

# “A STUDY TO ASSESS THE KNOWLEDGE OF PRIMI PARA MOTHERS ON DIARRHEA AMONG NEONATES IN A SELECTED HOSPITALS OF FARIDKOT, PUNJAB”.

Mrs. Jayashree Das

Principal, Varun Arjun College of Nursing, Shahjahanpur

## ABSTRACT

**Background:** Diarrhea and neonatal age are two major factors responsible for pediatric mortality worldwide. The neonate has increased susceptibility to complications related to diarrhea due to immaturity of the systems that regulate fluid homeostasis and immunologic response. Early diagnosis and timely treatment are crucial because diarrhea in neonates may rapidly lead to life-threatening dehydration and malnutrition. **Aim:** To assess the knowledge of primi para mother on diarrhea among neonates in selected hospitals of Faridkot, Punjab. **Material and Methods:** Quantitative approach with one group post test only research design. Simple Random sampling technique was used for data collection and sample size was 50. Tools used for data collection were self structured knowledge questionnaire and sample characteristic. Data was analyzed by descriptive and inferential statistics by SPSS- 20. **Results:** The result of the study showed that distribution with maximum frequency of 32 and fewer frequencies on both sides. The mean score is found to be 32.36 and standard deviation is 6.56. Median of the mode is 32 which are slightly less than mean. Maximum possible score is 45, 29 (58%) subject's score above mean and 21 (42%) subject's score are below mean. Large majority of subjects could not reach the perfect score. This indicates that primipara Mothers of neonates not having adequate knowledge regarding diarrhea its prevention and management.

**Key words** – Knowledge, Primi-para mothers, Diarrhea, Neonates.

## Introduction:

*“All Children, no matter where they are born, deserve a healthy start in life.”*

Diarrhea is a common and ubiquitous problem in neonatal and young foals. Gastrointestinal problems are very common in babies. GIT disturbance are influenced by problems of liver and pancreas. Digestion, absorption and metabolism are the combined actions of gastrointestinal and hepato-pancreatic system. Functions of GI system are also related to combined actions of many functional systems.

Disturbances in any one, affects GI system leading to various problems. For example diarrheas develop due to increase overload of fluid from small intestine in to the colon following maldigestion and active secretions. Defect of intestinal mucosal immunity may lead to intestinal infections, that causes develop diarrheal incidence.

Diarrhea and neonatal age are two major factors responsible for pediatric mortality worldwide. The neonate has increased susceptibility to complications related to diarrhea due to immaturity of the systems that regulate fluid homeostasis and immunologic response. Early diagnosis and timely treatment are crucial because diarrhea in neonates may rapidly lead to life-threatening dehydration and malnutrition.

### **According to Neonatal Diarrhea at Maternity Hospital in Rangoon**

Neonatal diarrhea was an important problem in American and Western European hospitals in the 1940s and 50s [46]; in recent years it has become relatively rare. The reported episodes of diarrhea tended to occur in clusters and were often associated with particular serotypes of E.coli which became known as enteropathogenic E. coli (EPEC). [7-10] In developing countries diarrhea is a major endemic public health problem with an estimated five million deaths annually.

Diarrhea is big problem globally. So, WHO supported “Diarrheal Diseases Control programme” was started by Govt. of India in 1980. At that time approximately 4.6 million children were dying each year of the dehydration caused by diarrhea. Because of the diarrheal disease control program about 3 million deaths/year are now prevented. An estimated 1.8 billion episodes of diarrhea occur each year and 3 million babies’ die due to diarrhea.

Diarrheal illness is important contributors to the pool of malnourished children in developing nations. About 24% of all deaths of all children living in developing countries are related to diarrhea and dehydration. In United States approximately 220,000 children younger than age of five years are hospitalized and approximate 400 children younger than five years die of dehydration and diarrhea each year because of Rotavirus in a common causative organism responsible for diarrhea. So Rotavirus vaccination was started in 1998 in United States but it failed as it causes intestinal obstruction and was withdrawn from October 1999.

To prevent death from dehydration oral rehydration therapy program started in 1986-87. It is being implemented in phased manner. Supplies of ORS packet to the state are being organized by centre

government. Twice a year 150 packets of ORS are provided as part of drug-kit supplied to all sub-centers in country.

It was observe that mothers lack of knowledge on diarrhea hence to look after her neonates. Because Mothers are important person who takes care of the newborn. The health and survival of baby depends upon the health status of the Mother, awareness and education. Mother is the best primary health worker. In view of her constant and continued contact with her baby, she is the best person to identify the early evidence illness and minor development deviation from normal. If they lack of basic sanitary, no adequate water supply, lack of knowledge about personal and domestic hygiene, lack of awareness and misconception among mothers regarding dysentery and diarrhea that causes increased neonatal mortality morbidity rate.

### Statement of the Problem:

A study to assess the knowledge of Primi para Mothers on Diarrhea among Neonates in a selected hospitals of Faridkot, Punjab.

### Objectives:

- 1) To assess the knowledge of Primipara Mothers on Diarrhea among Neonates
- 2) To find out the association between knowledge of mothers on Diarrhea and selected demographic variables.
  - Age
  - Socio-economic status
  - Occupational status of mothers
  - Educational status of mothers
  - Types of family

### Hypothesis:

P value will be tested at the level of significance 0.05

**H<sub>1</sub>**- There is a significant association between the level of knowledge scores with their selected demographic variables.

### Material and methods:

Quantitative approach with one group post test only research design. Simple Random sampling technique was used for data collection and sample size was 50. Tools used for data collection were self structured knowledge questionnaire and sample characteristics Performa. Data was analyzed by descriptive and inferential statistics by SPSS- 20. The conceptual framework used for this study was based on Health promotion Model. The content validity of the tool was obtained from the experts in nursing field. The reliability of the tool was established by karl pearson's formula which (0.8) was found reliable. Feasibility of the study was confirmed

by pilot study. The data was organised, analysed and interpreted in terms of the study objectives. The data was summarized and tabulated by using descriptive statistics (Mean, Percentage, Standard Deviation) and inferential Statistics (Chi-square).

**Research variables:** knowledge of Primi para Mothers on Diarrhea among Neonates.

## Results-

### Section 1: Assessment of knowledge of primipara mothers on Diarrhea among neonates:

**Table No. 1 - Frequency distribution of Mothers by their selected variables:**

(N=50)

S. No	Variables	Frequency	Percentage
<b>1</b>	<b>Age</b>		
	17-20 yrs	1	2%
	21-25	41	82%
	26-30	7	14%
	31-34	1	2%
<b>2</b>	<b>INCOME</b>		
	< 3000	16	32%
	3000 – 5000	10	20%
	5000 – 10, 000	10	20%
	> 10000	14	28%
<b>3</b>	<b>OCCUPATION</b>		
	Housewife	41	82%
	Working	9	18%
<b>4</b>	<b>EDUCATION</b>		
	Primary/Middle	6	12%
	Matriculation	16	32%
	Sr. Secondary	10	20%
	Graduate	10	20%
	Postgraduate	8	16%
<b>5</b>	<b>TYPE OF FAMILY</b>		
	Nuclear	15	30%
	Joint	30	60%
	Extended	5	10%

## Section 2: Knowledge Assessment of Primipara Mothers on Diarrhea Among neonates, its prevention and Management:

**Table 2. Mean, Median, Mode of knowledge score of subject:**

Area	Maximum Possible score	Mean	Median	Mode	Standard Deviation
Knowledge	45	32.36	32	31.28	6.56

Data presented in table shows that distribution with maximum frequency of 32 and fewer frequencies on both sides. The mean score is found to be 32.36 and standard deviation is 6.56. Median of the mode is 32 which are slightly less than mean. Maximum possible score is 45, 29 (58%) subject's score above mean and 21 (42%) subject's score are below mean. Large majority of subjects could not reach the perfect score. This indicates that primipara Mothers of neonates not having adequate knowledge regarding diarrhea its prevention and management.

### Section 3: Association between knowledge score with their selected demographic variables:

- ✚ There was slight relationship between knowledge score and age of Mothers with chi-square value 3.401, P-.05, but statistically there was no relationship.
- ✚ There was slight relationship between knowledge score and socio-economic status with chi-square value 3.1204,P-.05, but statistically there was no relationship
- ✚ There was slight relationship between knowledge score and occupational status of mothers statistically.
- ✚ There was slight relationship between knowledge score and educational status of mothers with chi-square value 6.92, P-.05, but statistically there was no relationship.
- ✚ There was slight relationship between knowledge score and Type of Family status with chi-square value 0.3384, P-.05, but statistically there was no relationship.

### Conclusion:

The study concludes that Overall more than 50% Mothers have demonstrated inadequate knowledge on diarrhea among neonates, its prevention and management.

**References:**

- 1) Ghai, O.P., Gupta, Piyush, and Paul, V.K., *Essential Pediatrics*. 6<sup>th</sup> ed: CBS Publications and Distributors. 2004.p.269-280.
- 2) Hockenberry, Marilyn j., *Wong 's essentials of Pediatric nursing*. 7<sup>th</sup> ed : Elseiver India . 2005. P. 843- 851.
- 3) Marlow , R. Dorothy and Redding, Barbara A. , *Textbook of pediatric nursing* : Harcourt India. 2001. p. 621-628.
- 4) Tambulwadka, R.S., *Pediatric nursing*. 2<sup>nd</sup>: Vora Medical. 1999.p.146-149.
- 5) Singh, Meharban, *Core of newborn*. 5<sup>th</sup> ed: Sagar Publications. 1999. P.147.
- 6) Arvind , R., *Applied neonatology* Jaypee Brothers Medical Publications. 2006. P. 371-372.
- 7) Basawanthappa , B.T., *Nursing research* : Jaypee Brothers Medical Publishers. 1998.p. 153-163; 112-126.
- 8) Gupta, M.C. and Mahajan, B.K., *SPM- textbook of preventive and social medicine*.3<sup>rd</sup> ed: Jaypee Brothers Medical Publishers. 2003.p.193-195.
- 9) Gulani, K.K., *Community health nursing : Principles and Practice* : Kumar Publishing House. 2005.p.394-401.
- 10) Bruegge, Ellen var der, Denman, Vicki, and Davis, Robert, *Diarrhea: its management and prevention facilitator's manual*.2003.
- 11) Banerjee,B. ,Hazra, S. , and Bandyopadhyay D. , *Diarrhea management, and prevention Manuscript*.2002:Oct. I.
- 12) Banerjee , Indrani , et al ., *Neonatal infection With GLOP [11] rotavirus did not confer protection against subsequent rotavirus infection diseases* . The Journal of infectious Diseases. 2007.195: p.625-632
- 13) *Treatment guidelines on the management of the most important conditions presenting with diarrhea in children aged 1 week to 5 years* . Nightingale Nursing Times, 2006. 2 (7): p. 39-44 , 56.
- 14) *Guidelines For acute Diarrhea, persistent diarrhea and dysentery* Nightingale Nursing Times 2006. (8) 16-20, 64-65.
- 15) *Ware H. Effects of maternal education, women's roles and child care on child mortality*. In: Mosley WH, Chen L, eds. *Child survival. Strategies for research, population and development review*.New York, Population Council Inc., 1984: 191–232.

- 16) Bhatia BD et al. *Neonatal mortality pattern in rural based medical college hospital*. Indian Journal of Pediatrics, 1984,51 (410): 309–312.
- 17) Gupta PK, Gupta AP. *Perinatal mortality*. Indian Pediatrics, 1985, 22 (3): 201–205.
- 18) Perianayagam Arokiasamy<sup>1</sup> and Abishek Gautam. *Neonatal Mortality in the Empowered Action Group States of India: Trends and Determinants*. Journal of Biosocial Science (2008),40:18201 Cambridge University Press, 2007
- 19) A H Baqui et al, “*Rates, timing and causes of neonatal deaths in rural India: Implications for neonatal health programs*”, Bulletin of the World Health Organization, 2006; 84-706-713.

