



P-ISSN: 2664-3685

E-ISSN: 2664-3693

www.paediatricjournal.com

IJPG 2023; 6(2): 41-45

Received: 16-09-2023

Accepted: 21-10-2023

Dr. Ifra Rasool

Senior Resident, Department of Pediatrics, ASCOMS Hospital, Jammu, Jammu and Kashmir, India

Dr. Audil Mateen

MD, Pediatrics Consultant, Department of Pediatrics, JKH, Jammu and Kashmir, India

Dr. Areeba Afeeh

PG Scholar, ASCOMS Hospital, Jammu, Jammu and Kashmir, India

Dr. Harshvardhan Sharma

PG Scholar, ASCOMS Hospital, Jammu, Jammu and Kashmir, India

Corresponding Author:

Dr. Ifra Rasool

Senior Resident, Department of Pediatrics, ASCOMS Hospital, Jammu, Jammu and Kashmir, India

To study knowledge, attitude & practices in management of Diarrhea in mothers of children under 5 attending OPD in ASCOMS Hospital

Dr. Ifra Rasool, Dr. Audil Mateen, Dr. Areeba Afeeh and Dr. Harshvardhan Sharma

DOI: <https://doi.org/10.33545/26643685.2023.v6.i2a.213>

Abstract

Introduction: One of the most common disorders that hinders the growth and development of children and young children is diarrhoea. Even while diarrhoea is not deadly in and of itself, mother's poor knowledge and mismanagement of diarrhoea can cause serious dehydration.

Aim: To study the knowledge, attitude and practices in management of diarrhoea in mothers of under 5 children.

Material and Methods: The present cross sectional study was conducted in the department of paediatrics, of Acharya Shri Chander College of Medical Sciences (ASCOMS) and Hospital, Jammu over a period of 9 months and a total of 300 mothers of under five children were included in the study. The data was collected with the help of structured questionnaire consisting of questions on knowledge, attitude and practices in management of diarrhoea. The analysis of data was done with the help of SPSS software version 21.0.

Result: The study found that the majority of study participants were aware of the symptoms and causes of diarrhoea, including frequent passage of watery stool (67%), contaminated food and water (34%), sunken eyes as a sign and symptom of diarrhoea (35%), and the possibility that diarrhoea could cause weight loss (69%), that diarrhoea is a preventable disease (95%), and that 43% of study participants knew that giving children clean food and water can prevent diarrhoea (43%) and mostly the study participants also knew that the ORS is helpful in treating diarrhoea (84%).

Conclusion: The current study concluded that mothers of children under five had knowledge regarding diarrhoea and its management and also showed positive attitude.

Keywords: Diarrhoea, under 5 children, practices, knowledge and attitude

Introduction

The passage of three or more loose or liquid stools in a day (or more frequent passage than is normal for the individual) is considered diarrhoea. Neither the frequent passing of formed faeces nor the loose, "pasty" stools passed by breastfed newborns constitute diarrhoea^[1].

In 2019, 370,000 children died as a result of diarrheal illness, which is the second greatest cause of death for children under five. Dehydration is the biggest risk that diarrhoea poses. Water and electrolytes, such as salt, chloride, potassium, and bicarbonate, are lost through liquid stools, vomiting, perspiration, urine, and respiration during a diarrhoea episode. Furthermore, diarrhoea is a leading cause of malnourishment, which increases the risk of further episodes of diarrhoea as well as other illnesses. It is a preventable disease^[2, 3].

Diarrhoea is the most prevalent illnesses that negatively affects newborns' and young children's growth and development. Globally, children under the age of five encounter an average of 3.2 episodes of diarrhoea annually. As a result, 1.87 million children die globally from dehydration due to diarrheal illness and the commonest affected areas are Asian countries, Africa, and Latin America^[4, 5].

Though diarrhoea is not fatal in and of itself, a mother's misinformation and misguided approach to treating it might result in severe dehydration due to a high degree of mismanagement as mothers play an important role. Thus, the present study was undertaken to study the knowledge, attitude and practices in management of diarrhoea in mothers of under 5 children.

Material and Methods

The present cross sectional study was conducted in the department of paediatrics, of Acharya Shri Chander College of Medical Sciences (ASCOMS) and Hospital, Jammu over a period of after obtaining the ethical permission from institution. A total of 300 mothers of under five children who were suffering from any disease and admitted / consulting in the department of paediatrics at ASCOMS, Jammu were included in the study after taking the informed consent.

Inclusion criteria

1. Mothers of under 5 children.
2. Mothers who were able to read and speak Hindi, English and local language.

Exclusion criteria

1. Mothers of critically ill children.
2. Who refused to participate in the study.

During the study, the data was collected with the help of a structured questionnaire in Hindi, English and Local language according to the understanding level of subjects (mothers of under 5 children). The questionnaire was divided into 3 parts, Part-A which contains socio-demographic data, Part B which contains questions on knowledge and practice of management of diarrhoea, followed by preventive measures and Part C which contains likert scale to study the attitude. The collected data was compiled on Microsoft excel sheet and was analysed statistically by using SPSS software version 21.0.

Observation and result

Table 1: Sociodemographic data

Variable		Number	Percentage
Mother's age (in years)	18-22	79	26
	23-27	159	53
	>27	62	21
Child's age (in months)	0-12	60	20
	13-24	121	40
	25-36	73	24
	>36	46	16
Family income (rupees)	<10000	12	4
	10001-20000	101	34
	20001-30000	103	34
	>30000	84	28
Area of living	Rural	139	46
	Urban	161	54
Educational status	Illiterate	25	8
	Primary	47	16
	Secondary	102	34
	Graduation	99	33
	Post graduation	19	6
	Doctorate	8	3
Occupational status	Housewife	118	39
	Government	77	26
	Private	105	35

Table 1 showed the sociodemographic details of study subjects. It was found that the majority of the study subjects were in the age group of 23-27 years (53%). The most of the children were in the age group of 13-24 months. Commonly the study subjects had family income 10001-20000 rupees

and 20001-30000 rupees (34% each respectively). Majority (54%) study subjects were living in urban area. Most of the subjects had secondary education (34%) and majority of study subjects were housewives (39%).

Table 2: Mother's knowledge score regarding diarrhoea

Variable		Number	Percentage
Diarrhoea is?	Frequent passing of watery stool (≥ 3 times a day)	201	67
	Frequent passing of non-watery stool	39	13
	Blood in stool	23	8
	Greenish stool	30	10
	Don't know	7	2
Cause of diarrhoea are?	Teething	89	30
	Infection	95	32
	Contaminated food and water	101	34
	Evil's eye	5	1
	Don't know	10	3
Sign and symptoms of diarrhoea are?	Sunken eyes	103	35
	Dry skin	91	30
	Lethargy	70	23
	Fever	22	7

	Frequent vomiting	11	4
	Don't know	3	1
Consequences of diarrhoea are?	Loss of weight	208	69
	Death	35	12
	Weakness	57	19
Diarrhoea is preventable?	Yes	285	95
	No	15	5
You can prevent diarrhoea with?	Feeding with clean food and water	129	43
	Doing hand washing with soap and water	53	18
	Sterilizing the milk bottle	79	26
	Increasing the feeding	33	11
	Don't know	6	2
Oral rehydration solution is helpful in diarrhoea?	Yes	253	84
	No	47	16
Do you know the preparation of ORS?	Yes	189	63
	No	111	37
When you will give the ORS to child?	After every diarrhoeal episode	161	54
	Once a day	55	18
	Twice a day	23	8
	Thrice a day	45	15
	Don't know	16	5

Table 2 presented the item wise analysis of mother's knowledge score about diarrhoea. It was observed that most of the study subjects knew about the diarrhoea, i.e., diarrhoea is frequent passing of watery stool (≥ 3 times a day) (67%), followed by frequent passing of nonwatery stool (13%), blood in stool (8%), greenish stool (10%) and 2% study subjects don't know about the diarrhoea. Majority of the subjects said that the commonest cause of diarrhoea is contaminated food and water (34%) followed by infection (32%), teething (30%), evil's eye (1%) and 3% study subjects doesn't know about causes of diarrhoea. The majority (35%) study subjects reported that the sunken eye is the sign and symptoms of diarrhoea, followed by dry skin (30%), lethargy (23%), fever (7%), frequent vomiting (4%) and 1% don't know about the sign and symptoms. 69%

study subjects said that that diarrhoea can lead to loss of weight, followed by weakness (19%) and death (12%). Among 300 subjects 95% knew that diarrhoea is a preventable disease and 43% study subjects knew that diarrhoea can be prevented by feeding the children with clean food and water, followed by sterilizing the milk bottle (26%), performing hand washing (18%), increasing the feeding (11%) and 2% subjects don't know how to prevent the diarrhoea. Most (84%) of the study subjects knew that the ORS is helpful in managing the diarrhoea and 63% knew about the preparation of ORS solution at home. 54% study subjects reported that ORS will be given to the child after every diarrhoeal episode, followed by once a day (18%), twice a day (8%), thrice a day (15%) and 5% don't know when to give ORS to child.

Table 3: Mother's practices regarding diarrhoea

Variable	Number	Percentage	
Diet given in diarrhoea?	Khichri only	75	25
	ORS	89	30
	Exclusive breastfeeding	78	26
	Cow's milk	45	15
	Others	13	4
When you visit the doctor?	Immediately after diarrhoea	138	46
	After 1 day of diarrhoeal episodes	75	25
	After 2 days diarrhoeal episodes	53	18
	Never visited	34	11
You generally wash your hands with soap and water before cooking?	Yes	219	73
	No	81	27
Where you dispose the stool of children?	In the toilet	175	58
	In the dustbin	89	30
	Open area	36	12

Table 3 depicted the practices of mother's regarding diarrhoea. Majority of the study subjects use ORS (30%) followed by exclusive breastfeeding (26%), khichri only (25%), cow's milk (15%) and others (4%). Most of the study subjects visit doctor immediately after diarrhoea (46%), followed by after 1 day of diarrhoeal episode (25%),

after 2 days diarrhoeal episodes (18%) and never visited (11%). Most of the study subjects wash their hands with soap and water (73%). Majority of the study subjects dispose the stool of children in the toilet (58%), followed by dustbin (30%) and open area (12%).

Table 4: Mother's attitude regarding diarrhoeal prevention

Variable		Number	Percentage
Use of clean water and food can prevent diarrhoea	Strongly disagree	33	11
	Disagree	28	9
	Neutral	77	26
	Agree	105	35
	Strongly agree	57	19
Wash hand with soap and water frequently can prevent diarrhoea	Strongly disagree	20	7
	Disagree	44	15
	Neutral	96	32
	Agree	88	29
	Strongly agree	52	17
Exclusive breastfeeding should be done during diarrhoea	Strongly disagree	41	13
	Disagree	47	16
	Neutral	90	30
	Agree	51	17
	Strongly agree	71	24
Increase the amount of liquid during diarrhoea	Strongly disagree	28	9
	Disagree	56	19
	Neutral	83	28
	Agree	78	26
	Strongly agree	55	18
Using ORS is beneficial in the management of diarrhoea	Strongly disagree	29	10
	Disagree	50	17
	Neutral	86	28
	Agree	89	30
	Strongly agree	46	15

Table 4 showed the mother's attitude regarding diarrhoeal prevention. It was reported that the majority of the study subjects had positive attitude towards the prevention and management of diarrhoea. The most of the study subjects were agree and strongly agree on the points i.e. use of clean water and food can prevent diarrhoea, washing hands with soap and water frequently can prevent diarrhoea and using ORS is beneficial in the management of diarrhoea.

Discussion

The present study assessed the knowledge, attitude and practice of mothers of under 5 children regarding diarrhoeal management and prevention. The data of present study was analysed and discussed with previously available literature. In our study the age range of 23 to 27 years old comprised 53% of the study subjects in our study. The majority of children were between the ages of 13 and 24 months. The average family income of the study's participants was 34% of 10001-20000 and 20001-30000 rupees, respectively. The majority of the study's participants-54%-lived in urban areas. A significant number of the study's participants were housewives (39%) and had only completed secondary school (34%). These findings are similar to the study conducted by Abdulla ONM *et al.* (2021) found that the mothers' mean age was 32.6±11.5 years. The children mean age was 5.0±0.61 months. 50% subjects were housewives, the majority of families (54.8%) have a medium income, mostly (64.0%) the study subjects have completed secondary school [6]. In other similar study conducted by Momoh FE *et al.* (2022) observed that the mean age of the participants were 32±5.5 years, 43.9% of the participants had tertiary education and 127 (35.3%) had monthly income of N 30000.00 (Nigerian Naira) -N50000.00 [7]. The study also observed that the most of the study subjects knew about the diarrhoea, i.e., diarrhoea is frequent passing of watery stool (≥ 3 times a day) (67%), the commonest cause of diarrhoea is contaminated food and water (34%),

sunken eye is the sign and symptoms of diarrhoea (35%), 69% study subjects said that that diarrhoea can lead to loss of weight, 95% knew that diarrhoea is a preventable disease and 43% study subjects knew that diarrhoea can be prevented by feeding the children with clean food and water, mostly (84%) of the study subjects knew that the ORS is helpful in managing the diarrhoea, 63% knew about the preparation of ORS solution at home and 54% study subjects reported that ORS will be given to the child after every diarrhoeal episode. These findings are similar to the study performed by Workie HM *et al.* (2018) reported that the most of the subjects knew that the diarrhoea is frequent passing of watery stool (≥ 3 times a day) (92.5%), 85.5% knew that the commonest cause of diarrhoea is contaminated water and 34.9% subjects reported that the repeated vomiting is the danger sign of diarrhoea [8]. Similarly Mumtaz Y *et al.* (2014) observed that 72% subjects knew that diarrhoea is watery stool, 34% subjects knew that the thirsty & dry skin is the sign of dehydration and 71% knew that diarrhoea can lead to lethargy [9].

The practice scores of mothers showed that majority of the study subjects uses ORS (30%), 46% study subjects visit doctor immediately after diarrhoea most of the study subjects wash their hands with soap and water (73%) and majority of the study subjects dispose the stool of children in the toilet (58%). These outcomes are in accordance with studies conducted by Abdulla ONM *et al.* (2021), Momoh FE *et al.* (2022), Workie HM *et al.* (2018) and Mumtaz Y *et al.* (2014) [6-9].

Further it was observed that the majority of the study subjects had positive attitude towards the prevention and management of diarrhoea. These results are similar to the study conducted by Garg N *et al.* (2019) observed that the majority of the study subjects had positive attitude regarding prevention and management of diarrhoea [10].

Conclusion

The present study concluded that the overall knowledge, attitude and practice of mothers of under 5 children were satisfactory.

References

1. Diarrhoeal disease. WHO; c2017. Available at: <https://www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease>.
2. Diarrhoea. WHO. Available at: https://www.who.int/health-topics/diarrhoea#tab=tab_1.
3. Christa L, Fischer W, Jamie P, Martin JA, Cynthia BP, Robert EB. Diarrhoea incidence in low- and middle-income countries in 1990 and 2010: A systematic review. *BMC Public Health*. 2012;12(220):1479-2458.
4. Motarjemi Y, Kaferstein F, Moy G, Quevedo F. Contaminated weaning food: a major risk factor for diarrhoea and associated malnutrition. *Bull World Health Organ*. 1993;71(1):79-92.
5. World Health Organization. The treatment of diarrhoea: a manual for physicians and other senior health workers. Geneva: WHO; c2005.
6. Abdulla ONM, Badulla WFS, Alshakka M, Al-Abd N, Ibrahim MIM. Mothers Knowledge, Attitude and Practice Regarding Diarrhea and its Management in Aden-Yemen: A Cross-Sectional Study in Poor Resource Setting. *JPRI*. 2021;33(45B):365-378.
7. Momoh FE, Olufela OE, Adejimi AA, Roberts AA, Oluwole EO, Ayankogbe OO, Onajole AT. Mothers' knowledge, attitude and home management of diarrhoea among children under five years old in Lagos, Nigeria. *Afr J Prim Health Care Fam Med*. 2022 May 27;14(1):e1-e10.
8. Workie HM, Sharifabdilahi AS, Addis EM. Mothers' knowledge, attitude and practice towards the prevention and home-based management of diarrheal disease among under-five children in Diredawa, Eastern Ethiopia, 2016: a cross-sectional study. *BMC Pediatr* 2018;18:358.
9. Mumtaz Y, Zafar M, Mumtaz Z. Knowledge Attitude and Practices of Mothers about Diarrhoea in Children under 5 years. *Journal of the Dow University of Health Sciences Karachi*. 2014;8(1):3-6.
10. Garg N, Kikon S, Ramesh R, Garg SC. Knowledge, attitude and practices of childhood diarrhoea among mothers of children under five years of age: a cross sectional study. *International Journal of Community Medicine and Public Health*. 2019;6(11):4754.

How to Cite This Article

Rasool I, Mateen A, Afeeh A, Sharma H. To study knowledge, attitude & practices in management of Diarrhea in mothers of children under 5 attending OPD in ASCOMS Hospital. *International Journal of Paediatrics and Geriatrics*. 2023;6(2):41-45.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.