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Knowledge on home management of diarrhoea among mothers of under five children

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Abstract

A descriptive study was conducted to assess the knowledge regarding home management of diarrhea among mothers of under five children. The main aim of the study was to assess the level of knowledge regarding home management of diarrhea among mothers of under five children. A sample of 60 mothers were selected for this study by using non probability convenience sampling technique. After obtaining informed consent from the participant, structured questionnaire was administered to the participant. 30 Minutes was given to the participant to complete the tool. The result reveals that, majority of mothers are having inadequate knowledge regarding home management of diarrhea.

Keywords: Underfive Children, Mothers, Diarrhoea. Home Management

Introduction

Background

Diarrheal disease is a common childhood death in the developing countries. World health organization (WHO, 2013) estimates that diarrhea kills 2,195 children every day more than AIDS, Malaria and Measles combined. Diarrheal disease account for 1 in 9 child death worldwide, diarrhea is the second leading cause of death among children under the age of 5. About 88% of diarrhea associated deaths are attributed by unsafe water, inadequate sanitation and insufficient hygiene.

India has highest incidence of diarrhoeal death among children below the age of 5 years. About one third of total hospitalized children are due to diarrhoeal disease and 17 percent of all death in indoor paediatric patient related to this condition. The WHO estimated that, between 90,000 to 153,000 children die from Rota virus infection in India each year. Among this more than 2.3 million children below five years of age die in India annually of these about 3, 34, 000 due to diarrheal disease. The morbidity rate in terms of diarrhea per year per child under the age of 5 years is about 1.7 diarrheal disease cause a heavy economic burden on health services.

Olufemi Gogurindi (2012) [1] department of Paediatric stated that diarrhoeal disease constitute public health problem. Reduction in related mortality and morbidity higher on active participation of home care givers. Knowledge, attitude and practices regards home management of diarrheal disease less than 1% of care givers was knowledgeable about home management of diarrheal disease. Antibiotics and anti-diarrheal agents use was common at 36% oral rehydration salt use absolutely low at 36%, only 32% of care givers were aware about the use of zinc in the management of diarrheal disease. Adherence to 10 days zinc supplementation was encouraging at 75.5%. Study concluded that, there is an urgent need to scale up educational and promotional activities with regards to the home management of diarrheal disease, if the millennium developmental goals are to be met.

Delgado MT (2011) [2] stated that, a community based unmatched case control study was conducted in Kesrales district, Eastern Ethiopia in 2/2011. The cases were 241 under five children with diarrhea in preceding two week before survey and who had received oral rehydration therapy while the control 253 under five children with diarrhea in the preceding two weeks before the survey and who had not received rehydration therapy. The cases and the controls were completed to find out the factors that were associated with the utilization therapy.

The study revealed that care givers previous experience of oral rehydration therapy use seeking health facilities and knowledge of oral rehydration therapy use.

Statement of the problem

A study to assess the knowledge regarding home management of diarrhoea among mothers of under five children in kakatur, Nellore.

Objectives

- To assess the knowledge regarding home management of diarrhoea among mothers of under five children.
- To associate the knowledge of mothers about home management of diarrhoea with selected socio demographic variables

Methodology: A descriptive study was conducted among mothers of under five children. Sample size of 60 mothers were selected through non-probability convenience sampling technique in Kakatur village, Nellore. Methods: Structured questionnaires was adopted to collect the data.

Data collection procedure

After obtaining ethical clearance from institutional ethical committee and formal permission from the Medical officer of Primary health center, data collection was started. 60 samples were selected by Non- probability convenience sampling technique. Mothers of under five children who fulfilled the inclusion criteria were included for this study after obtaining informed consent from them and the confidentiality of shared information was assured. For the present study structured questionnaire based interview method was adopted to collect the data, questionnaire are given to mothers of under five children and given 30 minutes to complete the questionnaires. Data were organized and presented in the tables and figures.

Plan for data analysis

Data analysis was done by using descriptive and inferential statistics.

Result

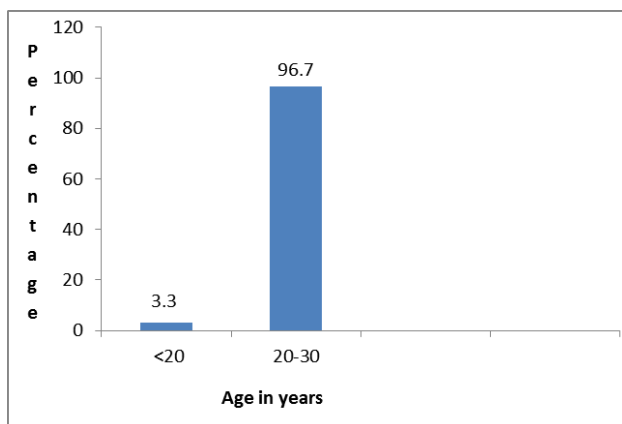


Fig 1: Percentage distribution among mother of under five children based on age. (n=60)

Table 1: Frequency and percentage distribution among mothers of under five children based on education.

Educational status of mother	Frequency (f)	Percentage (%)
a) Illiterate	19	31.7
b) Primary education	21	35
c) High school	19	31.7
d) intermediate	1	01.6
Total	60	100

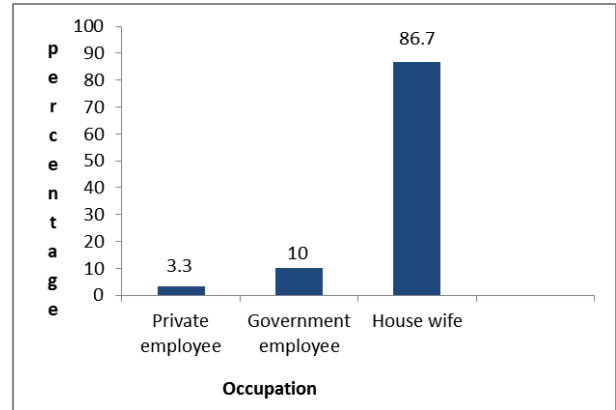


Fig 2: Percentage distribution among mothers of under five children based on occupation.

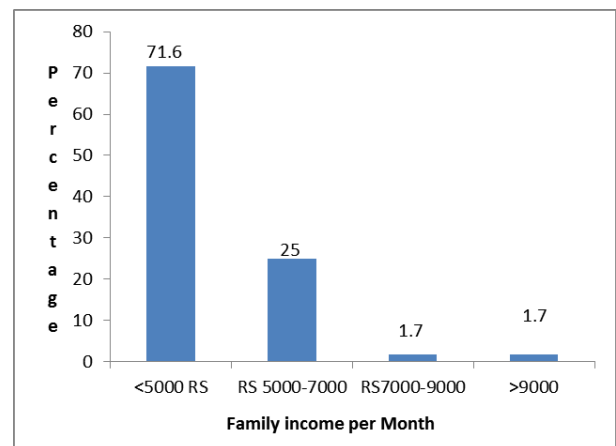


Fig 3: Percentage distribution among mothers of under five children based on family income.

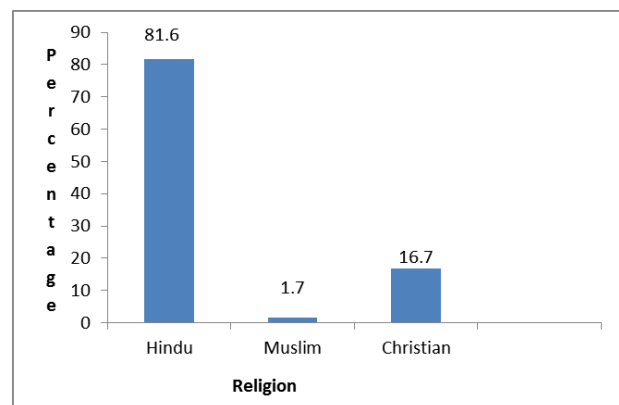


Fig 4: Percentage distribution among mothers of under five children based on religion.

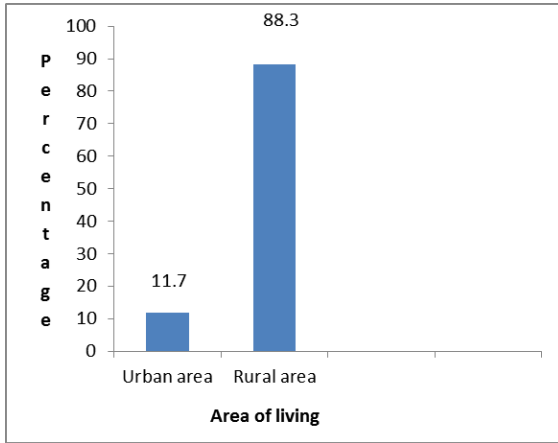


Fig 5: Percentage distribution among mothers of under five children based on area of living.

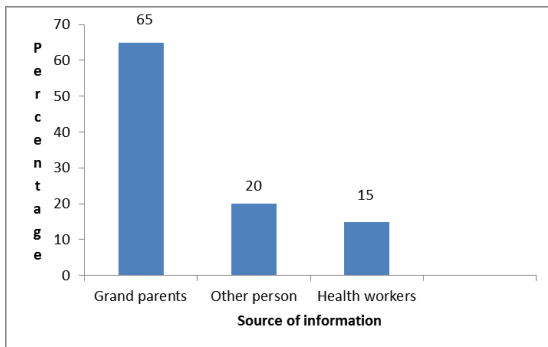


Fig 6: Percentage distribution among mothers of under five children based on source of information.

Table 2: Frequency and percentage distribution among mothers of under five children based on sanitary facility. (n=60)

Sanitary facility	Frequency (f)	Percentage (%)
a)Use own latrine	13	21.7
b) Open field defecation	47	78.3
Total	60	100

Table 3: Frequency and percentage distribution among mothers of under five children based on number of children in the family. (n=60)

Number of children	Frequency (f)	Percentage (%)
a)1	16	26.7
b)2	44	73.3
Total	60	100

Table 4: Frequency and percentage distribution among mothers of under five children based on previous history of diarrheal disease. (n=60)

Past history of diarrheal disease	Frequency (f)	Percentage (%)
a)yes	32	53.3
b)no	28	46.7
Total	60	100

Table 5: Frequency and percentage distribution among mothers of under five children based on frequency of diarrheal disease. (n=60)

Frequency of hospitalization of child with diarrrhea	Frequency (f)	Percentage (%)
a)Most often	10	16.7
b)Monthly once	31	51.7
c)Very rarely	19	31.6
Total	60	100

Table 6: Frequency and percentage distribution among mothers of under five children based on source of water. (n=60)

Source of water	Frequency (f)	Percentage (%)
a)Well	9	15
b)Bore water	49	81.7
c)Metro water	2	3.3
Total	60	100

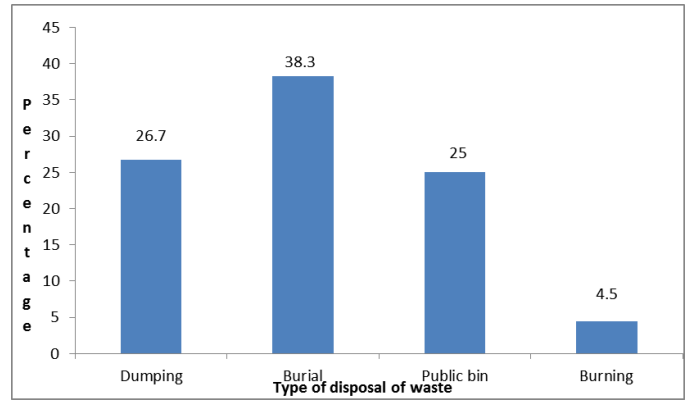


Fig 6: Percentage distribution among mothers of under five children based on disposal of waste.

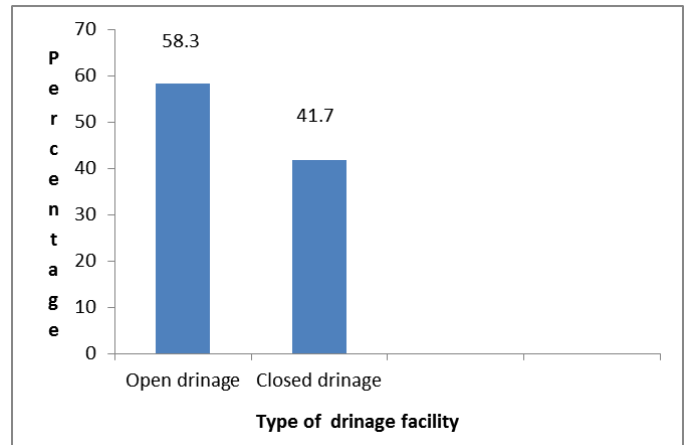


Fig 7: Percentage distribution among mothers of under five children based on type of drainage facility.

Table 7: Frequency and percentage distribution based on level of knowledge regarding home management of diarrrhea among mothers of under five children (n=60)

S.N	Level of knowledge	Frequency (f)	Percentage (%)
1.	Inadequate	33	55
2.	Moderately Adequate	22	36.7
3.	Adequate	05	08.3
Total		60	100

Table 8: Mean and standard deviation of knowledge regarding home management of diarrrhea among mothers of under five children.

Mean	Standard deviation
23.45	7.5

Table 17: Association of level of knowledge regarding home management of diarrhea among mothers of under five children with selected socio demographic variable. (n=60)

Sl. no	Demographic variable	Inadequate		Moderate		Adequate		Chi-square
		f	(%)	f	(%)	f	(%)	
Age in years								
1.	a)<20	1	1.7	-	-	1	1.7	C=6.35
	b)20-30	32	53.3	22	36.7	4	6.6	T=5.99 df=2 S* P=0.05
Education								
2.	a)Illiterate	18	30	01	1.7	-	-	C=16.435
	b)Primary education	10	16.7	09	15	2	3.3	T=12.59
	c) High school	04	6.6	12	20	3	5	df=6 S* P=0.05
	d)Intermediate	01	1.7	-	-	-	-	
Occupation								
3.	a)Private employee	2	3.3	-	-	-	-	C=5.919
	b)Government employee	5	8.3	-	-	1	1.7	T=9.49 df=4
	c)House wife	26	43.3	22	36.7	4	6.7	NS P=0.05
Family income								
4.	a)<5000	29	48.3	11	18	3	5	C=12.725
	b)RS/5000-7000	3	5	10	16.7	2	3	T=12.59
	c)RS/7000-9000	1	1.7	-	-	-	-	df=6 S*
	d)>9000RPS	-	-	1	1.7	-	-	
Religion								
5.	a)Hindu	26	43.3	20	33.4	3	5	P=0.05
	b)Muslim	1	1.7	-	-	-	-	C=3.774
	c)Christian	6	10	2	3.3	2	3.3	T=9.49 df=4 NS P=0.05
Area of living								
6.	a)Urban area	5	8.3	2	3.3	-	-	C=2.284
	b)Rural area	28	46.7	20	33.4	5	8.3	T=5.99 df=2 NS P=0.05
Mode of acquiring knowledge								
7.	a)Grand parents	21	35	15	25	3	5	C=24.1305
	b)Other person	7	11.7	4	6.6	1	1.7	T=9.4
	c)Health workers	5	8.3	3	5	1	1.7	df=4 S* P=0.05
Sanitary facility								
8.	a)Use own latrine	7	11.7	4	6.7	2	3.3	C=1.1528
	b)Open field defecation	26	43.3	18	30	3	5	T=5.99 df=2 NS P=0.05
No. of children in the family								
9.	a)1	10	16.7	4	6.7	2	3.3	C=1.474
	b)2	23	38.3	18	30	3	5	T=5.99 df=2 NS P=0.05
Previous history of diarrheal disease								
10.	a)Yes	18	30	10	16.6	4	6.7	C=1.994
	b)No	15	25	12	20	1	1.7	T=5.99 df=2 NS P=0.05
History of hospitalization of child with diarrheal disease								
11.	a)Yes	17	28.3	10	16.6	4	6.7	C=8.3829
	b)No	16	26.7	12	20	1	1.7	T=5.99 df=2 S* P=0.05
Frequency of diarrheal disease among family members								
12.	a)Most often	6	10	4	6.7	-	-	C=5.013
	b)Monthly once	19	31.6	8	13.3	4	6.7	T=5.99
	c)Very rarely	8	13.3	10	16.7	1	1.7	df=2 NS P=0.05
Source of water								
13.	a)Well	7	11.7	2	3.3	-	-	C=4.578
	b)Bore water	26	43.3	18	30	5	8.3	T=9.49
	c)Metro	-	-	2	3.3	-	-	df=4 NS P=0.05
Type of disposal of waste								
14.	a)Dumping	8	13.3	4	6.7	4	6.7	C=14.464
	b)Burial	17	28.3	6	10	-	-	T=12.59
	c)Public bin	6	10	8	13.3	1	1.7	df=6
	d)Burning	2	3.3	4	6.7	-	-	NS P=0.05
Drainage facilities								
15.	a)Open drainage system	20	33.3	14	23.3	1	1.7	C=3.57
	b)closed drainage system							T=5.99 df=2 NS P=0.05

Discussion

Level of knowledge regarding home management of diarrhea among mothers of under five children.

Among 60 samples 33 (55%) mothers of under five children have inadequate knowledge, 22 (36.6%) mothers of under five children have moderate knowledge and 5 (8.3%)

mothers of under five children have adequate knowledge regarding home management of diarrhoea.

Regarding mean and standard deviation on knowledge regarding home management of diarrhoea among mothers of under five children. The mean score is 23.45 and standard deviation is 7.5.

Reyes P (2012), conducted a study to assess the knowledge of mothers regarding management of childhood diarrhea in Lagos, Nigeria. Half of the women surveyed tried some form of home treatment, with less than 10% giving more than 1 medication. The most common combination was saline with old left over medicines from clinic or chemist. Only 13% of mothers did not seek outside help. 62% of the children were taken to the clinic or another medical facility and 13 were treated in a questionable manner, at substantially higher cost, at commercial establishment of 88%.

Association between knowledge of mothers regarding home management of diarrhoea and the selected socio demographic variables.

Association between the levels of knowledge regarding home management of diarrhoea among mothers of under five children with demographic variable. Age, Education. Family income per month, Mode of acquiring knowledge, History of hospitalization of disease, Type of disposal of waste has significant association with level of knowledge regarding home management of diarrhoea among mothers of under five children Occupation of mother, Religion, sanitary facility, Number of children in the family, previous history of diarrheal disease, Frequency of diarrheal disease among family members, source of water and Drainage facility have no significant association.

Amirabellidah (2013), Conducted a study to evaluate the knowledge of mother about diarrhea and its management. In this cross sectional study was used 430 mothers who had least one child aged below five years were selected by cluster sampling method. The mother were asking to complete the 22 items questionnaire. Most of the mother were 25-30 years old (43.8%), slightly more than half (55.6%) had just one child, (28.8%) mother got knowledge from health centre and educational programme. While the 46.5%.Mothers had moderate and 24.7% mothers had inadequate knowledge. The knowledge of the mothers had significant relationship with the age of the mother, education of the father, number of children occupation of mother and the source of knowledge.

Recommendation for further study

- The study can be conducted to assess the knowledge, attitude and practice among mothers.
- The study can be conducted on management (prevention, treatment, control) of diarrhoea among mothers.
- A comparative study can be conducted on barriers on management of diarrhoea.
- Education programme can be designed to create awareness among mothers of under five children.

Conclusion

In the present study the following conclusion were drawn from findings of study. Majority of respondent have inadequate knowledge on home management of diarrhoea. Hence the researcher is recommending to organize awareness programme on home management of diarrhoea among mothers to reduce the morbidity and mortality among under five children.

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