Infant mortality rate in India is still high and A.R.I. was one of the leading cause. Approximately 13% of the inpatient deaths in paediatric ward are due to A.R.I. The proportion of death due to A.R.I. in community is also much higher, as many children die at home. This is because the children are either not brought to the hospital or brought too late. According to W.H.O. estimates, respiratory infections cause about 9,87,000 deaths in India, of which 10,000 deaths are due to acute upper respiratory infection and about 9,000 due to Otitismedia. The burden of disease in terms of DALYs (Disability Adjusted Life Years) lost was 25.5 million. Of these 2.74 lakhs were due to Acute Upper Respiratory infection and 4.75 lakhs due to Otitismedia. W.H.O. in its Bulletin titled 'Healthy Environment for Children' stated that the largest single cause of childhood illness and death is unsafe water and poor or non-existent sanitation. In under five year old, unhealthy environment contributed to most of 2 million death due to A.R.I. It is a blow to the development because it deprives community and society as a whole of calculable human potential. There is an urgent need for systematic evaluation of existing knowledge and practice of mothers of under five of in term applied to prevention, management and treatment regarding AURI. The National Socio-demographic Goal for 2010 AD has emphasized the need to reduce infant mortality rate below 30 per 1000 live births.

Every day, out patient department of P.H.C, 10-15 under five children are coming for consultation with one or other problem which is related to A.R.I. Out of this 6% were suffering from Acute Upper Respiratory tract Infection (AURI) - common cold, sore throat and ear infection. All these points give an inner-force to the investigator to assess the knowledge and practice of mothers of under five children regarding AURI especially about common cold. It is believed that mothers are the first nurse who meet the primary needs of their children during illness as well as wellness.

Objectives
The objectives of the study were, to:
- Assess the knowledge and practice of mothers of under five children regarding AURI(common cold)
- Determine the relationship between knowledge and practice with selected demographic variables
- Find out the association between knowledge and practice with selected mothers framing the sample size

Methodology
The conceptual framework adopted for the study was based on Nightingale’s Environmental Model. A descriptive and evaluative approach was adopted for the study. The study was conducted at Thavarekkere Primary Health Centre, Bangalore rural district, Karnataka State. The study was carried out in two phases. In Phase I, data was collected by using a semi structured interview – schedule. In Phase II, the data was analyzed by using descriptive and inferential statistics. Sample consisted of 60 mothers, using simple random sampling techniques. The tool consisted of 3 part. Part-1 - Socio-demographic variables, part –II- consisted of 23 items related to knowledge regarding causes, pre-disposing factors, signs and symptoms, prevention and management of AURI. Part –III - consisted of 22 items related to practice of mothers regarding causes, prevention and management of AURI under the following headings - home remedies, home care, dietary pattern, medical assistance etc. The reliability of the tool was r
Analysis and Findings

The data was analyzed by using descriptive and inferential statistics. The main findings of the study were: most of the subjects (51.7%) belong to the age group of 18-28 yrs, 66.7% belong to Hindu religion, 13.3% are illiterate, 75% unskilled, 61.7% belong to nuclear family, 38.3% are using fire wood as medium of cooking, 71.7% are two child norm, 60% had choice of allopathic treatment and 76.7% were under the influence of mass media. The overall mean knowledge score of mothers regarding AURI was 13.66 with a standard deviation of 4.97 and score range between 7-23. The overall practice score regarding management of AURI was 11.91 with a standard deviation of 4.35 and score range between 3-21. In the present study 35% of mothers were using separate handkerchief for the child with cough and cold. Most of the mothers (55%) were practicing over the counter medication for treating common cold, 58.3% were convinced about continuation of breastfeeding during illness, 55.7% were using warm oil for treating earache, 41.7% preferred to use saline gargle for treating sore throat.

There is a significant association between knowledge and practice with selected demographic variables like education (X² = 5.694, d.f. = 1) occupation (X² = 9.866, d.f. = 1) medium of cooking (X² = 8.017, d.f. = 1) type of family (X² = 5.774, d.f. = 1) type of house (X² = 8.076, d.f. = 1) respectively. There is a high positive correlation between knowledge and practice. After drawing data, investigator use a face to face teaching module regarding DO’s and DON’T’s in AURI, which is really educative and appreciated by all the subjects and their family members.

Conclusion

The following conclusions were drawn on the basis of the present study:
- About 48.3% of mothers had inadequate knowledge about common cold. Majority (70%) of mothers practice level regarding management of AURI was unsatisfactory, so the need for improving the level of knowledge and practice was widely recognized.

Implications
- Community health nurse can play a vital role in health care delivery system, especially in rural areas. By using face to face teaching module, she can motivate mothers during home visit, especially the management of a killer vaccine preventable diseases diarrhoeal disease and ARIs. ARIs are responsible for 8.2% of the world's total burden of disability and premature death, yet they receive only 0.15% of the research and development budget. More resources should be allocated for research on ARI.
- In service education to be provided to the nursing personnel at various levels. Knowledge and practice regarding AURI should be updated by utilizing various communication facilities like health education, pamphlets or mass media programmes.

Recommendations
- Community level: During home visit, a face to face teaching module may be more useful in educating mothers.
- A similar study can be done on a large sample, it may help to draw more definite conclusions and to make generalizations.
- Comparative study may be conducted in rural and urban under-five mothers.
- Mass and individual education in regional languages to enlighten the mothers can be organized at all levels of health facilities.

Bibliography