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Study to assess the knowledge on diarrhoea and its management among mothers of under- five children

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ABSTRACT

A descriptive study was conducted to assess the knowledge on diarrhoea and its management among mothers of fewer than five children at Puthunaduvalur, Perambalur. A total of 60 subjects who meets the inclusion criteria were selected by convenient sampling technique. The demographic variables and knowledge questionnaire were collected from the group. The conceptual framework used for this study was health belief model.

Result

Out of 60 samples the level of knowledge of the group is 38% had fair knowledge, 58% had average knowledge 4% had good knowledge and none of them having poor and excellent knowledge on diarrhoea and its management. There was no significant association with the demographic variables at p0.001 level.

Conclusion

Mother's knowledge through educational intervention on diarrhoea and its management among mothers of under-five children.

Clinical Application

Educational intervention should provide to mothers of under-five children to improve their level on diarrhoea and its management thus reducing the mortality and morbidity rates of diarrhoea in future.

INTRODUCTION

Children are the wealth of tomorrow. They are most important age group in all societies. Health status and health behavior of later life are laid down at this stage. They are major consumers of health care.

In India, about 35% of total population is children below 5 years of age. They are not only in large number but vulnerable to various health problems and considered as special risk group.

Children always need special care to survive and thrive. Good health of these precious members of the society should be ensured as prime importance in all countries. Various conditions contribute to the morbidity and mortality of children. Diarrhoea is one of the most wide spread conditions affecting health of the children [11].

Diarrhoea is defined as the passage of three or more times of loose or watery stools in 24 hours

duration. It is a common disease affecting all the people in the country especially young children. Every year, thousands of people suffer from this disease and many die. Diarrhoea is the second leading cause of death next to pneumonia in under-five children and killing around 7, 60, 000 children every year [12].

Diarrhea occurs worldwide and affects 4 billion children and cause 4% of all deaths. In the worldwide, an estimate shows that 13,000 million episodes of diarrhoea with 3.2 million deaths occurring among children annually [7].

In 2012, diarrhoea is affected by 4000 million episodes and 2.3 million deaths among under- five children in India [4].

Diarrhoea is a common disease affecting all the people in the country. The various causes of diarrhoea among under- five children are bacterial infections due to campylobacter, salmonella, shigella and Escherichia coli, viral infections such as rota virus, cytomegalovirus, hepatitis and herpes simplex virus also play a major role in diarrhoea.

Similarly food intolerances and intestinal parasites may also cause diarrhoea. Reaction to medications such as antibiotics and antacids containing magnesium may also attribute to diarrhoea. Other causes include poor sanitation and hygiene, lack of access to safe drinking water and contaminated foods [2].

Approximately 2.2 million people in developing countries most of them children (i.e.) 90% die every year from disease associated with lack of safe drinking water, poor sanitation and overcrowding. 6.6 million Deaths of children aged 28 days to 5 years. 1.7 million (26%) die from dehydration related to diarrhoea Mangala S, Gopinath D, 2001.

The important complication of diarrhea is dehydration. Children with severe dehydration may succumb rapidly if they are not promptly treated. Deaths in diarrheal cases are largely attributable to its complication which is dehydration [10].

The management of diarrhea is important to decrease the mortality and morbidity rate of children affected with diarrhea. The common diarrhoea management are oral rehydration solution, replacement of fluids (providing more fluids than usual), continued breast feeding, offer foods at least 6 times a day with cereals, pulses and vegetables, intravenous fluid to be started immediately with RL solution of 100ml/kg, symptomatic management of vomiting, fever and

abdominal distention to be done with specific drugs and antibiotics such as ampicillin, ciprofloxacin, metronidazole can be used. Fluid replacement is the most important primary management to prevent dehydration and these could be saving the lives of hundreds to thousands of children with diarrhea Suraj Gupte, 2009.

Oral rehydration therapy has now become the main stay of the World Health Organization's efforts to decrease diarrhea morbidity and mortality [12].

Need for the study

India is a country of villages, according to census 2011; 833 million people (69.84%) are still living in villages. Around 70% of India's rural and slum population (650 million) is exposed to water borne and vector borne diseases due to lack of basic sanitation facility, unsafe water and unhygienic conditions WHO, 2008.

Diarrhoea is a leading killer of children accounting for a percent of all deaths among children under age of 5 years worldwide. This translated into 1600 young children dying each day or about 58000 children a year. Most of the deaths from diarrhea occur among children less than 2 years of age living in South Asia and Sub Saharan Africa. From 2000 to 2013, the total annual number of deaths from diarrhea among children under 5 years decreased by more than 50% that is from over 1.2 million to fewer than 0.6million [6].

In the year 2013, it is estimated that there are 2.5 billion episodes and 1.5 million deaths annually in children under- five years of age. This accounts for 21 % of all the deaths in developing countries and the number has remained unacceptably high [12].

In India, diarrhoea disease is a major public health problem among children under the age of 5 years. Health institutions up to a third of total pediatric admission are due to diarrhoeal disease and up to 17% of all death in indoor pediatric patient is diarrhea related Park.K, 2014.

India stands out for the prevalence of diarrhea as a killer of infants was responsible for 13% of child death in 2010, the second highest rate after Afghanistan [3].

In Tamilnadu 22.7% of diarrhoeal deaths are at the age of 1-59 months. The Indian Human Development report found during the study that 62% of children are in rural areas. Compared to

National average, in Tamilnadu 59.5% children had diarrhea. It also revealed that oral rehydration therapy use rate was unsatisfactory in Tamilnadu of about only 32.8% and continued breast feeding rate during diarrhoea was reported to be 23.1%, Jones G, Steketee R W, 2010.

In present situation many of the families are found to be nuclear and many parents do not have adequate knowledge regarding the health needs of children. Mothers play a key role in the management of child with diarrhoea. Mothers has to understand that the appropriate decision making and recognize the mild, moderate and severe stages of diarrhoea and initiate correct management for diarrhea at home as soon as possible to prevent the progression of the infection and to prevent dehydration. The ignorance and inadequate knowledge are important factors which affects the health of child.

WHO recommended that mothers and care givers should be able to identify the signs of dehydration, including excessive thirst, sunken eyes, reduced urine output, excessive drowsiness, poor skin turgor, restlessness and absence of tears. This helps to prevent morbidity and mortality in children [12].

Thus the investigators were interested to assess the knowledge on diarrhoea and its management and felt the need to provide accurate information about management and prevention of diarrhoea among the mothers of under-five children.

Statement of the problem

A study to assess the knowledge on diarrhoea and its management among mothers of under- five children at puthunaduvalur, Perambalur.

Objectives

- To assess the level of knowledge on diarrhoea and its management among mothers of under- five children.
- To find out the association between the level of knowledge on diarrhoea and its management with the selected demographic variables among mothers of under- five children.
- To provide educational intervention on diarrhoea and its management among mothers of under- five children.

Hypotheses

H1

There will be significant association between the demographic variables and the level of knowledge on diarrhoea and its management among mothers of under- five children.

Assumptions

The study assumed that,

- Diarrhoea is one a leading problem in fewer than five children.
- Mothers of under- five children need more knowledge on diarrhoea and its management.
- Diarrhoea is treatable and preventable.
- Nurses play a major role in providing educational intervention on diarrhoea and its management.

Delimitations

The study is limited

- To mothers of under- five children at puthunaduvalur.
- With the sample size of 60.
- With the data collection period of 1 week.

METHODOLOGY

The research approach adopted for this study was quantitative approach. Non Experimental research design was used in this study. The study was conducted at Puthunaduvalur, Perambalur. It is located 5 km away from our college. The total population of the village was 1161 and the total number of under-five children was 75. The target population of the study was mothers of under-five children. The accessible population of the study was mothers of under-five children at Puthunaduvalur, Perambalur. Mothers of under-five children at Puthunaduvalur, Perambalur who met the inclusion criteria were selected by Non probability convenient sampling technique with the sample size of 60.

Description of tools

Section A

Demographic variables

This section consists of demographic variables of subjects which includes age, religion, type of family, number of children in the family, age of the mother, parental education, parental education, religion, family income per month, food pattern,

sex of the child, birth order, exclusive breast feeding, number of children, pet animals at home, type of family, no of under- five children at home, source of knowledge.

Section B

Assessment tool

Questionnaire

To assess the knowledge of mothers on

Scoring

Level of knowledge	Score
Poor knowledge	0 – 6
Fair knowledge	7 -12
Average knowledge	13 - 18
Good knowledge	19 -21
Excellent knowledge	22 - 30

Data collection procedure

The study was conducted for 1 week. 60 mothers of under-five children at Puthunaduvalur, Perambalur were selected by non-probability convenient sampling technique. Informed oral consent was obtained from the President of the village prior to the collection of the data. Informed oral consent was obtained from the Mothers of under-five children. The demographic data were collected from the mothers of under-five children. Level of knowledge among mothers of under-five children was assessed using questionnaire and recorded the values. Finally education intervention was provided using flash cards on diarrhoea and its management.

Data analysis & interpretation

Section I

The data analysis interprets that 45% of the mothers are between 20-25 years, 37% of the mothers are 26-30 years, and 8% of the mothers are between 36-40 years. Regarding education of parents reveals that 15% of the parents are illiterate, 48% of parents are primary education, 27% of parents are secondary education, and 10% of parents are graduates. With occupation of the parent's shows that 35% were coolie, 42% were farmer, 5% were government employee. Regarding religion 87% were Hindu, 12% were Muslims, 1%

diarrhoea and its management among under five children.

Interpretation

Each question carries one mark. Every right answer is given one mark and wrong answer is given zero mark.

were Christians and none were others. The income of family depicts that 38% of families earned less than Rs. 5,000, 50% were earned between Rs. 5000-10,000, and 12% of families earned above Rs. 10,000. About food pattern reveals that 80% were vegetarian 20% were non-vegetarian. The gender of the child reveals that 60% were male baby and 40% were female baby. Age of the child depicts that 22% child between 0-2 years, 57% child between 2-3 years, 13% between 3-4 years, and 8% between 4-5 years. Regarding order of the child depicts that 33% were 1st child, 57% were 2nd child 8% were 3rd child and 2% are above 3rd child. The breast feeding pattern depicts that 93% of children taking exclusive breast feeding and 7% were not taking exclusive breast feeding. About number of child in the family shows that 27% of families were one child, 63% of families were two children, 10% were three children, and 0% was above third children. The type of family reveals that 62% were Nuclear family, 38% were Joint family. Regarding number of under five children in the family shows that 47% of families having one under five children, 48% were two under five children, 5% were more than two under five children at home.

The above figure depicts that 57% were obtained knowledge from newspaper, 30% were from mass media 13% were from friends & neighbors (Table 1)

Section II

Table 1: Percentage distribution according to level of knowledge among mothers of under five children

Level of knowledge	Frequency	Percentage
Poor	0	0%
Fair	23	38%
Average	35	58%
Good	2	4%
Excellent	0	0%
TOTAL	60	100

The first objective of the study was to assess the knowledge on diarrhea and its management among mothers of under-five children. In the group, 38% had Fair knowledge, 58% had Average knowledge, 4% had good knowledge none of them having poor and excellent knowledge in the group.

Section III

The second objective was to find out the association between the levels of knowledge with

selected demographic variables among mothers of under-five children. The finding revealed that there was no significant association with the demographic variables at <0.001 level. Hence the first hypothesis was rejected.

CONCLUSION

The result reveals that the under- five children are prone to diarrhoea and it can be prevented by improving mother's knowledge.

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