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Research Article

EVALUATION OF THE AWARENESS HABITS AND BEHAVIORS OF MOTHERS TO OPT FOR ORS FOR CHILDREN IMPACTED BY DIARRHEA

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Abstract:

Objective: For the assessment of information, practices and demeanor of moms to select ORS for diarrhea influenced kids.

Methods: TAA research paper which is cross-sectional in nature was conducted at Jinnah Hospital, Lahore from March 2019 to February 2020. Test size was chosen 200 and the kind of examining was non-likelihood comfort. Locally living moms took an interest in the educational exploration paper. Their youngsters were additionally remembered for the exploration paper. Moms went with their kids in the OPDs and wards. Those moms not following the language were deciphered and deciphered, even couple of inquiries were rejected.

Results: The age of the moms and kids taken as mean was 28.7 ± 3.7 years and 20 ± 16 months individually. The monetary states of the families were as solid as they were acquiring 20,000 rupees for each month on a normal. These families comprised of 85 percent of the all-out families ($n=170$). The capability of the moms and fathers was equivalent to graduate ($n=128$, 64% and $n=170$, 85%). An obvious number of fathers were utilized and had employer stability ($n=167$, 84%). Practically on a normal 90% of the moms were not utilized and they were housewives ($n=180$, 90%). The exact cognizance of the runs was seen in 47 percent of the moms. 51 percent of the moms knew about the utilization of ORS. 71 percent of the dominant part visited specialists when confronted looseness of the bowels and an obvious lion's share of 90% thought about ORS as viable in the runs. Realities and data gathered about ORS was accumulated from the different relatives.

Conclusion: It was seen that greatest number of moms knew and comprehended the utilization of ORS. They additionally took the specialist's recommendation in the runs, when kids were inclined to it. Above 80% of moms knew about making ORS, they additionally thought ORS gainful in loose bowels.

Keywords: awareness, habits and behaviors of mothers, ORS for children, impacted by diarrhea.

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INTRODUCTION:

The condition of diarrhea refers to the excessive loss of water in the shape of loose stool at the rate of $>10\text{ml/kg/day}$ in toddlers and $>200\text{gm}/24\text{hrs}$ in grown-up children which possibly can extend to two weeks or less. The diarrhea, chronic in nature is unpleasant for parents as it harmful for children. The rate of mortality and morbidity is increased in developing nations [1]. Children has less storage of water naturally as their body features are small. It causes rapid dehydration in children. This quick dehydration requires input of liquids. Intravenous fluids are mandatory when children are dehydrated and ORS is appropriate replacement for the dehydrated bodies [2]. The deadliest diarrhoea causes numerous deaths. On an average under five year children die at the rate of 760,000 per year. This death rate can be avoided by employing safe and recommended drinking practices. Hygiene and sanitation also requires attention. World Health Organization (WHO) declared the rate of mortality in the five years of time span, 87 out of 1000 children of five years of age. The second main cause of deaths is diarrhoea in children. The infection of respiratory tract is the first major cause, diarrhoea comes after. Children using oral rehydration therapy are 47.2 percent of total [3]. Mother do exercise misdirected ways of managing severe dehydration in the shape of diarrhoea. Diarrhoea is never cured through ORS, it provides an alternative for the provision of essentials fluids and salts. ORS contains glucose which cures efficient absorption of intestine [4]. Ninety percent of the problem in patients due to diarrhoea can be cured with the help of ORS. World Health Organization (WHO) maintains this medicines on its essential medicine list. A survey reflects that in Karachi awareness level of mothers about ORS touches ninety percent. The correct dose, time and repetitions of medicines was not in the knowledge of mothers⁸. This remedy for diarrhoea is easily available and affordable as it available on every medical store and cheap. The knowledge and awareness of people in this regard is to be focused [5]. Practices, attitude and knowledge about ORS is helpful for mothers and children suffering from diarrhoea. This practice will reduce extra burden laden on the already weak and shattered healthcare system. The under hand research paper aims at the assessment of knowledge, practices and knowledge of mothers for children about ORS.

METHODOLOGY:

TAA research paper which is cross-sectional in nature was conducted at Jinnah Hospital, Lahore from March 2019 to February 2020. Sample size was selected 200 and the type of sampling was non-probability

convenience. ORS consumption if considered in view than the size of the sample was restricted to 139 as ORS prevalence utilization was ninety percent. The level of CI was 95% with the recommended precision of 0.05 when calculated by the software of WHO sample size identifier. The size of the inflation was extended to 200. Paediatric and ward attending mothers agreed to participate in the research paper along with their diarrhoea affected children. The age of the child included in the study was restricted to under five years old. Mothers unable to respond and understand the language were excluded from the research course, even foreigner mother was also excluded as they were not able to comprehend the questions.

Written permission was sought from the department's head and consent was secured verbally from children's mothers for the hiding of their credentials and identity. The autonomy and anonymity was ensured to department and mothers. It was made sure that if the mothers and children are not agreeing to participate in the course of research and do not respond the answers, their healthcare facilities will still remain intact. Easy and comprehensible questions were included made the part of questionnaire. Medical students in coordination with other healthcare members faced and interviewed the research participants. Difficult and confusing parts were explained and interpreted to families. Analysis was completed with the help of SPSS-17, meanwhile the course of research the data was password protected. Before the start of analysis coding and cleaning process was completed. Mother's knowledge was the major dependent of research paper. This dependent variable was for diarrhoea and ORS awareness. The attitude and general practice toward the use of ORS was also the part of the research paper. Children and mother's age was another major independent variable, it also included education, occupation, and financial condition. Mothers and children age was calculated for the identification of SD and mean. Knowledge was calculated in percentages and frequencies. Attitudes was also included in percentage and frequencies specifically for mothers and children in the practice of ORS and management of diarrhoea. Expert practitioners of medicine and lady health workers advised the appropriate ORS utilization and diarrhoea management.

RESULTS:

The mean age of the mothers was 28.7 ± 3.7 years. Mean age of the children was 20 ± 16 months. Socioeconomically 170 (85%) families were earning $>\text{Rs. } 20,000/\text{month}$, (Table 1). Most of the fathers and

mothers (n=170, 85% and n=128, 64%) had completed graduation (Table1). Significant majority of fathers (n=167, 84%) were on job. Regarding mothers 180 (90%) were housewives, (Table 1). Ninety-four (47%) of the mothers had correct understanding of diarrhoea while one hundred one (51%) knew about ORS.

Significant majority (n=180, 90%) thought ORS is good in diarrhea while one hundred forty-one (71%) consulted doctor for this, (Table 2). Family members (n=114, 57%) contributed most to the information given on ORS (Table 3).

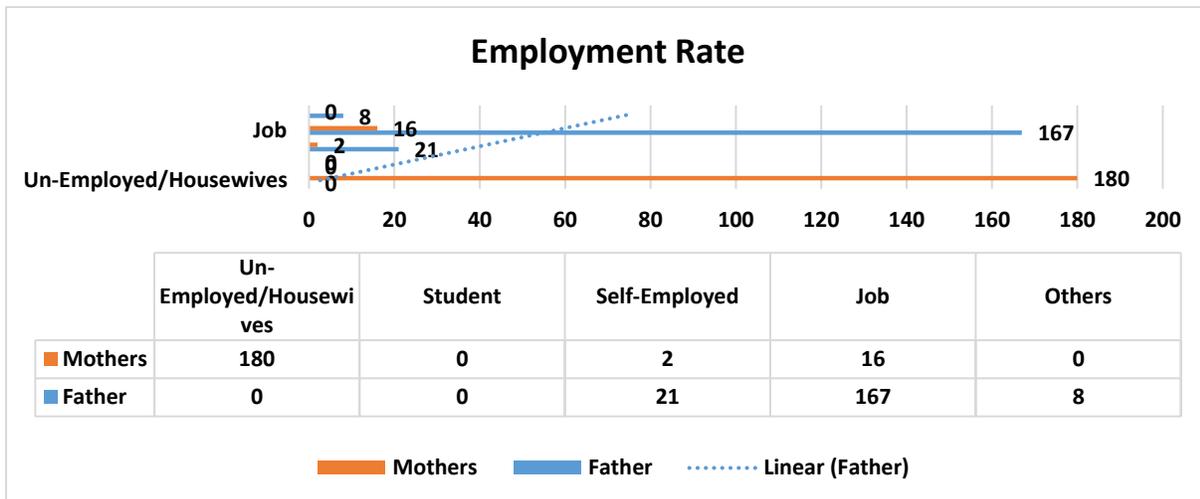
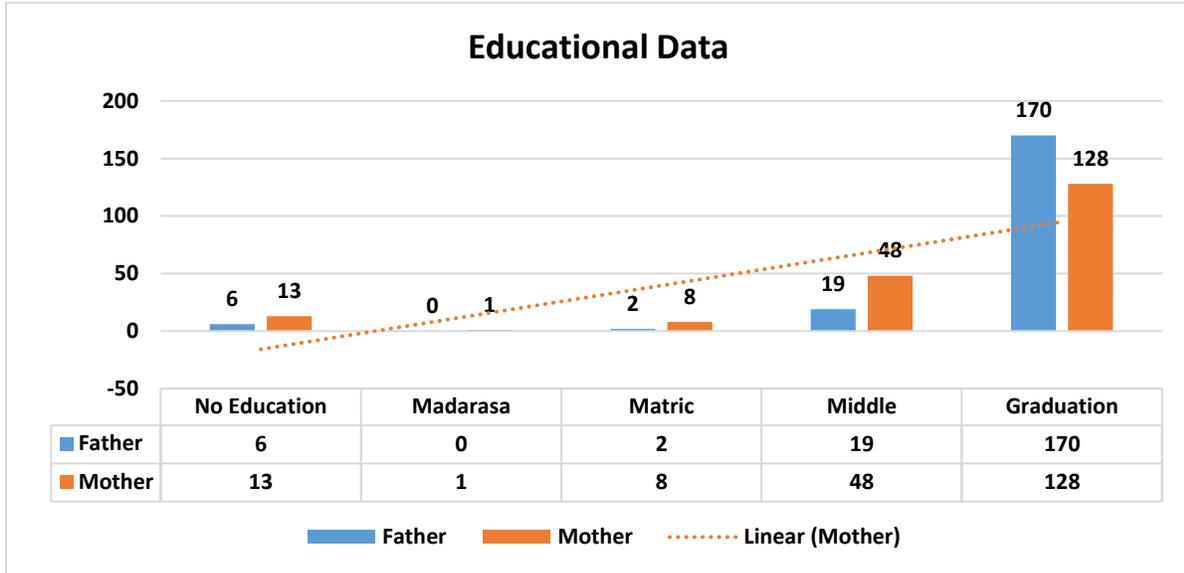


Table 1. Basic demography of the parents of children with diarrhoea (n=200)

<i>Variable</i>	<i>Frequency</i>	<i>Percent</i>
Socio-economic status		
n=(195) < Rs.10,000/m	2	1
10,001 - 20,000/m	23	12
>Rs. 20,000/m	170	85
Education of father n=		
(197) No education	6	3
Madrasa	0	0
Middle	2	1
Metric	19	10
Graduation	170	85
Education of mother		
n=(198) No education	13	7
Madrasa*	1	0.5
Middle education	8	4
Matric	48	24
Graduation	128	64
Occupation of father n=		
(196) Unemployed		
Student	0	0
Self employed	21	11
Job	167	84
Other	8	4
Occupation of mother n=		
(198) House wife	180	90
Student	0	0
Self employed	2	1
Job	16	8
Other	0	0

*Muslim private schools with core emphasis on Islamic studies and Arabic literacy. It is a privately-operated school which relies on the support of the local community or foreign donors, particularly from Islamic or Muslim countries²¹

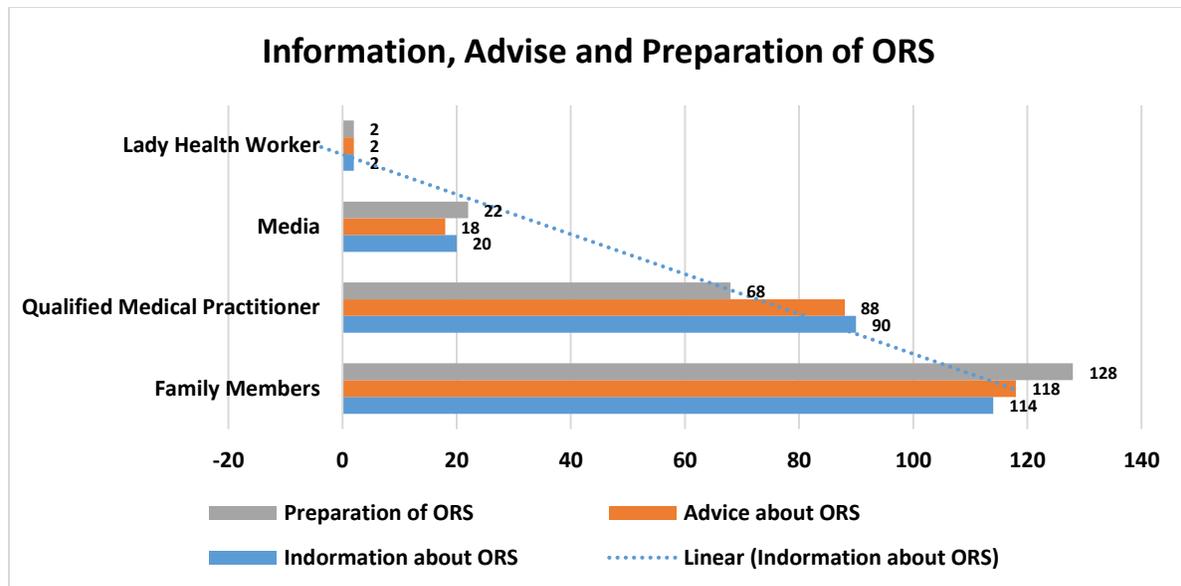
Table 2. Knowledge, Attitude and Practice (TAA) of mothers on ORS, (n=200)

<i>Knowledge</i>	<i>Frequency</i>	<i>Percent</i>
What is diarrhoea? (n=199)		
Loose stools < 5/day	105	53
Loose stools > 5/day	94	47
What is ORS? (n=199)		
Salt	101	51
Anti-diarrhoeal	34	17
Glucose	29	15
Water	15	8
Drug	3	2

Don't know	17	9		
How long ORS should be used? (n=196)				
Same day	60	30		
Till cure	136	68		
How to prepare ORS?				
Yes	164	82		
No	36	18		
Attitude				
Have you ever given ORS (n=195)				
Yes	168	84		
No	27	14		
ORS is (n=196)				
Good in diarrhoea	180	90		
Use less in diarrhoea	6	3		
No response	10	5		
Stop feeding during diarrhoea (n=199)				
Yes	64	32		
No	135	68		
Practice				
What is doing during diarrhoea in child? (n=196)				
Just wait	28	14		
Feed at home	25	12		
See a doctor	141	71		
Stop ORS in vomiting during diarrhea				
Yes	71	36		
No	129	65		
Yes			106	53
No			91	46

Table 3. Information, advice and preparation of ORS (n=200).

	Family member	Qualified medical practitioner	Media	LHW
Information about ORS	114 (57%)	90 (45%)	20 (10%)	2 (4%)
Advice about ORS	118 (59%)	88 (44%)	18 (9%)	2 (1%)
Preparation of ORS	128 (64%)	68 (34%)	22 (11%)	2 (1%)



Use anti diarrhea drug during diarrhoea (n=197)

DISCUSSION:

Diarrhoea is a major cause of illness and death among young children in developing countries. Treatment guidelines issued by the World Health Organization indicate that most cases of childhood diarrhoea can be treated at home by increasing the fluid intake and by continued feeding during the diarrheal episodes. Oral rehydration and early re-mentation have dramatically reduced mortality and morbidity in acute infectious diarrhoea in children [4]. In this study mean age of the mothers was 28.7 ± 3.7 years and range being 20-42 years. Regarding the source of information on the use of ORS, 57% of the mothers obtained information from family member; 45% by qualified medical practitioner, 10% through media and only 2% credited to Lady Health Worker (LHW) [6]. In a study conducted by Sultana and colleagues [9] it was found that 20% of the mothers got information on the use of ORS from their mothers, 37% from doctors and 25% through media. A study conducted in Lahore [10] revealed that 114 (75.8%) mothers came to know about ORS from a health personnel and from a doctor in a majority of cases. Findings in our study could be explained on account of the fact that the hospital is catering medical need of middle to upper socioeconomic class and Lady Health Worker involvement in such community is less [7]. Such information given through qualified medical practitioner was significant. As most of the women were literate, they believed in qualified medical practitioners [8]. Fifty-seven percent mothers gaining information by family members in this context portrayed good family setup in our society. Results on

the advice of ORS and preparation of ORS use were similar [9]. Regarding the meaning of diarrhoea, in this study 94 (47%) answered correctly as large watery stools more than five per day. On the contrary Data and colleagues [11] demonstrated that 68% of the mothers knew the understanding of diarrhea [10].

CONCLUSION:

Understanding of mothers on diarrhea and ORS was not satisfactory; 53% and 51% respectively. On the other hand, knowledge on preparation of ORS, perception of ORS and seeking doctors' advice were satisfactory; 82%, 90% and 71% respectively.

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