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Research Article

**STUDY OF KNOWLEDGE, ATTITUDE AND PRACTICE OF  
MOTHERS TOWARDS USE OF ORS FOR THEIR CHILDREN  
DURING DIARRHOEA**<sup>1</sup>Dr Muneeba Gulzar, <sup>2</sup>Dr Talha Arshad, <sup>3</sup>Dr Hafiz Muhammad Adnan Haider.<sup>1</sup>WMO, BHU Kalyanpur, Bhera, Sargodha.<sup>2</sup>MO, BHU Chak Saida, Bhera, Sargodha.<sup>3</sup>MO, THQ Hospital, Silanwali.**Abstract:**

**Objective:** To assess knowledge, attitude and practice of mothers regarding use of ORS for their children during diarrhea. **Methodology:** This KAP study was conducted at Dar-ul-Sehat hospital Karachi from May to October 2016. The 200 mothers of children suffering from diarrhea were randomly selected. Those were enrolled in study brought their children to hospitals. The local residents of the area were unable to understand a few questions being asked by them. **Results:** 28±3 years was the mean age of mothers. Mean age of children was 20±16 months. Monthly income of 85% families was almost 20,000 PKR. Most mothers were qualified till graduation (n=170, 85% and n=178, 65%). 87% fathers were employed. 90% mothers were house wives. Understanding of term diarrhea was seen in only 47%. ORS was known by only 51% mothers. ORS is beneficial for diarrhea management, this fact was known by 90% mothers. 71% females preferred consulting the doctor before starting ORS to their children. **Conclusion:** Majority of mothers had well understanding about diarrhea. The benefits of ORS in diarrhea were known by almost 80% mothers. Most of them preferred taking doctors' opinion before starting self-treatment for diarrhea.

**Key Words:** Diarrhea, ORS, mothers, knowledge, attitude, practice.**Corresponding author:****Dr. Muneeba Gulzar,**

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**INTRODUCTION:**

Diarrhoea is one the common illnesses seen in children under 5 years age. Children who feed the mother milk substitutes suffer diarrhea more commonly than those who are on exclusive breastfeed during infant stage of their life. Deaths due to diarrhea are 1.5 to 5 million per year. On average, every child suffers diarrhea three times in a year in developing countries [3].

The basic knowledge of mothers about diarrhea and benefits of ORS in diarrhoeal diseases depend upon their education, socioeconomic status, race etc. [2] ORS and ORT was introduced by WHO and UNICEF in 1970s for the management of childhood diarrhea [5]. The awareness about ORS use among mothers was tested by Chiabi A, et al. 66.3% mothers were practicing good regarding use of ORS for managing diarrhea in their children. The various factors influencing use of ORS were maternal education, family socioeconomic status, health awareness and education, conditions in which family living [5].

Similar effect was studied by Amanat A, et al. and results were 85% females had good knowledge about using ORS [1]. ORS was offered to 390 females, out of which 279 females used ORS for management of diarrhea of their children [2].

**METHODOLOGY:**

200 mothers were selected randomly. Study was conducted at Dar-ul-Sehat hospital, Karachi. Study design was descriptive, cross sectional. 90% used ORS, 139 females were selected in the beginning. Sampling was done by using WHO calculator with CI 95% and precision of 0.05. Total 200 women were enrolled later. There was volunteer participation of mothers visiting indoor and outdoor clinic of pediatrics department. Informed written consent was

taken from all who participated. Mothers of children <5 years age group who visited pediatric department for treatment of diarrhea were considered part of study population. There was language understanding problem, all mothers were not able to understand the inquired details. Permission was taken from head of pediatric department. Informed written consent was taken from all mothers. Mothers were ensured that the confidentiality of information provided by will be maintained. The treatment of their child will not be affected even if mothers leave the study or refuse to participate. Questionnaire was designed to collect the information. All participants were interviewed by doctors or medical students. Questions which were difficult to be understood by mothers were well explained.

SPSS 17 version was utilized for data analysis. Main dependent variable was maternal awareness about ORS. Independent variables were socioeconomic status, employment, education etc. Mean and its SD was calculated from mother and child's age. KAP was calculated in frequencies.

**RESULTS:**

The mean maternal age was  $28 \pm 3$  years.  $20 \pm 16$  months was the mean age of child. 85% families were earning 20,000 PKR per month ( $n=170$ ). Majority mothers were qualified till graduation ( $n=170$ , 85% and  $n=128$ , 64%). 167 fathers were employed, which was 87% of total. 90% females were house wives. 47% females had better understanding of term diarrhea. ORS and its benefits were known to 51% females. 90% of females considered ORS an effective tool for diarrhea treatment. 71% females preferred taking doctors' opinion before starting self-treatment. The information about ORS was obtained from family members.

Table:1 Family demographic details.

Variable	Frequency	Percentage
<b>Educational status</b> (n=197)	6	3
uneducated		
Madrassa	0	0
Primary	2	1
High School	19	10
Graduation	170	85
<b>Maternal education</b> (n 198)	13	7
uneducated		
Madrassa	1	.5
Primary	8	4
High school	48	24
Graduation	128	64
<b>Monthly income</b> < Rs. 10,000	2	1
Rs 10,001 to 20,000	23	12
>20,000	170	85
<b>Paternal occupation</b> n 196	0	0
Unemployed		
Student	0	0
Self-employed	21	11
Job	167	84
Others	8	4
<b>Maternal occupation</b> n 198 house wifes	180	90
Student	0	0
Self-employed	2	1
Job	16	8
Others	0	0

Table: 2 KAP of mothers about ORS

KNOWLEDGE	frequency	Percentage
Loose motion <5 days	105	53
Loose motion >5 days	94	47
What is ORS?		
Salt	101	51
Anti-diarrhoeal	34	17
Water	29	15
Sugar	15	8
Drug	3	2
Don't know	17	9
For how ORS should be used?		
Same day	60	30
Till recovery	136	68
How to prepare ORS?		
Yes	164	82
No	36	18
<b>ATTITUDE</b>		
Have you ever used ORS?		
Yes	168	48
No	27	14
ORS is?		
Good	180	90
Useless	6	3
No response	10	5

Stop feeding during diarrhea?		
Yes	64	32
No	135	68
<b>PRACTICE</b>		
What is doing during diarrhea in child?		
Nothing	28	14
Feed at home	25	12
Visit doctor	141	71
Stop ORS if vomiting occurs?		
Yes	71	36
No	129	65

Table: 3 Use of anti-diarrhoea drugs.

Anti-diarrhoea drugs use	frequency	Percentage
Yes	106	53
No	91	46

**DISCUSSION:**

In a KAP survey conducted in Ibadam, Nigeria it was observed that 80% females had awareness and knowledge about use of ORS but it's was practiced only by a few. 73% individuals preferred taking their children to hospital, instead of starting ORS at home. Thus, association between mothers' knowledge and practice was not statistically significant [3]. In Nepal the percentage was low, 8.5% females had accurate knowledge about purpose of using ORS in diarrhea, i.e. to prevent the dehydration and electrolyte imbalance [4,9].

Self-medication and quack practice in developing countries is very common. The ratio of using ORS by developing countries population is high [6]. Due to lack of facilities to reach hospitals and due to poor health care services people prefer managing diseases at home according to their own knowledge. The increase in public awareness programs regarding benefits of using ORS at home during diarrhea can help reducing complications and death rate due to diarrhea [7,8].

**CONCLUSION:**

Majority of mothers had well understanding about diarrhea. The benefits of ORS in diarrhea were known by almost 80% mothers. Most of them preferred taking doctors' opinion before starting self-treatment for diarrhea.

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