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A Study To Assess The Level Of Knoweledge Regarding Home Care Management Of Diarrhoea Among Mothers With Under Five Children In A Selcted Community Area At Gurgaon, Haryana

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ABSTRACT
BACKGROUND OF THE STUDY:
"To look into some aspect of the future , we do not need projections by super computers. Much of the next millennium can be seen in how we care for our children today. Tomorrow world may be influenced by science and technology, but more than anything. It is already taking shape in the bodies and minds of our children". (Kafli Annan).
For centuries, India has been a country which faced a number of natural calamities and epidemics that manifested into series of health problems for the country . while the British ruled India, a number of draught s and famines plagued the country side, that resulted in giving us a
history of poverty and malnutrition particularly of women and children.

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I. INTRODUCTION

"Healthy children of today make a healthier nation tomorrow"

Diarrheal disease in children is a common clinical illness in practice. It is a largely self-limited disease with many etiologies. It causes mortality among children in developing countries.

Diarrhea is a symptom of a variety of conditions and it constitutes one of the main causes of morbidity and mortality among infants and children throughout the world. Diarrhea can spread by the fecal-oral-route by contaminated food, water or spread from person to person, especially where there is close contact. Living condition play a major role of infection to produce diarrhea.

"The modern management of acute diarrheal illness emphasizes on oral rehydration and early feeding. Such single methods of management open the prospects of involving mothers in the care of the child at home early at the onset of diarrhea. The mothers should understand the significance of their prevention & treatment." Park, K. (2007)

AIM OF THE SDUDY

The primary aim of study was to assess the knowledge of mothers of under five children on home care management of diarrhea. The assessment included specific content areas like introduction, definition, causes and risk factor, clinical manifestations, diagnostic method, home care management, prevention and control measures of diarrhea.

WHO,(2011) reported that Diarrhoeal disease is the second leading cause of death in children under five years old, and is responsible for killing 1.5 million children every year. Diarrhoea can last 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 diarrhea

PROBLEM STATEMENT

"A study to assess the level of knowledge regarding homecare management of diarrhea among mothers with under five children in a selected community area at Gurgaon, Haryana."

OBJECTIVES

- To Assess the knowledge level of mothers with under five children regarding home care management of diarrhoea. .
- To find out the association between mother's knowledge scores with selected demographic variable**.**

ASSUMPTIONS:

It is assumed that:

- The mother of under five children may have some knowledge regarding homecare management of diarrhea children
- Knowledge may vary from one person to another

HYPOTHESIS:

The following hypotheses were formulated based on the objectives of the study.

H**0** (1): There is no significant relationship between knowledge score of mothers of under five children with selected demographic variable.

CONCEPTUAL FRAMEWORK;

The concept is defined as a complex, mental formulation of an object, property or event that is derived from an individual perception and experience. (Kozier, 1987)

Conceptual framework is interrelated concept or obstruction that is assembled together in some national schemes by virtue of their relevance to common theme, sometimes referred to as conceptual scheme. (Polit Hungler, 1991)

This study focuses on assessing the knowledge and practice of mother regarding prevention and homecare management of diarrhea in children. The framework of the present study is based on **Rosenstock's Health Belief**

Model

The model is divided in to three major component

A. Modified factors
B. Cognitive perceptual factors
C. Participation in health promoting behavior

Explanation of the model:

A) **Modified factor:** Modified factor consists of age of mother, religion, education, occupation, family monthly income, dietary pattern, number of under five children, previous sources of income.

B) Cognitive perceptual factors: It include definition of diarreoha cause and risk factor, mode of transmission, clinical manifestation, diagnostic evaluation, complication, home care management & prevention.

Individual perceptions include: In the present study refers to knowledge regarding home care management of diarrhea among mothers with under five children.

C) Participation in health promoting behavior:

It is conceptualized that demographic variables may influence or affect directly or indirectly the knowledge and practice of mother regarding homecare management of diarrhea.

The knowledge of mother regarding home care management of diarrhea will vary from poor to very good.

The level of knowledge is classified into four categories such as very good, good, average, poor

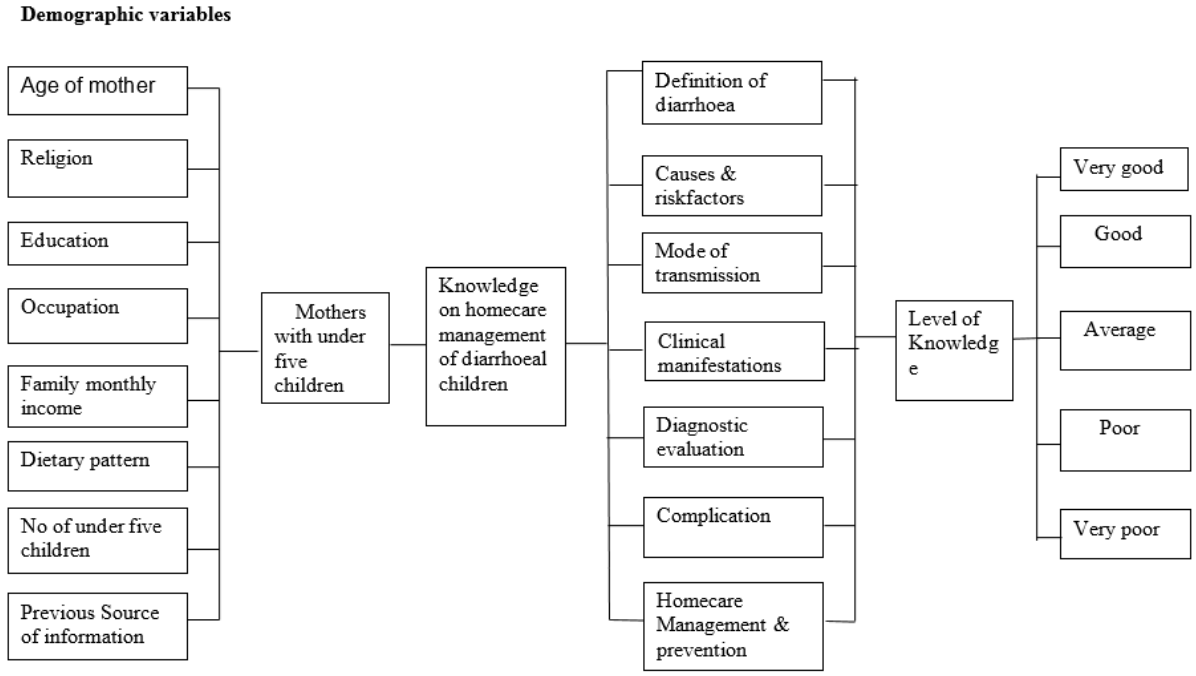

Fig 1: The conceptual frame work on knowledge of mothers with underfive children regarding homecare management diarrhea.

The conceptual frame work based on Rosenstock's Health Belief Model.

II. Methodology

A descriptive study with cross sectional survey approach was undertaken to assess the level of knowledge of mothers with under five children regarding homecare management of diarrhea hundred mothers were selected by purposive sampling technique and data was collected from the mothers by using structured interview schedule. Demographic characteristics reveals that 74% of mothers were between the age group of 21-25 years, 49% of mothers having 3 children, 85% of mothers were Hindu, 47% of mothers had no formal education, 84% of mothers were house wife, 67% of them had family income of Rs. 3001-6000, 62% of mothers were vegetarian and 60% of the mothers got information from T.V

III. Result

The Overall Mean knowledge score reveals that all the mothers (100%) correctly responded in the area of "Introduction of diarrhea" (1± 0.1) revealing very good knowledge however the lowest percentage 8% correctly responded in the area of clinical manifestation (0.8 ± 0.4) further more or less similar mean percentage (76%, 75%) for causes and risk factors (3.04 ± 1.03, 8.21 ± 0.61) revealing good knowledge. Further mean percentage score were 63% for definition (1.25 ± 0.62) revealing that they had good knowledge however was obtained by mothers 56% for diagnostic methods of diarrhea (0.56 ± 0.49), revealing average knowledge and 30% for preventive measures for diarrhea(1.45 ± 1.66), revealing that they had poor knowledge. Significant association was found between knowledge scores with their demographic variables.

Table 1: Area wise distribution of Mean, SD and mean percentage of knowledge of mothers regarding home care management of diarrhea.

Area	Max score	Knowledge score		
		Mean	SD	Mean %
Introduction	1	1	0.1	100
Definition	2	1.25	0.62	63
Causes and risk factors	4	3.04	1.03	76
Clinical manifestation	1	0.8	0.4	8
Diagnostic methods	1	0.56	0.49	56
Home care management	11	8.21	0.61	75
Preventive measures	5	1.45	1.66	30
Overall	**25**	**20**	**3**	**80**

Table 2: Item wise distribution of mothers with under five children correctly responded to the knowledge items on introduction of diarrhea.

Introduction	No.	Percentage
Diarrhea is a disorder of Stomach	100	100

Table 3: Item wise distribution of mothers with under five children correctly responded to the knowledge item on definition.

Percentage wise distribution of correct responses of mothers for item definition shows that

Definition	No.	Percentage
Passing of watery stool more than 3 times in a day	83	83
Stool wit blood called dysentery	42	42

Table 4: Item wise distribution of mothers with under five children correctly responded to the knowledge on causes & risk factors items of diarrhea.

Causes & risk factors	No.	Percentage
Diarrhea is transmitting by contaminated food & water	98	98
Diarrhea is occurs through Flies	54	54
Diarrhea mainly occurs rainy season	89	89
Diarrheal risk increased by artificial feeding	75	75

Table 5: Item wise distribution of mothers with under five children correctly responded to the knowledge item on clinical manifestations of diarrhea.

Clinical manifestations	No.	Percentage
The major symptom of diarrhea is dry skin	83	83

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TABLE 6: Item wise distribution of mothers with under five children correctly responded to the knowledge item on diagnostic methods of diarrhea.

Diagnostic methods	No.	Percentage
Stool examination is most important diagnostic method of diarrhea	62	62

TABLE 7: Item wise distribution of mothers with under five children correctly responded to the knowledge item on homecare management of diarrhea.

Homecare management of diarrhea	No.	Percentage
The main aim of home care management is To prevent dehydration	77	77
One ORS pack (21gm) is mixed with1-2 lit. of water	83	83
The mother can start ORS after first loose stool	62	62
ORS should be given after every loose stool	61	61

ORS can be used in all age group	79	79
Preparation of ORS water is boiled and cooled water	84	84
ORS should be used within 24 hours	63	63
Breast feeding should be continued during diarrhea	75	75
Exclusive breast feeding is recommended to 6 months	86	86
Homemade fluids used in diarrhea is rice water with salt	85	85
Feeding should be continue during diarrhea to prevent under nutrition	66	66

TABLE 8: Item wise distribution of mothers with under five children correctly responded to the knowledge item on preventive measures of diarrhea.

Preventive measures	No.	Percentage
General hygiene should be maintain to prevent Infection	100	100
Hand washing should be done before and after handling the food	100	100
Major complication of diarrhea is dehydration	100	100
Diarrhea can be prevented by food hygiene, personnel hygiene, and environmental hygiene.	100	100
Contact physician if child temperature increases and having vomiting.	99	99

Table 9: Association of age on knowledge.

Age in years	Mean	S/D	Mean %	χ^2 value	
Below 20	21	3	82	2.84	**Significant**
21-25	20	9	80		
26-30	19	8	77		
31 and above	19	2	76		
Overall	**20**	**3**	**80**		

Table 10: Association of no of children on knowledge.

No. of children in family	Mean	S/D	Mean%	χ^2 value	
One	19	7	76	2.91	**Significant**
Two	20	10	82		
Three	20	10	80		
More than three	19	2	76		
Over all	**20**	**3**	**80**		

Table 11: Association of Religion on knowledge.

Religion	Mean	S/D	Mean%	χ^2 value	
Hindu	20	8	80	2.00	**Not-Significant**
Muslim	20	7	78		
Overall	**20**	**3**	**80**		

Table 12: Association of educational status on knowledge.

Education	Mean	S/D	Mean%	χ^2 value	
No formal education	19	10	74	2.75	**Significant**
Primary education	21	10	82		
High school	22	8	89		
Overall	**20**	**3**	**80**		

Table 13: Association of occupation on knowledge.

Occupation	Mean	S/D	Mean%	χ^2 value	
Housewife	20	8	80	2.00	**Not-Significant**
Laborer	19	7	74		
Overall	**20**	**20**	**80**		

Table 14: Association of family income on knowledge.

Income	Mean	S/D	Mean%	χ^2 value	
Below Rs.3000	19	7	74	1.05	**Not-Significant**
Rs.3001-6000	20	10	79		
Rs6001-9000	21	8	82		
Above Rs.9001	25	2	100		
Overall	**20**	**3**	**80**		

Table 15: Association of dietary pattern on knowledge.

Dietary pattern	Mean	S/D	Mean%	χ^2 value	
Vegetarian	21	10	83	1.01	**Not-Significant**
Non-vegetarian	18	9	73		
Overall	**20**	**3**	**80**		

Table 16: Association of previous source of information on knowledge.

Previous source of information	Mean	S/D	Mean%	χ^2 value	
Radio	19	3	76	2.89	**Significant**
T.V.	20	10	81		
Health workers	18	7	72		
family members and friends	20	8	81		
Overall	**20**	**3**	**80**		

IV. Conclusion

Form the findings of the present study it can be concluded that, most of the mothers were between 21 – 25 years of age, 14 % of them were educated up to high school. Almost all of them were Hindus, vegetarian, housewives and having three children. Most of them belonged to average socio economic group. The knowledge scores of the mothers when compared with the demographic variables revealed significant was found at Age, no of children, education and previous sources of information.

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