

**ASSESSMENT OF CARE-TAKERS KNOWLEDGE, PRACTICE AND  
ATTITUDES IN THE MANAGEMENT OF DIARRHEA IN  
CHILDREN BELOW FIVE YEARS IN**

**NAWAMPITI PARISH**

**BY**

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**DECLARATION**

I Kalenzi Stanley hereby declare that this research report is my original work and has never been submitted, in the same or different form to any university or tertiary institution for any academic award.

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Sign ..... Date.....

**APPROVAL**

I certify that this research report has been prepared under my supervision

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Sign..... Date .....

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Master degree in anatomy.

## **DEDICATION**

This research report is dedicated to my family members who have never got tired of supporting me with finance, good morals and prayers. May God bless you.

## **ACKNOWLEDGEMENT**

I appreciate all persons whose contribution in one way or the other has assisted me in preparing this write-up. I am equally indebted to my supervisor Mr. Kairania Emmanuel for all the guidance and support.

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## **LIST OF ACRONYMS**

CDC	CENTER FOR DISEASE CONTROL
CDD	Control for Diarrheal Disease
MOH	Ministry of Health
UBOS	Uganda Bureau of Statistics.
S.S.S	Salt Sugar Solution
ORS	Oral Rehydration Solution
WHO	World Health Organization

## OPERATIONAL DEFINITIONS

**Diarrhea:** Is the passage of 3 or more loose or liquid stools per day, or more frequently than is normal for the individual

**Prevalence:** This is both the old and new cases of a disease in a given community under study

**Epidemic:** Any disease affecting a large number of people than usual in a given time

**Risk factor:** Is a characteristic statistically associated with although not necessarily causally related to an increased risk of morbidity or mortality.

**Episodes:** An important event or series of events taking place in the course of continuous events.

**Symptom:** Any morbid phenomenon or departure from the normal in structure, function, or sensation, experienced by the patient and indicative of disease.

## ABSTRACT

**Introduction:** IN Uganda diarrhea is among the leading causes of childhood morbidity and mortality. Uganda had the highest number of under-five child deaths (145,000) in the world and is one of the 42 countries in the world that contribute about 90% of all under five childhood deaths in the world. Diarrhoea can occur as a symptom of many different illnesses, and as a side effect of some drugs.

**Objective:** the study aimed at determining the knowledge practice and attitude that care takers have in managing of diarrhoea in children five years of age and below as well as establishing the treatment given

**Method:** data was collected from 75 people among the community by use of preceded response schedule, any child care taker of any sex and sex who was found in the home stead five years of age and consented to be interviewed was recruited in this study. the data was than analyzed Microsoft word, results presented in a table form and short comments were discussed

**Results:** the mean age of respondents was 37 years; the majority of the respondents were females 96%. The largest population 41.3% had attained formal education, while at least 36% had primary level education. 40% percent of the respondents mentioned using ant diarrheal drugs and 40 percent of the care takers gave oral fluids instead of drugs. 90.7% of the mothers knew about ors but only 29% of these knew how to prepare it. 42.7% of others knew about sugar salt solution but only 9.4% could prepare it well. 96% of the respondents had positive attitude towards treatment while 46% did not believe in using traditional treatment. 25.3% believed in using both traditional and medical treatment medicine. 40% of the mothers believed that increased feeding Intensifies diarrhea

**Discussion:** poor knowledge was associated with low education level, most respondents were house wives, and most population subsides on peasant farming and small scale trading hence poor knowledge including poor practice and knowledge and attitude were found in area of low social economic status than else where

**Conclusion:** according to the findings, therefore the conclusion is that most respondents still lack adequate knowledge, appropriate practice and attitude about treatment of diarrhea in children





## CHAPTER ONE

### 1.0 INTRODUCTION

#### 1.1 Background

Diarrhea refers a change in bowel habit for the individual child resulting in substantially more frequent and/or looser stools. It is the most important public health problem connected to water and sanitation and can be both “waterborne” and “water-washed”. (K. Armon, 2008)

In recent decades, a consensus developed that the key factors for the prevention of diarrhea are sanitation, personal hygiene, availability of water and good quality drinking water; and that the quantity of water that people have available for hygiene is of equal or greater importance for the prevention of diarrhea as the bacteriological water quality (Jensen PK, 2004).

Globally, there are nearly 1.7 billion cases of diarrheal disease every year where each year it kills around 760,000 children under five Diarrheal diseases is the second leading cause of death in children under five years old though it is both preventable and treatable. (WHO, 2014).

Diarrheal diseases have long been established as a leading cause of morbidity and mortality throughout the world, where an estimated 3-5 billion diarrheal illness and 5-10 million diarrhea-related deaths occur annually among those living in Africa, Asia, and Latin America (Kebede et al., 2005). The highest rates of child mortality are in Sub-Saharan Africa and Southeast Asia. An estimated 1.7 billion episodes of diarrhea, equaling approximately 2.9 episodes per child per year, created health system costs of about 7 billion US dollars (Hutton G, 2004).

In developing countries, diarrhea is among the leading causes of childhood morbidity and mortality. An estimated one billion episodes and 2.5 million deaths occur each year among children under five years of age. About 80% of deaths due to diarrhea occur in the first two years of life (Urio EM, 2001).

In the year 2000, Uganda had the highest number of under-five child deaths (145,000) in the world and is one of the 42 countries in the world that contribute about 90% of all under five childhood deaths in the world, At 134 deaths per 1000 live births, Uganda has the worst under five mortality rate of the three east African countries (Black et al., 2013).

Diarrhoea can occur as a symptom of many different illnesses, as a side effect of some drugs or may be due to anxiety among other things. Diarrhea results from an imbalance in the absorption and secretion properties of the intestinal tract; if absorption decreases or secretion increases beyond normal, diarrhea results. It can range in severity from an acute, self-limited annoyance to a severe, life-threatening illness.

Infectious or noninfectious causes may be responsible for acute diarrhea and, in selected patients, both can occur simultaneously. Noninfectious causes of diarrhea include drugs, food allergies, primary gastrointestinal diseases such as inflammatory bowel disease, and other disease states such as thyrotoxicosis and the carcinoid syndrome (Mayer HB, 1994).

A variety of infectious diseases cause acute diarrhea. It is useful to categorize infectious diarrheal diseases by the p(Christa L et al,2013). Torsion of the intestine that they are prone to infect since the presenting symptoms vary by region of the intestine involved in disease (Wanke, 1996).

Managing diarrhea at home is quite common among rural mothers, but their level of knowledge is poor Perception of the seriousness of diarrhea or other health related conditions is a paramount factor for seeking healthcare (Nhampossa THF, 2013). There is a practice of reducing and even stopping fluids during diarrhea (Manijeh K et al, 2013; Christa L et al, 2013). Despite universal popularity of oral rehydration solution (ORS) in preventing dehydration due to diarrhea, its use in practice is very low (Christa L et al, 2013, Jill W et al, 2010)

The poor practice of using ORS is accompanied by its incorrect preparation which is related to lack of mothers' prior experience (Gurpreet K, et al 2011;GAPPD, 2013)

This study will be conducted to determine mothers' knowledge, attitude and practice about diarrhea and its management at home.

## **1.2 PROBLEM STATEMENT**

According to Black (2013), diarrhea is the leading cause of morbidity and mortality in children under 5 years of age worldwide. The burden is more prevalent among children in developing countries (where Uganda is found) (Fisher &Walker, 2012). In the whole world, half of the diarrhea related deaths among children under 5 years occur in Africa (WHO, 2007).

Many caretakers are said to lack health-seeking behaviors in cases of illness, while others are known to resort to use of traditional means. It is also a common practice for the mothers or caretakers to buy drugs and give them to children (self-medication) with a diarrheal attack. This means that there is more need for the implementation process of the WHO and CDD recommendation on diarrhea. The caretakers' knowledge, practices and attitude towards the treatment of diarrhea becomes an area of concern. Usually bad practices result from wrong attitudes or beliefs.

Diarrhea is on an increase in Kaliro district, yet data and information about caretakers' knowledge, practices and attitude towards diarrhea treatment remains scarce as no studies have previously been done to establish this, thus inadequate or misguided response towards this health problem.

### **1.3 STUDY SIGNIFICANCE**

Unlike other diseases, diarrhea is generally not considered as an illness and, thus most diarrheal cases are either not managed at all or managed at home through traditional approaches (Avita A et al, 2010). About one half of children under five years are not taken to any healthcare center and about one-third of the children with diarrhea do not receive any treatment at all (Geldsetzer P et al, 2014). It is in view of all that therefore that I desired to carry out a study to assess the knowledge, practices and attitudes of care takers about the treatment of diarrhea in children under 5 years.

The findings from this study will guide stakeholders and policy makers in formulating and implementing health programs to improve the situation.

### **1.4 STUDY OBJECTIVES**

#### **1.4.1 BROAD OBJECTIVE**

To assess caretakers towards the treatment of diarrhea in children under 5 years in Nawampiti parish.

#### **1.4.2 SPECIFIC OBJECTIVES**

- To assess the knowledge of care takers about the treatment of diarrhea in children under 5 years in Nawampiti parish.



- To assess the practices of care takers in the treatment of diarrhea in children under 5years in Nawampiti parish.
- To determine the attitudes of care takers towards the treatment of diarrhea in children under 5years Nawampiti parish.

### **1.5 RESEARCH QUESTIONS**

- What do caretakers in Nawampiti parish know about the treatment of diarrhea in children under 5years?
- Which practices do caretakers in Nawampiti parish do in the treatment of diarrhea in children under 5years?
- What attitude do care takers in Nawampiti parish have towards the treatment of diarrhea in children under 5years?

### **1.6 SCOPE OF THE STUDY**

#### **1.6.1 TIME SCOPE**

This study will be conducted between February 2017 and March 2017.

#### **1.6.2 GEOGRAPHICAL SCOPE**

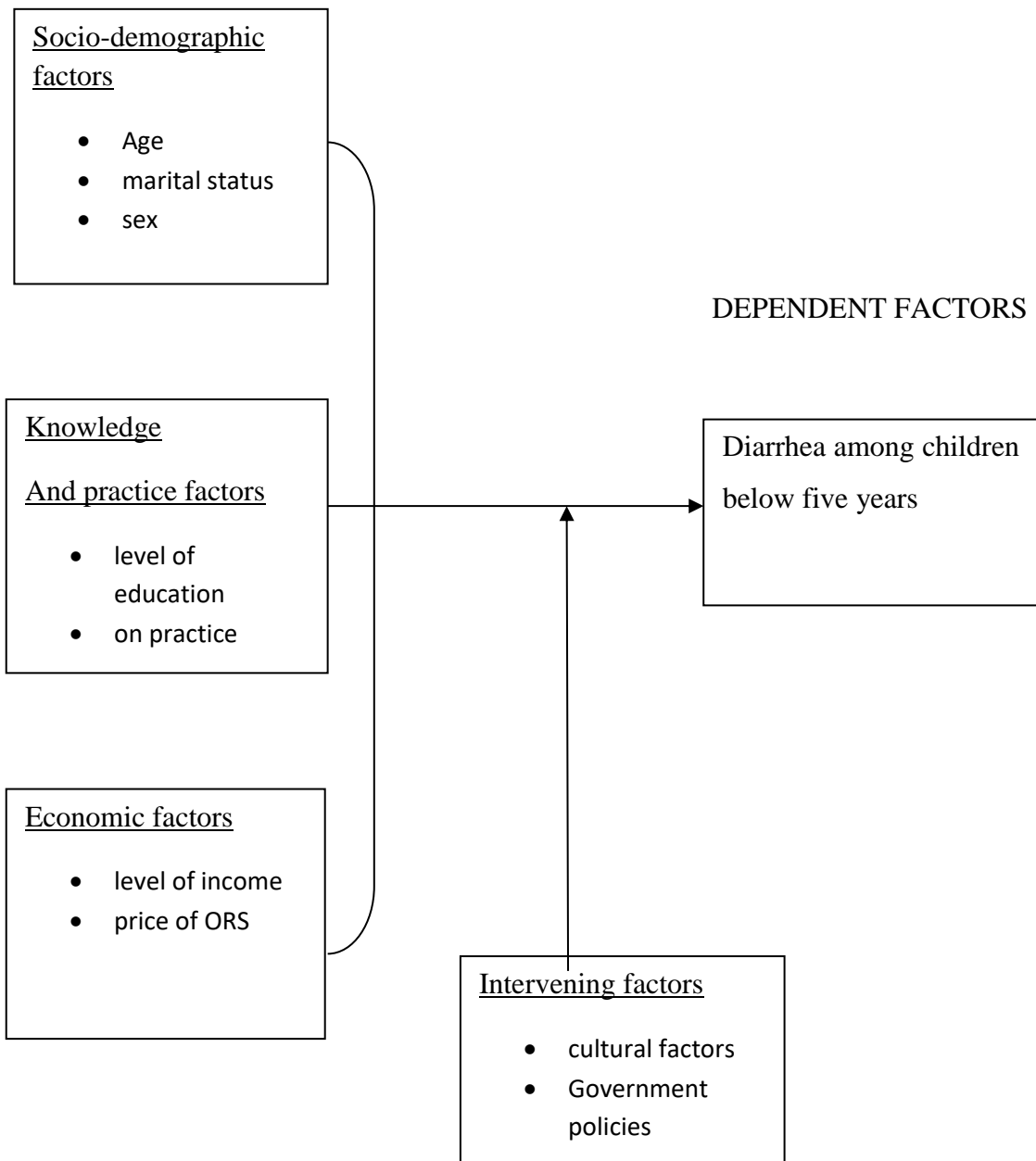
The study will be conducted in Nawampiti Parish in Kaliro District-Eastern Uganda.

#### **1.6.3 CONTENT SCOPE.**

The study will assess the knowledge, establish practices and determine attitudes of care takers towards the treatment of diarrhea in children under 5years in Nawampiti parish.

## 1.7 CONCEPTUAL FRAME WORK

### INDEPENDENT FACTORS



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 PREVALENCE OF DIARRHEA**

Diarrhea remains among the leading cause of child mortality around the globe (UNICEF, 2012). It is responsible for 1.7 million morbidity and 760,000 mortality of children every year (WHO, 2014). These children die often due to complications mostly, of which dehydration is the most serious.

It is imperative to note that most deaths (90.0%), due to diarrhea occur in South Asia and Sub-Saharan Africa (Christa et al, 2013). Uganda remains among the 15 countries that account for almost three quarters of all deaths from diarrhea among children under five years old where a single child is known to experience an average of 3.2 episodes per year (Nhampossa, 2013). The highest numbers of childhood deaths were in Sub-Saharan Africa, where 50.00% of deaths from diarrhea occurred in 2011 (Christa et al, 2013), a clear indication that the most severe of outcomes of diarrhea are concentrated in the highest burdened countries.

Uganda is the ninth in the whole world among countries with the highest mortality rate due to diarrhea with approximately 29,300 child deaths occurring every year due to the disease (WHO, 2013). This has transformed into severe economic repercussion in terms of treatment.

#### **2.2 KNOWLEDGE, PRACTICES AND ATTITUDES OF CARE TAKERS TOWARDS THE TREATMENT OF DIARRHEA IN CHILDREN UNDER 5 YEARS**

It is a known fact that caretakers play a key role in managing childhood illness (Atul et al, 2014). The perception and attitude of caretakers about the severity of diarrheal illness ultimately determines the level of preventive efforts and subsequent rate of seeking for treatment in case the child develops diarrhea (Sakisaka et al, 2010).

Although O.R.S can adequately prevent dehydration, the immediate child care providers may not be well educated about its use.

In a study to determine caregivers' perception, knowledge and practice of home management of diarrhea among children under five years at the Diarrhea Training Unit of Port Harcourt University Teaching hospital in southern Nigeria reported that of the 157 caregivers, 49.7%

gave their children Oral Rehydration Solution (ORS) and 28.0% gave different types of drugs consisting of antibiotics, anti-malarial, anti-motility agents, Zinc and Teething mixtures. (Boma, 2013)

In that very study, the highest scored knowledge-based question was the awareness of use of ORS in the home management of diarrhea while the lowest scored was the knowledge of correct preparation of Salt Sugar Solution (SSS). Of the 157 respondents, 89.9% were aware of the use of ORS in the home management of diarrhea and 7.0% had correct knowledge of the preparation of SSS. The highest scored practice questions were continuing feeding / breast feeding during a diarrhea episode while the lowest scored was the use of Zinc in the home management of diarrhea.

Of the 157 respondents, 93.6% continued feeding the child during a diarrhea episode and 25.5% used Zinc as part of the home management of diarrhea. Of the 8 caregivers who stopped breast feeding during diarrhea, 3 stated that the child refused to suck, 2 thought it worsens the diarrhea, 2 gave no reasons and 1 thought it made the child weak. Of the 10 caregivers that stopped other feeds during diarrhea, 4 thought it caused vomiting, 3 gave no reasons, 2 stated that the child refused feeds during diarrhea and 1 thought the food was too sugary. Health workers therefore have an active role they should perform in the treatment of diarrhea in the communities, especially in the health education process. In a study carried out to find out the extent of implementation of WHO concerning the use and prescription of ORS in Saudi Arabia; out of 247 infants admitted, 149 had moderate (some to severe dehydration). However, only 55% were given ORS and 25% rehydrated. (King Fahad Hospital)

## CHAPTER THREE

### METHODOLOGY

#### 3.1 STUDY DESIGN

A cross sectional study was used to assess knowledge, practice and attitude of caretakers towards the treatment of diarrhea among children under five in Nawampiti parish.

#### 3.2 STUDY AREA

This study was carried out in Nawampiti parish found in Kaliro district-Eastern Uganda.

#### 3.3 STUDY POPULATION

The study population consisted of all caretakers attending to children under 5years in Nawampiti parish.

#### 3.4 SAMPLE SIZE DETERMINATION

The average total number of children under 5years in Nawampiti parish was 352(UBOS, 2014). The sample size was determined using Fishers *et al*, 2003.

$$n = \frac{z^2 p (1-p)}{d^2}$$

Where d = margin of error

n= minimum sample size

z=standard normal deviation set at 95% confidential level corresponding to 1.96

p= expected prevalence (proportion)

Therefore taking

$$p = 0.5$$

$$z = 1.96$$

$$1-p = 0.5$$

$$d = 0.1$$

$$\text{Thus } n = \frac{(1.96)^2 0.5(1-0.5)}{(0.1)^2}$$

n= 96 In this study the sample size was 96 respondents.

### **3.5 SAMPLING METHOD**

Simple random sampling method was used for qualitative data collection.

### **3.6 SELECTION CRITERIA**

#### **3.6.1 INCLUSION CRITERIA**

Mothers and caretakers with a child aged below five years in Nawampiti parish.

#### **3.6.2 EXCLUSION CRITERIA.**

Care takers below 15 years

### **3.7 DATA COLLECTION METHOD**

A structured questionnaire was used to collect data from the respondents in the parish.

Data was collected by conducting in-depth interview with the caretakers available at converging units during the time of data collection. Data was collected from Monday to

Friday for one month from may up to June in every morning before clinical work start.

### **3.8 DATA ANALYSIS**

After collecting data, it was computed using Microsoft word and analyzed.

### **3.9 DATA QUALITY CONTROL**

Data obtained was kept in safe custody and treated with confidentiality and then checking was done at the end of every working day to ensure correct and complete information.

### **3.10 DATA PRESENTATION PLAN**

Analyzed data will be presented in form of tables.

### **3.12 ETHICAL CONSIDERATIONS**

A letter of introduction was obtained from the faculty research unit after submitting the research proposal. The researcher introduced himself to the parish chief and L.C I chairpersons of the different villages. Data collected was treated with confidentiality through coding to avoid revealing of personal individual information. Informed consent was asked from all the research participants using an informed consent form signed by every participant. Participants who feel uncomfortable were allowed to withdraw at any moment in the data collection process without any penalty.

## CHAPTER FOUR

### DATA PRESENTATION AND ANALYSIS

#### 4.0 INTRODUCTION:

This chapter presents results of case study based on 75 respondents, the Results will be presented in table (in frequency and percentages).

#### 4.1 SOCIO-DEMOGRAPHIC FACTORS

##### 4.1.1 AGE

All respondents were in the age packet (25-34), (35-44) age and were more knowledgeable. The least age group <15years. This could be the age they expected to be at school and cases of sexual activities are reported in school and (above) (<65years).

**Table 1. Distribution of Respondent by age**

AGE GROUP	NUMBER	PERCENTAGE
<15	0	0%
15-24	7	9.3%
25-34	21	28%
35-44	21	28%
45-54	12	16%
55-64	9	12%
>or=65	5	6.7%
Total	75	100%

##### 4.1.2 RESPONDENTS BY EDUCATION LEVEL

According to the table 3 above 35 (46.6%) of respondent were just home wives and not employed. There was the majority category of the respondent. Yet Government employed ones were 6(8%) taking



The minority, were peasants and self-employed also included the house girls. 75 (100%) of the homes assessed how children between 0-5years, this is because the focus was on children <5years, so any home with such children were assessed

**Table 2. Distribution of Respondents by Education Level.**

OCCUPATION	NUMBER	PERCENTAGE
Peasant	23	30.7%
Self employed	11	14.7%
Government Employed	6	8%
House wife/ Coat Employed	35	46.7%
Total	75	100%

#### **4.1.3 DISTRIBUTION OF RESPONDENT BY GENDER**

Out of the 75 respondent interview 72 (96%) were females while only 3 (4%) were males. The other factor that was examined was marital status of respondent were 51(68%) were married while 13(5.3%) were single, 7(9.3%) had separated and 4(5.3%) widowed. However, ways of how caretakers heals (treat) diarrhea out have was another factor that was assessed. The findings in table 5 below.

**Table 3. Distribution of respondent by gender.**

GENDER	NUMBER	PERCENTAGE
Male	3	4%
Female	72	96%
Total	75	100%

#### **4.1.4 CARETAKER’S WAYS (KNOWLEDGE) OF DEALING WITH DIARRHEA.**

According to table 5, Although majority 33(44%) of the respondents showed that they adapted use of anti-diarrhea drugs, It is worth noting that at least 30(40%) appreciated that giving plenty of oral fluids for treating diarrhea at home was logical, 4(5.3%) suggested use of herbs and

6(8%) could just rest the child out home and observe them conditions. This was the minority number. Furthermore, caretaker practices towards breast feeding children during diarrhea were also assessed as in the table below.

**Table 4. Caretaker’s ways (knowledge) of dealing with diarrhea.**

INTERVENTION	NUMBER	PERCENTAGE
Use plenty of fluids.	30	40%
Use anti-diarrheal drugs bought from clinics.	33	44%
Use herbs.	4	5.3%
Take children to hospitals.	6	8%
Let child rest while observe it.	2	2.7%
Total	75	100%

**4.1.5 PRACTICES AND ATTITUDE OF RESPONDENTS TOWARDS BREAST FEEDING.**

35(46.7%) being the majority actually did continued with breast feeding even more often than usual, 33(44%) stopped breast feeding yet 7(9.3%) continue breast feeding their children but as usual. Source of survey data.

In often to determine their attitude (if the respondent appreciated the importance of breast feeding in diarrhea, they were asked whether they will contain breast feeding their children more often.

Caretaker’s knowledge and attitudes towards use of anti-diarrheal drugs was also assessed 45(60%) of respondents thought that of diarrhea the anti-diarrheal drugs are always needed to treat every occurrence of diarrhea, while 30(40%) realized that drugs are not needed in treatment of diarrhea.

**Table 5.practices and attitude of respondents towards breast feeding.**

PRACTICE	NUMBER	PERCENTAGE
Continue breast feeding more often.	35	46.7%
Stop breast feeding.	33	44%
Continue breast feeding as usual.	7	9.3%
Total	75	100%

## CHAPTER FIVE

### 5.0 INTRODUCTION.

This chapter highlights the main findings in the study of the relationship between occurrences of diarrhea in particular homes and knowledge, practice and attitude of caretakers in the same homes was examined. It involved reviewing records of 75 respondents with in a period of four years.

It was found that there is an appreciable association between occurrence of diarrhea and knowledge, practice and attitude, In that diarrheal cases were found more and being more severe in homes with little knowledge, or wrong practice, or attitude towards the diarrhea management.

The results therefore justify the statement of the problem. However, this association does not satisfactorily illustrate the reason as to why the mortality rate due to diarrhea remains high. This means that there are other factors, together responsible for the mortality rates, a further study should therefore be carried out to determine other factors contributing to the high mortality rates in the community.

### 5.1 DISCUSSION.

A population of 75 respondents, whose average age was 37 years, were interviewed. This therefore is an adult population whole interviewed this therefore is an adult population whose opinions were reliable. The majority of the respondent fell in the age range of 25-44, normally this is the critical reproductive age group. So considering the target group of children below 5 years, Most of these were mothered by the respondent in the age group.

More women were interviewed than men. Women are more involved in care of children at home than the men, who usually leave the home either work or otherwise, most women remain to take care of the home and so they have updated information about children. In fact homes in which both parents were present; the father would refer the researcher to the mother.

Most of the respondents 51(68%) were married. As most married people have children below five years, So chances of finding a child below 5 years was then high in the married than singles or any other category.

The educational level showed that largest population of the respondents had not attained any formal education, 31(41.3%) while 27(36%) had primary level school education, 5(6.7%) had reached tertiary level, so most of them being considered illiterate. When education level was examined against caretakers knowledge, Practice and attitude towards the management of diarrhea, significantly we realized poor knowledge practice and attitude was more in uneducated than in well educated. Therefore health education messages must be designed in such a way that can easily be understood by members of such communities

The occupation status of respondents shared that 35(46.7%) were house wives and the rest divided away peasants, self-employed and few 6(8%) were government employed. Most population here subject are forming and small scale trading as their economic activity and they are then below low socio-economic status. Poor knowledge practice and wrong attitude has been found to be more prevented in areas were the socio-economic status of population in low, by various studies.

It was found that majority of the adapted use of anti-diarrheal drugs as an interview to away with every occurrence of diarrhea, So it can be observed that majority of the population does not know when drugs should be indicated and when not. These are therefore considered ignorant about significance of use of plenty of fluids and also how diarrhea affects the children. However, 30(40%) appreciated the use of oral fluids at home, this category being considered to be having some knowledge of how to deal with diarrhea at home.

Meanwhile few could take the children to hospital (health faculties) in every occurrence or re-occurrences of diarrhea, all showed that they know to manage diarrhea at home. It is a better step than practice of just observing the child at home by other respondent.

Furthermore 4(5.3%) suggested the use of herbs. This is consistent with the study carried out in Uganda (kondeet 2010) which showed that herb treatment is widely used (source of survey data).

The majority of respondents gave more feeds than usual, In case of occurrence of diarrhea. If did not necessary mean that respondent's understood the importance of extra feeding. It could be because there is generally a practice of caretakers tending to accumulate various fluids to their sick children and encourage them to feed. The practice any how is assessing in disguise to the child as it is beneficial in replacing the fluids lost from the body, never the less

respondents who either feed the children as usual or with less feed are therefore considered ignorant about the use and value of extra feeding.

It was realized that most caretakers give fruits, juice to their children when they get diarrhea. It means a positive practice in treatment of diarrhea in such communities, Juice fruits are readily available, It is however crucial to establish that fruit juices are of treatment is employed.

Yogurt could also be helpful, but only harm full of respondents can afford it due to socio economic status. Other fluid feeds given (porridge, milk, rice water, bean soup, ordinary tea) were given depending on availability and affordability. Furthermore very few caretakers can afford own special dishes (food) that could be more useful in diarrhea and this could explain the persistent of diarrhea to complication.

Breast feeding was contributing factor looked out, More interestingly mothers/caretakers continues to breast feeding more than usual in cases of diarrhea. These have a positive attitude towards breast feeding as opposed to those who stop, thinking that increases diarrhea intensity.

## **5.2 CONCLUSION.**

The following conclusions were drawn from the findings.

Majority of caretakers do not know to deal with/treat diarrhea at home, so diarrhea remains a menace in most communities and many use anti-microbial agents alone without thinking of oral fluids.

Continued breasting feeding and giving extra feeds during diarrhea is however, widely practiced by caretakers.

Majority of caretakers at least know about O.R.S every after are able to prepare it and administration of O.R.S every often episode of diarrheal attack carried out by majority of caretaker and proportion of caretakers do not use calibrated measuring aids to help them administer the correct quantities of O.R.S instead they use ordinary house hold utensils.

Lack of health seeking behavior is not the major problem for childhood diarrhea fatality, because most caretakers always took children to health units where even diarrhea worsened.

Caretakers have positive attitude towards medical management of diarrhea than traditional treatment, including use of herbs.

### **5.3 RECOMMENDATIONS.**

The study was in Nawampiti parish, the researcher recommended how visiting programs by health workers should be started so that health education on what has been observed to attribute towards diarrhea in particular families can be done.

Emphasis should be put on the use of oral fluids rather than the practice of buying drugs.

Mothers should be appreciated and encouraged to continue breast feeding during diarrhea and should be educated more about the preparations of O.R.S in a much simple way and directed how they can use the available utensils to measure the correct amount of O.R.S to be given.

The community should be sensitized about the role of scientific management of illness to help them develop a positive attitude towards it rather than the traditional/use of herbs.

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**APPENDICES**

**APPENDIX I: CONSENT FORM**

Dear respondent

I Kalenzi Stanley, a student of Kampala international university pursuing a diploma in clinical medicine and community health, hereby conducting a study entitled “Assessment of caretakers in the management of diarrhea in children below 5years in Nawampiti parish.

Participation is entirely voluntary as the study is not funded by any organization. You are hereby requested to participate. For confidentiality guarantee, your name shall not appear anywhere, apart from your right thumb print.

I have been educated and I hereby consent to participate as the researcher given me full information.

Right Thumb Print

Witness

.....

.....

Date: .....

Date: .....

## APPENDIX II: QUESTIONNAIRE

This questionnaire is intended to assess the knowledge, practices and attitudes of mothers/care takers towards the treatment of diarrhoea in children under 5 years of age in Nawampiti parish.

### INSTRUCTIONS

Answer all the questions by either: Ticking the alternatives that apply to you OR filling the appropriate information in the provided space or box.

### IDENTIFICATION

Village.....

Code No.....

Child's sex.....

### SOCIO-DEMOGRAPHIC DATA

#### 1. Marital status

a) Single

b) Married

c) Widowed

d) Divorced  e) others specify.....

#### 2. Religion

A-Catholic

B-Moslem

C-Protestant

D-Sevenths day Adventist

3. Highest Educational level attained.

A-None  . C- Primary

B-Secondary  d- Tertiary/University

4. Occupation.

a- Peasant  c-Government employed

b- Self-employed  d- Unemployed  others specify.....

**Knowledge and Practice of Caretakers about Diarrhea Treatment**

5. Is there a child below 5years in this home? .....

6. If yes, how would you treat him/her when he/she develops diarrhea?

.....  
.....

7. Which one of the following opinions would you take in giving feeds (particularly fluid intake) to a child with diarrhea?

a. Giving less fluids than usual

b. Giving more fluids than usual

c. Give fluids as usual

8. What are some of the examples of feeds that would be given to such a child?

a. Fluids (drinks)

b. Solid food

9. Which one of the following opinions about breast-feeding would you take during and after diarrheal attack?

a. Continuing with breastfeeding more often.

b. Stop breast-feeding

c. Continue with breast-feeding but as usual

10. Do you think you will always need drugs to treat diarrhea?

A. Yes

A. No

11. If yes, which kind of drugs?

i) Pharmaceutical (medical) drugs

ii) Herbs

12. If no in (10) above, why?

.....  
.....  
.....

13. Do you know about the use of Oral Rehydration Solution (O.R.S) in treating diarrhea?

A) Yes

b) No

14. If yes, how would you prepare it?

.....  
.....  
.....

15. How often would you give the prepared "O.R.S" to the child during a diarrhoea attack?

.....

16. What would you use to measure the O.R.S at home?

.....

17. What amount of O.R.S would you need to give to a child in 24hrs?

a) Below 2years.....mugs/cups

b) Between 2-5years.....mugs/cups

18. Do you know how to prepare a salt-sugar solution (S.S.S) similar to a sachet of O.R.S, locally at home?

a)Yes

b) No

19. If yes, how would you prepare it?

.....

20. How would you tell that a child has less water in his body and therefore his condition is not improving?

.....

21. What would you do in case the child's condition worsened?

.....

### **Attitude Of Caretakers Towards Diarrhea Treatment**

22. What is your view about treating diarrhea traditionally with herbs?

.....

23. What is your view about treating diarrhea medically rather than traditionally?

.....

24. What is your opinion about treating diarrhea, both medically and traditionally?

**APENDIX v: MAP OF UGANDA SHOWING LOCATION OF KALIRO DISTRICT**

