



CODEN [USA]: IAJPB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1477619>Available online at: <http://www.iajps.com>

Research Article

**MOTHERS AWARENESS REGARDING CONCEPT AND
MANAGEMENT OF DIARRHOEA IN CHILDREN OF GUJRAT**Dr.Munazza Habib¹, Dr.Muhammad Hamza², Dr.Hibba Abid Ansari³¹Fatima Jinnah Medical University Lahore²Khawaja Muhammad Safdar Medical College³Khawaja Muhammad Safdar Medical College**Abstract:**

Objective: To assess the knowledge of mothers regarding diarrhoea and the management practices of pediatric diarrhoea. **Study Design:** The design of the study is descriptive and cross-sectional. **Duration and Place:** The study was conducted at THQ Gujrat from december 2016 to November 2017. **Materials and Methods:** A Performa was prepared comprising of questions aiming to assess the knowledge of women who are mothers, regarding diarrhoea. A mother of a baby suffering from diarrhoea had been instructed by doctor and presented to these mothers to take the most appropriate answer and assess the situation. All mothers were willing to answer questions included in the study. The results were obtained using SPSS 17. Mean, median and mode are calculated and results are presented using tables and charts. **Results:** Total 90 mothers were interviewed with children males 43 (48%) and females were 47 (52%). The majority of mothers 60 (66.5%) belonged to low socioeconomic status. The median was 1.5 years of age. Between the ages of 20-30, were 67 (74%) mothers, 17 (19%) mothers were over 30 years, and only 6 (7%) mothers were younger than 20 years. 68 (76%) mothers knew how to correctly prepare ORS, 14 (15%) mothers were incorrect and 8 (9%) mothers did not know how to prepare oral rehydration salts (ORS). 47 (52%) mothers knew the wrong amount 35 (39%) knew the right amount giving after each loose motion. Most of the mothers 40 (44%) were utilizing municipal water, 28 (31%) groundwater, 19 (21%) home water filters and 3 (3.34%) mothers were buying bottled water. Although 40 (44%) mothers thought that as the number of increased stool is diarrhoea, only 14 (15%) of mothers thought diarrhoea as stool with liquid concentration. However, 33 (37%) mothers thought these two features of stool as diarrhoea and 4 (4.5%) mothers did not know about diarrhoea. 26 (29%) of mothers said dirty hands were the reason while, 14 (15%) said the reason was dirty feeder and 15 (16%) said water as pathogen c factor, respectively. 60 (66%) of the interviewee mothers were educated and 31 (34%) were uneducated. 79 (87%) of the women were housewives and 12 (13%) were working women. **Conclusion:** In all its aspects the mother's knowledge about diarrhoea was increased. It is necessary for the mothers of children of small ages to recognize the signs of dehydration, and it is of more importance for them to know the methods of arranging rehydration salts and given to the children at the time of need and to promote continued conventional feeding during illness.

Key Words: ORS; Diarrhoea; Dehydration**Corresponding author:****Dr.Munazza Habib,**
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Please cite this article in press Munazza Habib et al., *Mothers Awareness Regarding Concept and Management of Diarrhoea in Children of Gujrat.*, Indo Am. J. P. Sci, 2018; 05(11).

INTRODUCTION:

Diarrhoea causes child mortality as one of the leading disease in children under the age of five, mortalities exceeding 760,000 children per year in the world [1-4]. Especially underdeveloped countries are highly affected by this epidemic [5]. Most children die because of severe water loss (dehydration) and fluid loss, which can be reduced by oral rehydration (ORS) in most cases [6-9]. Malnourished children tend to show impaired immunity to diarrhoea that is life-threatening, high risk of bacterial infection and due to the large number of bacteria, through contaminated food, and the spread of parasites by using water from human toperson [1].

The Integrated Management of Childhood Illness (IMCI) advises the use of oral rehydration therapy (ORT), continued feeding, and zinc for appropriate management [10].

Most of the diarrhoea episodes are cured at homes and mothers are the ones who are the primary caregivers of children under the age of five.¹¹ The World Health Organization recommends that mothers and caregivers should also be able to identify dehydration, excessive lethargy, poor tension in skin and irritability, and a baby crying without tears. One study shows, 73.1% of mothers identified only one of these signs [12]. That concludes that the knowledge about this diarrhoea is very important for the mother of the infected child. Awareness and perception of mothers regarding diarrhoea and family actions to prevent and control the disease, has vital importance in reducing diarrhoea-related mortalities [13].

Oral rehydration therapy (ORT) is very simple, inexpensive and effective in primary management of diarrhoea. It can easily be initiated by the mother or the primary caregiver at home in the onset of diarrhoea as soon as possible [14].

MATERIALS AND METHODS:

The study was Cross-sectional and descriptive; location of this study was Tehsil Headquarter Hospital Gujrat from December 2016 to November 2017.

A questionnaire was prepared aiming to know the knowledge of mothers regarding diarrhoea, who were Presented a mother of a baby suffering from diarrhoea who had been instructed by a doctor to know appropriate answers. All mothers were willing to answer questions. The mothers who were reluctant

to answer the questionnaire were skipped from study.

Data Analysis: The results were obtained using SPSS 17.

RESULTS:

Total 90 women were interviewed, the children were 43 (48%) males and females 47 (52%). The majority of mothers 60 (66.5%) belonged to low income economic strata. The median age was 1.5 years. The number and percentage of mothers between the ages of 20-30, 67 (74%), 17 (19%) over 30 years, and only 6 (7%) mothers were younger than 20 years. 68 (76%) mothers knew that how to make correct preparation of ORS, 14 (15%) did not answer correctly and 8 (9%) never knew how to prepare oral rehydration salts (ORS). 47 (52%) mothers knew the amounts of salts that were wrong, though 35 (39%) knew the exact amount. 40 (44%) mothers were used to using municipal water for ORS, 28 (31%) groundwater, 19 (21%) filtered water and 3 (3.34%) mothers were buying bottled water.

Although 40 (44%) women included in the study thought that the number of increased stool is diarrhoea, only 14 (15%) of mothers had the idea that stool with liquid concentration can also be considered diarrhoea. However, 33 (37%) mothers knew these two features of stool as diarrhoea and 4 (4.5%) mothers did not know at all about diarrhoea. 26 (29%) of mothers considered dirty hands as the reason, 14 (15%) thought feeder and 15 (16%) thought water as a pathogenic factors, respectively. 60 (66%) of all women included in the study were educated and 31 (34%) were uneducated. 79 (87%) mothers housewives and 12 (13%) working women. The majority of mothers 82 (92%) were aware about one or more dehydration signs. Nearly half of the participating mothers 46(51%) wanted to stop routine diet to the child during diarrhoea. Most of the participating mothers 61(68%) opposed giving medicine to the children by themselves while 28(31%) were inclined to self-medication.

DISCUSSION:

Acute diarrhoea is a self-limiting disease and over 90% cases of diarrhoea are successfully treated with oral rehydration therapy and continuous feeding without using anti-diarrhoeal drugs.¹⁵ Socio-demographic factors like education of the mothers, employment, and the age of the mother dictates the knowledge of mothers about diarrhoea and appropriate care.

Although mothers knew the level of diarrhoea and the management at home, the level of awareness and knowledge was inadequate. This study illustrates that 92 (96.8%) mothers believed the number of stools is increased with fluid congruent.

Another study done in the same regard showed that, 63.6, 64.3 and 75 mothers have a certain level of knowledge of diarrhoea management [16-18]. In recent years, the knowledge of oral rehydration has been inclining due to better education and support of governments in progressing countries.

However, in this study, 90.5% of mothers had somewhat knowledge of oral rehydration,¹⁹ whereas in other studies 95%²⁰ and 97.6% of mothers had known facts about oral rehydration salts and the usefulness of this management process during diarrhoea [21].

A similar study by Ahmed A and a study by Bhatia in Rawalpindi & Islamabad, 75% of mothers²² et al 86.7% of mothers claiming that they have knowledge about oral rehydration solution (ORS).²³ The percentage difference was influenced by maternal knowledge and practice regarding oral rehydration, which is expected to be influenced by the mass media and the time factor of health professionals.

The numbers and percentages regarding preparation of ORS, our study 73 (76.8%) of mothers is consistent with the study done by Aiza M, et al, 228 (76%).

A study done by Taha and another study in Lahore indicated that 64% of mothers and 69.3% of mothers know the correct preparation of ORS.^{24,25} This increase in percentage may have been due to the control of diarrhoeal disease programs promoted by Pakistan government-supported activities.²⁶

In the current study, 64 (67.4%) of mothers were against self-medication, in a study by Aiza M, et al [19] 21% of mothers were against self-medication of their children if they suffered from diarrhoea. The findings in our study 50.5% of mothers stopped regular feeding during diarrhoeal episodes that is inconsistent with another study 96 cases (32%) of cases stopped or reduce feeding [19].

Foods should never be limited during illness, and the preferred goal should be to maintain energy and higher levels of other nutrients in the intake. Community disease control recommend those children receiving semi-solid or solid foods, were

continue their routine diet during diarrhoeal episodes.²⁹ In a study by Khan MA, et al, same diet as before diarrhoea was given in 59.9% of cases and in 40.6% of cases either feeding was stopped or reduced in quantity.²⁷ while in other scrutiny 43.9% reduced or stopped usual food or mothers breastfeeding, 48.6% gave normal amounts of food or breastfeeding and only 7.5% increase in the amount of food or breast-feeding of children with diarrhoea [28].

In this study 28.4% of mothers attributed dirty hands as major factor of diarrhoea in other study FGD participators considered teething as the chief source of diarrhoea [30]. In another study in rural communities in Kenya, 58.2% thought that contaminated water was the chief reason of diarrhoea [31].

CONCLUSION:

The knowledge about diarrhoea has been increasing in mothers and it is necessary to recognize the concept of quantitative signs of dehydration, oral rehydration salts be given and to promote continued conventional feeding during illness to handle this problem which has high morbidity and mortality.

Conflict of Interest:

The study has no conflict of interest to declare by any author.

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