

Original Research Article

To Study the knowledge & practices of service providers on diarrhoea, its prevention & management of diarrhoeal diseases among under 5 children

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Abstract:

Background & Method: The aim of this study is to Study the knowledge & practices of service providers on diarrhoea, its prevention & management of diarrhoeal diseases among under 5 children. 12 Anganwadis, 6 each from urban and rural block were selected by random sampling. For the selection of beneficiaries mothers of under 5 children were selected by sequential sampling at selected study sites and through house to house interviews in areas in proximity to selected study site to achieve the required study sample.

Result: There was a statistically significant difference ($p < 0.001$) between service providers for their knowledge regarding general aspects of diarrhoea and its misconceptions. The knowledge was good for HW(F)s (74), and Poor for ASHAs (47.8) and AWW's (40.6) regarding General aspects of diarrhoea. misconceptions like no requirement of treatment for seasonal diarrhoea and diarrhoea is not a serious illness were high (57% & 50%) and misconceptions were highest regarding diarrhoea in AWWs. There was a significant difference ($p < 0.001$) between service providers for their knowledge regarding treatment during diarrhoea. The knowledge was maximum for HW(F)s, followed by ASHA and AWW. The knowledge levels for treatment were poor in AWW (27%)

Conclusion: Most common source of knowledge was private sector health providers which constituted 61%. The care seeking from private sector was higher in rural areas. Public health providers were a source of knowledge in 21 % of beneficiaries. The most common place of care seeking was private sector by 61% of beneficiaries. Government sector was utilised by 23.5 % of beneficiaries' .utilisation of government sector was higher in urban areas. In Anganwadis, ORS-Zinc corners were functional in only 25%. According to guidelines the ORS-Zinc corners should also be established at clinics of private providers giving treatment of under 5 children It was found that no corners were established at their clinics.

Keywords: knowledge, practices, diarrhea & children.

Study Designed: Cross Sectional Study.

1. INTRODUCTION

As per World Health Association reality sheet (2017)[1], The runs is characterized as the section of at least three fluid/free/watery stools in a 24-hour time span. Diarrheal episodes are ordinarily characterized as a time of looseness of the bowels isolated by a timespan to three the runs free days.

Coordinated illness reconnaissance project (IDSP)[2] characterized intense diarrhoeal sickness as intense watery the runs (the section of no less than three fluid/free/watery stools in the beyond 24-hour time span) regardless of drying out which last as long as about fourteen days.

As indicated by WHO reality sheet (2017) [3], WHO distinguishes three clinical sorts of looseness of the bowels: Intense watery, Intense ridiculous the runs (additionally called looseness of the bowels) and Tenacious loose bowels. Intense watery loose bowels (counting cholera) begins out of nowhere and endures a few hours and days. The primary risk is lack of hydration; weight reduction might happen on the off chance that taking care of isn't proceeded.

Intense horrendous looseness of the bowels (loose bowels) is like watery the runs yet connected with gross blood in stool. The fundamental risks are gastrointestinal harm, sepsis and unhealthiness, different difficulties, including lack of hydration may occur[4].

Determined looseness of the bowels - begins as intense watery the runs and endures 14 days or longer .the primary peril is hunger and serious non digestive contamination; lack of hydration may likewise happen.

Intense episodes most recent a few hours or days; though, constant episodes last ≥ 14 days. As per Lamberti et al (2012) [5] in an Efficient survey of loose bowels length and seriousness of 41 examinations on kids under-five, the normal span of diarrheal episodes is 4.3 days among local area cases and 8.4 days among clinic inpatients. However yearly number of worldwide passings among kids under five years old has dropped from 12.4 million out of 1990 to 7.6 million out of 2010 and 6.9 million in 2012[6], high kid death paces of >100 under-five passings for every 1000 live births endure in 24 nations and compromise progress towards Thousand years Advancement Objective 4 (MDG4), which plans to lessen the worldwide under-five death rate, somewhere in the range of 1990 and 2015, by 66%.

2. MATERIAL & METHOD

Present Study was conducted at Amaltas Institute of Medical Sciences, Dewas, M.P. from Dec 2020 to Nov 2021. Data was collected with the help of multiphase and multistage sampling One CHC in each block were selected. Under each CHC 1 nearest and one farthest PHC, from their respective CHC were selected 2 sub centres were selected randomly under each selected PHC

12 Anganwadis, 6 each from urban and rural block were selected by random sampling. For the selection of beneficiaries mothers of under 5 children were selected by sequential sampling at selected study sites and through house to house interviews in areas in proximity to selected study site to achieve the required study sample.

Medical officers FHWs of study health centres and AWWs of selected Anganwadi centres. Women of under 5 children who utilised zinc – ORS corner services at study centres.

Inclusion Criteria:

Mothers of under 5 children who received services from ORS-zinc corner or seeking care for diarrhoea for their children at health facilities

Exclusion Criteria:

Beneficiaries i.e. Mothers of children above 5 years and those who did not consented for the study.

3. RESULTS**Table 1: Availability of functional ORS –Zinc Corner**

S. no	Availability of ORS – Zinc corner	Tertiary level facilities (Medial college) N=1(%)	Secondary level facilities (CHC,CH, DH) N=6(%)	Primary level facilities (PHCs &SC) N=26(%)	Total N=33 (%)
1.	Exclusive corner	0(0)	1(16.6)	12(46.15)	13(39.4)
2.	With Mamta corner	0(0)	1(16.6)	1(3.84)	2(6.06)
3.	No functional corner	1(100)	4(66.6)	13(50)	18(54.5)

Table 2: Knowledge of healthcare providers regarding general aspects of diarrhoea & its Misconceptions

S. No	General aspects of Diarrhoea & Misconceptions	HW(F)/MPW/Staff Nurse N=24 (%)	ASHA N=24 (%)	AWW N=24 (%)	Total N=72 (%)	P value
		Correct Response	Correct Response	Correct Response	Correct Response	
1.	Definition of diarrhoea	17 (70.8)	14 (58.3)	9 (37.5)	40 (55.5)	P=0.064**
2.	No treatment required in	12 (50)	7 (29.1)	12 (50)	31 (43.05)	P=0.286**

	seasonal diarrhoea					
3.	Diarrhoea stops in 24 hours	22 (91.6)	16 (66.6)	11 (45.8)	49 (68.05)	P<0.001** Statistically significant
4.	Diarrhoea not a serious illness	20 (83.3)	9 (37.5)	7 (29.1)	36 (50)	P<0.001** Statistically significant
5.	percentage of correct response	73.9	47.85	40.61	54.15	P<0.001** Statistically significant

** Statistically significant

Table shows that there was a statistically significant difference ($p < 0.001$) between service providers for their knowledge regarding general aspects of diarrhoea and its misconceptions. The knowledge was good for HW(F)s (74), and Poor for ASHAs (47.8) and AWW's (40.6) regarding General aspects of diarrhoea. misconceptions like no requirement of treatment for seasonal diarrhoea and diarrhoea is not a serious illness were high (57% & 50%) and misconceptions were highest regarding diarrhoea in AWWs.

Table 3: Knowledge of healthcare providers regarding Treatment of diarrhoea

	Knowledge regarding Treatment of diarrhoea	HW(F)/M PW/Staff Nurse N=24 (%)	ASHA N=24 (%)	AWW N=24 (%)	Total N=72 (%)	P Value
		correct Response	correct Response	correct Response	correct Response	
1.	Knowledge of correct management of irritable child with sunken eyes	22(91.66)	18(75)	8(33.3)	48 (66.6)	P<0.001** Statistically significant
2	Management of diarrhoea in child below 6 month	10(41.6)	8 (33.3)	5(20.8)	23 (31.9)	P=0.009** Statistically significant
	percentage of correct response	66.6	54.15	27.05	49.25	P<0.001** Statistically significant

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**Statistically significant

Table revealed that there was a significant difference ($p < 0.001$) between service providers for their knowledge regarding treatment during diarrhoea. The knowledge was maximum for HW(F)s, followed by ASHA and AWW. The knowledge levels for treatment were poor in AWW (27%)

4. DISCUSSION

The current review was led in Indore region of Madhya Pradesh which included 33 medical services offices, from every one of the 3 degrees of medical care (Tertiary level: Clinical school, Optional level: DH, CH, UHTC, CHC Essential level: PHC, SC) and 12 Anganwadis (6 each from metropolitan and provincial regions). The focuses were chosen utilizing straightforward arbitrary testing. Govt Clinical school (M.Y. Emergency clinic), 1 Locale Medical clinic, 1 UHTC, 1 Common Medical clinic, 3 Local area Wellbeing Focuses, 8 Metropolitan And 6 Provincial Essential Wellbeing Places, and 12 Sub Habitats were remembered for study. As per Rules ORS-Zinc corners are likewise settled at Anganwadi focuses consequently they were additionally remembered for study. ORS-Zinc corners laid out in these Wellbeing offices and Anganwadis were surveyed for framework and offices accessible as per rules given by Govt of India[7].

Information on clinical officials was surveyed utilizing semi organized poll at various degrees of medical care.

The greater part of the Wellbeing suppliers had a place with Age bunch 31-40 years (41.86%), trailed by 20-30 age bunch. The vast majority of Clinical officials were in 31-40 age gatherings (33.33%), Among the Clinical officials 4 were post graduates (16.4%) and 20 were graduates (83.33%), among HW(F) 45 % were higher optional pass, ASHA were for the most part center school (54.1%) and 45.8% of AWW laborers were higher auxiliary pass[8].

41.6% of Clinical officials in our review populace had experience under 5 years, half of HW (F) s and AWWs had insight for over 10 years. In our on it was found that 59% wellbeing suppliers got preparing in regards to the runs the board in most recent a half year. 66% of Clinical officials, 91.6% of HW (F) s, 45.8% of ASHAs, and just 29.1% of AWWs got such preparation.

On surveying information on Clinical officials most extreme information with respect to the runs and its administration was found at tertiary level (100 percent) while it was 86.6 % at optional level, trailed by 71.2% at essential level offices while the general score was 77.5 %.

On contrasting information on graduate and post graduate Clinical officials in regards to looseness of the bowels measurably tremendous distinction was found between them[9].

Information about Broad parts of the runs and reason for death because of looseness of the bowels was viewed as most elevated. As per In our concentrate all MO's knew the runs definition while as per concentrate by Agrawal et al (2008) 42 in Aligarh Greater part (93%) of the clinical alumni and more than 33% (37%) of the paramedical alumni realize that the runs was 3 diarrheas each day. The greater part (56%) of the PMG said the runs was 5-10 diarrheas/day.

5. CONCLUSION

Most common source of knowledge was private sector health providers which constituted 61%. The care seeking from private sector was higher in rural areas. Public health providers were a source of knowledge in 21 % of beneficiaries. The most common place of care seeking was private sector by 61% of beneficiaries. Government sector was utilised by 23.5 % of beneficiaries' .utilisation of government sector was higher in urban areas. In Anganwadis, ORS-Zinc corners were functional in only 25%. According to guidelines the ORS-Zinc corners should also be established at clinics of private providers giving treatment of under 5 children It was found that no corners were established at their clinics.

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