

Knowledge, Attitude and Practice Study About Use of ORS in Diarrhea in Mothers with Children 02-05 Year Age Group Residing in Various Urban Slums of Bhopal City

Deepti Singh¹, Sunita Lakhwani², D.P.S. Gaharwar³

^{1,2}Associate Professor, Department of Paediatrics, R.K.D.F. Medical College Hospital & Research Centre, Bhopal, ³Assistant Professor, Department of Paediatrics, R.K.D.F. Medical College Hospital & Research Centre, Bhopal.

Abstract

Background: KAP study for use of ORS in Diarrhea in mothers with children 02-05 year age group. The objective of the study was to assess the Knowledge, Attitude and Practice use of ORS in Diarrhea among mothers at various Urban Slums of Bhopal City. **Subjects and Methods:** A cross sectional descriptive study was conducted among mothers having children 02-05 year age group. All mothers were interviewed through a self designed pretested structured questionnaire regarding use of ORS in Diarrhea of their infants and socio demographic profile. **Results:** Majority of the mothers were illiterate, and not aware about benefits of use of ORS. Although mother's knowledge was lacking but most of mother use of ORS in Diarrhea in their children. **Conclusion:** Most of mothers do not follow practice of use of ORS in Diarrhea and had lack of knowledge. The knowledge regarding method of use of ORS for management of diarrhoea was found to be inadequate in this study. Though many mothers are aware that it is useful most are not aware of its method of use. More measures need to be adopted to improve this knowledge and make mothers aware about the method of use and availability of ORS.

Keywords: ORS, Diarrhea, Knowledge, Attitude, Practice, Urban Slums.

Corresponding Author: Dr. Sunita Lakhwani, Associate Professor, Department of Paediatrics, R.K.D.F. Medical College Hospital & Research Centre, Bhopal.

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Introduction

Diarrhoea is defined as the passage of three or more loose or liquid stools per day (or more frequent passage than is normal for the individual). Frequent passing of formed stools is not diarrhoea, nor is the passing of loose, "pasty" stools by breastfed babies. Diarrhoeal disorders in childhood reported in large proportion (18%) of childhood deaths, with an estimated 1.8 million deaths per year globally. The World Health Organization (WHO) suspects that there are >700 million episodes of diarrhea annually in children < 5 years of age in developing countries.^[1]

The objective of this study was to see the change in knowledge and behavior of the mother acute diarrhea in children 02-05 years of age group. Because almost three decades have passed since commercially available ORS was launched and continued feeding during diarrhea is being stressed.^[2,3]

Diarrhoeal disease is the 2nd principal cause of death in children under 05 years old, & is responsible for killing around 760 000 children every year. Diarrhoea can last several days, & can leave the body without the water & salts that are necessary for survival.^[4] Most people who die from diarrhoea die from severe dehydration & fluid loss. Children

who are malnourished or have impaired immunity as well as people living with HIV are most at risk of life-threatening diarrhoea. It is usually a symptom of an infection in the intestinal tract, which can be caused by a variety of bacterial, viral and parasitic organisms. Infection is spread through contaminated food or drinking-water, or from person-to-person as a result of poor hygiene.^[5]

Subjects and Methods

This study was conducted at various Urban Slums of Bhopal City. This cross sectional study was carried out from September 2018 to August 2019. All mothers who have 02-05 years of age group child with diarrhea were enrolled. Total 300 consecutive mothers with written informed consent were taken.

A predesigned & pretested questionnaire was prepared comprising of nearly 20 questions, most of the questions were close ended. Besides literacy, socioeconomic status was also noted. Questions pertained to practices towards diarrhea, nutrition during diarrhea and awareness of ORS. A single interviewer interviewed all 300 mothers who have 02-05 years of age group child for diarrhea and related diseases.

It took nearly 15-20 minutes to finish one interview & on a single day, not more than 5 interviews were carried out. At the end of each interview, the mothers were provided with health education to improve their knowledge of diarrhea, nutrition during diarrhea and oral rehydration therapy, with practical demonstration of correct ORS preparation. Also, the mothers were handed over a health education pamphlet in Hindi pertaining to diarrhea and ORS at various Urban Slums of Bhopal City, to improve their knowledge and management skills in the future. The data was calculated in Microsoft Excel and interpreted as mean and percentages.

Inclusion Criteria:

Mothers with children of 02 to 05 yrs age group, who are permanent residents of urban slums.

Exclusion Criteria:

1. Mothers with either less than 02 years or more than 05 yrs age group children.
2. Mothers with children who are critically ill, hospitalized or on medication.
3. Mothers who are guests or temporary residents of urban slums.

Results

Table 1: Age of Mothers

Age of mother	No. of mother (n = 300)	Percentage of mother
Below 25 years	53	17.66
25-35 years	179	59.66
35 years and above	68	22.68

In our study, 59.66% were in age group of 25-35 years, followed by 22.68 were 35 years & above & 17.66% were below 25 years.

Table 2: Education of Mothers

Education of mothers	Number of mothers (n = 300)	Percentage of mother
Intermediate	21	7.00
Primary	97	32.34
Illiterate	182	60.66

In our study, 60% were Illiterate mothers, followed by 32.34 Primary & 7% were Intermediate.

Table 3: Knowledge, Attitude and Practice study about use of ORS in Diarrhea in mothers

S. No.	Parameter	Number of mothers (n = 300)	Percentage of mothers
1	Did not know the exact definition of diarrhoea	267	91%
2	Aware that diarrhoea leads to dehydration	79	26.33%
3	Food contamination causes diarrhea	98	32.66%
4	Rice based feeds are best in diarrhea	112	37.34%
5	Oral fluids should be increased in diarrhea	96	31.88%
6	Aware of ORS but not practising it	217	72.53%
7	Unaware of ORS	179	59.66%
8	Wrongly preparing ORS	193	64.29%

193 mothers said that they one or the other time used wrong commercial preparation like Sporolac/Lactrol as ORS. Nearly 91% of the mothers did not know exactly how much ORS is to be given with each loose stool.

Discussion

Diarrhoea stays one of the main worldwide reasons for death among youngsters younger than two years. ORS is straightforward, exceedingly compelling, economical and suitable treatment for diarrheal drying out and since the presentation of ORS in 1979, there has been an unfaltering decrease in passing because of diarrheal ailments⁶. Diarrhoea is the frequent (typically characterized as at least three times in multi day) passage of liquid or soft stool^{7,8}. It is the most widely recognized clinical indication of gastrointestinal infection and the second driving reason for death on the planet among kids under two years old. Unfortunately, particularly in creating nations, because of absence of legitimate information in mother, with respect to accessibility, planning and utilization of ORS, this objective is a long way from accomplished.

Although use and availability of ORS can reduce the morbidity and mortality associated with diarrhoeal diseases it is far from being highly effective especially in developing countries due to lack of awareness about availability and use of oral rehydrating solution for management of diarrhoeas.⁹ Also complicating the issue is lack of understanding regarding the role of sanitation and hygiene in reducing the incidence of diarrhoea.^[10] In present study, although 75% of the mothers were educated, only 156 knew the correct method of ORS preparation and its use whereas out of the remaining mothers who knew about ORS did not know the correct method of using ORS.^[11] In fact, people adopt a wait and watch approach as it is believed the consumption of food and water increases the bulk of stools and does not provide rest to the intestine which is necessary for recovery from diarrhoea. Even some of the educated people do the same thing.^[12]

Conclusion

Most of mothers do not follow use of ORS in Diarrhea practices and had lack of knowledge was found. The

knowledge regarding method of use of ORS for management of diarrhoea was found to be inadequate in this study. Though many mothers are aware that it is useful most are not aware of its method of use. More measures need to be adopted to improve this knowledge and make mothers aware about the method of use and availability of ORS.

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