

KNOWLEDGE, PREVENTION AND TREATMENT OF DIARRHEA IN UNDER 5 CHILDREN AMONG NURSING MOTHERS IN ABOH-MBAISE L.G.A, IMO STATEIbebuiké J. E.¹, Iquiro A. A.¹, Ibebuiké K. E.², Nwokike I. G.¹, Nnadozie E.¹ and Emmanuel B. C.*¹¹Department of Nursing Science, Faculty of Health Sciences, Imo State University, Owerri, Nigeria.²Department of Neurosurgery, College of Medicine, Imo State University, Owerri, Nigeria.

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ABSTRACT

The major purpose of this study was to ascertain the knowledge, prevention and treatment of Diarrhea in children 0 -5yrs among child bearing mothers in Aboh-Mbaise health Centre. To accomplish the research purpose, four research questions were formulated. The research design adopted for this study was descriptive. The sample size constitutes eighty mothers drawn from total population of two hundred. The instrument for data collection was twenty item questionnaires. The data was coded and analyzed using percentages and tables. Findings revealed that majority of mothers (87%) know what diarrhea is; only about 13% were ignorant of the disease prevention. Some of the respondents 12.5% agreed exclusive breast feeding can prevent it, others said immunization 7.5%, others personal and environmental hygiene, others 15% believed the adequate waste disposal while 50% agreed that combination of all the options will prevent the disease. The immediate management strategy of diarrhea in children 0 -5yrs was highlighted, and more than half of the respondents strongly agreed that ORS is very beneficial in diarrhea treatment. The last research question considered the benefits of proper management of diarrhea. From the above findings, it is important that both government and health care givers continue with the campaign on the prevention of diarrhea, importance of ORS in diarrhea disease treatment and timely health care utilization.

KEYWORDS: knowledge, prevention, treatment, diarrhea, children 0 -5 years, child bearing mothers.**INTRODUCTION**

Diarrheal disease remains one of the leading causes of preventable death especially among children aged under five years in developing countries (Yilgwan and Okolo, 2012).

Global per year for children under the age of five (Karambu, Matini and Kipto, 2013; Yilgwan and Okolo, 2012). Eight out of ten of these deaths occur in the first two years of life (UNICEF/WHO 2009; Mengistie, Berhane and Worku 2013). On the average children below three years of age in developing countries experience three episodes of diarrhea each year. In many countries, diarrhea including cholera is also an important cause of morbidity among older children and adults. Frequent or prolonged diarrhea can lead to poor nutritional status and repeated episodes of diarrhea can also leave children susceptible to other infection.

Diarrhea leads to death through dehydration. Although in developing nations, the number of deaths from diarrhea remains high. There has been substandard decrease, mainly attributed to the use of oral rehydration therapy (ORT).

According to WHO (2010) diarrhea disease control program (DDC) has been operational since 1980; almost all the countries of the developing world have planned and implemented control programs. The use of oral rehydration therapy in combination with early and prompt referral of cases to health facilities and immediate treatment will go a long way in reducing the complication. The disease can be acute or persistent among infants; this why the adverse of diarrhea arouses the researchers' interest to write on the knowledge prevention and treatment of diarrhea.

OBJECTIVES OF THE STUDY

The objective of the study includes:

- To determine the knowledge of diarrhea disease among child bearing mothers.
- To identify the immediate management strategies of children with diarrhea
- To identify benefits of management diarrhea

MATERIALS AND METHOD**Setting**

The research area was Aboh-Mbaise Local Government Area.

Target Population

John- Best (2010) defined target population as any group of individual who have one or more characteristics in common that are of interest to the researcher.

Population consisted of mothers who access medical services in Aboh –Mbaise Health Centre. This process took about four weeks, whereby a duplicate of these numbers were put into a container and a student nurse was asked to stir and pick out eighty (80) numbers from there which she did successfully.

The eighty (80) mothers with the picked numbers made up the sample. This method was used to give equal opportunity to be selected or not be selected to overcome bias and prejudice. Since the target population is 200, the researcher is 200, the researcher then sampled 40% of the target population employing the formula below:

$$\frac{40 \times 200}{1} = \frac{80}{1}$$

A sample size of 80 people was selected from the population using random sampling. The table below shows the percentage of the people.

Table 1: Sample Size.

S/N	Age Range	Population Size%	Sample size
1	15 -19	40	16
2	20 – 30	75	30
3	31 – 39	60	24
4	40 – 45	25	10
	Total	200	80

Method of Data Collection

The researcher went to Aboh Mbaise Health Centre on the infant welfare clinic days and on immunization days and distributed the questionnaires randomly after obtaining permission from health sister in charge, and consent of the respondents. Patterned interview was carried out on illiterate respondents using the same questionnaire item through the help of two midwives working in the place.

Ethical Consideration

The researcher explained the purpose and benefits of the study to the subjects and asked them for their permission before administering the questionnaire. Respondents in the study were totally voluntary. Respondents were not forced or persuaded to participate in the study. Even those who initially accepted to participate were free to withdraw in the course of the study if they did not wish to continue. The researcher had to guarantee the anonymity of the participants and the confidentiality of the information they provided. The study's results will help local health care services employ simple, immediate, and effective measures in order to decrease morbidity and mortality due to diarrhea among young children in the area.

RESULT

Table 2: Showing the Age Distribution of Respondents.

Age	Frequency (F)	Percentage 100%
20 – 30 years	56	70%
30 -40 years	20	25%
40 years and above	4	5%
Total	80	100%

The age distribution of respondents as indicated in the table above shows that 56 (70%) of the respondents are within (20 -30yrs) age bracket, 20 (25%) are within 30 – 40 yrs. Of age while 4 (5%) of the respondents are within 40 years and above.

Table 3: Distribution of Respondents by Marital Status.

Marital Status	Frequency	Percentage 100%
Married	70	87.5%
Separated	6	7.5%
Single parent	4	5%
Total	80	100%

The table above illustrates that 70 (87.5%) of the respondents are married, 6 (7.5%) are separated. While 4 (5%) are single parents.

Table 4: Showing educational status of respondents.

Educational status	Frequency (F)	Percentage 100%
Non Formal education	2	2.5%
Primary Education	8	10%
Secondary education	30	37.5%
Tertiary education	40	50%
Total	80	100%

This table above shows that out of the 80% respondents 2 (2.5%) had no formal education, 8 (10%) attained primary education, 30 (37.5%) attained secondary education, while the remaining 40 (50%) obtained tertiary education.

Table 5: Showing occupation of respondents.

Occupation	Frequency (F)	Percentage 100%
Farmers	15	18.75%
Traders	30	37.5%
Civil Servants	30	37.5%
None	40	50%
None	40	50%
Total	80	100%

This table above shows that 15 (18.75%) of the respondents are farmers, 30 (37.5%) are traders, 30 (37.5%) are civil servants while the remaining 5 (6.25%) have no occupation more so housewives.

Table 6: Showing the Respondents Number of Children.

No. of children	Frequency (F)	Percentage
One	10	12.5%
Two	23	24.75%
Three	33	41.25%
Four and above	14	17.5%
Total	80	100%

As demonstrated in the table above, 10 (12.5%) of the respondents have no child each, 23 (17.5%) have up to four children and above each.

Table 7: Showing the distribution of respondents by village.

Villages	Frequency (F)	Percentage 100%
Amuzi	8	10%
Uvuru	10	12.5%
Enyiogugu	13	16.25%
Lorji	11	13.75%
Mbutu	8	10%
Nguru – Ahiato	9	11.25%
Nguru-Nwankwo	4	5%
Nguru- Nweke	10	12.5%
Okwuato	7	8.75%
Total	80	100%

As shown in the table above, 8 (10%) of the respondents are from Amuzi village, 10 (12.5%) are from Uvuru village, 13 (16.25) are from Enyiogugu, 11 (13.75%) are from Iloji, 8 (10%) are from Mbutu, 9 (11.25%) are from Nguru – Ahiato, 4 (5%) are from Nguru Nwankwo, 10 (12.5%) are from NguruNweke, while the remaining 7 (8.75%) are from Okwuato.

Table-8.

Options	Frequency (F)	Percentage
Passing of frequent normal stool	2	2.5%
Passing of loose water stool up to ¾ times daily	70	87.5%
Passing of constipated or hard stool	1	1.25%
Passing of bloody stool	7	8.75%
Total	80	100%

Table-9.

Options	Frequency (F)	Percentage (100%)
Yes	56	70%
No	6	7.5%
Partially	18	22.5%
Total	80	100%

The table above showed that 70 (87.5%) of the respondents know what diarrhea is, 10 (12.5%) don't know what diarrhea is actually.

Question 1: do you know Oral Rehydration Therapy and how to prepare it?

Table-10.

Options	Frequency (F)	Percentage 100%
yes	56	70%
No	6	7.5%
Partially	18	22.5%
Total	80	100%

The table above shows that 56 (70%) of the respondents agreed on knowing about Oral Rehydration and to prepare it, 6 (7.5%) don't know about it, while 18 (22.5%) have partial knowledge of Oral Rehydration Therapy and its preparations.

DISCUSSION

This showed that women at the center are more enlightened which agrees to Genebo (2010) who reported that women's level of education is one of the most important factors that enabled them to provide appropriate care for themselves and their children.

Nzeribe (2008) defined diarrhea as the passage of frequent watery stool which are usually greenish yellow in colour and often contains mucus. Natson (2007) said that diarrhea is usually by Allergy to ingested food, (Milk), contaminated food/water by certain infective bacteria and unhygienic of diarrhea through the result received as shown in Table 9. There is now growing knowledge among mothers of child bearing age about their health, wellbeing and those of their children.

Seventy percent of the respondents agreed they have been thought to prevent and treat diarrhea. This result is therefore in agreement with world Health Organization (2000), who observed that health education should be given priority in infant welfare and antenatal clinics. Result on best ways of preventing diarrhea is through improving water supply and proper sanitation, promoting personal and domestic hygiene, but greater emphasis on exclusive breast feeding which excludes all forms of contamination causing diarrhea should be advocated. This study has added to the body of knowledge in that, mothers of child bearing age now demonstrate an increase in the knowledge of personal care and hygiene which has reduced high incidents of mortality and morbidity within the localities.

Diarrhea which is in agreement with the findings of Okere (2011) buttressing that the effectiveness and family member's confidence is their ability to care for themselves, and therefore, recommends the use of ORS as a universal treatment for diarrhea to support this World Health Organization and United Nations

International Children's Education Fund have promoted the formular of ORS when dissolved in the recommended amount of water, gives a solution which is effective for the treatment of dehydration in infants and children (WHO 2012).

The implication is that the heightened enlightenment and knowledge of diarrhea among mothers of child bearing age has actually equipped them of their proper, prompt and positive action towards primary health care.

CONCLUSION

Based on the generated data, it can be concluded that child bearing mothers in Aboh- Mbaise Health Centre, know what diarrhea disease is, ways of preventing it, how to treat it in their homes and more so when to assess the health facility for assistance.

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