ORIGINAL RESEARCH PAPER
Volume - 11 | Issue - 06 | June - 2022 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

A STUDY TO ASSESS THE KNOWLEDGE REGARDING PREVENTION AND HOME MANAGEMENT OF DIARRHEAL DISEASE AMONG MOTHER OF UNDER FIVE CHILDREN AT PEDIATRIC OPD IN NMCH, ROHTAK, BIHAR.

Nursing

Krishna Priya B.Sc. Nursing 4th year, Narayan Nursing College, Gopal Narayan Singh University, Rohtas, Bihar.

Ankita Kumari B.Sc. Nursing 4th year, Narayan Nursing College, Gopal Narayan Singh University, Rohtas, Bihar.

Shobha Kumari B.Sc. Nursing 4th year, Narayan Nursing College, Gopal Narayan Singh University, Rohtas, Bihar.

Dr. Sapna Singh* Professor, Dept. Of CHN, Narayan Nursing College, Gopal Narayan Singh University, Rohtas, Bihar. *Corresponding Author

ABSTRACT

Children are the health of tomorrow, children under the age of five years are considered as the valuable among total population in India. The objective of the study were to assess the knowledge among mothers regarding prevention and home management of diarrhoeal disease among under five children and to find out knowledge regarding prevention and management of diarrheal diseases in under five children among mothers with their selected socio demographic variables.

A descriptive research design was selected to assess the knowledge regarding prevention and home management of diarrheal disease among100 mother of under five children at paediatric OPD in NMCH, Rohtas, Bihar. Samples were selected by convenient sampling technique. The result showed that among hundred mothers had 16% had good knowledge and 50% had average knowledge and 34% had poor knowledge. Pertaining to relationship between the socio demographic variables and level of knowledge , statistically significant association was found between as age of mothers, educational status, family income these shows that these variables had influenced level of knowledge of the mothers in this study.

KEYWORDS

knowledge, prevention and home management of diarrheal disease, mothers of under five children.

INTRODUCTION

Diarrhoea is a common disease and one of the major determinants of childhood morbidity and mortality. This disease is one of the main causes of death in children under five years of age in developing countries.[1]

WHO estimates the 88% of all diarrheal disease are due to unsafe water supply, inadequate sanitation and poor hygiene practice.[2]

Children who are malnourished or have impaired immunity as well as people living with HIV are most at risk of threatening diarrhoea.

Diarrhoea is usually a symptom of an infection in the intestinal tract, which can be caused by a variety of bacterial, viral and parasitic organisms.[3]

The Integrated Management of Childhood Illness (IMNCI) guidelines advice the use of ORS, along with continued feeding and zinc for appropriate diarrhoea case management.[4]

The role of family especially the mother is vital in health promotion, disease prevention and patient care. In the actions, mothers take the minimum required is a brief and superficial examination of dehydration of the dehydrated child and the amount and type of liquid fed to him/her in the case of diarrhoea, now ever, these action are vital for paediatric welfare.[5]

Oral rehydration therapy is a primary intervention for the management of diarrhoea. It can be easily administered at home by mothers/ caregiver as soon as a diarrhoea episode begins.[6]

Children are the health of tomorrow, children under the age of five years are considered as the valuable among total population in India.

According to world Health Organisation approximately 3.5 million deaths occurs each year are attributable to diarrhoea. 80% of those death occur in children are under the age of five years.

They are more susceptible to complication of diarrhoea because a smaller amount of fluid loss can lead to dehydration when composed to adult.[7]

Diarrhoea diseases probably have been man's companions from the beginning life. In the present Century ,diarrhoea of varied aetiology in the paediatric age group are responsible for 50-75% of morbidity and 20-30% death .Every year in the developing world ,about 3.2 million children under five year of age die from condition related to diarrhoea. Most of this death is due to dehydration and malnutrition. In the world, every six-second, a child dies of diarrhoea. In India alone, 1.5 million children die annually of diarrhoea.

Research Statement

A study to assess the knowledge regarding prevention and home management of diarrheal disease among mother of under five children at pediatric OPD in NMCH, Rohtas, Bihar.

OBJECTIVE

- To assess the knowledge among mothers regarding prevention and home management of diarrhoeal disease among under five children.
- To find out knowledge regarding prevention and management of diarrheal diseases in under five children among mothers with their selected socio demographic variables.

OPERATIONAL DEFINITION

- the impact of diarrheal disease.
- **HOME MANAGEMENT**: Activities are provided to the children at home promotion and prevention of diarrheal disease.
- **DIARRHOEA**: Diarrhea is defined as the passage of loose or watery stools at least 3 times a day.
- **KNOWLEDGE:** It's refers to the awareness of the mother's of under five children which help to obtain efficient score related to the diarrheal disease from structured knowledge questionnaire.
- **MOTHER OF UNDER FIVE CHILDREN:** Mother whose child is less than the five years of age.

Prevention:

Prevention is aimed at eradicating, eliminating and minimizing

MATERIALS AND METHODS

A descriptive research design was selected to assess the knowledge regarding prevention and home management of diarrheal disease among100 mother of under five children at paediatric OPD in NMCH, Rohtas, Bihar. Sample were selected by convenient sampling technique.

SAMPLING CRITERIA

Inclusion Criteria:-

(1) Mother of under five children.

(2) Mother who are visiting paediatric OPD in NMCH, Rohtas Bihar
(3) Who are willing to participating study.
(4) Mother who reading and write in Hindi and English.

Exclusion Criteria:
(1) Mothers of under five children who are admitted with any problem in NMCH, Jmuhar.

DESCRIPTIONS OF THE TOOL
The structure self administer questionnaire comprised of 2 sections.

Section –A: Socio Demographic Data
Consist socio- demographic variables such as age, gender, religion, education level of mother, family monthly income, history of any previous diarrhoeal disease, no. of under children, place of residence, previous information regarding diarrhoeal disease, previous history of diarrhoeal in the child.

Section-B: Questionnaire On Knowledge Regarding Prevention And Home Management Of Diarrheal Disease
It consists of 21 multiple choice knowledge questions regarding prevention and home management of diarrhoeal disease which includes general, causes, symptoms, management and prevention of diarrhoea for which option a to d given. Each question has one true answer so that one mark and false answer zero mark will be given. Total score is 21.

RESULTS
The present study was aimed at assessing the knowledge of mothers regarding prevention and home management of diarrheal disease. The relevant data was collected statistically based on objectives of the study. Among hundred mothers had 16% had good knowledge and 50% had average knowledge and 34% had poor knowledge. Pertaining to relationship between the socio demographic variables and level of knowledge , statistically significant association was found between as age of mothers, educational status, family income these shows that these variables had influenced level of knowledge of the mothers in this study.

Table No.1 Distribution Of Knowledge Using Frequency And Percentage.
Level of knowledge of mothers regarding prevention and home management of diarrheal disease under five children. N=100

Level Of Knowledge	FREQUENCY (n)	PERCENTAGE (%)
GOOD KNOWLEDGE	16	16%
AVERAGE KNOWLEDGE	50	50%
POOR KNOWLEDGE	34	34%
TOTAL	100	100%

The above table denotes the distribution of level of knowledge among mothers of under five children. Out of 100 mothers, 16% of mothers had Good knowledge, 50% of mothers had average knowledge, and 34% mothers had poor knowledge.

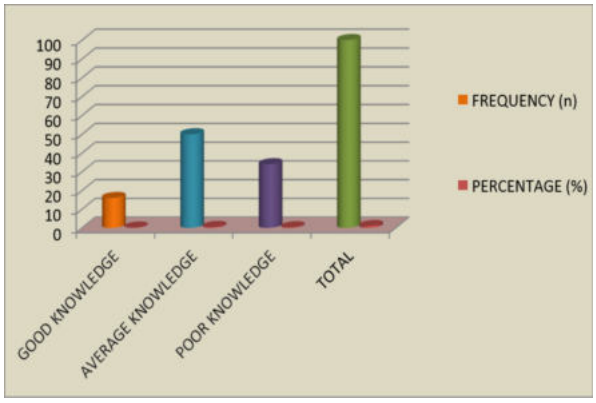

Fig no.1

Table No. 2 Distribution Of Knowledge Score Among Socio Demographic Variables.

S. No.	VARIABLES		KNOWLEDGE VARIABLES		
			GOOD KNOWLEDGE	AVERAGE KNOWLEDGE	POOR KNOWLEDGE
			N	N	N
1	AGE OF MOTHERS	20-25	3	3	8
		26-30	5	28	20
		31-35	7	19	6
		MORE THAN 35	1	0	0
2	RELIGION	HINDU	14	44	31
		MUSLIM	2	6	3
		CHRISTIAN	0	0	0
		SIKH	0	0	0
		ANY OTHER	0	0	0
3	TYPE OF FAMILY	NUCLEAR FAMILY	4	16	10
		JOINT FAMILY	10	34	23
		EXTENDED FAMILY	2	0	1
4	EDUCATION AL STATUS	NO FORMAL EDUCATION	0	6	4
		PRIMARY	3	10	13
		HIGH SCHOOL	5	22	12
		SENIOR SECONDARY	4	8	0
		DIPLOMA	1	0	0
		GRADUATE AND ABOVE	2	4	5
5	OCCUPATION	HOUSEWIFE	10	36	28
		PRIVATE EMPLOYEE	1	3	1
		GOVT. EMPLOYEE	3	0	2
		SELF EMPLOYEE	0	5	1
		DAILY WAGES/LABOUR	2	6	2
6	NO. OF UNDER FIVE CHILDREN	1	11	16	11
		2	5	32	23
		3 AND ABOVE	0	2	0
7	FAMILY INCOME	LESS THAN 5000	3	13	21
		5001-10000	2	22	5
		10001-15000	6	12	3
		15001-20000	3	3	2
		ABOVE 20000	2	0	3
8	PLACE OF RESIDENCE	URBAN	6	6	6
		RURAL	10	44	28

9	ANY PREVIOUS HISTORY OF DIARRHEA IN YOUR CHILDREN	YES,(IF YES AGE OF CHILDREN..)	12	42	28
		NO	4	8	6
10	PREVIOUS SOURCE OF INFORMATI ON REGARDING DIARRHEAL DISEASE	FRIENDS AND RELATIVES	11	37	19
		TELEVISION/RADIO	2	11	12
		MAGAZINE/NEWSPAPER/BOOK	3	2	1
		INTERNET	0	0	0

Table No. 3 Association Between The Socio Demographic And Knowledge.

VARIABLES	KNOWLEDGE VARIABLES						
		GOOD KNOWLEDGE		AVERAGE KNOWLEDGE		POOR KNOWLEDGE		CHI- SQUARE, DF
		N	%	N	%	N	%	
AGE	26-30	5	5%	28	28%	20	20%	
	31-35	7	7%	19	19%	6	6 %	
	MORE THAN 35	1	1%	0	0%	0	0%	
RELIGION	HINDU	14	14%	44	44%	31	31%	Chi – square=0.252, Df=8, P=0.099 Ns
	MUSLIM	2	2%	6	6%	3	3%	
	CHRISTIAN	0	0%	0	0%	0	0%	
	SIKH	0	0%	0	0%	0	0%	
	ANY OTHER	0	0%	0	0%	0	0%	
Type Of Family	NUCLEAR FAMILY	4	4%	16	16%	10	10%	Chi – square=6.576, Df=4, P=0.160 Ns
	JOINT FAMILY	10	10%	34	34%	23	23%	
	EXTENDED FAMILY	2	2%	0	0%	1	1%	
Educational Status	NO FORMAL EDUCATION	0	0%	6	6%	4	4%	Chi-square=19.298, Df=10, P=0.03 S
	PRIMARY	3	3%	10	10%	13	13%	
	HIGH SCHOOL	5	5%	22	22%	12	%	
	SENIOR SECONDARY	4	4%	8	8%	0	0%	
	DIPLOMA	1	1%	0	0%	0	0%	
	GRADUATE AND ABOVE	3	3%	4	4%	5	5%	
Occupation	HOUSEWIFE	10	10%	36	36%	28	28%	Chi-square=13.375, Df=8, P=0.099 Ns
	PRIVATE EMPLOYEE	1	1%	3	3%	1	1%	
	GOVT. EMPLOYEE	3	3%	0	0%	2	2%	
	SELF EMPLOYEE	0	0%	5	5%	1	1%	
	DAILY WAGES/LABOUR	2	2%	6	6%	2	2%	
NO. OF UNDER FIVE CHILDREN	1	11	11%	16	16%	11	11%	Chi-square=9.409, Df=4 P=0.0516 Ns
	2	5	5%	32	32%	23	23%	
	3 AND ABOVE	0	0%	2	2%	0	0%	
FAMILY INCOME	LESS THAN 5000	3	3%	13	13%	21	21%	Chi-square29.223, Df=8 P=0.007 S
	5001-10000	2	2%	22	22%	5	5%	
	10001-15000	6	6%	12	12%	3	3%	
	15001-20000	3	3%	3	3%	2	2%	
	ABOVE 20000	2	2%	0	0%	3	3%	
PLACE OF RESIDENCE	URBAN	6	6%	6	6%	6	6%	Chi-square=5.344
	RURAL	10	10%	44	44%	28	28%	
ANY PREVIOUS HISTORY OF DIARRHEA IN YOUR CHILDREN	YES,(IF YES AGE OF CHILDREN.)	12	12%	42	42%	28	28%	Chi-square=0.67 Df=2 P=0.715 Ns
	NO	4	4%	8	8%	6	6%	
PREVIOUS SOURCE OF INFORMATI ON REGARDING DIARRHEAL DISEASE	FRIENDS AND RELATIVES	11	11%	37	37%	19	19%	Chi-square=10.438 Df= 6 P=0.107 Ns
	TELIVISION /RADIO	2	2%	11	11%	14	14%	
	MAGAZINE /NEWS PAPER/ BOOKS	3	3%	2	2%	1	1%	
	INTERNET	0	0%	0	0%	0	0%	

Key:-
- Df: Degree of freedom
- ^{NS} is not significant
- ^{S} is Significant
- P: Probability

The data in table represents the association between level of knowledge and socio-demographic variables of mothers regarding prevention and home management of diarrheal disease among mothers of under five children which was analysed using Chi- square test. The findings revealed that there was no significant between association between the level of knowledge and the socio- demographic variables such as religion, type of family, occupation, no. of under five children, place of residence, any previous history of diarrhoea in your children, previous source of information regarding diarrhoea disease. However there was statistical significant association between the level of knowledge and socio demographic variables such as age of mothers, educational status, and family income.

DISCUSSION

The finding supported by **Gopi Krishna Ranjan, Rahul Ranjan**. A study conducted in Bhubaneswar on assess the knowledge regarding prevention of disease among mothers of under five children, out of 100 mothers 23.3% of mothers had good knowledge, 40% of mothers had average knowledge and 36.7% had poor knowledge regarding prevention of diarrheal disease.

The finding supported by **Raja Hashim Majoun and Dr. Kawther Mohammed Mokhtar.** This study reveals that most of the mother age (25-36) years and have primary level of education. More than half of the mothers they are not know what the diarrhea is mean (55.7 %) and what the causes (55.7%). Tow third of study population (62.7%) they did not know about complication 73%of the mothers, treated their children at home while 46% of the mother immediately going to the hospital if their child developed diarrhea.

Most the mother have poor knowledge regarding the preparation of ORS (75%), and importance of given ORS after vomiting (50%). Mother they did not know how to evaluate the danger sign (29.2%). Most of the mother have good knowledge regarding prevention (66.6%), while (35%) they did not know Rota virus vaccine.

IMPLICATIONS

The investigator has drawn the following implications from the study which is vital concern to the field of nursing service, nursing administration, nursing education and nursing research.

Nursing Education:-

Education is the key component in improving the knowledge and building the right attitude. Education in nursing has vital role to play. Nursing education should prepare mothers with potential for imparting information about prevention and home management.

Nursing Administration:-

The nursing administrator should take interest in providing information on complementary feeding to all mothers. Nurses as an administrator should plan and organize education program. Every mother should receive quality information regarding prevention and home management so quality of the care of the child can be improved.

In Nursing Practice:-

- Education program should be conducted by nursing personnel in hospital.
- Imparting knowledge to nurses regarding prevention and home management.
- Nurses play an important role in imparting education, education program with effectives teaching strategies to motivate the nurses to practice home management.

Nursing Research:-

It is essential to identify the present level of knowledge of mothers regarding prevention and home management of diarrheal disease to know the information extent to be taught. Extensive research must be conducted in this area to assess the knowledge and use effective method of education.

REFERENCES:

1. Amare D, Dereje B, Kassie B, Tessema M, Mullu G, et al.,Maternal Knowledge and Practice towards Diarrhea Management in under five children in FenoteSelam Town, West Gojjam Zone, Amhara Regional state, Northwest Ethiopia , 2014.J Infact Dis Ther 2(6):1-9, doi :10.4172/2332- 0877.1000182.
2. World Health Organization. Diarrhoea: why children are still dying and what can be done. Geneva:UNICEF/WHO;(2009)Availablefrom; https://apps.who.int/iris/bitstream/handle/10665/44174/9789241598415-eng.pdf
3. World Health Organizatin. Diarrhoeal disease fact sheet. 2013; No.330. Desalegne Amare1, Birtukan Dereje1, Berhanu Kassie1, Minchl Tessema1, Getachew Mullu2, Bekalu Alene1 and Aznamariam Ayele1. Maternal Knowledge and Practice Towards Diarrhoea Management in Under Five Children. Journal of Infectious Diseases and Therapy · January 2014. i:10.4172/2332-0877.1000182. http://dx.doi.org/10.4172/2332-0877.1000182
4. WHO. Handbook: IMCI Integrated Management Of Children Illness. Geneva: WHO;2005
5. Ene-Obong HN, Iroegbu CU, Uwaegbute AC (2000) Perceived causes and management of diarrhoea in young children by market women in Enugu State, Nigeria. J Health Popul Nutr 18: 97-102.
6. World Health Organization/United Nations Children's Fund: Clinical Management of Acute diarrhea. New York: WHO/UNICEF; 2004.
7. AssumaBeevi, T.M.; "Textbook of Paediatric Nursing" New Delhi Elsevier Publication; 2010; Page No: 398.