



# AN EXPLORATORY STUDY TO ASSESS THE KNOWLEDGE AND PRACTICES OF CAREGIVERS IN THE PREVENTION AND MANAGEMENT OF DIARRHEA IN A SELECTED AREAS OF DISTRICT FATEHGARH, SAHIB, PUNJAB

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**Abstract:** The study is to assess the knowledge and practices of caregivers in the prevention and management of diarrhea. Thus, effective measure can be planned to help caregivers by providing knowledge on the prevention and management of Diarrhea. Hence it was concluded that majority of caregivers (65%) were female, most of the caregivers (65%) were in the age group of (26-33)years, Majorities (58%) of caregivers were from rural area, maximum no of caregivers (39%) were Sikh, Based on Marital status most of the caregivers (94%) were married, majority of caregivers (39%) had senior secondary educational status, majority of caregivers (53%) belong to nuclear family, maximum number of (44%) of families had (20001-30000) monthly family income.

From the findings of the study following conclusion were drawn:

The difference between knowledge score was statically significant at  $p < 0.05$  level. Thus structured Questionnaire was significantly effective in raising the knowledge level of caregivers regarding prevention and management of diarrhoea.

There was significant effect of gender, age, residential status, religion, marital status, educational status, type of family and family monthly income regarding prevention and management of Diarrhea.

## Index Terms – Diarrhea,caregivers

### INTRODUCTION

The term 'diarrhoeal diseases' should be considered as convenient expression-not as a epidemiological entity for a group of disease in which the predominant symptom is Diarrhoea. The division between acute and chronic diarrhea is arbitrary. Diarrhea lasting 3 weeks or more may be called chronic. However, the WHO/UNICEF define 'acute diarrhea' as an attack of sudden onset which usually lasts 3 to 7 days, but may last up to 10-14 days. It is caused by an infection of bowel.

Diarrhoea is defined as the passage of loose, liquid or watery stools. These liquid stools are usually passed more than three times a day. However, it is the recent change in consistency and character of stools rather than the number of stools that is more important. Diarrhoea is a major public health problem in developing countries. An estimated 1.8 million episodes of diarrhoea occur each year and 3 million children under the age of 5 year die of diarrhoea, 80 percent of these deaths affect children under the age of two years. Diarrhoea is the second leading cause of child mortality worldwide. Each year more than 1.5 million children under the age of 5 die due to acute diarrhoea, 18 percent of deaths of children under the age of 5 between 2000-2003 were reported by Bryce (2005). WHO reported that diarrhoea occurs worldwide and remains as the cause of 4 percent of all deaths. Again diarrhoeal disease is third biggest killer in the category of communicable diseases (University of Bristol, 2008).

Diarrhoea is one of the principal causes of morbidity in developing countries, including India. Environment and diarrhoea is a complex multifactorial, multi-sectorial and multi-dimensional topic. Unhealthy environment is the main culprit for causation of diarrhoeal diseases in communities however, not many efforts are made to understand and improve the condition. Contaminated water, disposal of excreta and natural calamities also play main role for diarrhoeal disease. Contamination of water, either directly or indirectly, by human / animal excreta and use of such water for drinking, preparation of food / washing and bathing result in infection caused by a variety of diarrhoeagenic entero pathogens. For that reason diarrhoea is referred to as feaco-oral disease. The diarrhoeal morbidity rate has been found to be higher in first two years of life. 3.5 million Children still die due to diarrhoeal disease in developing countries (WHO, 1989). A wide variety of infectious agents including viruses, bacteria and parasites cause diarrhoea in susceptible host. Rotavirus is the most important cause of viral diarrhoea. It is responsible for up to 50% of acute diarrhoea in children in 6-24 months. (WHO, 1980).

### **Problem statement**

An exploratory study to assess the knowledge and practices of caregivers in the prevention and management of diarrhea in a selected areas of district Fatehgarh, Sahib, Punjab

### **Purpose of the study**

The study is to assess the knowledge and practices of caregivers in the prevention and management of diarrhea. Thus, effective measure can be planned to help caregivers by providing knowledge on the prevention and management of Diarrhea

### **Objectives:**

The objectives of the study were to

- To assess the knowledge of caregivers in the prevention and management of diarrhea.
- To assess the Practices of caregivers in the prevention and management of diarrhea.
- To find out co-relations between knowledge and practices of caregivers in prevention and management of diarrhea.
- To associate the knowledge of caregivers regarding prevention and management of diarrhea with selected variables e.g., gender, age, residential area, religion, marital status of caregivers, educational status, type of family and monthly family income

To associate the practices of caregivers regarding prevention and management of diarrhea with selected variables e.g. gender, age, residential area, religion, marital status of caregivers,

educational status, type of family and monthly family income

## Population and Sample

Population refers to entire aggregation of the cases that meet the designed set of criteria. The target population of this study was the caregivers of children regarding prevention and management of diarrhea in Jalalpur area of District Fatehgarh Sahib, Punjab.

## SAMPLE AND SAMPLING TECHNIQUE

The sample consists of caregivers whose children had episodes of diarrhea. In this study the sample size was 100 and selection was on the basis of convenient non probability sampling technique.

## SAMPLING CRITERIA

- Caregivers who were residing in Jalalpur.
- Caregivers who were willing to participate in the study.
- Caregivers whose children had episodes of Diarrhoea.

## PLAN OF DATA ANALYSIS

Analysis and interpretation of data was done in accordance with objectives of study. The data obtained has been analyzed in terms of descriptive and inferential statistics i.e. calculation of mean, mean percentage, standard deviation and ANOVA. Bar diagrams were used to depict the findings.

## RESEARCH APPROACH

It is concerned with the overall framework of conducting the study. It helps the researcher in selection of subject, manipulation and selection of study sample. This study is exploratory.

## RESEARCH DESIGN

The term research design is defined as a blueprint for conducting a study with maximum control over factors that may interfere with the validity of findings (**Burns and Grove 2003**). In the present study, an exploratory research design was used to assess the knowledge and practices of caregivers regarding prevention and management of diarrhoea.

## RESEARCH METHODOLOGY

### RESEARCH SETTING

Setting is the physical location and condition in which the data takes place in a study. The present study was conducted in Jalalpur area Fatehgarh Sahib, Punjab. The rationale for selecting this setting was the researchers' familiarity with the area, convenience, feasibility,

expected cooperation from the subjects, local language, geographical proximity, besides times and economical consideration.

## POPULATION

Population refers to entire aggregation of the cases that meet the designed set of criteria. The target population of this study was the caregivers of children regarding prevention and management of diarrheain Jalalpur area of District Fatehgarh Sahib, Punjab.

## SAMPLE AND SAMPLING TECHNIQUE

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## Results:-

Hence it was concluded that majority of caregivers (65%) were female ,most of the caregivers (65%) were in the age group of (26-33)years, Majorities (58%) of caregivers were from rural area, maximum no of caregivers (39%) were Sikh, Based on Marital status most of the caregivers (94%) were married, majority of caregivers (39%) had senior secondary educational status, majority of caregivers (53%) belong to nuclear family, maximum number of (44%) of families had (20001-30000) monthly family income.

## Delimitations: -

- Study was delimited to caregivers whose children had episodes of diarrhoea.
- Study was delimited to caregivers residing in Jalalpur area of District Fatehgarh Sahib, Punjab.

## CONCLUSION:

From the findings of the study following conclusion were drawn:

1. The difference between knowledge score was statically significant at  $p < 0.05$  level. Thus structured Questionnaire was significantly effective in raising the knowledge level of caregivers regarding prevention and management of diarrhoea.

2. There was significant effect of, gender, age, residential status , religion , marital status, educational status , type of family and family monthly income regarding prevention and management of Diarrhoea.

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