

A Study to Assess The Knowledge And Practice On Childhood Diarrhoea Among Mothers Having Children Under Five Years Of Age in Lucknow, Uttar Pradesh.

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A person with diarrhoea has to pass at least three bowel movements a day . Diarrhoea kills by causing dehydration, which occurs when it takes too much fluid from the body. Rotavirus is the No1 cause of acute diarrhoea and hospitalization among children less than five. Diarrhoea has long been the number one cause of illness and death among children in the world, and is second on the list of causes of death in children under the age of five, second only to pneumonia. One-third of the global under-five mortality was concentrated in India, Nigeria, and Pakistan. In 2013, almost 6.3 million children under the age of five died; that's around 17,000 deaths every day. Diarrhoea contributes to 9% of the deaths of children aged five and younger worldwide .

The presence of bacteria responsible for diarrhoea changes depending on whether a country is developed or developing. The majority of diarrhoea cases in advanced nations are caused by viruses, around 10% are bacterial, and less than 10% are due to protozoa. (Note that 50% to 60% of infections in impoverished nations are bacterial.

More than 90% of kids who die from diarrhoeal and pneumonia illnesses are in Africa and South Asia .

A problem that is particularly critical in Asia is the number of rotavirus deaths in children each day. Roughly 500 children lose their lives each day to this issue . Diarrhoea, which is a very frequent illness, is one of the main factors influencing the overall sickness and death rates of children in Uttar Pradesh . A trend in growing diarrhoeal prevalence in Uttar Pradesh children has been seen from 2006 to 2011. In 2006, diarrhoea was present in 12% of children under five, and the figure had risen to 14% in 2011. Young children are more vulnerable to diarrhoea (ages 6-23 months) . The IMCI guidelines recommend the use of ORT, combined with continuous feeding and zinc, for effective diarrhoea case treatment . It's mostly the mother's level of understanding and attitude that determines if she uses ORS for her sick child . More than 50 million children deaths have been avoided due to the administration of oral rehydration treatment. Despite the ability of ORS to considerably reduce deaths and morbidity arising from diarrhoea, third world countries struggle with death and ill-health among children as a result of lack of awareness and management skills with respect to diarrhoea. It is also recognized that child health care practice has a strong impact on infant mortality. In Lucknow, Uttar Pradesh, the study seeks to analyze the mothers' knowledge and practice in managing childhood diarrhoea.

Methodology

Among the 117 mothers of children under the age of five in Lucknow, Uttar Pradesh, a descriptive cross-sectional study was undertaken. The sample was obtained by randomly sampling from the group. A list of women in Lucknow who have children less than five was collected from a female community health worker. The results of the wide literature review influenced the development of a semi-structured questionnaire. The questionnaire was pre-tested frequently under the assistance of the subject expert. The subject expert had looked over the content of the item to ensure it was valid.

The researcher himself used a questionnaire to collect data and then translated it into Hindi by doing interviews in person. There were a total of 40 questions on socio-demographic characteristics, knowledge about childhood diarrhoea, and application in treatment. The experiment's results were processed and compiled in SPSS 21. We carried out descriptive analysis for the variables using a number of descriptors such as mean, standard deviation, frequency, and percentage. Chi-square analysis was used to examine the relationship between knowledge level and demographics, using a 0.05 significance level.

Results

The respondent's age was 24 years old. The majority of those surveyed were Hindu (85.5 percent). Nearly half of those surveyed had been farmers. Almost everyone who took the survey was able to read (93.2 percent). The definition of diarrhoea was easily understood by over 99% of respondents, based on the results of the study. Eighty-four percent believe that unsanitary food causes diarrhoea. All respondents noted things like diarrhoea and stomach aches as symptom indicators. 97.4% of respondents stated dehydration as the most frequent complication of diarrhoea. Most respondents knew handwashing was the prevention for diarrhoea. Respondents reported that anyone who suffers from diarrhoea should use ORS. Only 29.1% of the participants knew about the four-step preparation method for ORS. Rehydration, by a margin of nearly all responders (99.1%), was regarded as the only benefit of ORS. A vast majority of respondents knew about zinc tablet, and most believed that people should take zinc tablets for at least 10 days or longer. Almost everyone included in the study had their own private tube well for getting water. Most of them at home used a water filter and towel to purify their water. 100% of the people surveyed had either made ORS or washed their hands with soap before making ORS. 96.6% of them knew to use the prepared ORS for no more than 24 hours. Almost everyone surveyed (94.9%) indicated that they know how to prepare for ORS. Among these, only 62.16% could actually show it to you correctly. A complete respondent, having just helped a bowel movement along, cleansed their hands with soap and water afterwards. More over one-half of those surveyed reported that their child has suffered from diarrhoea. Nearly 60% of them breastfed their child for a minimum of six or more times while dealing with diarrhoea. Children's knowledge about diarrhoea has a close relationship with their age, level of education, and their previous experiences with the illness. There is no correlation with their religious beliefs.

Discussion

To understand how prevalent childhood diarrhoea is in Lucknow, Uttar Pradesh, and to discover more about knowledge and practice of mothers of children under five, a cross-sectional study was carried out. The research found that almost all mothers (99.9 percent) knew that frequent, watery bowel movements for three or more days meant they had diarrhoea. Still, research found that only 5.6% of mothers could correctly identify diarrhoea in a study completed by Choube et al. [2] in five villages in India. The participants (74.8%) indicated unclean food as the culprit for diarrhoea and included weather-related changes (66.1 percent). A survey taken in Iran shows that diarrhoea occurs in 52% of mothers' babies as a result of intestinal infection, followed by teething (48 percent). Mother used ORS (with low percentage) instead of standard electrolyte/electrolyte replacement solution, according to a study in Northwest Ethiopia [23], contrasting to other studies where mothers preferred to use electrolyte replacement solution [23]. Mothers frequently give soup to treat diarrhoea. We can see that 41.9% of them do this. A research by Amare et al. discovered that 36.4% of moms administered soup to their children as treatment.

This study discovered that around 17.1% of mothers were unaware of how many steps are needed to prepare ORS. This is drastically higher than the results of a previous study done among the impoverished community of Morang, which discovered that only 5.4% of mothers were unaware of how many steps were required to prepare ORS. In this study, 99.1 percent of mothers (almost all of them) stated that ORS prevented dehydration from diarrhoea. In the study done in Morang district of Nepal, only 8.5% of mothers claimed that ORS prevented dehydration during diarrhoea. Based on the study, 94.9% of individuals knew the ORS preparation processes, and over half of them could correctly demonstrate the approach. Mothers responded in the overwhelming majority that ready-to-use oral rehydration salts (ORS) should be used within 24 hours. Many South-South Nigeria studies demonstrated that 58.3% of moms stated that they know about drinking the previously-mentioned oral rehydration solution as an antidote to diarrhoea during the first day. In this research, 99.5% of moms are known to have increased their child's fluid intake when suffering from diarrhoea. The researchers in the study, "Choube et al." [2], found that out of the moms who provided their child an above-average amount of fluid during diarrhoea, only 20.4 percent had a child with greater than average production of stool. The research showed that literate moms possess more knowledge about the causes and treatment of childhood diarrhoea than do their illiterate counterparts.

It's possible that a better understanding was gained from the education that was given to their mothers. Fewer children suffered from diarrhoea because their mother was well-informed about it. Likewise, mother's age is highly correlated with a person's understanding about childhood diarrhoea and how to treat it. Religion does not change levels of knowledge, but it has a bearing on individual skills.

Conclusion

This study concluded that knowledge and practices of mothers of under-five-year-old children about diarrhoea treatment. They've specifically looked at the region of Lucknow in India, which has sought to decrease the number of children under five who die from diarrhoeal diseases, while increasing the children's nutritional levels. This study shows that mothers are positively influenced by schooling. The conclusion that has been drawn is that the trend is toward increased use of ORS, however the prevalence of the use of salt and sugar-based solutions still exists. Despite this, many mothers still aren't aware of the recommended manner of use of ORS along with zinc tablets. Few mothers are aware that Vitamin A can protect their infants from getting diarrhoea. But, when their children got diarrhoea and were vomiting, practically all of the mothers were in favor of administering the ORS.

Reference

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