Research Paper MEDICAL SCIENCE

Knowledge and Self Reported Practices Among Mothers of Under-Five Children Regarding Diarrheal Management

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ABSTRACT

Background:Diarrhea is a leading cause of death during complex emergencies and natural disasters1. Materials and Methods: Descriptive research design was used.The study was conducted in Father Muller Medical College Hospital Mangalore. The sample for the present study consists of 100 mothers of under -five children admitted in a hospital. Results:Majority of the mothers 41% of them had an average level of knowledge about diarrhea, while, 22%, and 2% of them had poor and very poor level of knowledge. The data shows that 26% and 8% of them had good and very good knowledge.The data presented in above figure 15 and table shows that majority of the mothers 65% were moderately satisfied while, 26%, and 8% of them were satisfied and unsatisfied.Conclusion:The study concludes that there was a weak positive correlation between knowledge and practice.

KEYWORDS DIARRHOEA AND SELF REPORTED PRACTICES

INTRODUCTION:

In 2004, an estimated 58.8 million deaths occurred globally, of which 27.7 million were females and 31.1 million males. More than half of all deaths involved people 60 years and older, of whom 22 million were people aged 70 years and older, and 10.7 million were people aged 80 years and older. Almost one in five deaths in the world was of a child under the age of five years[2].

According to WHO, Six causes of death account for 73% of the 10.4 million deaths among children under the age of five years worldwide: • acute respiratory infections, mainly pneumonia (17%) • diarrheal diseases (17%) • prematurity and low birth weight (11%) • neonatal infections such as sepsis (9%) • birth asphyxia and trauma (8%) • malaria (7%). The four communicable disease categories above account for one half (50%) of all child deaths[2].

Among the 10.4 million deaths in children aged under five years worldwide, 4.7 million (45%) occur in the African Region, and an additional 3.1 million (30%) occur in the South-East Asia Region. The death rate per 1000 children aged 0–4 years in the African Region is almost double that of the region with the next highest rate, the Eastern Mediterranean, and more than double that of any other region. The two leading communicable disease killers in all regions are diarrheal diseases and respiratory infections. Deaths directly attributable to malaria occur almost entirely in the African Region, representing 16% of all under-five deaths in that region[3].

In developing countries, acute diarrhea and pneumonia are the leading causes of death among children and account for more than 2 million deaths each year. In spite of the availability of simple and highly cost-effective interventions, the disease burden is not declining as fast as expected. Apart from causing considerable morbidity across all ages, in the 0-5 years-old age group, acute respiratory infections (ARI) and diarrheal diseases are responsible for almost 50% of the estimated 3.1 million deaths annually in the South-East Asia Region[3].

The countries of the South East Asia Region accounted for 3.1 million child deaths. In many countries, the progress in reducing deaths has slowed down and in some areas past gains have been reversed. Knowledge about the management and prevention of disease and injuries has increased, but coverage of essential interventions is modest and is not sufficiently expanding. At the same time, many of the children who survive do not reach their full potential due to poor health and inadequate care for their intellectual and social development[4].

Objectives:

1. To assess the level of knowledge and self-reported practice regarding diarrheal management among mothers of under- five children.
2. To find the association between the level of knowledge and self-reported practice of mothers of under- five children regarding diarrheal management and their selected demographic variables.
3. To find the relationship between the knowledge and self-reported practice.

Materials and Method:

1. Setting:

The study was conducted in Father Muller Medical College Hospital Mangalore. The hospital is a 1250 bedded multispecialty hospital. The pediatric ward is well equipped with 60 beds.

2. Research approach and design:

The research approach and design used for this study was descriptive method.

3. Population:
Population consists of all mothers of under- five children admitted in a selected hospital in Mangalore.

4. Sample: Mothers of under five children

5. Sampling technique: Purposive sampling

6. Inclusion criteria:
1. Mothers those who have under- five children.

2. Mothers who are willing to participate in the study.

7. Exclusion criteria:
Children who are admitted in ICU.

8. Data collection Tool: Part-1: Demographic proforma, Tool-1: Structured knowledge questionnaire, Tool-2: Self -Reported Practices

9. Data collection:
Permission was obtained from the concerned authority prior to the data collection process. Prior to data collection the investigator familiarized her with the subjects and explained the purpose of the study to them. Confidentiality was assured to all subjects. An informed consent was taken from the subjects.Using purposive sampling technique; samples were selected daily till the desired sample size of 100 was obtained. Data was collected through demographic data, structured knowledge questionnaire and self -reported practice using rating scale. Immediately after collecting data, the level of knowledge and self-reported practice of mothers were assessed through data analysis.

Data Analysis:
The findings of the data were analyzed in the following headings:

Section 1: Frequency and percentage distribution of socio demographic characteristics of sample.

Section 2: Frequency and percentage distribution of level of knowledge and self- reported practice mothers on diarrhea and its management

Section 3: Mean and Standard Deviation of knowledge and practice

Section4: Domain wise mean, standard deviation and mean percentage of knowledge score

Section 5: Association between the level of knowledge regarding diarrhea and its management with selected demographic variables.

Section 6: Association between the self-reported practices regarding diarrhea and its management with selected demographic variables.

Section 7: Relationship between the knowledge and practice

Major Findings of the Study:
Section: I The majority 60% of the subjects were homemaker, 16% of the subjects were daily wages, 10% of the subjects were private employee, 8% of the subjects were self- employed and 6% of them were government employee.

Data shows that, 47% of the families had only one under-five children, whereas 34% of the families had two under-five children, 9% of the families had three and four under-five children.

Data shows that 41% of the subjects came from joint family, 39% of the subjects were from nuclear family and 10% of the subjects were extended family.

Half of the participants 51% of them had no episodes of diarrhea within the past three months, 20% of them had less than two episodes of diarrhea, 19% of them had two to three episodes of diarrhea, 2% of them had four to five episodes of diarrhea and 5% of them had more than five episodes of diarrhea within the past three months.

Section II: The data shows that majority of the mothers 41% (41) of them had an average level of knowledge about diarrhea, while, 22% (22), and 2% (2) of them had poor and very poor level of knowledge. The data shows that 26% (26) and 8% (8) of them had good and very good knowledge.

The data shows that majority of the mothers 65% (65) were moderately satisfied while, 26% (26), and 8% (8) of them were satisfied and unsatisfied.

TABLE 1
Table1 Knowledge of mothers re garding diarrhe a and its management
N=100

Knowledge	Range	Frequency	Percentage
Very Poor	0-7	2	2
Poor	8-15	22	22
Average	16-24	41	41
Good	25-33	26	26
Very good	34-41	8	8

Maximum score: 41

Table: 2Self –reported practice of mothers regarding diarrhea and its management

Self-Reported Practice	Score	Frequency	Percentage
Unsatisfied	0-7	8	8
Moderately satisfied	8-14	65	65
Satisfied	15-20	26	26

Maximum Score: 20

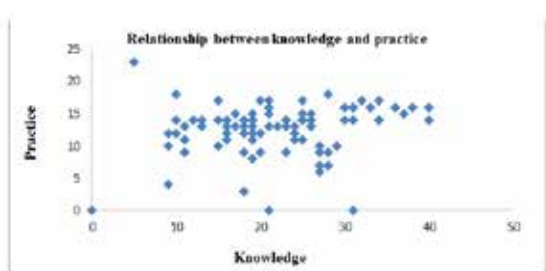
Section III: Data reveals that mean percentage knowledge and self- reported practice was 51.46% and 40% with Mean ± SD of 17.95 ± 7.88 and 8±3.7.

Section IV: Data shows that the participants have (56%) knowledge regarding diarrheal management about definition and causes, have (51.9%) knowledge regarding prevention and management aspects. It also shows that mother have (48.3%) knowledge regarding dehydration and sign and symptoms of diarrheal management.

Section V: Fishers' exact test was computed. There was significant association between the level of knowledge and selected demographic variables (occupational status of the mother, number of under-five children, type of family and number of diarrheal episodes within the past three months).

Section VI: In fisher's exact test, there was significant association between the self -reported practice and type of family. In chi-square test, that there was significant association between the self -reported practice and previous information regarding diarrhea and its management.

FIGURE 1: Relationship between the level of knowledge and practice



Section VII: The data shows that there was a weak positive correlation between knowledge and practice among mother of under-five children regarding diarrheal management. rvalue was0.24.

Discussion:

Majority of the subjects 71% of them were 20 – 30 years old and 25% of subjects were 31 – 40 years old and 4% of them were 40 years old. Majority of the mother 32% had high school education, 14% of them had PUC, 13% of them had graduate education and 3% of mother had postgraduate education.

Majority of the families had an income less than 8000, while, 20% of the families had an income of greater than 12000, 22% of the families had an income of 8000 – 10000 and 18% of them had an income of 10, 001 – 12,000.

Data shows that, 48% of the subjects were residing in rural area, 35% of them were residing in urban area and 13% of them were residing in semi urban area. Regarding previous information, 50% of the subjects were got previous information and 50% of the subjects were not got any information related to diarrhea and its management.

Data shows that, 46.9% of the subjects were got information from health education program, 18.8% of the subjects were got the information from radio, 15.6% of the subjects were got the information from friends, 12.5% of the subjects were got the information from newspaper and 6.3% of them were got the information from television.

CONCLUSION:

The usual practice of focusing on a target group, such as mothers need to gain knowledge regarding diarrheal management as well as practices.

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