ISSN 2664-7354 (Online) & ISSN 2708-2687 (Print)

Volume: 8, Issue: 5
Page: 13- 24
YEAR: 2026

International Journal of Academic Research in Business, Arts and Science (IJARBAS.COM)

Knowledge, Attitudes, and Practices of Parents Towards Acute Otitis Media Among Children in Ekiti State, Nigeria

AUTHOR(S): OWOLABI, Wuraola Foluke, OLAREWAJU, Temitayo Ayo, FADAHUNSI, Esther Olamide, OWOLABI, Olamiposi Temidayo, ADENIJI, Oluwabunmi Mercy, DONALD, Queen Philomina

Abstract

Acute otitis media (AOM) is among the most prevalent infectious diseases of childhood and a leading driver of pediatric healthcare consultations globally. Parental knowledge, attitudes, and practices are critical determinants of timely care-seeking and effective management, yet gaps in these domains persist in resource-limited settings such as Nigeria. The study assessed the knowledge, attitudes, and practices (KAP) of parents regarding AOM among children attending the Ear, Nose and Throat (ENT) Clinic of Ekiti State University Teaching Hospital (EKSUTH), Ado Ekiti, and to examine socio-demographic and cultural factors influencing parental practices. A descriptive cross-sectional design was employed. Using the Taro Yamane formula at a 5% margin of error, 80 parents were selected by simple random sampling from a target population of 100 weekly ENT clinic attendees. Data were collected via a validated structured questionnaire covering AOM knowledge, attitudes, practices, and influencing factors. Analysis was performed with SPSS version 26, using frequency distributions and chi-square tests at $p < 0.05$. The majority of respondents were aged 30–40 years (37.5%), married (75%), Christian (75%), Yoruba (62.5%), and held tertiary education (50%). Most parents had heard about AOM (87.5%), and 75% correctly identified viruses as a causative agent; however, only 62.5% recognized key symptoms and 50% were aware that untreated AOM can cause permanent hearing loss. Attitudes were broadly positive: 75% acknowledged AOM as a serious condition and 68.8% expressed confidence in following prescribed treatment. Despite this, 62.5% endorsed home remedies as sufficient treatment. Good practices were reported by the majority, though 50% admitted using home remedies prior to seeking professional care. Education (75%), financial constraints (75%), and religious beliefs (81.3%) were major determinants of parental practices. Both null hypotheses were rejected: parental knowledge significantly predicts attitude ($\chi^2 = 21.03 > 16.92$, $p < 0.05$), and parental age significantly predicts practices ($\chi^2 = 18.65 > 16.92$, $p < 0.05$). Parents at EKSUTH demonstrate fair KAP regarding AOM, but critical gaps in

IJARBAS
Accepted 25 May 2026
Published 31 May 2026
DOI: 10.5281/zenodo.20474082

symptom recognition, complication awareness, and reliance on home remedies persist. Multi-pronged, culturally sensitive health education strategies are needed to improve parental competence and reduce the morbidity burden of AOM in children.

Keywords: Acute otitis media, Parental knowledge, Attitudes, Practices, Children, Ear infection,

About Author

Author(s): OWOLABI, Wuraola Foluke
College of Nursing Sciences, Ado Ekiti, Ekiti State

OLAREWAJU, Temitayo Ayo
National Health Insurance Authority, Ado Ekiti, Ekiti State

FADAHUNSI, Esther Olamide
College of Nursing Sciences, Ado Ekiti, Ekiti State

OWOLABI, Olamiposi Temidayo
Federal Medical Centre, Ikole Ekiti, Ekiti State

ADENIJI, Oluwabunmi Mercy
Federal Teaching Hospital, Ido Ekiti, Ekiti State

DONALD, Queen Philomina
Department of Nursing Science,
Joseph Ayo Babalola University,
Ikeji-Arakeji, Osun State

Introduction

Acute otitis media (AOM) is an infection of the middle ear which is sudden in onset and causes ear pain, fever and irritability in children. It is one of the most common infectious diseases of childhood and is the major reason for antibiotic prescriptions and referral to paediatric surgery in many countries (WHO, 2021; Sadeghi et al., 2020). Epidemiological studies suggest that around 80% of children may have had at least one episode of AOM by the age of 3 years and the incidence of AOM is highest in children aged 6 months to 2 years because of the anatomical immaturity of the Eustachian tube (Johnson & Lee, 2022; Zhou et al., 2021). AOM, if inadequately treated, may progress into chronic otitis media, conductive hearing loss, speech/language delay and in rare cases to life-threatening complications like mastoiditis or meningitis (Nkereuwem et al., 2024; WHO, 2022).

Additionally, the burden of AOM is compounded by a lack of healthcare facilities, high population density, low nutritional status, and poor knowledge of caregivers in low and middle-income countries (LMICs) such as Nigeria (Thompson et al., 2021; Kumar et al., 2024). Several studies have shown that many Nigerian parents have limited knowledge about the signs and symptoms of AOM and do not always seek health care promptly, do not always adhere to the course of treatment, or end treatment prematurely with the use of home remedies (Olayemi & Oladipo, 2020; Adenuga et al., 2022). At the same time, parental health behaviors are strongly influenced by sociocultural determinants such as religion, culture, financial situation and educational level, which can also not be fully understood through biomedical perspectives (Tsorum et al., 2023; Eckard et al., 2022).

Hence, it becomes important to have an understanding of parents' knowledge, attitudes, and practices (KAP) with regard to AOM to develop effective health education interventions (Agbonjinmi, et al., 2022a, 2022b). The Theory of Planned Behavior (Ajzen, 1991), which proposes that behavioral intention, and thus health-seeking behavior is a function of attitude towards the behavior, subjective norms, and perceived behavioral control, offers a useful framework for this purpose. This model can be applied to AOM to understand how parents who know about the condition might still not seek health care because of low self-efficacy in accessing the health system, financial constraints or cultural influences.

This study aimed to: (1) assess the level of parental knowledge about AOM; (2) determine parents' attitudes toward AOM management; (3) examine parental practices regarding AOM; and (4) identify socio-demographic and cultural factors influencing these practices among parents attending the ENT Clinic of EKSUTH, Ado Ekiti.

Methods

A descriptive cross-sectional design was used. The study was conducted at the Ear, Nose and Throat (ENT) Clinic of Ekiti State University Teaching Hospital (EKSUTH), a tertiary healthcare institution located along Adebayo-Iworoko Road, Ado Ekiti, Ekiti State, Nigeria. EKSUTH serves a diverse urban and semi-urban population and records over 100 parent-child attendances at the ENT Clinic per week. The target population was parents or guardians of children (aged 0–6 years) with a confirmed AOM diagnosis, attending the ENT Clinic on Tuesdays and Wednesdays. The weekly clinic attendance was approximately 100. Using Taro Yamane's (1967) formula at a 5% margin of error, $n = N / [1 + N(e^2)] = 100 / [1 + 100(0.05)^2] = 80$, a sample of 80 participants was recruited. Simple random sampling using a balloting method was employed to ensure unbiased selection from the pool of eligible attendees. Inclusion criteria required biological or legal guardianship of a child aged 0–6 years and willingness to provide verbal consent. Parents who declined participation were excluded.

A structured questionnaire adapted from Dabholkar et al. (2022), Wadhwa et al. (2020), and Deshmukh et al. (2023) comprised five sections: (A) socio-demographic data; (B) knowledge of AOM (7 items, yes/no); (C) attitude toward AOM management (5 items, 5-point Likert

scale: Strongly Disagree to Strongly Agree); (D) parental practices regarding AOM (5 Likert-scale items); and (E) factors influencing parental practices (5 items). Face and content validity were established by the research supervisor prior to distribution. Reliability was confirmed through pilot testing with 10% of the sample, excluded from the main study. All 80 questionnaires were retrieved and analyzed using SPSS version 26. Frequencies and percentages were computed for all variables. For Likert-scale items, combined Strongly Agree and Agree ≥ 50% indicated a positively endorsed attitude or practice; where combined Disagree and Strongly Disagree ≥ 50%, items were considered negatively endorsed. Chi-square tests were used to test the two research hypotheses at a significance level of $p < 0.05$.

Ethical approval was obtained from the Research Ethics Committee of EKSUTH. Verbal informed consent was obtained from all participants after explanation of the study's purpose. Anonymity and confidentiality of data were ensured, and participation was entirely voluntary.

Results

Socio-Demographic Characteristics

Of the 80 participants, the modal age group was 30–40 years (37.5%), followed by 20–30 years (25.0%). Females and married respondents predominated. Yoruba ethnicity accounted for 62.5%, and Christianity was the most represented religion (75.0%). Half of the respondents held tertiary-level qualifications (50.0%), and civil servants were the largest occupational group (50.0%). Full distributions are presented in Table 1.

Table 1: Socio-Demographic Profile of Respondents (N = 80)

Variable	Category	n	(%)
Age (years)	30–40	30	37.5
	20–30	20	25.0
	41–50	15	18.8
	Above 50	10	12.5
Marital Status	Married	60	75.0
	Single	10	12.5
	Divorced	7	8.8
	Widowed	3	3.8
Religion	Christianity	60	75.0
	Islamic	15	18.8
	Traditional	5	6.3
Ethnicity	Yoruba	50	62.5
	Igbo	20	25.0
	Hausa	10	12.5
Education	Tertiary	40	50.0
	Secondary	25	31.3
	Primary	10	12.5
	No formal education	5	6.3
Occupation	Civil servant	40	50.0

	Trading	20	25.0
	Farming	10	12.5
	Student	10	12.5

Knowledge of AOM

Most respondents had prior awareness of AOM (87.5%). Three-quarters (75.0%) correctly identified viral infection as a causal factor, though 12.5% were uncertain. Symptom recognition was moderate: only 62.5% could identify ear pain, fever, hearing loss, ear discharge, and vomiting as hallmarks of AOM, while 37.5% could not. Awareness of the risk of permanent hearing loss from untreated AOM was evenly split (50% aware vs. 50% unaware). Knowledge of treatment (antibiotics: 87.5%) and preventability (87.5%) was high. Personal experience with childhood AOM was reported by 75% of respondents. Results are summarized in Table 2.

Table 2: Knowledge of Acute Otitis Media Among Parents (N = 80)

Item	Yes n (%)	No n (%)	Uncertain n (%)
Ever heard about AOM (ear infection)	70 (87.5)	10 (12.5)	—
Viruses can cause AOM	60 (75.0)	10 (12.5)	10 (12.5)
Recognizes ear pain, fever, hearing loss, discharge, vomiting as AOM symptoms	50 (62.5)	30 (37.5)	—
Untreated AOM can cause permanent hearing loss	40 (50.0)	40 (50.0)	—
Antibiotics play a role in AOM treatment	70 (87.5)	10 (12.5)	—
AOM can be prevented	70 (87.5)	10 (12.5)	—
Child previously diagnosed with AOM	60 (75.0)	20 (25.0)	—

Attitudes Toward AOM Management

Parents demonstrated largely positive attitudes. Three-quarters (75.0%) acknowledged AOM as a serious health problem, and 62.5% agreed that medical attention should be sought immediately on symptom onset. Awareness that untreated AOM leads to permanent hearing loss was affirmed by 68.8%, and confidence in following a prescribed treatment plan was expressed by 68.8%. However, 62.5% endorsed home remedies as adequate management without professional consultation, a potentially harmful attitudinal tendency. Full Likert distributions are shown in Table 3.

Table 3: Parental Attitudes Toward Acute Otitis Media Management (N = 80)

Statement	SA	A	U	D	SD	SA+A (%)
AOM is a serious condition affecting child well-being	35	25	10	5	5	75.0
Important to seek medical care immediately when symptoms appear	30	20	10	10	10	62.5

Untreated AOM can lead to permanent hearing loss	40	15	4	15	6	68.8
Confident in following prescribed treatment plan	50	5	7	13	5	68.8
Home remedies are effective without medical consultation	30	20	15	10	5	62.5*

SA = Strongly Agree, A = Agree, U = Undecided, D = Disagree, SD = Strongly Disagree.
** Item reflects a potentially harmful attitude; higher endorsement is unfavorable.*

Practices Regarding AOM Management

The majority of parents reported prompt health-seeking behavior, with 75.0% indicating they take their child to a healthcare facility immediately when symptoms appear. Completion of full antibiotic courses was reported by 81.3%. Nonetheless, 50.0% admitted using home remedies prior to seeking professional care, a practice that may delay effective treatment. Preventive behaviors were generally positive: 67.5% reported reducing the child's exposure to cigarette smoke, and 65.0% encouraged breastfeeding for its protective effect. Table 4 presents complete findings.

Table 4: Parental Practices Regarding Acute Otitis Media (N = 80)

Statement	SA	A	U	D	SD	SA+A (%)
Take child to healthcare facility immediately when symptoms appear	27	33	10	5	5	75.0
Complete the full course of prescribed antibiotics	42	23	10	5	5	81.3
Use home remedies before seeking professional advice	32	8	10	25	5	50.0*
Reduce child's exposure to cigarette smoke and environmental risks	40	14	6	15	5	67.5
Encourage breastfeeding as protection against ear infections	30	22	17	5	6	65.0

SA = Strongly Agree, A = Agree, U = Undecided, D = Disagree, SD = Strongly Disagree.
** Item reflects a potentially harmful practice.*

Factors Influencing Parental Practices

Education was acknowledged as a determinant of child care by 75.0% of respondents. Financial constraints influenced parenting decisions in 75.0% of cases, with 12.5% uncertain. Religious beliefs shaped healthcare decisions for 81.3% of parents. Cultural background had a balanced effect, with 50% affirming and 50% denying its influence. Notably, a slight majority (53.8%) did not rely on health professionals for parenting guidance, preferring instead family tradition, cultural norms, or personal experience. Full distributions appear in Table 5.

Table 5: Factors Influencing Parental Practices Regarding AOM (N = 80)

Factor	Yes n (%)	No n (%)	Don't Know n (%)
Education affects child care practices	60 (75.0)	20 (25.0)	—

Financial constraints influence parenting decisions	60 (75.0)	10 (12.5)	10 (12.5)
Religious beliefs considered in healthcare decisions	65 (81.3)	15 (18.8)	—
Cultural background affects child-rearing approach	40 (50.0)	40 (50.0)	—
Rely on health professionals for parenting advice	37 (46.3)	43 (53.8)	—

Hypotheses Testing

Both null hypotheses were rejected. Hypothesis 1 (no significant relationship between parental knowledge and attitude toward AOM) was not supported, as the chi-square calculated value (21.03) exceeded the critical value (16.92; df = 9; $p < 0.05$). Hypothesis 2 (no significant relationship between parental age and AOM management practices) was similarly rejected (χ^2 calculated = 18.65 > critical value 16.92; df = 9; $p < 0.05$), confirming that both knowledge level and parental age are significantly associated with health attitudes and management practices respectively. Results are presented in Table 6.

Table 6: Chi-Square Results for Tested Hypotheses (N = 80)

Null Hypothesis	χ^2 Calculated	χ^2 Critical (df=9)	Decision
No significant relationship between parental knowledge and attitude towards AOM	21.03	16.92	H_0 Rejected
No significant relationship between parental age and practices regarding AOM management	18.65	16.92	H_0 Rejected

df = degrees of freedom; level of significance = 0.05.

Discussion

The present study evaluated the KAP of AOM among the parents attending the EKSUTH ENT Clinic, and showed moderately good awareness with clinically important gaps in symptom recognition, complication awareness and management practices. The results are analyzed for each objective and related to the literature.

This high overall awareness of AOM (87.5%) is reassuring and largely similar to earlier findings by Adenuga et al. (2022) showing baseline awareness of AOM in Lagos, and Yousef et al. (2021) who reported a variable but generally positive awareness of AOM in Egyptian healthcare settings. Only 62.5% of the respondents were able to recognize all the symptoms of AOM as previously reported by Olayemi and Oladipo (2020) and Choonara et al. (2022) who observed that parents of children in Nigeria and South Africa respectively had incomplete knowledge of the symptoms of AOM which leads to delayed seeking for care. Most importantly, only 50% knew that untreated AOM can cause permanent hearing loss, with clinical implications being that underestimation of the severity of AOM by parents is strongly associated with delay in seeking care and higher rates of complications (Akintunde & Adejumo, 2023; Nkereuwem et al., 2024).

There was a general positive attitude toward the disease and most parents understood that AOM was a serious condition that needed medical attention, and parents were confident in the ability to follow medical advice. This is in line with Ajayi and Lawal (2022) who showed that mothers of the Nigerian teaching hospitals generally showed proactive medical attitudes especially mothers with experience of recurrent AOM. But the fact that 62.5% of the respondents, including those with positive medical attitudes, endorsed the use of home remedies, shows the prevalent use of biomedical and traditional health beliefs that have been observed in Nigerian and sub-Saharan African contexts (Salawu et al., 2023; Okonkwo & Eze,

2021). This ambivalence mirrors the ideas of the Theory of Planned Behavior, which suggests that subjective norms (cultural and family norms that support the use of traditional remedies) and perceived behavioral control (barriers of cost and availability to professional care) can outweigh positive personal attitudes (professional care seeking).

Parental practices were good overall with 75.0% reporting prompt attendance at the facility and 81.3% completing prescribed courses of antibiotics. These rates are significantly higher than those reported by Olanrewaju and Adebayo (2023) (42%) and Chen et al. (2022) (35%) who documented the rates of caregivers seeking medical help within 48 hours of symptom onset in southwest Nigeria and Southeast Asian parents, respectively. The higher rates in the current study may be partly due to the tertiary-hospital setting and high level of education of respondents (50% tertiary-educated) consistent with Nkereuwem et al. (2024) which found a significant relationship between mothers' education and proper AOM practices. However, the fact that half used home remedies before professional care suggests that there are knowledge gaps that cannot be addressed, and that practice gaps remain that will need to be addressed.

Multiple Nigerian and African studies have identified education, financial constraints and religious beliefs as primary determinants of parental practices, which is in line with the findings of this study. Tsurum et al., (2023) and Eckard et al., (2022) have respectively found that education level was the most significant factor in appropriate health seeking, while Eze and Chukwuemeka (2022) reported that poverty was associated with delays in health-seeking and use of OTC drugs, and Ibrahim and Salihu (2021) reported that spiritual interpretation of AOM among some communities in northern Nigeria kept parents away from medical doctors before seeking treatment from traditional healers. The statistically significant relationship between parents' age and management practices ($\chi^2 = 18.65$, $p < 0.05$) indicates that younger parents tend to exhibit behaviors that are more aligned with the evidence, consistent with the findings of Okonkwo et al. (2024). Likewise, there was a significant correlation between knowledge level and attitudes ($\chi^2 = 21.03$, $P< 0.05$), which supports that educational interventions with measurable knowledge outcomes are likely to impact parental attitudes, and ultimately behaviours.

The limitations of this study include the fact that it is cross-sectional and therefore causal inferences cannot be drawn, the fact of being a single institution study and whether the findings of this study can be generalized to lower resource or rural settings, and the use of self-reported data, which can introduce social desirability bias. The fairly small sample size (n = 80) also limits the statistical power of the subgroup analyses.

Conclusion

From the result of this study, it was concluded that Parents visiting ENT Clinic, EKSUTH, Ado Ekiti have some knowledge but incomplete knowledge of AOM. There is a positive attitude towards medical management, but this mixed with the use of home remedies, as well as financial, religious and cultural factors, continues to undermine optimal health-seeking behaviour. Both hypotheses were rejected and results indicate that there is a significant influence of parental knowledge on attitudes and age is a significant determinant of management practices. The results highlight the need for ongoing, evidence-informed, and culturally-competent health education initiatives that focus on the knowledge deficits as well as the socioeconomic and cultural factors that influence parental decision-making. Nurses, as the most accessible health care professionals within the paediatric context, are ideally positioned to take the lead in these educational endeavours, and to champion the need for equitable access to AOM care.

Recommendations

Based on the findings of this study, the following recommendations are made:

1. Hospital based nurses and paediatric health workers should create and deliver structured and recurring health education sessions to parents who attend general paediatric and

ENT clinics, focusing on: Recognition of early signs and symptoms of AOM, the risk of permanent hearing loss if AOM is not treated, and the correct use of antibiotics. Information should be given in local languages and at literacy levels.

2. Nurses and public health professionals should proactively engage religious leaders, community elders, and cultural gatekeepers to co-create and share contextually relevant messages that reinforce, rather than discount, community health beliefs and values while advancing evidence-based AOM care.
3. There is need to improve the financial support mechanism for children's ENT problems, such as to cover the problems under the National Health Insurance Scheme (NHIS) to ensure that children are not subjected to delayed treatment and home remedies. Primary healthcare level AOM management protocols should also be affordable and at the community level.
4. Based on the protective effect of comprehensive breastfeeding promotion and environmental health education, especially in reducing tobacco smoke exposure, such education should be a part of routine antenatal and child welfare clinic activities, as moderate level of engagement in these activities was observed in this study.

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Cite this article:

Author(s), OWOLABI, Wuraola Foluke, OLAREWAJU, Temitayo Ayo, FADAHUNSI, Esther Olamide, OWOLABI, Olamiposi Temidayo, ADENIJI, Oluwabunmi Mercy, DONALD, Queen Philomina, (2026). "Knowledge, Attitudes, and Practices of Parents Towards Acute Otitis Media Among Children in Ekiti State, Nigeria", Name of the Journal: International Journal of Academic Research in Business, Arts and Science, (IJARBAS.COM), P, 13 – 24, DOI: www.doi.org/10.5281/zenodo.20474082 , Issue**:** 5, Vol.: 8, Article: 2, Month: **May**, Year: 2026. Retrieved from https://www.ijarbas.com/all-issues/

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