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A descriptive study to assess the knowledge regarding prevention of diarrhea among the mothers of under five children in selected villages of district Jammu

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Abstract

Introduction: Diarrhea is a leading cause of illness in children, younger than 5 years of age which leads to dehydration. Diarrheal disease in infancy still constitutes of the chief problem in Paediatric practice. In the Indian scenario, India contributes 2.4 million child deaths to the global burden that is the highest for any nation in the world. Nearly 26 million children are born every year of which 1.2 million are neonatal deaths and 1.7 million are infant deaths.

Aim: The main aim of the study is to assess the knowledge regarding prevention of diarrhea among mothers of under five children.

Methodology: A quantitative descriptive research design was used to assess the knowledge of 60 mothers of children of under five years residing in selected villages of Jammu. A self-structure questionnaire tool was used to assess the knowledge.

Results: The results of the study revealed that mothers had average level of knowledge regarding the prevention of diarrhea. Thus, the first assumption that "mothers may have adequate knowledge regarding prevention of diarrhea" is approved. There was no significant association of level of knowledge with the socio-demographic variables i.e. age, education, occupation, monthly income, source of informed motion, or type of sanitation.

Conclusion: Hence, it is concluded that the majority of mothers of children under-five years had an average level of knowledge regarding the prevention of diarrhea.

Keywords: Diarrhea, mothers of under 5 children

Introduction

Diarrhoea is the most important public health problem connected to water and sanitation and can be both "waterborne" and "water-washed". According to WHO health is defined as the state of physical, mental, social, and spiritual well-being and not merely the absence of disease. Motivating the mother to care for their children co-operating those them towards their recovery is the modern trend in nursing. Diarrhea is a leading cause of illness in children, younger than 5 years of age. Which leads to dehydration. Diarrheal disease in infancy still constitutes of the chief problem in Diarrhoea practice. Diarrhoea results symptoms that 4 results from disorders involving digestive, absorptive and secretory function. Diarrhea is caused by abnormal intestinal water, and electrolytes transport most pathogens that cause diarrhea are spread by the fecal-oral route through contaminated food or water or are spread from person to person where there is close contact for example day care center.

According to WHO guidelines, Community health education is of utmost importance for effective case management, since it has potential to establish productive contact between the health services and the community to increase capability of families to recognize diarrhoea signs of diarrhoea in children and to encourage appropriate and early care seeking behaviours. Therefore, it is necessary to have relevant information attitudes practices wedge attitudes and diarrhoea mother theories about diarrhoea for the successful implementation of control activities.

Material and Methodology

A quantitative research approach was used, as it aimed to assess the knowledge of mothers regarding the prevention of diarrhea among mothers of under five children in selected villages of RS, Pura, and Jammu.

A non-experimental descriptive design is considered appropriate for the present study to assess the knowledge of mothers regarding the prevention of diarrhea among under five. As a sample for this research, 60 mothers of children of under five year were selected using a nonprobability purposive sampling technique.

Data Collection Procedure

- The data has been collected in the month of October, 2022 in villages the of RS Pura Jammu.
- Permission for research study was taken from Principal Stephens College of Nursing Jammu.
- Ethical clearance has been taken from the ethical committee of Stephens College of Nursing, Jammu.
- Written authorization was obtained from the Sarpanch of selected villages R.S Pura Jammu.
- All participants were informed that their participation that in the study was voluntary, and they can refuse to participants and can withdraw from study at any time. Apart from this, written in for under-five was taken from mothers of under-five children and permission has been taken from the authorities.
- The confidentiality and anonymity of the study subjects was being taken care of.
- A structured questionnaire was used for data collection.

Table 1: Frequency and percentage distribution of mothers according to Sociodemographic variables N = 60 S.

S. No	Socio-Demographic Variables	Frequency	Percentage
1.	Age of mothers (In Years)		
	a) 21-24	14	23.33
	b) 25-28	28	46.67
	c) 29-32	13	21.67
	d) Above 32	05	8.33
2.	Educational Status of Mother		
	a) Primary	23	38.33
	b) Secondary	29	48.33
	c) Senior Secondary	07	11.67
	d) Graduate or above	01	1.67
3.	Occupational Status		
	a) Homemaker	28	46.67
	b) Private employee	19	31.67
	c) Government employee	09	15
	d) Others (farmers etc.)	04	6.666
4.	Monthly Family Income (In rupees)		
	a) 5,000-10,000	27	45
	b) 10,001-20,000	15	25
	c) 20,001-30,000	10	16.67
	d) 30,001 or above	08	13.33
5.	Source of Information		
) Mass Media	25	41.67
	b) Social Group	19	31.67
	c) Relatives, friends	11	18.33
	d) Health Professionals	05	8.33
6.	Sanitation Systems		
	a) Open	13	21.67
	b) Closed	47	78.33

Table 1 Depict that the majority of mothers 28(46.67%) fall into the age category of 25-28 years, followed by two age groups of 21-24 years and 29-32 years having number of participants 14(23.33%) and 13(21.67%) respectively. Only 5(8.33%) participants were beyond the age of 32 years. It is worth noting that about half 29(48.33%) participant falls into secondary level of education each, whereas 23(38.33%) mother were we having primary level of education. Only 07(11.67%) mothers have passed senior secondary, whereas just 01(1.67%) mothers had qualifications above graduate. The majority of the mothers 28(46.67%) were homemakers, while 19(31.67%) mothers doing private jobs. 09(15%) mothers render their service in the government sector and 04(6.66%) were selected the other option as their occupational status. 27 mothers (45%) fall into the Rs. 5,000-10,000 income bracket, while 15(25%) falls into the Rs. 10,001-20,000 income bracket. Moreover, 10(16.67%) participants choose the option 20,001-30,000, whereas just 08(13.33%) mothers having monthly family income above Rs. 30,001. 22% 78% Figure 1: Percentage distribution according to type of sanitation system Open Closed 23 Majority 25(41.67%) of the participants had choose the source of previous information regarding prevention of diarrhea as mass media, whereas 19(31.67%) participants said they learn the topic from social groups. 11(18.33%) mothers said they get the information from not only relatives but also from friends, whereas only 05(8.33) mothers get the information from health professionals. More than two-third 47(78.33%) participants used closed sanitation system whereas 13(21.67%) used open system

Table 2: Frequency and percentage distribution of level of knowledge regarding prevention of diarrhea N=60

S. No	Level of Knowledge	Frequency (F)	Percentage (%)
1.	Excellent Knowledge (≥ 25)	02	3.33
2.	Good Knowledge (18-24)	17	28.34
3.	Average Knowledge (11-17)	27	45
4.	Poor Knowledge (≤ 11)	14	23.33

Table 2 Depicted that about half 27(45%) of the mothers were having average knowledge, while 17(28.34%) were having good knowledge. 14(23.33%) participants were having poor knowledge, whereas only 02(3.33%) participants having excellent knowledge regarding prevention of diarrhea.

Therefore, it is fair to be concluded that mothers of under five children had average knowledge regarding the prevention of diarrhea.

Consequently, the first assumption that “mothers may have adequate knowledge regarding prevention of diarrhea” is validated as well.

Table 3 Depicts that the mean knowledge score concerning selected socio-demographic variables such as the age of the mother (in years), educational status of the mother, occupational status, monthly family income (in rupees), source of information, and sanitation system were statistically non-significant at $p < 0.05$ level.

As a result, we may deduce that socio-demographic factors do not have any role in determining the amount of awareness about the prevention of diarrhoea.

Hence, the second assumption “selected socio-demographic variables may influence the knowledge of mothers regarding prevention of diarrhea” is dismissed.

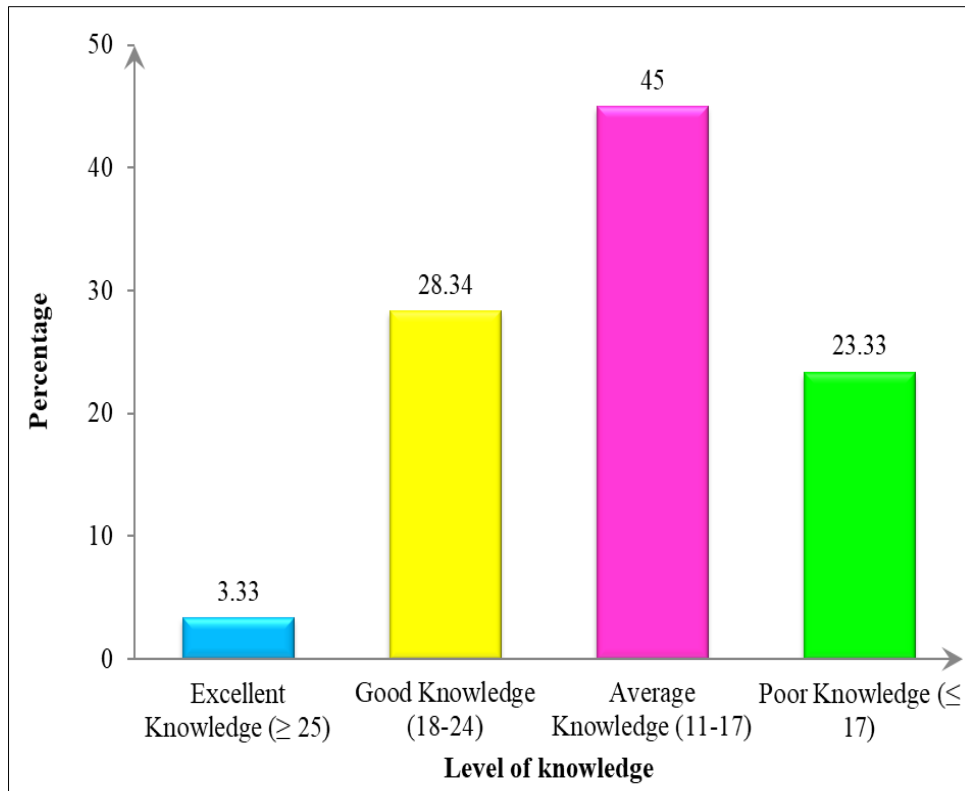


Fig 1: Percentage distribution of level of knowledge regarding prevention of diarrhea

Table 3: Association between knowledge score regarding prevention of diarrhea among mothers of under 5 children and selected demographic variables

N = 60

S. No	Socio-demographic variables	N	Mean	SD	DF	P Value
1.	Age of mothers (in Years)					
a)	21-24	14	15.93	4.98		F = 0.59 ^{NS}
b)	25-28	28	13.93	5.01	3,56	P = 0.62
c)	29-32	13	15.69	5.47		
d)	Above 32	05	15.20	7.19		
2.	Educational Status of Mother					
a)	Primary	23	12.91	4.73		F = 1.99 ^{NS}
b)	Secondary	29	16.34	4.73	3,56	P = 0.12
c)	Senior Secondary	07	15	7.55		
d)	Graduate or above	01	17	--		
3.	Occupational Status					
a)	Homemaker	28	14.14	5.40		F = 1.18 ^{NS}
b)	Private employee	19	15.89	4.72	3,56	P = 0.32
c)	Government employee	09	16.44	5.50		
d)	Others (farmers etc.)	04	11.75	5.44		
4.	Monthly Family Income (in rupees)					
a)	5,000-10,000	27	13.70	5.32		F = 1.08 ^{NS}
b)	10,001-20,000	15	15	4.58	3,56	P = 0.36
c)	20,001-30,000	10	16.50	4.01		
d)	30,001 or above	08	16.63	7.11		
S. No	Socio-demographic variables	N	Mean	SD	DF	P Value
5.	Source of Information					
a)	Mass Media	25	16.04	6.11		F = 0.72 ^{NS}
b)	Social Group	19	13.89	4.47	3,56	p = 0.54
c)	Relatives, friends	11	14.45	4.99		
d)	Health Professionals	05	13.80	3.63		
6.	Sanitation Systems					
a)	Open	13	15	4.78	58	T = 0.09 ^{NS}
b)	Closed	47	14.85	5.40		P = 0.46

Maximum Score = 30, NS = Non-Significant
 Minimum Score = 0

Discussion

According to objectives

Objective 1: To assess the knowledge regarding prevention of diarrhea among mothers of under five children. The result showed that the mean knowledge score regarding the prevention of diarrhea was 14.88±5.23 and the mean percentage was 49.60%. It was vivid that mothers had an average level of knowledge regarding the prevention of diarrhea. These findings are consistent with the findings of Momoh FE, *et al.* who reported that about 59.2% of respondents had good knowledge %

Objective 2: To determine the association between knowledge regarding the prevention of diarrhea among mothers of under-five children with their selected socio-demographic variables.

The result showed that the mean difference between knowledge scores concerning selected socio-demographic variables such as the age of the mother (in years), educational status of the mother, occupational status, monthly family income (in rupees), source of information, and sanitation system were statistically non-significant at $p < 0.05$ level. As a result, we may deduce that socio-demographic factors do not have any role in determining the amount of awareness about prevention of diarrhoea.

However, these results do not align with the accounts that were found in the relevant literature. According to the findings of Ketsela T, *et al.* research, the age and educational level of mothers or other caretakers were found to be significantly associated with adequate knowledge and practice towards diarrhoea and its treatment.

Conclusion

Mothers' understanding of how to avoid diarrhoea was found to be average, although there was room for improvement, according to the study's findings. While their

children were experiencing diarrhoea, the mothers were unable to recognize the warning indications of dehydration and instead administered inappropriate medications. The majority of the mothers favoured soft foods and sufficient fluids, and they were aware of how to produce instant ORS; yet, a significant number of them were still uninformed of the preventative precautions that were performed at home. There is a dire need for health education for mothers about diarrhoea, its causes, prevention and proper treatment, hence a guidelines on the prevention of diarrhoea is prepared and distributed as well.

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