

Knowledge and Practices Among Rural Mothers in Haryana About Childhood Diarrhea

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Knowledge and practices of 108 rural mothers about childhood diarrhea, were determined by using pretested semi-structured interview schedules. The common causes of diarrhea reported were eruption of teeth (67.59%), eating of mud (51.85%), worm infestation (47.22%), change of climate (35.18%), poor personal hygiene (34.25%) and changes in diet (25.92%).

Majority (83.33%) of mothers practiced food restriction during diarrhea. Seventy seven percent consulted their mother-in-laws in the first instance for treatment of diarrhea. The home remedies tried by mothers were, isabgol husk with curd (30.55%), ghee with tea (28.70%) water boiled with mint leaves (25.92%), local ghutti (22.22%) and unripe mango juice (16.66%). Majority of mothers (83.33%) believed that oral rehydration therapy alone, cannot treat diarrhea.

Key Words : Diarrhea, Oral rehydration therapy.

Diarrhea is one of the most important killer disease in children. It is estimated that about 4.4% of infants deaths and 30.5% of the deaths in 1-4 years age group, are due to diarrheal disorders.¹ Sixty to seventy percent of children who die from diarrhea, die of dehydration, which can be prevented by prompt and adequate rehydration during early stages of disease.²

Mother is the usual person responsible for care of child during illnesses. Her knowledge and practices during an episode of diarrhea, are important factors which influence the course of disease. The present study was conducted to assess the knowledge and practices among rural mothers, to implement a realistic and culturally acceptable health education campaign for them in management of diarrhea.

MATERIAL AND METHODS

The study was conducted in a village of district Rohtak, in the Haryana State, India.

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The village had a total population of 2920, belonging to 369 families. Majority of the people were in low socio-economic group and were engaged in agriculture. Land holdings were small. The dominant caste was Jat. The piped water supply was available but the wells and hand pump were also used. There were 3 Anganwadis of Integrated Child Development Services Scheme, 2 qualified Registered Medical Practitioners (RMPs) and one Multi-Purpose Worker (MPW) at the sub-centre in the village.

Thirty five families were excluded as no under five children were available. The remaining 324 families were serially arranged and every third family was selected using systematic random sampling technique for detailed study. One hundred eight mothers, one from each family were thus interviewed on a pretested semi-structured open-ended questionnaire to assess the knowledge and practices during diarrhea. The domiciliary visits were made in the evenings to ensure the availability of women at home.

RESULTS

Only thirty one percent of mothers had correct knowledge about the symptoms of diarrhea. While 69% could not describe them correctly. The common causes of diarrhea as told by mothers on direct questioning were, eruption of teeth (67.5%), eating of mud (51.85%), worm infestation (47.22%), change of climate (35.18%), poor personal hygiene (34.25%) and changes in diet (25.92%) (Table 1). These causes were however, not mutually exclusive.

Seventy seven percent of women consulted their mother-in-law (MILs) in first instance, followed by anganwadi worker

TABLE 1. Knowledge about Common Causes of Diarrhea

Causes	No
Eruption of teeth	34 (31.48)
Mud eating/PICA	56 (51.85)
Worm infestation	51 (47.22)
Change of climate	38 (35.18)
Poor personal hygiene	37 (34.25)
Change of diet	28 (25.92)
Hot food consumed by lactating mothers	23 (21.29)
Evil eye	14 (12.96)

* The figures in parentheses shows the percentages.

TABLE 2. First Consultation by Women for Treatment of Diarrhea

Source	No
Mother-in-law	84 (77.77)
Anganwadi workers	29 (26.85)
RMPs	20 (18.51)
Husband	18 (16.66)
Multi-purpose worker	13 (12.03)

* Figures in parentheses shows percentages

(26.85%), RMPs (18.51%), for the treatment of diarrhea (Table 2). Food restriction was practiced by 83.33% of mothers. The food restricted were pulses, bread, meat, egg, green leafy vegetables. The breast milk was continued by all mothers. Twenty six percent believed that top milk should be diluted with water as undiluted milk is heavy to be digested by the children. The most common foods preferred during

diarrhea were *Khichri* (rice and pulse combination cooked together) (88.88%), tea (83.33%), curd (74.07%) and banana (2.77%).

All the mothers had faith in home remedies and used them during initial period of diarrhea. The isabgol husk with curd was the most common (30.55%) home remedy followed by ghee with tea (28.70%) and water boiled with mint leaves (25.92%).

TABLE 3. Home Remedies given in Diarrhea

Home remedies	No
Isabgol with curd	33 (30.55)
Water boiled with mint leaves	28 (25.92)
Herbal ghutti	24 (22.22)
Unripe mango juice	18 (16.66)
Onion juice	14 (12.96)
Brandy	13 (12.03)
Keekar (Acacia) leaves in curd	11 (10.18)
Opium	9 (8.33)

Sixty percent of mothers had knowledge about ORT, however, only 6.48% were able to name all the ingredients of home made ORS. About 83.33% of mothers believed that ORT alone cannot treat the diarrhea. Most common source of knowledge about the ORT was anganwadi worker (47.22%), followed by peer group women (16.51%), multi purpose worker (12.96%) and radio/television (7.40%).

DISCUSSION

To prevent mortality due to diarrhea, it is essential that culturally relevant and acceptable health education campaign should be conducted alongwith the promotion of

use of ORT at family level.³ In present study, 83.33% of mothers had knowledge that ORT alone cannot treat diarrhea. This may be due to expectation of mothers that after use of ORT, diarrhea would stop immediately but they might have been disappointed. Mothers should be educated that ORT prevents occurrence of dehydration (more serious complication) rather than stopping diarrhea.

The food restriction was practiced by 83.33% of women. They believed that this would give rest to the diseased bowels. Similar findings have been reported by other workers.^{4,6} Food restriction during illnesses, particularly during diarrhea, is a major cause of protein energy malnutrition in children. The foods which are traditionally fed during diarrhea should be encouraged by the health workers, to improve intake during diseases. In present study, khichri made of moong dhal and rice and curd were commonly fed to children. The health workers should also ensure that adequate quantity of food be given frequently to children, to meet the nutritional requirements.

All mothers had knowledge about home remedies and tried them during initial period of diarrhea. These remedies may be useful but before encouraging them to use over and above ORS, scientific studies to evaluate their efficacy are essential. The home remedies like lime juice, mint water probably do not have the requisite composition to act as effective ORT.⁴

Majority of women consulted their mother-in-laws in first instance, for treatment of diarrhea. It suggests that health education campaign for the mothers should also include elderly women as they may influence the type and source of treatment for diarrhea.

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DEMOGRAPHIC INDICATORS IN INDIA - 4

Population under 16/under 5 (million) (1988)	319.3/112.4
Population annual growth rate (%) (1980-87)	2.2
Crude death rate (1988)	11
Crude birth rate (1988)	32
Life expectancy (1988)	58
Total fertility rate (1988)	4.3
% population urbanized (1988)	27
Average annual growth rate of urban population % (1980-87)	4.0

Abstracted from :
The State of The World's Children-1990. UNICEF, p. 84.

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