

Assessment Of Knowledge And Attitude Regarding Diarrhoea And Its Management Among Mothers' Of Under Five Children At Dehere Primary Health Center, Ahmednagar: A Cross Sectional Study

*Stephen John

Address for Correspondence : Department of Community Health Nursing, PDVVPF'S Institute of Nursing Education, Ahmednagar.

Abstract : "Assessment Of Knowledge And Attitude Regarding Diarrhoea And Its Management Among Mothers' Of Under Five Children At Dehere Primary Health Center, Ahmednagar: A Cross Sectional Study."

Objectives :

1. To assess the knowledge of mothers' of under five children regarding diarrhoea and its management.
2. To determine the attitude of mothers' of under five children towards diarrhoea and its management.
3. To find out the association between the level of Knowledge and Attitude with selected demographic variables.
4. To find out the correlation between Knowledge and Attitude of mothers' of under five children regarding diarrhoea and its management.

The conceptual work used in this study is based on modified Ludwig Von Bertalaniffy's general system theory. The non probability purposive sampling technique was used for selecting the sample.

Tools used to collect the data included Demographic Profile of the samples (Part-A), Structured questions for interview schedule to assess knowledge level (Part-B) & three point Likert's scale to assess attitude (Part-C). The tool was validated by 11 experts and the reliability of the tool was determined by Split half method (Knowledge questionnaire 0.96 & Likert's Attitude scale 0.80).

The pilot study was conducted at Vilad Ghat sub center after obtaining due permission from Medical Health Officer, Primary health centre, Dehere. The finding revealed feasibility of the tool and practicability of the study. The main study was conducted after obtaining permission from the Medical Health Officer, Primary health centre, Dehere. The data collected were analyzed by using SPSS 16.0.

The findings of the study revealed that 36 (60%) of the respondents had inadequate knowledge ($\leq 50\%$) and

24 (40%) of the respondents had moderate knowledge (51-75%) and none had adequate knowledge regarding diarrhoea and its management. For attitude part 41 (68.4%) of the respondents had unfavourable attitude ($\leq 50\%$) and 19 (31.6%) of the respondents had poorly favourable (51-75%) and none had favourable attitude towards diarrhoea and its management. The study concluded with positive correlation between knowledge level along with attitude regarding diarrhoea and its management.

Key words : Diarrhoea, Oral Rehydration Therapy (ORT), Cross Sectional Study, Ludwig Von Bertalaniffy's general system theory.

Introduction

Children represent the future, & ensuring their healthy growth & development ought to be a prime concern of all societies. Children belong to vulnerable population of the community, who are more prone to affect either with six killer diseases, diarrhoeal diseases, acute respiratory tract infections or nutritional deficiency disorders.^[1] Maternal education has been found to have a positive influence on the knowledge, attitudes, & practices of mothers regarding use of ORT.^[2]

Global Scenario :

Nearly one in the five child deaths - about 1.5 million each year - 4000 each day - is due to Diarrhoea.^[3] Water, sanitation and hygiene can act in as preventive measure.^[4] Diarrhoea accounts for 11% of total under five deaths, 3% of total neonatal deaths and kills more young children than AIDS, Malaria & Measles combined.^[5]

Indian Scenario :

In India nearly 3,86,000 children below the age of five years die annually due to diarrhoea only.^[6] It accounts for 20% of total under five deaths & 2% of neonatal deaths.^[7]

State Scenario :

National Family Health Survey-2 collected information on the prevalence and treatment of fever, acute respiratory infection, and diarrhoea. In Maharashtra, 25 percent had diarrhoea. Only 52 percent of children with diarrhoea received some form of oral rehydration therapy, including 33 percent who received ORS.^[8] Introduction of vaccination into the national immunization program would be a cost-effective step toward control of the rotavirus diarrhea-related morbidity and mortality in India.^[9]

Materials And Methods

Research Approach : Non - experimental approach was considered as appropriate research approach for the present study.^[10]

Research design : Non Experimental, Cross Sectional Research Design Was Adopted

Setting: The study was conducted in the PHC of Ahmednagar district. The Dehere PHC was

selected for the study on the basis of :

- Geographical proximity
- Feasibility of conducting the study
- Availability of the samples

Population : In the present study, the populations were mothers of under five children residing at Dehere, Ahmednagar district, Maharashtra.

Sample : In the present study mothers of under five children were selected as samples.

Sample size : Sample size of the study consists of 60 mothers of under five children residing at Dehere village PHC.

Sampling technique Subjects were selected non-probability purposive sampling technique.

Criteria for selection of sampling :

The criteria for sample selection are mainly depicted under two headings, which includes the inclusive and the exclusive criteria.

Inclusion criteria :

Mothers' of under five children who are

1. Resident of Dehere
2. Willing to participate in the study.
3. Present at the time of data collection.

Exclusion criteria

1. Mothers' of under five children who are sick or ill.
2. Mothers' of under five children who are health care providers.

Description of Tool : Structured knowledge questionnaire for interview and three point Likert's scale was prepared to asses' knowledge and attitude regarding diarrhoea and its management. Validity of the tool was ascertained in consultation with 10 experts in Nursing and 01 Statistician. Reliability for knowledge questionnaire and attitude scale was found to be $r = 0.96$ & $r = 0.80$ respectively. Hence reliable.

Ethical clearance : Prior permission was obtained from the concerned authority, Medical Officer of Dehere PHC. Keeping in mind the ethical aspect of the research, data were collected after obtaining informed consent by the respondents, and were assured of the anonymity and confidentiality of the information provided by them.

Data collection : The pilot study was conducted in sub center, Vilad Ghat on 17/08/2014. The main study was conducted from 08/09/2014 to 08/10/2014 using structured questionnaire for interview schedule and three point Likert's scale respectively.

RESULTS : The Data from fig.2 shows that 36 (60%) of the respondents had inadequate knowledge ($\leq 50\%$) and 24 (40%) of the respondents had moderate knowledge (51-75%) and none had adequate knowledge regarding diarrhoea and its management.

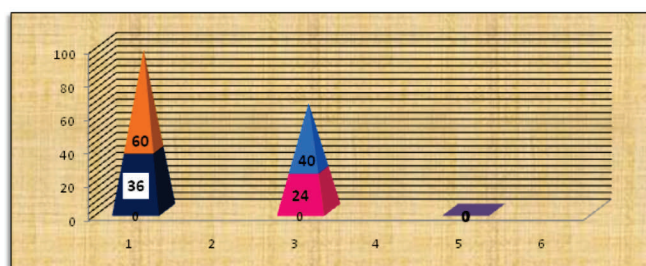


Fig 2: Classification of Respondents on knowledge scores Regarding Diarrhoea & its Management

The Data from fig.3 shows that 41 (68.4%) of the respondents had unfavourable attitude ($\leq 50\%$) and 19 (31.6%) of the respondents had poorly favourable (51-75%) and none had favourable attitude towards diarrhoea and its management.

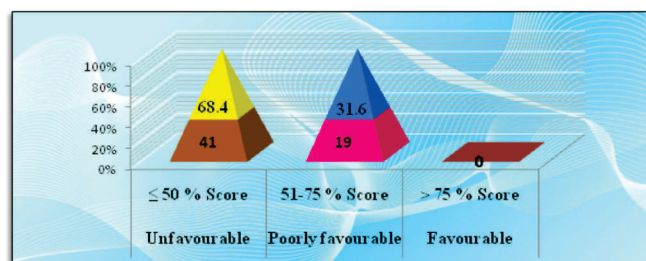


Fig 3: Classification of Respondents on Attitude Scores Regarding Diarrhoea and its Management.

Table 01. Correlation between Knowledge and Attitude Scores of Respondents Regarding Diarrhoea and Its Management

Aspects	Max. Score	Respondents Attitude				Correlation Coefficient (r)
		Mean	SD	Mean (%)	SD (%)	
Knowledge	29	10.73	3.7	37.00	12.7	+0.645*
Attitude	80	36.17	5.7	45.20	07.20	

The above table shows that there is positive correlation between knowledge level along with attitude regarding diarrhoea and its management.

There was significant association was found between the knowledge scores and age, parity of mothers, source of health information, number of under five children of mother, educational status of mothers, religion, and family monthly income at 5% level.

Limitations :

The investigator identified a few limitations in the study. They are:

1. The study is limited only to the mothers who were part of the study.
2. The study did not use control group.
3. Only two domains that is knowledge & attitude was considered in the present study.
4. The sample size was small therefore, generalization of the findings is limited.

Recommendations : From the findings of the study, the following recommendations are stated for further investigation :

1. Similar study can be undertaken with a larger sample to have a better generalisation.
2. A comparative study may be carried out on knowledge, attitude and practice regarding diarrhoea and its management.
3. Similar study may be undertaken with a control group.
4. RCTs could be done to find the effectiveness of homemade ORS and WHO-ORS.
5. STP/VATP can be done for effective communication of control measures of diarrhoea.

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References :

1. Sailien kim.child labour and prevention. Journal of community medicine 1998 Aug; 38(2):72-73.
2. Lloyd, Angela, "Maternal knowledge, attitudes and practices and health outcomes of their preschool-age children in urban and rural Karnataka, India" (2009). Graduate School Theses and Dissertations. P.104-105.
3. Mandell, Gerald L.; Bennett, John E.; Dolin, Raphael (2004). Mandell's Principles and Practices of Infection Diseases (6th ed.). Churchill Livingstone.P.1359.
4. UNICEF/WHO, Diarrhoea: Why children are still dying and what can be done, 2009. 2-8.
5. Child health profile, India;2005-06. 2-8.
6. Management practices for childhood diarrhoea in India, Survey of 10 districts,2009 UNICEF 2009, 21-23.
7. National Family Health Survey – 2, India (1999), fact sheet, Maharashtra. Page-32
8. Safer water, better health: costs, benefits and sustainability of interventions to protect and promote health World Health Organisation, 2008:11.
9. Kumar A, Goel MK, Jain RB, Khanna P, Vibha V. Rotavirus vaccine: a cost effective control measure for India. 2012 Apr;8(4):501-4.
10. Basavanthappa BT. Nursing Research. 2nd ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2007.p. 104, 5, 6.125-136.