



KNOWLEDGE AND ATTITUDE ON DIARRHOEA AMONG THE MOTHERS OF UNDER-FIVE YEAR CHILDREN LIVING IN JAJARKOT, NEPAL

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ABSTRACT

Introduction: Diarrhoea is one of the major causes of morbidity and mortality in under five children all over the world, especially in developing countries like Nepal due to lack of knowledge.

Objectives: To assess the knowledge and attitude towards diarrhoea among mothers of under five years children living in Khalanga, Jajarkot.

Methodology: Descriptive, cross sectional design was adopted to find out knowledge and attitude on diarrhoea among mothers of under five children living in Khalanga, Jajarkot. Non -probability purposive sampling technique was used. Semi structured questionnaire was used to collect the data regarding Knowledge and 5 point likert scale was used to collect data regarding attitude towards diarrhoea . Face-Face interview was done. Data was analyzed in descriptive statistics and chi-square test was done by using SPSS version 16.

Findings: Out of 105 respondents, majority(86.7%) of them had low knowledge on diarrhoea and 13.3% of them had average knowledge. Similarly, 61% of the respondent have negative attitude and 39% of them had positive attitude towards diarrhoea. There was an association of knowledge level with age of the respondent.

Conclusion: In this study, the respondent had low knowledge whereas least of them had medium knowledge on diarrhoea. Regarding the attitude, more than fifty percent of the respondent had negative attitude and less than fifty percent of them had positive attitude. This study concludes that a lot of gap exist between the knowledge and the attitude of mothers towards diarrhoea. So, there is need of health educational interventions as well as awareness programmes regarding diarrhoea.

KEYWORDS : Knowledge, Attitude, Diarrhoea, Under five children

Background

Diarrhoeal disease is a major health problem worldwide, accounting for approximately 8 percent of all deaths among children under the age of five years in 2016, which is over 1,300 young children dying each day, or about 480,000 children in a year, in spite of simple effective treatments being available.(1,2) Diarrhoea is the passage of 3 or more loose or liquid stools per day, or more frequently than normal for the individual. It is usually a symptom of gastrointestinal infection, which can be caused by a variety of bacterial, viral, parasitic organisms. Infection spreads through contaminated food or drinking water from person to person as a result of poor hygiene. Severe diarrhoea leads to fluid loss and may be life threatening, particularly in young children and people who are malnourished or have impaired immunity.(2-4) According to WHO, there are three clinical types of diarrhoea - Acute Watery Diarrhoea (last several hours or days, and includes cholera); Acute Bloody Diarrhoea (also called dysentery); and Persistent Diarrhoea (lasts 14 days or longer).(2)

Diarrhoeal disease accounts for roughly 530,000 deaths a year, 9% of total deaths among children under-five years of age, making them the second most common cause of child deaths worldwide, over half of the deaths occurred in just five countries India, Nigeria, Afghanistan, Pakistan and Ethiopia.(5,6) Despite this heavy toll progress is being made from 2000 to 2015 the total annual number of deaths from diarrhoea among children under 5 decreased by more than 50% from over 1.2 million to half a million.(7)

Diarrhoea can last for several days and can leave the body without the water and salts that are necessary for survival. Most people who die from diarrhoea actually die from severe dehydration and fluid loss. Children who are malnourished or have impaired immunity are most at risk of life threatening diarrhoea.(8-10)

WHO African and South East Asia Regions combined contain 78% (1.46 million) of all diarrhoea deaths occurring among children in the developing world; 73% of these deaths are concentrated in just 15 developing countries.(1,2,11)

In Ethiopia, according to EDHS 2012, diarrhoeal disease affects about 13.3% of under five children in which 3% had bloody diarrhoea in the two-week before the survey. Diarrhoea was most common among children age 6-23 months (23-25%).In Ethiopia, diarrhoea is the major killer of children and thus is a serious public health problem. An estimated 73,700 children under age of five die each year due to diarrhoea, estimates to 20% of the deaths among children under five years of age in the country.(12,13)

Diarrhoeal disease remains an important cause of mortality and morbidity among children, particularly in low and middle- income countries. It is listed as the second leading cause of mortality and the second leading cause forcing caregivers of children under five-years old to seek medical consultation according to the Ministry of Health (MoHP).(3) In 2013, according to Liu et al, the total number of deaths among children under the age of five in the country was 28,648 with 1866 deaths (15%) due to diarrhoeal disease. In 2011, the Senegalese Demographic and Health Survey (DHS) reported that one in five children under the age of five suffered from diarrhoea during 2 weeks preceding the survey (21%).The 2014 DHS showed that prevalence of diarrhoea in this age group remained at the same level 19%.(13-15)

Diarrhoea is one of the major causes for mortality in under five children in India resulting in an estimated 24 million outpatient visits and 2.5 million hospitalizations. The under- five mortality rate was 11.1 per thousand live births in 2005, whereas in 2012, the total death was 1.5 million. Many studies have been done in India in

which approximately 40% of cases of diarrhoea were among hospitalized children due to Rota virus infection.(10,11,16)

Multiple studies have identified various risk factors of diarrhoea i.e. younger age, male gender, early weaning, seasonal pattern, low maternal education, lack of piped water supply, poor water storage practices, poor sanitation etc. Diarrhoea continues to be a major cause of morbidity (13 per 1000 per year) and mortality (5 per 1000 per year) in children under five years and the burden is more in children aged 6-24 months in Nepal. There are 12.14% of children under five years suffering from diarrhoea in a seasonal variation(April-August), 2% of them have blood in stool and 5 per 1000 dies due to diarrhoea annually.(9,10)

According to the latest WHO data published in May 2014 Diarrhoeal disease deaths in Nepal reached 6,160 or 3.89% of total deaths. Similarly, according to UNICEF data 2015 under five deaths due to diarrhoea have reached 1,173 and under five death rate from diarrhoea is 2 per 1000 live births in Nepal.(4,7,17)

Each year, during monsoon and winter, parents gather to the emergency ward and OPD units at the Kanti Children's Hospital, Kathmandu, Nepal as the infants are adversely affected with severe diarrhoea. In 2013, rotavirus killed approximately 500 children under the age of five years. It is responsible for approximately one in every three diarrhoea deaths in Nepal among children.(3)

Methodology

A descriptive cross sectional study, with non-probability purposive sampling technique was used. Study area of this research was ward no. 3 of Khalanga, Jajarkot, The study population were the mothers of under 5 year children. The sample size of the study was 105.

Primary source: Semi-structured questionnaire and likert scale was used. The questions was divided into 3 parts.
 Part I-Question related to demographic information.
 Part II-Questions related to knowledge on Diarrhoea.
 Part III-Questions related to attitude towards Diarrhoea.
 Secondary source: For this research, relevant published journal articles, reports, magazines and websites was used.

Face to Face interview technique was used to obtain information from the respondents. Descriptive and inferential analysis was done according to the study objective. SPSS software version 21 was used for the analysis of the collected data. Data were present using frequency distribution table and chi-square test was applied to find out association among selected variables.

Results

This section summarizes the findings of the study. Table 1 shows that among 105 respondent, 64.8% of the respondents were from the age group 20-30 years .Similarly, almost all of the respondents followed Hinduism and nearly half of the respondents were housewife (42.9%) . Majority of the respondent (80%) were staying as a joint family .Likewise, more than fifty percent of respondent were literate. Almost all the respondent (97.1%) has one child under five years. More than 50% of the respondents have monthly income from 10,000 to 15,000.

Table 1: Socio-demographic Characteristics n=105

| Variable | Frequency | Percentage (%) |
|-------------------------|-----------|----------------|
| Age | | |
| < 20 | 23 | 21.9 |
| 20-30 | 68 | 64.8 |
| > 30 | 14 | 13.3 |
| Mean ± SD =29.68 ±19.94 | | |
| Religion | | |
| Hindu | 104 | 99 |
| Buddhist | 1 | 1 |
| Ethnicity | | |
| Brahmin | 27 | 25.7 |

| | | |
|--------------------------------------|-----|------|
| Chhetri | 53 | 50.5 |
| Newar | 7 | 6.7 |
| Janjati | 18 | 17.1 |
| Occupation | | |
| Housewife | 45 | 42.9 |
| Service | 37 | 35.2 |
| Agriculture | 9 | 8.6 |
| Business | 12 | 11.4 |
| Others | 2 | 1.9 |
| Type of Family | | |
| Nuclear | 21 | 20 |
| Joint | 84 | 80 |
| Education | | |
| Illiterate | 37 | 35.2 |
| Literate | 68 | 64.8 |
| If Literate | | |
| Primary level | 16 | 15.2 |
| Secondary level | 25 | 23.8 |
| Higher secondary level | 50 | 47.6 |
| Bachelor level | 12 | 11.4 |
| Degree | 2 | 1.9 |
| No. of children below 5 years | | |
| 1 | 102 | 97.1 |
| 2 | 3 | 2.9 |
| Monthly income | | |
| less than 10,000 | 21 | 20.0 |
| 10,000 to 15,000 | 58 | 55.2 |
| 15,000 to 20,000 | 14 | 13.3 |
| more than 20,000 | 12 | 11.4 |

Table 2.a: Knowledge regarding causes, transmission and signs and symptoms of Diarrhoea n=105

| Variable | Frequency | Percentage (%) |
|--------------------------------|-----------|----------------|
| Meaning | | |
| Frequent loose stool | 105 | 100 |
| Causes | | |
| Worms | 1 | 1.0 |
| Undigested food | 13 | 12.5 |
| Environmental changes | 13 | 12.5 |
| Contaminated food and water | 91 | 87.5 |
| Transmission | | |
| Through dirty hands | 81 | 77.1 |
| Through waste materials | 3 | 2.9 |
| Raw and uncooked foods | 33 | 31.4 |
| Person to person | 4 | 3.8 |
| Sign and Symptoms | | |
| 3 or more frequent loose stool | 82 | 78.1 |
| Stomach ache | 30 | 28.6 |
| Dehydration | 2 | 1.9 |

Table 2.b Knowledge regarding risk factor and prevention and treatment of diarrhoea

| | | |
|--|----|------|
| Sign and symptoms of Dehydration | | |
| Sunken eye | 53 | 51.0 |
| Skin elasticity | 3 | 2.9 |
| Dry mouth and skin | 50 | 48.1 |
| Weight loss | 11 | 10.6 |
| Kind of children prone to diarrhoea | | |
| Malnourished child | 40 | 38.1 |
| Poor sanitation | 66 | 62.9 |
| Poor immunity | 9 | 8.6 |
| Prevention | | |
| Good personal hygiene | 65 | 61.9 |

| | | |
|---|-----|-------|
| Environmental sanitation | 10 | 9.5 |
| Handwashing with soap | 61 | 58.1 |
| Effective treatment | | |
| ORS | 56 | 53.3 |
| Sugar, salt and water | 14 | 13.3 |
| Seeking medical help | 36 | 34.3 |
| ORS available at | | |
| Health post | 46 | 44.7 |
| Female health Volunteer | 15 | 14.6 |
| Medical shops | 16 | 15.5 |
| Hospital | 38 | 36.9 |
| Component needed | | |
| Salt, sugar and water | 105 | 100 |
| Once prepared ORS should be used | | |
| Within 12 hrs | 39 | 37.1 |
| Within 24 hrs | 41 | 39.0 |
| More than 24 hrs | 25 | 23.8 |
| ORS should be provided | | |
| Two days | 6 | 5.7 |
| One week | 18 | 17.1 |
| Till diarrhoea persist | 81 | 77.1 |
| Complication | | |
| Malnutrition | 13 | 13.4% |
| Lack of vitamins and minerals | 21 | 21.6% |
| Dehydration | 10 | 10.3% |
| Extreme weakness | 58 | 59.8% |

Table 2a shows that all of the respondent(100%) knows about the meaning of diarrhoea as frequent loose stool. Majority of respondent believed that diarrhoea is caused due to contaminated food and water. Majority of the respondents (77.1%) answered through dirty hands, as the transmission of diarrhoea. Majority of respondent had mentioned 3 or more frequent loose stool, as sign and symptom of diarrhea.

Table 2b reveals that more than 50% of the respondent had mentioned sunken eye, as sign and symptoms of dehydration. More than fifty percent of the respondent believed that children with poor sanitation are prone to diarrhea. More than fifty percent of the respondent had mentioned diarrhoea can be prevented through good personal hygiene. More than fifty percent of respondent think that an effective treatment of diarrhoea would be ORS. Almost fifty percent of the respondent had mentioned that ORS can be available at health post.

All the respondents (100%) knew about the component needed for preparation for ORS, 39% of them provided correct answer i.e. once prepared ORS should be used within 24 hours, majority of them (77.1%) provided correct answer i.e. ORS should be provided till diarrhoea persist. More than half of the respondents (59.8%) had mentioned extreme weakness as the complication of diarrhoea.

Table 3: Knowledge level on diarrhoea (n=105)

| Knowledge level | Frequency | Percentage (%) |
|-----------------|-----------|----------------|
| Low level | 91 | 86.7 |
| Medium level | 14 | 13.3 |

Table 3 shows that majority (86.7%) of respondent have low level of knowledge whereas least of respondent have medium level of knowledge on diarrhoea.

Table 4: Attitude on Diarrhoea: n= 105

| S.N. | Statement | Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |
|------|--|----------------|------------|-----------|----------|-------------------|
| 1. | Diarrhoea is a life threatening condition for child. | 11 (10.5%) | 94 (89.5%) | 0 | 0 | 0 |

| | | | | | | |
|-----|--|------------|------------|------------|------------|------------|
| 2. | Diarrhoea is a communicable disease. | 12 (11.4%) | 93 (88.6%) | 0 | 0 | 0 |
| 3. | Diarrhoea is due to sins of past life. | 0 | 1 (1%) | 22 (21.0%) | 79 (75.2%) | 3 (2.9%) |
| 4. | Bottle feeding contribute to diarrhoea. | 0 | 12 (11.4%) | 12 (11.4%) | 40 (38.1%) | 41 (39%) |
| 5. | Cow's milk never cause diarrhoea. | 42 (40%) | 41 (39%) | 2 (1.9%) | 19 (18.1%) | 1 (1%) |
| 6. | Teething directly sparks diarrhoea. | 21 (20%) | 62 (59%) | 0 | 22 (21%) | 0 |
| 7. | Fiber containing foods are not effective in diarrhoea. | 0 | 6 (5.7%) | 13 (12.4%) | 37 (35.2%) | 49 (46.7%) |
| 8. | Sugary stuffs makes diarrhoea worse. | 0 | 5 (4.8%) | 6 (5.7%) | 32 (30.5%) | 62 (59%) |
| 9. | You should avoid fatty foods during diarrhoea. | 1 (1%) | 25 (23.8%) | 10 (9.5%) | 46 (43.8%) | 23 (21.9%) |
| 10. | Breastfeeding is important for child suffering from diarrhoea. | 16 (15.2%) | 80 (76.2%) | 9 (8.6%) | 0 | 0 |
| 11. | Fluids and foods should be restricted during diarrhoea. | 0 | 79 (75.2%) | 0 | 25 (23.8%) | 1 (1%) |
| 12. | Drinking plain water is enough in diarrhoea. | 36 (34.3%) | 42 (40%) | 4 (3.8%) | 22 (21%) | 1 (1%) |
| 13. | Breast milk should be diluted as it is difficult to digest during diarrhoea. | 9 (8.6%) | 52 (49.5%) | 9 (8.6%) | 35 (33.3%) | 0 |
| 14. | Washing hands before and after eating and using latrine is a healthy practice for prevention of diarrhoea. | 26 (24.8%) | 79 (75.2%) | 0 | 0 | 0 |
| 15. | Yoghurt may ease diarrhoea. | 0 | 39 (37.1%) | 2 (1.9%) | 64 (61%) | 0 |
| 16. | Zinc does not reduce the severity and duration of diarrhoea. | 37 (35.2%) | 40 (38.1%) | 18 (17.1%) | 10 (9.5%) | 0 |
| 17. | Child should be first taken to traditional healers after having diarrhoea. | 3 (2.9%) | 4 (3.8%) | 41 (39%) | 45 (42.9%) | 12 (11.4%) |

Table 4 shows that very few respondents (10.5%) strongly agreed that diarrhoea is a life threatening condition. Similarly, 11.4% strongly agreed that diarrhoea is a communicable disease. Majority (75.2%) of the respondent disagreed that diarrhoea is caused due to past sins. Less than fifty percent of the respondent disagreed with the statement that bottle feeding contribute to diarrhoea. Around 40% had mentioned that cow's milk does not cause diarrhoea. More than fifty percent of the respondent mentioned that teething directly causes diarrhoea .Almost fifty percent of the respondent strongly disagreed that fiber containing foods are not effective in diarrhoea.

More than fifty percent of the respondent strongly disagreed with the statement that sugary stuffs makes diarrhoea worse. Majority of the respondent agreed that breastfeeding is important for child suffering from diarrhoea. On the contrary, majority of the respondent mentioned foods and fluids should be restricted during diarrhoea. Out of total respondent one third of them assumed that drinking plain water only is sufficient during diarrhoea. Likewise, out of total respondent one third of the respondent disagreed that breast milk should be diluted as it is difficult for children to digest during diarrhoea. Majority of the respondent agreed with the statement that washing hands before and after eating and using latrine is a healthy practice for prevention of diarrhoea. More than fifty percent of the respondent disagreed with the statement that

yogurt eases diarrhoea. Likewise, 38.1% of the respondent agreed that zinc does not reduce the severity and duration of diarrhoea but least of the respondent disagreed with it.

Table 5: Attitude level of respondent on Diarrhoea (n=105)

| Attitude | Frequency | Percentage (%) |
|-------------------|-----------|----------------|
| Negative attitude | 64 | 61.0 |
| Positive attitude | 41 | 39.0 |

Table 5 shows that out of total respondent more than fifty percent of the respondent have negative attitude and less than fifty percent of respondent have positive attitude towards diarrhoea.

Table 6: Association between Knowledge and Demographic variable n = 105

| Variables | | Knowledge | | | | X ² | P value |
|-------------|--------------|-----------|------------|--------------|------------|----------------|---------|
| | | Low level | | Medium level | | | |
| | | Frequency | Percentage | Frequency | Percentage | | |
| Age | Less than 20 | 23 | 100 | 0 | 0% | 8.790 | 0.012 |
| | 20-30 | 54 | 79.4 | 14 | 20.6% | | |
| | More than 30 | 14 | 100 | 0 | 0% | | |
| Religion | Hindu | 90 | 86.5 | 14 | 13.5% | 0.155 | 0.693 |
| | Buddhist | 1 | 100 | 0 | 0% | | |
| Ethnicity | Brahmin | 23 | 85.2 | 4 | 14.8% | 0.416 | 0.093 |
| | Chhetri | 47 | 88.7 | 6 | 11.3% | | |
| | Newar | 6 | 85.7 | 1 | 14.3% | | |
| | Janjati | 15 | 83.3 | 3 | 16.7% | | |
| Family Type | Single | 17 | 81.0 | 4 | 19.0% | 0.742 | 0.389 |
| | Joint | 74 | 88.1 | 10 | 11.9% | | |
| Education | Illiterate | 33 | 89.2 | 4 | 10.8% | 0.315 | 0.575 |
| | Literate | 58 | 85.3 | 10 | 14.7% | | |
| Occupation | Housewife | 40 | 88.9 | 5 | 11.1% | 4.896 | 0.298 |
| | Job holder | 33 | 89.2 | 4 | 10.8% | | |
| | Agriculture | 8 | 88.9 | 1 | 11.1% | | |
| | Business | 8 | 66.7 | 4 | 33.3% | | |
| | Others | 2 | 100% | 0 | 0% | | |

Table 6 reveals that there was significant association between knowledge and age of the respondent (p = 0.012). However there is no association found between knowledge and ethnicity, religion, family type, education and occupation of the respondent.

Table 7: Association between Attitude and Demographic variable n = 105

| Variables | | Attitude | | | | X ² | P value |
|-------------|--------------|-----------|------------|-----------|------------|----------------|---------|
| | | Negative | | Positive | | | |
| | | Frequency | Percentage | Frequency | Percentage | | |
| Age | Less than 20 | 17 | 73.9% | 6 | 26.1% | 2.079 | 0.354 |
| | 20-30 | 39 | 57.4% | 29 | 42.6% | | |
| | More than 30 | 8 | 57.1% | 6 | 42.9% | | |
| Religion | Hindu | 64 | 61.5% | 40 | 38.5% | 1.576 | 0.209 |
| | Buddhist | 0 | 0% | 1 | 100% | | |
| Ethnicity | Brahmin | 19 | 70.4% | 8 | 29.6% | 1.470 | 0.689 |
| | Chhetri | 30 | 56.6% | 23 | 43.4% | | |
| | Newar | 4 | 57.1% | 3 | 42.9% | | |
| | Janjati | 11 | 61.1% | 7 | 38.9% | | |
| Family Type | Single | 13 | 61.9% | 8 | 38.1% | 0.010 | 0.920 |
| | Joint | 51 | 60.7% | 33 | 39.3% | | |
| Education | Illiterate | 21 | 56.8% | 16 | 43.2% | 0.423 | 0.516 |
| | Literate | 43 | 63.2% | 25 | 36.8% | | |
| Occupation | Housewife | 23 | 51.1% | 22 | 48.9% | 3.847 | 0.427 |
| | Job holder | 25 | 67.6% | 12 | 32.4% | | |
| | Agriculture | 7 | 77.8% | 2 | 22.2% | | |
| | Business | 8 | 66.7% | 4 | 33.3% | | |
| | Others | 1 | 50.0% | 1 | 50% | | |

Table 7 shows that there is no association between attitude and age, religion, ethnicity, family type, education and occupation of the respondent.

| Knowledge | Negative attitude | | Positive attitude | | 0.075 | 0.784 |
|--------------|-------------------|------------|-------------------|------------|-------|-------|
| | Frequency | Percentage | Frequency | Percentage | | |
| Low level | 55 | 60.4% | 36 | 39.6% | | |
| Medium level | 9 | 64.3% | 5 | 35.7% | | |

Table 8: Association between Knowledge and Attitude n= 105

| Variables | Attitude | X ² | P value |
|-----------|----------|----------------|---------|
| | | | |

Table 8 shows that there is no association between knowledge and attitude of the respondents.

Discussion

The study was conducted in the community of Khalanga, Jajarkot among the mothers of under-five children to determine their level of knowledge and the attitude towards diarrhoea. Non-probability purposive sampling technique was used for selecting a total of 105 respondents. After data collection, the collected data were checked thoroughly before entering data to SPSS for data analysis.

In this study it was found that among the mothers of under five children, 21.9% of the mothers were very young i.e. under 20 years of age group, more than fifty percent of them were of the age group of 20-30 years. 13.3% of them were above 30 years of age group. Likewise, out of the total respondent least of them were having primary education, 23.8% of them were having secondary level education and around fifty percent of them were having higher education. Whereas, in the study done in southern Odisha, 2017; 14% of the mothers were very young i.e. less than 21 years. 74% were in the age group of 21-30 years, 12% were above 30 years of age group. Similarly, 40% of the respondents were having primary and secondary education and 28.7% respondents were having higher secondary education.(8,10,17)

In this study it was found that the education level of the respondents i.e. 35.2% illiterate and more than fifty% literate was in contrast to the study done in Eastern Ethiopia where majority of the respondent were illiterate and least of the respondent were literate. In this study it was found that out of the total respondent, 59% of them agreed that teething cause diarrhoea which was similar to the study done in eastern Ethiopia where 27.8% of respondent agreed that teething causes diarrhoea.—(16)

In this study it was found that around fifty percent of the respondents were housewife. It was also found that all of the respondents had correct knowledge on meaning of diarrhoea. Whereas, 61.9% of the respondent said personal hygiene is preventive measure of diarrhoea. But, the study done in North West Ethiopia, 2016 contrast with the finding of this study as more than fifty percent of the respondent were house wife only 65.4% of the respondent had correct knowledge on meaning of diarrhoea and less than fifty percent of the respondent said personal hygiene is one of the preventive measure of diarrhea.—(9,16)

In this study it was found that majority of the respondent believed that contaminated food and water is the cause of diarrhoea in contrary to the study done in Northwest Nigeria it was found that only one third of the respondent believed that contaminated food and water is the cause of the diarrhoea. In this study least of the respondent were aware of the use of the zinc in management of diarrhoeal disease which was in contrast with the study done in Northwest Nigeria where 325 of the respondent were aware of the use of zinc in management of diarrhoeal disease.(9)

In this study it was found that majority of the respondent have knowledge about the signs of dehydration, where more than fifty% of the respondent mentioned sunken eye, as signs of dehydration whereas in the study conducted in Gambat, Pakistan 26% of them responded with sunken eye as sign of dehydration." (14,18)

In this study it was found that there was an association of knowledge level with age of the respondent which was in contrast to the study done in marginalized community of Morang, Nepal where there was no association between the knowledge level and age of the respondent as p value was 0.600.¹⁶ In this study, it was found that least of the respondent mentioned that diarrhoea is caused due to worms which is similar to the study conducted in an urban slum of Delhi, India where only 3% of the respondent mentioned worms as a cause of diarrhoea.(3,11)

In this study it was found that there is an association between age of

the respondent and overall knowledge as p value is less than 0.05 which contradicts the result of the study conducted in Palpa by Kalakheti, B., Panthee, K., & Jain, C. (2016) where there was no association between the overall knowledge and age of the respondent.(11)

Conclusion

In this study majority of the respondent had low knowledge whereas least of them had medium knowledge on diarrhoea. Regarding the attitude, more than fifty percent of the respondent had negative attitude and less than fifty percent of them had positive attitude. This study concludes that a lot of gap exist between the knowledge and the attitude of mothers towards diarrhoea. So, there is need of health educational interventions as well as health education to mothers about diarrhoea, its causes, prevention, proper treatment, and about the use of zinc supplement in childhood diarrhoeal disease.

Also majority of the respondent had knowledge on ORS but only limited respondent were able to define its proper uses so frequent demonstration program for preparation of ORS can be recommended. A significant association between the knowledge and age of the respondent was found.

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