immature immune systems and frequent environmental exposure to pathogens, young children typically experience multiple infectious episodes annually. According to epidemiological data from The Lancet Infectious Diseases, under-five respiratory infections contribute to a staggering global burden, accounting for approximately 19,600 annual deaths and a mortality rate of 0.2 per 100,000 population. Mitigating this burden directly intersects with the United Nations' Sustainable Development Goal (SDG) No. 3: Good Health and Well-Being, which mandates the reduction of preventable under-five mortalities. Although the majority of URTIs are acute and self-limiting, recurrent episodes significantly compromise pediatric well-being, accelerate healthcare utilization, and impose

substantial emotional and caregiving burdens on families. Consequently, maternal health literacy and preventive behaviors are pivotal determinants in mitigating URTI incidence and optimizing health outcomes in early childhood.

Extant literature underscores that maternal knowledge, health beliefs, and caregiving modalities profoundly dictate the prevention and clinical management of pediatric respiratory tract infections. From the conceptual perspective of Nola Pender's Health Promotion Model, a mother's preventive actions are heavily modulated by perceived benefits, prior related behaviors, and immediate environmental barriers. Mothers with robust health literacy are demonstrably more likely to implement evidence-based preventive measures, including rigorous hand hygiene, environmental sanitation, optimal nutritional support, elimination of household hazards like secondhand smoke exposure, and timely healthcare-seeking behavior upon the manifestation of clinical danger signs. Conversely, empirical evidence reveals a critical disparity: many caregivers possess fragmented knowledge regarding the etiology, symptomatology, and red-flag indicators of URTIs—often relying on sophisticated auditory and visual cues (such as distinguishing a "tight, wheezing" cough from a "loose" cough) rather than clinical terminology. This dichotomy highlights that maternal decision-making is a complex construct shaped by intersecting socioeconomic and structural determinants, including systemic access to health information. Furthermore, the diverse modalities through which mothers acquire health literacy—ranging from professional pediatric consultations and barangay health stations to informal intergenerational networks and digital spaces—substantially modulate their caregiving trajectories. When navigating these pathways, a mother's actions transcend mere clinical compliance; as illuminated by Jean Watson's Theory of Human Caring, her practices are an expression of a deep "caring consciousness" aimed at preserving the comfort and dignity of her child.

While numerous investigations have evaluated maternal knowledge, attitudes, and practices (KAP) regarding respiratory infections through quantitative lenses, there remains a critical lacuna in understanding how mothers personally navigate, interpret, and assign meaning to their caregiving experiences. Existing literature predominantly focuses on the statistical measurement of knowledge levels and behavioral compliance, thereby obscuring the nuanced lived realities, structural challenges, intrinsic motivations, and turning points—such as a past traumatic hospitalization—that permanently reshape a mother's preventive threshold. Within the localized context of San Pablo City, epidemiologic data from the City Health Office highlights a pressing public health concern: Barangay San Nicolas registered the highest burden of pediatric respiratory illness in the region, documenting 74 cases in 2024 and 38 cases from January to August 2025 alone. Despite these metrics, there is a profound scarcity of empirical data exploring how mothers within this high-burden locality synthesize health information, conceptualize the transition from wellness to illness, navigate out-of-pocket material constraints, and formulate adaptive preventive strategies within their daily lives. Addressing this empirical gap is imperative to generate holistic, qualitative insights that standard numerical frameworks fail to capture.

Therefore, this study utilizes a qualitative approach grounded in Catherine Kohler Riessman's narrative inquiry framework to examine the lived experiences of mothers regarding their knowledge and preventive practices toward upper respiratory tract infections among under-five children in Barangay San Nicolas. By capturing the sequential, storied realities of fifteen maternal caregivers (MP1 to MP15), this study aims to provide granular, culturally attuned insights to inform localized health education frameworks, optimize community-led public health interventions, and advance the nursing practice in community health care.

2. Research Design

The study utilized a qualitative research approach employing a narrative inquiry design. This design explored how mothers made sense of preventing and managing upper respiratory tract infections among children under five through the stories they shared. Narrative inquiry focused on the sequence of events, characters, settings, and turning points within participants' experiences. Data were gathered through narrative interviews, field notes, and reflexive memos, allowing researchers to capture both the experiences of mothers and the contexts in which these experiences unfolded. Analysis involved tracing story timelines, identifying key episodes and turning points, and examining the roles of family members, health workers, and local services. This design was appropriate for the study as it preserved the richness of mothers' lived experiences while providing an in-depth understanding of the factors influencing their prevention and management practices within their barangay context.

3. Research Participants

The participants of the study were mothers aged 18 to 40 years who served as the primary caregivers of at least one child under five years old and were residents of Barangay San Nicolas, San Pablo City. Eligible participants had recent experience caring for a child with an upper respiratory tract infection (URTI)-like episode within the past twelve months, enabling them to provide detailed accounts of prevention and management practices. Participants were required to communicate in Filipino or English, provide informed consent, and be available for an interview.

Mothers who were healthcare professionals, those whose children had diagnosed chronic respiratory diseases, those who were not the primary caregiver, non-residents of the barangay, or individuals unable to provide consent were excluded from the study.

A screening checklist was used to verify eligibility based on age, residence, caregiving status, recent illness experience, and professional background. These criteria ensured that the participants could provide relevant and authentic insights into the prevention and management of upper respiratory tract infections among children under five within the local community.

4. Research Instrument

The study utilized a self-made bilingual semi-structured interview guide as its primary research instrument. The instrument was designed to gather rich and detailed narratives regarding mothers' experiences in preventing and managing upper respiratory tract infections among children under five years old. Filipino translations accompanied the interview questions to ensure clarity, comfort, and effective communication among participants.

The instrument consisted of a demographic checklist and open-ended interview questions. The demographic section collected information such as age, educational attainment, employment status, number of children, healthcare access, and household characteristics. The interview guide focused on mothers' knowledge and risk recognition, information sources and trust, preventive practices, symptom management, care-seeking behaviors, and factors influencing their decisions. Optional probing questions were used to encourage participants to elaborate on their experiences without directing their responses.

To support data collection, the researchers also used a field note template to record contextual details, nonverbal observations, significant statements, and reflective notes. Interviews were conducted face-to-face, audio-recorded with participants' consent, and supplemented by field notes. The instrument was developed to ensure the collection of comprehensive and meaningful data that reflected mothers' lived experiences and perceptions regarding the prevention and management of upper respiratory tract infections within the barangay context.

5. Data Gathering and Analysis Procedure

The study followed a systematic data gathering and analysis procedure consistent with a narrative inquiry design. Prior to data collection, the researchers secured the necessary permissions from the research adviser, the College of Nursing, relevant city offices, and the Barangay Chairman of San Nicolas. Participants were selected through purposive and snowball sampling based on the established inclusion and exclusion criteria. Eligible mothers were informed about the study, screened for eligibility, and asked to provide written informed consent before participation.

Data were collected through face-to-face interviews using a bilingual semi-structured interview guide. A demographic checklist was completed before the interview, and participants were encouraged to share their experiences in English, Filipino, or a combination of both languages. With consent, interviews were audio-recorded and supplemented by field notes documenting contextual details, nonverbal behaviors, and significant observations. After each interview, researchers prepared reflexive memos and securely stored all recordings and transcripts using coded identifiers to maintain confidentiality.

Data analysis was guided by Catherine Riessman's narrative framework. Researchers repeatedly reviewed interview transcripts and field notes to understand each participant's story as a whole, focusing on the sequence of events, experiences, and turning points related to the prevention and management of upper respiratory tract infections among children under five. Narrative segments were coded and organized into meaningful storylines while preserving the context and flow of participants' accounts. Individual narrative profiles were developed before conducting cross-case comparisons to identify common themes and differences across participants.

Emerging themes were then interpreted using Nola Pender's Health Promotion Model and Jean Watson's Theory of Human Caring to provide a deeper understanding of mothers' health behaviors, caregiving practices, and decision-making processes. To enhance the credibility and trustworthiness of the findings, member validation, peer review, reflexive memoing, and ongoing team discussions were conducted throughout the research process. This procedure ensured that the study findings accurately reflected the lived experiences and perspectives of the participants.

6. Ethical Considerations

This research study followed ethical guidelines to ensure the protection and well-being of all participants. Prior to data collection, approval was obtained from the research adviser and the Dean of the College of Nursing of Canossa College San Pablo Inc., as well as the necessary permissions from relevant local authorities. Participation in the study was voluntary, and informed consent was secured from all participants. Mothers were fully informed about the purpose, procedures, risks, benefits, confidentiality measures, and their right to withdraw from the study at any time without penalty. A separate consent was obtained for audio recording.

Confidentiality and privacy were strictly maintained throughout the study. All data, including recordings, transcripts, field notes, and consent forms, were stored securely using coded identifiers. Personal information was removed from all documents to ensure anonymity, and only the research team had access to the raw data.

The study also considered the emotional well-being of participants. Mothers were informed that they could skip questions, pause, or stop the interview at any time if they felt uncomfortable. Researchers remained attentive to signs of distress and provided appropriate support or referrals to available community services when necessary. Ethical interviewing practices were

observed to prevent coercion and to ensure respectful engagement with participants. These measures ensured that the study upheld the principles of respect for persons, beneficence, and justice throughout the research process.

7. Results and Discussion

7.1. Demographic Profile of Participant Caregivers

The study comprised 15 primary caregiver mothers residing in Barangay San Nicolas, San Pablo City, Laguna. Selected through purposive and snowball sampling to ensure varied socio-economic backgrounds, the participants were aged between 18 and 40 years. This demographic cross-section represents a cohort navigating complex socio-economic realities while serving as the primary healthcare decision-makers for their pediatric dependents.

7.2. Thematic Mapping and Structural Framework

The qualitative narrative inquiry yielded an interconnected ecosystem of maternal health management. Rather than viewing caregiving actions as isolated choices, the holistic thematic structure (summarized in Figure 1) illustrates that a mother's health behavior is an adaptive, continuous loop. It begins with risk perception, is mediated by information pathways and structural barriers, and culminates in a deliberate care-seeking action.

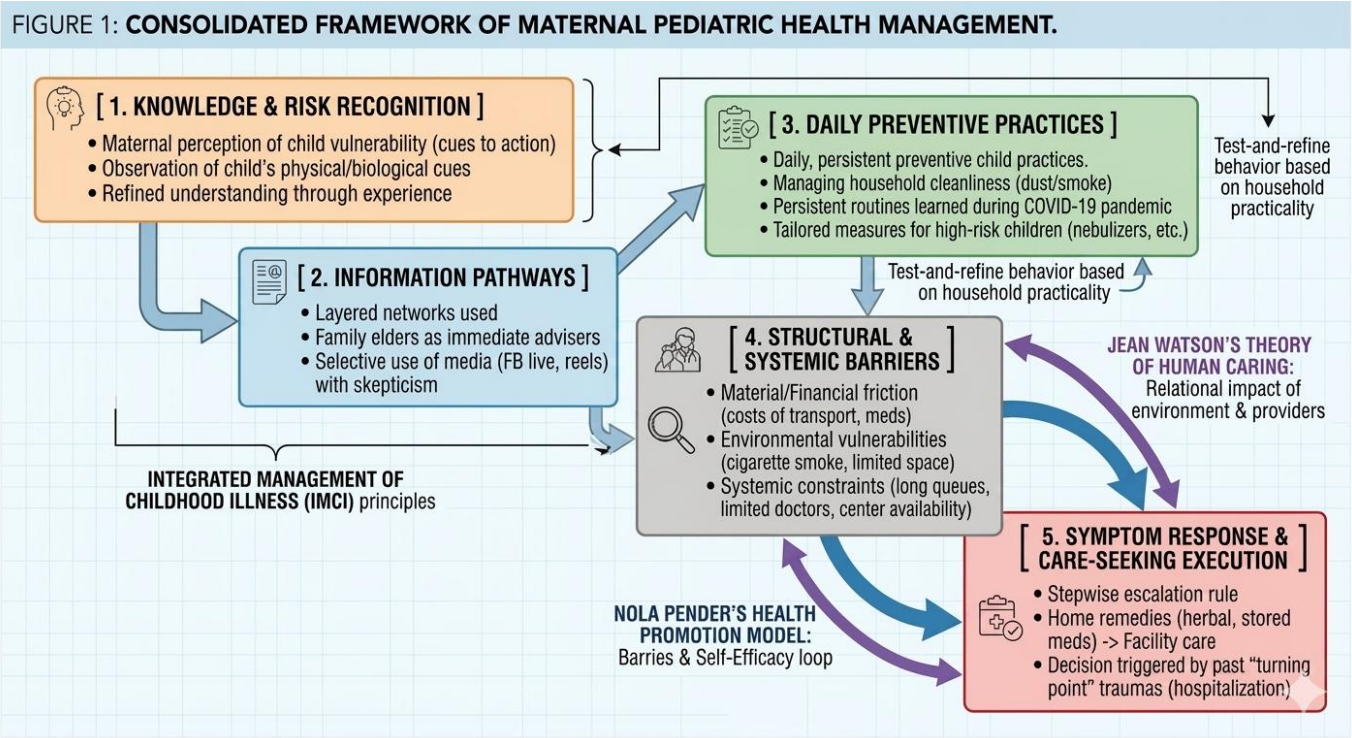

Figure 1. Consolidated Framework of Maternal Pediatric Health Management.

7.3. Domain Synthesis and Theoretical Integration

Domain 1: Knowledge and Risk Recognition

Mothers demonstrated an experiential baseline of health literacy, readily identifying common pediatric ailments like coughs, colds, and minor fevers. However, their narratives revealed a crucial transition from recognizing basic symptoms to identifying clinical "red flags".

Key Finding: Caregivers explicitly look for secondary physiological shifts—such as rapid breathing, intercostal chest indrawings, and prolonged lethargy—before classifying an illness as severe.

Theoretical Alignment: In the lens of Nola Pender's Health Promotion Model, this transition highlights perceived susceptibility and severity. A mother's biological understanding directly shapes her cognitive appraisal of threat, which acts as the primary internal trigger for health-seeking behaviors.

Domain 2: Information Pathways and Credibility Trust

When navigating child illness, mothers utilize a layered network of information.

Key Finding: While family elders (e.g., lolo and lola) serve as immediate, everyday advisers on traditional treatments, and social media acts as an accessible supplementary tool, healthcare professionals remain the absolute authority. Crucially, mothers resolve conflicting advice by checking for consistency across sources.
Theoretical Alignment: This reflects Pender's interpersonal influences. Social networks and cultural expectations heavily influence a caregiver's immediate options. However, the ultimate validation comes from clinical authority, emphasizing the need for accessible, professional communication channels in the community.

Domain 3: Daily Preventive Strategies and Behavioral Norms
Preventive health care was strongly characterized by managing the immediate household environment and boosting child immunity.
Key Finding: Universal routines centered heavily on dust and smoke mitigation, paired with nutritional supplementation (vitamins) to "build resistance." Interestingly, many of these daily hygiene and sanitization protocols were established during the COVID-19 pandemic and have successfully persisted as deeply ingrained, long-term household norms.
Theoretical Alignment: This exemplifies Pender's concept of prior related behavior. Public health habits forged during a global health crisis have evolved into automatic, self-efficacious actions, showing that long-term health preservation is highly sustainable when embedded into daily domestic routines.

Domain 4: Symptom Response and Care-Seeking Execution
Mothers approach active illness using a methodical, step-by-step management strategy.
Key Finding: Initial responses almost universally involve administering herbal remedies or utilizing leftover medications stored in the home. Caregivers carefully monitor child behavior over a 2-to-3-day window. The critical "turning point" that prompts an immediate shift to facility-based clinical consultation is typically anchored in historical trauma, such as a past severe hospitalization or a chronic diagnosis like asthma.
Theoretical Alignment: In Pender's model, past clinical emergencies act as a powerful, permanent cue to action. The emotional and financial memory of a previous health crisis significantly lowers a mother's threshold for seeking formal medical intervention during subsequent illness episodes.

The Friction Layer: Structural, Environmental, and Systemic Barriers
Despite demonstrating high health motivation and clear intentions, mothers frequently encounter substantial friction when interacting with the healthcare system.

Table 1. Matrix of Socio-Environmental Friction and Systemic Barriers in Pediatric Care-Seeking

Barriers Category	Specific Narrative Stressors	Impact on Care-Seeking
Environmental	Persistent neighborhood cigarette smoke; localized pollution.	Exacerbates pediatric respiratory triggers, neutralizing home prevention.
Material/ Financial	Out-of-pocket transportation costs; unpredictable medication expenses.	Delays timely facility visits, extending the risky home-monitoring phase.
Systemic	Long clinic wait lines; restricted facility operating hours.	Discourages early consultations; creates logistical hardships for working mothers.

7.4. Theoretical Critique (Pender vs. Watson)
This friction layer exposes a critical intersection between structural realities and nursing theory. Under Pender's Health Promotion Model, systemic delays and financial strains represent severe perceived barriers to action. Even when a mother possesses high self-efficacy and deeply values early consultation, these situational barriers can directly block and override her health-promoting intentions.

Conversely, when mothers do overcome these barriers to visit a facility, their experience is heavily mediated by the quality of clinical interaction. When clinic overcrowding or short operating hours lead to rushed, impersonal consultations, the healthcare environment fails to establish Jean Watson's "Caritas Field".
However, when public health nurses and physicians practice authentic, empathetic caring despite resource limitations, it mitigates these structural shortcomings. Empathetic, respectful care heals systemic friction, builds maternal confidence, validates their maternal instincts, and reinforces their trust in the formal institutional healthcare system.

8. Conclusion

This study successfully mapped the nuanced, lived experiences and narrative journeys of fifteen mothers (MP1 to MP15) navigating the prevention and management of upper respiratory tract infections (URTIs) among under-five children within the high-burden locality of Barangay San Nicolas, San Pablo City. Evaluated through Catherine Kohler Riessman's narrative inquiry framework, the empirical evidence demonstrates that maternal caregiving is not a static set of behavioral compliance metrics, but rather a dynamic, deeply adaptive, and storied process. Mothers continuously synthesize acquired health information, personal experiential knowledge, intergenerational familial traditions, and localized environmental realities to orchestrate care-seeking and preventive interventions. By capturing these qualitative trajectories across 16 emergent themes, the study clarifies the cognitive, social, and structural mechanisms that dictate how caregivers recognize pediatric illness transitions—relying on sophisticated sensory and physiological monitoring, such as identifying a "tight, wheezing" cough versus a "loose" cough—evaluate clinical danger signs, and ultimately mobilize available community resources.

This work significantly advances the present state of nursing knowledge by bridging a critical empirical gap in the pediatric respiratory health literature. While existing global and local data extensively document maternal knowledge, attitudes, and practices (KAP) through restrictive quantitative frameworks, they frequently obscure the underlying human context of why disparities between knowledge and practice persist. This study elevates the discourse from statistical correlations to narrative explanations, illustrating how structural bottlenecks—such as economic out-of-pocket limitations and inconsistent medicine availability at the local health station—actively modulate or disrupt evidence-based practices.

Furthermore, this research meaningfully advances the field of community health nursing by offering empirical validation for the synthesis of Jean Watson's Theory of Human Caring and Nola Pender's Health Promotion Model within grassroots pediatric care. It demonstrates that a mother's preventive threshold and health beliefs are profoundly transformed by past critical incidents, such as a traumatic hospitalization episode, which permanently heightens her maternal caring consciousness. This synthesis shifts the nursing paradigm away from prescriptive, top-down health education toward a highly contextualized, family-centered model of care that honors the mother as an active public health partner, contextualizing the human realities behind the City Health Office's statistics of 74 cases in 2024 and 38 cases in 2025 for Barangay San Nicolas.

Building upon these insights, several critical areas for future study are recommended to expand this body of knowledge. First, future researchers should explore the storied experiences of secondary and non-maternal caregivers—such as fathers, grandparents, and community health guardians—to capture a more holistic view of familial caregiving networks in childhood illnesses. Second, comparative narrative studies across diverse socioeconomic strata and varied geographical landscapes within San Pablo City are needed to determine how distinct structural and environmental realities alter maternal decision-making. Lastly, longitudinal mixed-method or intervention-based research should be pursued to develop, implement, and evaluate the efficacy of culturally attuned, nurse-led health education frameworks designed directly around the maternal experiences and caregiving trajectories documented in this study.

Funding: This research received no external funding.
Conflicts of Interest: The authors declare no conflict of interest.
ORCID iD: 0000-0002-5857-407X

References

[1] Brunner, L. S., & Suddarth, D. S. (2022). Brunner & Suddarth's Textbook of Medical-Surgical Nursing (15th ed.). Wolters Kluwer Health.
[2] Gebretsadik, G. G., Kidanemariam, G., & Berhe, H. (2020). Caregivers' knowledge, attitudes, and practices on domestic prevention and management of acute respiratory infections in under-five children. BMC Pediatrics, 20(1), 1-9. https://doi.org/10.1186/s12887-020-02043-4
[3] Pender, N. J., Murdaugh, C. L., & Parsons, M. A. (2019). Health Promotion in Nursing Practice (8th ed.). Pearson.
[4] Reñosa, M. D., Mwamba, C., & Landicho-Guevarra, J. (2020). "I map out my choices": A qualitative exploration of caregiver health-seeking practices for pediatric respiratory illnesses in the Philippines. The Lancet Infectious Diseases, 20(12), e312-e322. https://doi.org/10.1016/S1473-3099(20)30114-1
[5] Riessman, C. K. (2008). Narrative Methods for the Human Sciences. SAGE Publications.
[6] Watson, J. (2018). Unitary Caring Science: The Philosophy and Praxis of Nursing. University Press of Colorado. https://doi.org/10.2307/j.ctv1nhr7g