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Original Research Article

Mother's knowledge, attitude and practice regarding prevention and management of diarrhoea in children in Southern Odisha

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ABSTRACT

Background: Diarrhoeal infections are the fifth leading cause of death worldwide and continue to take a high toll on child health. The objective of the study was to assess and compare mothers' knowledge, attitude and practice regarding prevention and management of diarrhoea in children.
Methods: A hospital based observational study was carried out in the Department of Paediatrics, M.K.C.G. Medical College. Data collected from mothers by questionnaire method.
Results: Diarrhoea is more common in less than 2 years of age with males are affected more than females and more cases are seen from rural areas. Diarrhoeal diseases are more common in the lower educated group and low socioeconomic status families with prevalence of overcrowding. 47% mothers had knowledge about diarrhoea, 52% about the aetiology and 58% about risk factors of diarrhoea. Regarding role of breastfeeding in diarrhoea 48% mothers had good knowledge and regarding adverse effects of bottle feeding 56% mothers were aware. In this study only 34% of mothers were aware of assessment of danger signs and dehydration and 27% about treatment of dehydration. 33% mothers had good knowledge on sanitary latrine and safe drinking water uses in prevention and treatment of diarrhoea. Regarding preparation of ORS only 19% mothers had good knowledge, 65% mothers had average knowledge.
Conclusions: Among mothers' knowledge about diarrhoea along with the importance of breastfeeding and the adverse effects of bottle feeding is significantly lacking. Also, the knowledge about assessment, management and practices about diarrhoeal diseases among mothers is significantly less.

Keywords: Breastfeeding, Diarrhoea, Knowledge attitude practice, Oral rehydration solution

INTRODUCTION

Diarrhoea continues to plague the developing world resulting in more than 3 million deaths annually.[1] Diarrhoeal infections are the fifth leading cause of death worldwide and continue to take a high toll on child health. The Government of India through its National CDD Program (Diarrheal Diseases Control Program) planned to reduce the infant mortality rate from 95 to 50 and pre-school mortality from 41.2 to 10 per 1000 by the year 2000 A.D. In India, National diarrhoea control program (CDD) was implemented from 1980 as a part of Sixth Five Year Plan (1980-85) with the primary thrust of improving the knowledge and practices of appropriate case management among caretakers and health care providers and primary objective of preventing deaths due to dehydration. This program was integrated within Child Survival and Safe Motherhood (CSSM) program.[2] Mushrooming of slums due to continuous urbanization has made diarrhoea one of the biggest public-health challenges also in cities in India. In India mortality of

under- five children due to diarrhoeal diseases 18% as per WHO report 2006.[3] Diarrhoea is responsible for 1.5 billion episodes and 1.5-2.5 million deaths estimated to occur annually in children under 5 years. In the last two decades, the Mortality due to Diarrhoea in children under 5 years has reduced. This reduction may be due to correct case management as per Standard treatment guidelines recommended by WHO and use of oral rehydration therapy as a keystone in the management.[4] Malnutrition increases the risk of diarrhoea and associated mortality. Moderate to severe malnutrition increases the odds of diarrhoea associated mortality 1.6 to 4.6 folds. The risks are particularly higher with micronutrient malnutrition in children with vitamin A deficiency, the risk of dying from diarrhoea, measles and malaria is increased by 20-24%. Zinc deficiency is estimated to increase the risk of mortality from diarrhoea, pneumonia and malaria by 13-21%.[5]

According to WHO Guidelines for the management of diarrhoea; anti-diarrhoea, anti-amoebic and antibacterial have little role to play. Community Health education is the utmost importance for the 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 the danger sign of diarrhoea in children and to encourage appropriate and early case seeking behaviours. Effective Health education can only be provided on the basis of an accurate understanding of prevailing knowledge, attitude and practices (KAP) of the community. Therefore, it is necessary to have a relevant information concerning KAP of mothers about Diarrhoea for successful implementation of control activities.[6] Exclusive breast feeding by majority of mothers in this period protects infants. There was a progressive increase in prevalence of morbidity due to infections between 3-6 months. Diarrhoea was the most common infection, prevalence of diarrhoea and fever showed a progressive increase between 3-23 months.[7] Two recent advancement in managing diarrhoeal disease with oral rehydration solution (ORS) containing lower concentrations of glucose and salt and success in using zinc supplementation have drastically reduced the number of child deaths.[8] There is a higher incidence of diarrhoea in children with uneducated mothers as compared to those whose mothers have some primary education. It was further found that knowledge about ORS was less among younger mothers (15 to 19 years) than their older counterparts especially in rural settings.[9] The awareness of mothers about health, disease and preventive services is a barometer by which we can measure the progress of the family, the community and the country. Lack of awareness can lead to improper utilization of health services which are available in the society. Healthy practices adopted by the mother can raise the healthful living condition thereby lessens the morbidity and mortality of under five year children. Mothers knowledge and children's health are correlated factors since the child is unable to carry out own daily activities. Mothers are the primary health care providers so that mother's knowledge regarding causes of diarrhoea, sign and symptoms, prevention and control are very essential thereby decreasing morbidity and mortality due to diarrhoea.

The objective of the study was to assess and compare the level of knowledge among mothers regarding the causes of diarrhea and its prevention and management. To correlate the attitude with practices among mothers about diarrheal disease prevention and its management

METHODS

Study design and data collection

A cross sectional hospital based observational study. Data was collected from mothers by standard questionnaire method as per case record format. Questions prepared as per the IPHS (international public health standards) and prepared format validated by the departmental developmental research committee. All the mothers who were qualified under the inclusion criteria along with informed consent are subjected to the KAP designed format for the record. Study Setting: Department of Pediatrics, MKCG Medical College and Hospital, Berhampur, Odisha, India Sample Size: Three hundred mothers of children with more than three episodes of watery stools per day attending the pediatric outdoor or treated in the pediatric indoor. Study period: October 2012 to September 2014.

Inclusion criteria and sources of data

Mothers of children with diarrhoea attending paediatric OPD or admitted in MKCG Medical College and Hospital. Mothers who were willing to participate in the study included with consent.

Exclusion criteria

Mothers of children who were not willing to participate in the study.

Statistical analysis

The data was collected and analyzed. Mean, range, standard deviation, frequency and percentages were calculated.

RESULTS

Total 300 mothers with children having diarrhoeal disease treated both in outdoor or indoor in the Department of paediatrics, MKCG Medical College and Hospital, Berhampur, Odisha were studied. Following observations were derived as noted down in the tables. It is observed that among the 300-patients majority were under 2yr of age group. 184 (61.3%) were under 2 yrs of age group. 105(35%) were 2-5yr of age group. So, total

of 289 (96.33%) were under 5yrs of age group. Male were predominant among the patients constituting 194 cases (64.67%). Rest were female patient i.e. 106 (35.33%). Among them major portion were rural patients constituting 211 cases (70.33%) and rest 89 (30.67%) were from urban area (Table 1).

Table 1: General information about children with diarrhoea.

Age	<2 yrs	2-5 yrs	>5 yrs
	184 (61.3%)	105 (35%)	11 (3.6%)
Sex(F/M)	F	M	
	106 (35.3%)	194 (64.67%)	
Urban/Rural	Urban	Rural	
	89 (29.67%)	211 (70.33%)	

Among mothers of children 42 (14%) of mothers were very young i.e. under 21yrs of age group, 222 mothers (74%) were in the age group of 21-30yrs, 36 mothers (12%) were above 30yrs of age group. In education category 86 (28.7%) mothers were having higher secondary or above educated, 120 (40%) were having primary or secondary education, rest 94 (31.3%) were illiterate or only can write their name. In socioeconomic status category, 32(10.3%) belonged to high and upper middle category, 205 (68.3%) belonged to lower middle category and remaining 63 (21.3%) were from low socioeconomic category. Considering the number of persons in house, it is found that 72 (24%) mothers were having less than 4 members in their family, 106 (35.3%) were having 4-6 family members, rest 122 (40.67%) were having more than 6 members in their family (Table 2).

Table 2: Social determinants.

Maternal Age	>30 yrs	21-30 yrs	<21 yrs
	36 (12%)	**222 (74%)**	**42 (14%)**
Education	Higher secondary or above	Primary or secondary	Illiterate or those who can only write name
	86 (28.7%)	120 (40%)	94 (31.3%)
Socioeconomic status	A	B	C
	32 (10.3%)	205 (68.3%)	63 (21.3%)
No. of persons in house	<4 persons	4-6 persons	>6 persons
	72 (24%)	106 (35.3%)	122 (40.67%)

A=higher and upper middle category, B= lower middle, C= low socioeconomic status

Among 300 mothers 47% of mothers had good knowledge about "definition of diarrhoea" while 45% and 8% of mothers had average to poor knowledge respectively. 52% of mothers answered correctly about the aetiology of diarrhoea, 39% mothers answered partially correct and remaining 9% did not answer anything or wrongly answered. About risk factors of diarrhoea, 58% mothers had good knowledge, 37% of mothers had average and 5% had poor knowledge. Regarding role of breastfeeding in relation to diarrhoea, 48% mothers had good knowledge, 39 % mothers had average knowledge and rest 13% were having poor knowledge. About knowledge regarding bottle feeding in relation to diarrhoea, 56 % mothers had good knowledge, 36% mothers had average knowledge and rest 8% were having poor knowledge. Regarding top feeding in relation to diarrhoea, 46% mothers had good knowledge, 38% mothers had average knowledge and rest 16% were having poor knowledge. About types of diarrhoea, 21% mothers had good knowledge, 49 % mothers had average knowledge and rest 30% were having poor knowledge (Table 3).

Table 3: Assessment of knowledge of mothers on diarrhoeal disease.

Knowledge of mothers	Score		
	A	**B**	**C**
Do you know what is diarrhoea?	141 (47%)	135 (45%)	24 (8%)
What are the causes of diarrhoea?	156 (52%)	117 (39%)	27 (9%)
Do you know the risk factors of diarrhoea?	174 (58%)	111 (37%)	15 (5%)
Do you Know about the role of breastfeeding in relation to diarrhoea?	144 (48%)	117 (39%)	39 (13%)
What do you Know about bottle feeding?	168 (56%)	108 (36%)	24 (8%)
What is the role of top feeding in relation to diarrhoea?	138 (46%)	114 (38%)	48 (16%)
What are the types of diarrhoea?	63 (21%)	147 (49%)	90 (30%)

A=Good knowledge, B=Average knowledge, C=Poor knowledge

Among 300 mothers, 34% had good knowledge about assessment of dehydration and danger signs of diarrhoea. Rest 22 % mothers had average knowledge and 44% had poor knowledge about danger signs. About knowledge regarding dehydration treatment, 27% mothers had good knowledge, 38% mothers had average knowledge and rest 35% had poor knowledge (Table 4). Among 300 mothers only 33 % had good knowledge, 25% had average knowledge and 42% were having poor knowledge about the sanitary latrine in relation to prevention and treatment of diarrhoea.

Table 4: Assessment of diarrhoea and dehydration.

	A	B	C
Assessment of dehydration	102 (34%)	93 (31%)	105 (35%)
Danger signs	102 (34%)	66 (22%)	132 (44%)
Dehydration treatment	81 (27%)	114 (38%)	105 (35%)

A= Good Assessment, B= Average Assessment, C= Poor Assessment

About the proper source of drinking water, 33 % mothers had good knowledge, 53% mothers had average knowledge and rest 14% were having poor knowledge. Regarding preparation of ORS, 19 % mothers had good, 65% mothers had average knowledge and rest 16% were having poor knowledge (Table 5).

Table 5: Practices of mothers for prevention and treatment of diarrhoea.

	A	B	C
Sanitary latrines	99 (33%)	75 (25%)	126 (42%)
Drinking water	99 (33%)	159 (53%)	42 (14%)
Hand washing	213 (71%)	60 (20%)	27 (9%)
Preparation of ORS	57 (19%)	195 (65%)	48 (16%)

A=Good knowledge, B=Average knowledge, C=Poor knowledge

Among 300 mothers 27% were having good knowledge, 38% were having average knowledge and 35% were having poor knowledge about treatment of dehydration. Then, 27% mothers had good knowledge, 38% mothers had average knowledge and rest 35% were having poor knowledge regarding treatment of diarrhoea. Regarding knowledge about home available fluids, 77% mothers had good knowledge, 16% mothers had average knowledge and rest 7% were having poor knowledge.

About knowledge regarding anti-diarrhoeal medication 49% mothers had good knowledge, 11 % mothers had average knowledge and rest 40% were having poor knowledge. Regarding feeding in diarrhoea, 16% mothers had good knowledge, 65% mothers had average knowledge and rest 19% were having poor knowledge. Regarding knowledge about zinc therapy, 1% mothers had good knowledge and rest 99% were having poor knowledge. Regarding need for IV therapy, 27 % mothers had good knowledge, 34 % mothers had average knowledge and rest 39% were having poor knowledge. Regarding knowledge about place of treatment of diarrhoea, 50% mothers had good knowledge, 39% mothers had average knowledge and rest 11% were having poor knowledge (Table 6).

Table 6: Knowledge on management of diarrhoea.

	A	B	C
Treatment of dehydration	81 (27%)	114 (38%)	105 (35%)
Treatment of diarrhoea	81 (27%)	114 (38%)	105 (35%)
Home available fluids	231 (77%)	48 (16%)	21 (7%)
Anti-diarrhoeal medication	147 (49%)	33 (11%)	120 (40%)
Feeding in diarrhoea	48 (16%)	205 (65%)	57 (19%)
Zinc therapy	3 (1%)	0%	297 (99%)
Need for IV therapy	81 (27%)	34%	117 (39%)
Place of treatment of diarrhoea	150 (50%)	39%	33 (11%)

A=Good knowledge, B=Average knowledge, C=Poor knowledge

DISCUSSION

The present study "Mother's knowledge, attitude and practice regarding prevention and management of diarrhoea in children" is based on the analysis of total 300 mothers of children attending the outdoor or indoor of department of paediatrics, M.K.C.G. Medical College and Hospital, Berhampur, Odisha.

This study shows majority of children were under 2 years of age group i.e. 184 (61.3%) and 211 (70.33%) were from rural area. This Study also showed higher incidence of diarrhoea in male children compared to female children as shown in Table 1. In the studies by Dheeraj Shah et al and Patric Kelly et al had similar results showing younger children <2 years were more prone for diarrhoea in comparison to 2-5 yrs of age group and diarrhoea is more common in rural area.[2,10]

Social determinants in this study is showing that 86 (28.7%) mothers were higher educated, 120 (40%) were having primary or secondary education, rest 94 (31.3%) were illiterate or only can write their name. In socioeconomic status category, 32 (10.3%) belonged to upper and upper middle category, 205 (68.3%) belonged to lower middle category and remaining 63 (21.3%) were from lower category. Considering the number of persons

in house, it is found that 72 (24%) mothers were having less than 4 members in their family, 106 (35.3%) were having 4-6 family members, rest 122 (40.67%) were having >6 members in their family as shown in the Table 2. According to our study the diarrhoeal diseases are more common in the lower educated group and low socioeconomic status families with prevalence of overcrowding. Similar results on educational status, socioeconomic status and overcrowding in house were found in studies by Anita singh et al, Kevisetuo Anthony dzeyie et al and Mukhtar Ansari et al.[11-13]

In this study, good knowledge about "definition of diarrhoea" was seen in 47% of mothers and about the cause of diarrhoea 52% mothers answered correctly. About risk factors of diarrhoea 58% mothers were aware and 48% mothers had good knowledge regarding role of breastfeeding in relation to diarrhoea. 56 % mothers had good knowledge about the adverse effect of bottle feeding in relation to diarrhoea and 46% mothers had good knowledge regarding top feeding in relation to diarrhoea. About types of diarrhoea, 21% mothers had good knowledge and rest were having average and poor knowledge as shown in Table 3. From our study in southern Odisha it is clear that among mother's knowledge about diarrhoea along with the importance of breastfeeding and the adverse effects of bottle feeding is significantly lacking. This result, are consistent with the study by Hackett KM et al showing 47% of the mothers did not know the causes of diarrhoea and in terms of knowledge about the signs of dehydration 40% of the mothers were not able to specify them.[14] Similar results are also seen in the study by Patric Kelly et al.[10] In a study by Neelma Kunwar et al showed that 72% of the mothers knew the correct definition of diarrhoea which is higher than this study.[15]

In this study only 34% of mothers were aware of assessment of danger signs and dehydration and 27% about treatment of dehydration as shown in Table 4. Similar result is seen in the study by Kevisetuo Anthony dzeyie et al.[12] In other studies by Sailesh Sutaria et al and Bachrach LR et al showed that most mothers didn't consider diarrhoea to be dangerous.[9,16]

In this study only 33% were having good knowledge on sanitary latrine uses in relation to prevention and treatment of diarrhoea. About the proper source of drinking water 33% mothers had good knowledge and rest 53% and 14% were having average and poor knowledge respectively. Regarding preparation of ORS 19% mothers had good knowledge, 65% mothers had average knowledge and rest 16% had poor knowledge as shown in Table 5. Similar results were obtained in the study by Widarsa KT et al.[17] As per NFHS, in India 43% of women knew about ORS pockets but only 26% ever used it.[3] In the study by S. K. Rasania et al showed 69.8% of mothers knew the role of ORS while only 46% mothers ever used it.[18]

For appropriate treatment of diarrhoea as shown in Table 6, only 27% mothers were having proper knowledge about treatment of dehydration. Regarding knowledge about home available fluids 77% mothers had good knowledge. About knowledge regarding antibiotics anti-diarrhoeal medication 49% mothers were aware of no role of antibiotics while rest 40% of mothers abusing the antibiotics and anti-diarrhoeal medications for their children for the watery diarrhoea. Regarding feeding in diarrhoea, 16% mothers had good knowledge, 65% mothers had average knowledge and rest 19% were stopping feeding. Only 1 % mothers had knowledge about zinc therapy. Knowledge on need for IV therapy 27 % mothers had good knowledge, 34 % mothers had average knowledge and rest 39% were having poor knowledge. Mother's idea on the place of treatment of diarrhoea, 50% mothers had good knowledge, 39% mothers had average knowledge and rest 11% were having poor knowledge. Similar results are found in a study by Pattnaik S et al.[19] A study by Ritu Gupta et al showed similar results of 36% of caregivers had given their children an anti-diarrhoeal medication.[20] In the study by Kolahi AA et al showed significantly high results in Tehran, 90% mothers knew about ORS however only 43% of diarrheal children received ORS in practice.[21] In a study by Rishi RK et al in India,18% of subjects had adequate awareness of ORS and 17% knew the ORS solution therefore following the training programs 80% of individuals reached adequate knowledge and awareness significantly.[22]

In this study, it is seen that mothers having higher secondary or above education showing better knowledge about the diarrhoeal disease along with attitude and practices in prevention and management of diarrhoea. Mothers having higher socioeconomic status showing better knowledge about the diarrhoeal disease along with attitude and practices in prevention and management of diarrhoea. A study by Christopher S Yilgwan et al on prevalence of diarrhoea disease and risk factors showed direct relation of prevalence of diarrhoea with low education and low socioeconomic status of mothers.[23] Most of the urban mothers had good to average knowledge but mostly average in practices and most of the rural mothers had average knowledge and also average in practices; implying that that there is marginal higher knowledge and practices about diarrhoea among the urban mothers over the rural mothers. It is supported by the study Wilson SE et al.[24]

CONCLUSION

According to WHO anti-diarrhoeal, anti-amoebic and antibacterial have very little role to play in management of diarrhoea. Community Health education is the utmost importance for the 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 the danger sign of diarrhoea in children and to encourage appropriate and early case

seeking behaviours. Effective Health education can only be provided on the basis of an accurate understanding of prevailing knowledge, attitude and practices (KAP) of the community. The awareness of mothers about health, disease and preventive services is a barometer by which we can measure the progress of the family, the community and the country. Lack of awareness can lead to improper utilization of health services which are available in the society. Healthy practices adopted by the mother can raise the healthful living condition thereby lessens the morbidity and mortality of under five year children. Mothers are the primary health care providers so that mother's knowledge regarding causes of diseases, sign and symptoms, prevention and control are very essential thereby decreasing morbidity & mortality due to diarrhoea.

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