

Research Article

**A Cross Sectional Study to Know the Mothers Knowledge and Attitude
Regarding Diarrhea Management in Children of Early Period**

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ABSTRACT

Objective:To know the frequency of mothers having knowledge regarding diarrhea management in children of early age.

Study Design: A cross sectional descriptive study

Place and duration:The study was performed in the rural and urban areas of Multan for the period of one year from February 2016 to February 2017.

Methods: It is a descriptive study of the sections. Selected fields of study were the different areas of the city of Multan (urban and rural). Using persuasive sampling technique, 300,600 households were selected from each of the urban and rural areas. The data was taken by conducting a questionnaire structured to the mothers. Participation criteria were mothers with at least one child under the age of five.

Results: 600 mothers from which 44% in rural and 56% urban areas of mothers were trained. Rural mothers 44%, 14.6% were in primary education, 13.3% in middle education and 6% in middle education. There was information about diarrhea in 86.7% and 75% of urban and rural mothers in the sample. 20% of the rural mothers and 39.33% of the urban mothers have knowledge of diarrhea effects.

Conclusion:It is concluded that knowledge and attitudes about the control of diarrhea diseases are highly appreciated.

Key Words:Diarrhea, rural areas, education, knowledge

INTRODUCTION

4,445 million children in Pakistan are born every year; 8.99% of them before 5 years of age died. The number of pediatric deaths from diarrheal disease was combined with tuberculosis, AIDS and fever. In non developed countries, diarrhea is the one disease behind pneumonia that causes under five years children to die. 31,000, Every week children in non developed countries died from diarrheal disease. Diarrhea is the most common cause of death in children younger than 5 years old, with the exception of diarrhea and pneumonia

in newly born Pakistan. Diarrhea is thought to kill about 25,000 deaths every year. 4 Pakistani children under 1100 died because of diarrhea and sanitation and hygiene diseases related to water. 5. 91 million people live in 74521 km² and the capital city Multan has a country area. 6. Lack of adequate sanitation facilities. In addition, diarrheal diseases cause Pakistan to lose 5.5 billion Rs annually. Multan's total population is 10 million. The population of children under five constitutes 16% , ie 2.08 million. 6901 cases were reported in

2013 and 1,750 cases were reported between 2010 and June. It is important to raise awareness about diarrhea because there is a potential for productive relation between community and health services to increase the capacity of the family. Public health education is everything necessary for effective case management. Effective education in health can be realized based on the correct understanding of knowledge, attitude and practice prevailing in society. For this reason, it is necessary to have information about KAPs. After successful application of diarrheal control activities. For this reason, the aim of this study is knowledge, attitudes and practice of the treatment of diarrhea in the mothers of five-year-old children.

METHODOLOGY

A descriptive cross-sectional study was conducted for a period of one year from February 2016 to February 2017 in the rural and urban areas of Multan. Selected study areas have been identified as various areas of the Multan (urban and rural) city. rural). Using persuasive sampling technique, 300,600 households were selected in each of the urban and rural areas. The data was recorded by conducting a questionnaire structured for the mothers. Participation criteria were mothers with at least one child under the age of five. Participants were mothers of children under the age of five.

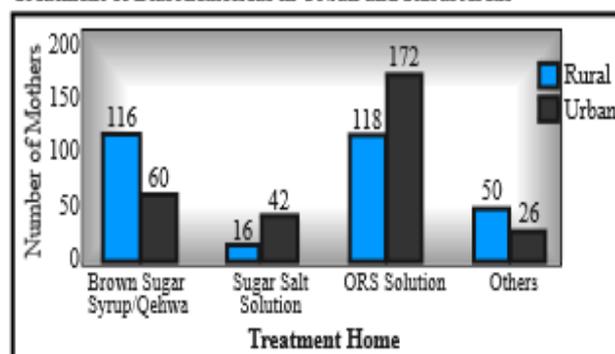
A study of pilot was performed to confirm the study interview validity tool. The data were recorded through a questionnaire structured with closed and open questions. Through face-to-face interviews the instrument was conducted with mothers of children under the age of 5. Verbal approval of the annelies was taken prior to the implementation of the interview.

RESULTS

Among the 600 urban and rural mothers, 135 (45.07%) and 9 (31.03%) left the diet cut off during a diarrhea, respectively. children's mothers gave a total of 140 juveniles (46.7%) and 168 juveniles (56%), giving the following dehydration

liquid diarrhea to the plan, which was less than 5%. As shown, treatment with oral fluids is an early indication of beneficial dehydration. 146 mothers (48.7%) were rural mothers and 242 (80.7%) mothers have S.S.S knowledge. So, a handful of a pinch of salt, sugar and a pitcher of water is a solution to a threatening of life situation. There were 271 (91%) and 277 (91.99%) mother ORS solutions, respectively, so that the package is one liter of ORS or four cups of water are added. According to the household-based treatment, 44.6% of the mothers in the rural area and 71.3% of the urban mothers showed a positive attitude, that is, a solution for the FAQ and the ORS, as shown in Fig1 .

Figure 1: Comparison of Attitude of Mothers Regarding Home Based Treatment of Diarrheal Diseases in Urban and Rural Areas



38.6% of the mothers in the countryside and 20% of the urban mothers give raw sugar and green tea solutions. 17.06% of mothers in rural areas and 9.01% of mothers in mothers gave their sons fruit juice and water. 18% 31.33% of rural and urban mothers receive B, followed by liquids at specific dehydration, total body weight of fluid clearance 5-10%, depressed eyes, thirst and repressed fontanelle. 36.03% and 12.6%, the liquid obesity has the following severe dehydration liquids in plan C above 11% of body weight total in the above marks, the children have cold peripheries .240 (80%) and 268 (89.3%) mothers between 600 mothers from rural and urban areas, respectively, prepare the ORS solution. However, 290 (96.7%) urban and 222 (74%) rural mothers could adequately describe how to make the ORS solution.

DISCUSSION

Primary health care is very important for the development of an individual. Educated mothers can play an important role in controlling diarrheal diseases. If mothers are trained, they will know how to treat their children and will apply the oral rehydration treatment correctly and follow the instructions given by the doctor. Our research shows that maternal literacy rates in rural areas are lower than in urban areas. This is related to the 2009-10.8 economic survey since literacy is frequent in women, unequal across the province. 86.7% of the mothers in the urban area and 75% of the mothers in the rural areas are aware of the increase in the intake of diarrhea fluids. The main source of information in urban areas is the mass media and primary health care units in rural areas. In order to raise awareness, it is important to improve communication resources by improving health services, encouraging health personnel through the efforts and training of health personnel in interpersonal communication, and at the same time by educating trainers, religious scholars, teachers, etc. Through the use of locally acceptable health education tools. 81% and 49% of mothers in the urban and rural areas are aware of the increase in fluid intake during diarrhea. These fluids can be accepted locally as our work shows. For this reason, mothers in rural areas should be trained to adequately treat their children at home. The figures in our report show that 6% of the mothers correctly use the internal case for diarrheal children. The way to control diarrhea is very important. The treatment at home is more common among mothers in rural areas than in urban mothers. ORS Economical, low cost technology, effective and available throughout the region. Although hospital treatment seems to be more common than mothers, the reason for this is that mothers' attitudes are easily accessible and accessible to their health care centers compared to their colleagues who prefer to have their children treated at home. 2% of mothers in urban areas take their children to non-certified doctors, but 0.7% of mothers in rural areas. The reason for this is that

traditional beliefs, literacy and motherland ignorance play and play a crucial role in their attitudes. But mothers are right to say that in order to offer an ORS solution to a child, the mother needs too much dedication and patience to see the encouraging effects of the solution. Urban mothers have a good knowledge and practice of rural rehabilitation solutions when compared to their rural colleagues. Basically, it is easy to prepare and maintain your child. In general, the proportion of diarrheal episodes treated with oral rehydration is estimated to have increased from 15% in 1984 to 40% in 1993.¹³ This is due to the increase in breastfeeding practices, the use of cuts, sanitation and immunization. against baby.

CONCLUSION

Results shows mothers come to appreciate their knowledge and attitudes about the control of diarrheal diseases. While domestic treatment is mainly carried out by the mother in the rural area, most of the mothers in the urban areas take their children to the hospital for treatment. Although most municipal and rural mothers know how to prepare the SRS and ORS solution, most of the mothers who implement the SRS and ORS solution come from urban areas.

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