Knowledge, attitude, and practices of caretakers towards home management of diarrhea in children under five years in Kibaati village, Mukono district: A cross-sectional study.

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Abstract

Background:
Diarrhea is among the leading causes of death in children under five years globally and in Uganda. Its transmission is facilitated by poor sanitation and hygiene, poor nutrition, and lack of safe drinking water, among others. The aim of the study was to assess the knowledge, attitude, and practices of caretakers towards home management of diarrhea in children under five years in Kibaati village, Mukono district.

Methodology:
This study employed a descriptive cross-sectional design with quantitative methods of data collection. Simple random sampling was used to select 80 participants. Data were collected using an interviewer-administered questionnaire and analyzed using Microsoft Excel.

Results:
The majority of the respondents (40%) were aged between 26 and 35 years; most caretakers (40%) attained secondary education, and the majority were married. The majority of the caretakers (95%) had ever heard about diarrhea, and the majority (80%) regarded poor hygiene as its main cause. The majority (90%) of the respondents agreed that diarrhea is a serious health issue; 85% agreed that immunization can prevent it; and 85% believed that it can always or sometimes be managed at home. Most of the respondents (65%) had ever prepared ORS at home; 55% encouraged specific dietary practices for a child with diarrhea.

Conclusion:
Most respondents had good knowledge about diarrhea, with most having heard about it, knowing its danger signs, and knowing poor hygiene to be the main cause. Most of the respondents had a positive attitude towards home management of diarrhea and had good practices of diarrhea management, including preparing ORS at home.

Recommendation:
More effort should be put into interventions such as sensitization programs, guidelines on sanitation and personal hygiene, health education, and encouraging caretakers to frequently visit the health centre in cases of diarrhea in children below five years, in order to reduce morbidity and mortality due to diarrhea.

Keywords: Knowledge, Attitude and Practices, Home management of diarrhea, Kibaati village, Children under five

Background of the study.

Diarrhea is the passage of unusually loose or watery stools at least three times in a period of 24 hours. It is a symptom of an infection of the intestinal tract caused by a wide range of organisms, which include bacteria such as E. coli, Salmonella, Shigella, among others; viruses such as Rota virus and Novo virus; and Parasites such as Giardia, Cryptosporidium. It is transmitted through contaminated food or drinking water or from person to person as a result of poor hygiene. There are three types of diarrhea: acute watery diarrhea, which lasts for hours or days, normally associated with cholera; acute bloody diarrhea called dysentery; and Persistent diarrhea, which lasts for 14 days or longer (WHO, 2017).

Globally, diarrhea is the leading cause of morbidity and mortality among children under five years. It is responsible for approximately 1.7 billion cases each year, and diarrhea kills about 525000 children under five years per year, with approximately 1.6 million deaths annually, with the majority occurring in developing countries, and that is nearly one in every five child deaths (WHO, 2017). Diarrhea is more common in developing countries than in developed countries, and this is caused by several aspects, including lack of drinking water, lack of understanding of sanitation and hygiene, and poor nutritional and public health status. It is estimated that 2.5 billion people have inadequate sanitation facilities, and one billion people do not have access to clean water (Lubis, 2021). More than 90% of children under five die from diarrhea in low- and lower-middle-income countries in 2021. In South Asia and Sub-Saharan Africa, this percentage rises to 88%, and this poses numerous challenges like decreased appetite,

undernutrition, and postponed growth (Demissie, 2021)

In East Africa, diarrhea has significant prevalence in Ethiopia, taking the largest at 8.5-30.5% (Feleke, 2021), Rwanda 26.7% (Habtu, 2017), Malawi 20% (Moon, 2016), and Uganda 7% (Nantege, 2022). It is possible to prevent diarrheal diseases by using clean, safe drinking water and hand washing, which can stop the spread, but this is very challenging in the world's poor countries. Uganda has a prevalence rate of 20% (UDHS, 2016), and diarrhea remains among the five leading causes of under-five mortality, accounting for 22.1% in the central region, 21.3% in eastern region, 20.5% in the western region and 19.2% and northern region 29.1% and northern Uganda having a high prevalence due to inadequacy of water in that region (UBOS, 2017). Mukono district is one of the most populated districts found in central Uganda, with approximately 932,672 people, and this led to overcrowding of people, inadequate sanitation, water scarcity, poor waste disposal, and environmental degradation, which are all risk factors for the spread of diarrheal diseases. Mukono district has a prevalence of 25%.

Home management of diarrhea has been recognized and advocated for by WHO, UNICEF, and IMCI to reduce the impact of diarrhea, especially in children. Diarrheal diseases among children under five years old can be prevented at both primary and secondary levels by improving sanitation, water quality, and early recognition of dehydration and prompt oral rehydration therapy with the use of ORS and other appropriate fluids that are available at home. Good feeding practices and better hygiene practices of children under five years old could prevent incidences of and deaths from diarrhea. Other factors that can aggravate the incidence of diarrhea in children are inappropriate feeding practices of mothers, feeding with contaminated weaning food, lack of clean water, poor hand hygiene, unsanitary disposal of waste, and poor housing conditions.

Therefore, the aim of this study was to assess the knowledge, attitude, and practices of caretakers towards home management of diarrhea in children under five years in Kibaati village, Mukono district.

Methodology

Study design

The study employed a descriptive cross-sectional design, which helped to answer questions like how, where, when, and what in accordance with the topic, as data was collected at only one point in time without any follow-up of the participants; thus, the method was cheaper to execute and implement in the study population.

Study area

The study was conducted in Kibaati village, Mukono district, from June 2024 to October 2024.

Study population

The study included all caretakers with children under five years residing in Kibaati village, Mukono district, because children below 5 years are at an increased risk of acquiring diarrhea due to many factors.

Sample size determination

Kish Leslie's formula (1965) was used to estimate the sample size that was;

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

Where: n = minimum sample size required.

Z= table value for standard normal deviation (1.96)

p= prevalence of the characteristics being estimated at 50%

d= margin of error, set at 11% (0.011)

The sample size of the study was;

$$n = \frac{1.96^2 * 0.5(1-0.5)}{0.011^2}$$

n=79.4 ~ 80 respondents

The sample size was 80 participants

Sampling technique

The study used a systematic random sampling technique in the selection of study participants. A list, from the VHT, of caretakers with children less than five years was used. The caretakers who took the third position were selected to participate in the study.

Sampling procedure

From the target population, a sample of participants was selected using the random sampling technique to obtain the required sample size by selecting any potential respondent who met the study criteria and was willing to voluntarily consent to participate in the study.

Data collection method

The questionnaire was developed after reviewing the relevant literature, and it consisted of open and closed questions, which were used to collect information from the respondents from their various homesteads or any other suitable, safe, and convenient place within the village. This helped to improve and maintain privacy and confidentiality.

Data collection tool

A researcher-administered questionnaire was used to collect data from respondents. The questionnaire was subdivided into four sections, i.e., socio-demographic data, and it comprised 5 questions, knowledge which comprised of 5 questions, attitude which comprised of 5 questions and practices which comprised of 5 questions and all these sections comprised closed and open-ended questions.

Data collection procedures

Consent was sought from participants before administering the questionnaires, with clear explanations of the objectives of the study to them, while observing their attitude and expression on their faces as they attempted the questions. Every mother filled the questionnaire with clarification from the interviewer where they didn't understand. The participants took 5 to 10 minutes to respond to the questionnaires.

Study variables

The dependent variable was the home management of diarrhea among children under five years. The independent variables were knowledge, attitude, and practices of mothers.

Quality control

Questionnaires were first pretested at Namawojjolo village, Mukono district, among mothers with children less than five years of age. Questions that were irrelevant were omitted and left out for easy collection of data. The questionnaire was edited before leaving the study area to ensure that no mistakes or areas were left blank.

Inclusion criteria

The study included all caretakers who have children less than five years in Kibaati village, Mukono district, who were available during the time of data collection and had voluntarily consented to participate in the study.

Exclusion criteria

All caretakers who did not voluntarily consent, were not around at the time of data collection, were very sick and could not participate in the study, and those who were mentally incapable were excluded from the study.

Data analysis

The data collected were checked for completeness, then the results were edited for any possible errors, and then questionnaires were coded. Then Microsoft Excel was used to analyze data into frequencies and percentages and later presented in the form of tables and figures.

Ethical consideration.

A letter of introduction was obtained from the Principal of International Paramedical Institute Maya, introducing the researcher to the local council administration of Kibaati village and seeking permission to carry out the study. When permission was granted, the local chairperson gave the researcher a village health worker to introduce him to the respondents, and the study started after the objectives of the study had been clearly and well explained to participants. Participants voluntarily gave verbal consent to participate in the study. Participants were assured of maximum confidentiality of all the information that was given, whereby they were given numbers instead of names. Finally, data were only collected from the participants who were available to take part in the study, excluding those who were absent.

Results

The socio-demographic characteristics of the participants

Table 1 showing socio-demographic information of the respondents

PARAMETER	VARIABLES	FREQUENCY	PERCENTAGE
Age	18-25	31	38.75
	26-35	32	40
	36-45	16	20
Level of education	No formal education	08	10
	Primary	24	30
	Secondary	32	40
	Higher Education	16	20
Marital status	Married	36	45
	Widowed	3	3.75
	Separated	11	13.75
	Single	30	37.5
Occupation	Self employed	16	20
	Employed	32	40
	Unemployed	12	15
	Homemaker	20	25
Age of children	< 6 months	13	16.25
	2-5 years	37	46.25

Out of 80 participants, the majority 40% were aged between 26-35 years, 38.75% were aged 18-25 years, and 20% were aged 36-45 years. Most caretakers (40%) attained secondary education, 10% had no formal education, 30% primary school, and 20% attained college or university. The majority of the respondents 45% were married, 13.75% were divorced, while 3.75% were widowed; 37.5% were single. Most of the caretakers 40% were employed, 20% were self-employed, 12% were unemployed, while 25% were homemakers. Many of the respondents 46.25% had children between 2 and 5 years, and 16.25% had children below 6 months.

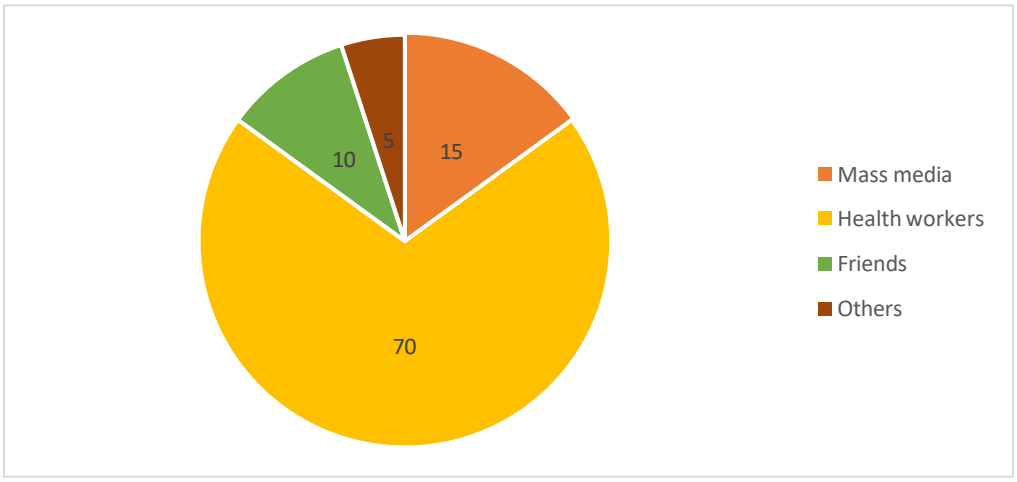
Knowledge of caretakers towards home management of diarrhea in children under five years.

Table 2: Showing knowledge of caretakers towards home management of diarrhea in children under five years

PARAMETER	RESPONSE	FREQUENCY	PERCENTAGE
Caretakers who had heard about diarrhea as a health condition	Yes	76	95
	No	4	5
Definition of diarrhea	Loose stools	12	15
	Loose stool 3 or more times a day	28	35
	Frequent loose stools for > 3 days	40	50
Danger signs of diarrhea	Weakness	16	20
	Dehydration	56	70
	Low appetite	08	10
Causes of diarrhea in children	Poor hygiene	64	80
	Contaminated food or water	08	10
	Infection by germs	4	5
	Teething	4	5

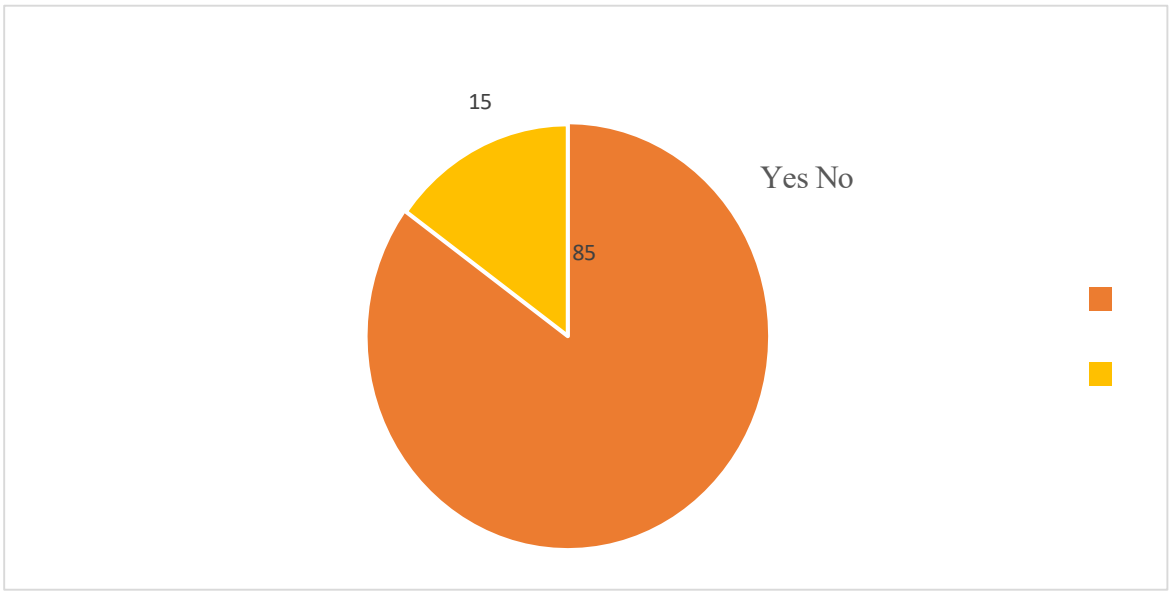
According to Table 2, almost all the caretakers 95% have ever heard about diarrhea. The majority of the respondents, 50%, knew the definition of diarrhea, and only 15% of the respondents did not know the definition of diarrhea. Most of the caretakers, 80%, regarded poor hygiene as the main cause of diarrhea; 5% regarded infections by germs; 10% said contaminated food and water, and 5% said teething was the cause of diarrhea. The majority of the respondents, 70%, regarded dehydration as a danger sign of diarrhea, 10% regarded weakness, and 10% regarded low appetite as a danger sign of diarrhea.

Figure 1: Showing the percentage of respondents obtaining information about diarrhea



From Figure 1, the majority of the respondents, 70%, said that they obtained information about diarrhea from health workers, 15% from mass media, 10% from friends, and 5% from others.

Figure 2: Showing the percentage of respondents who had ever heard about ORS



According to Figure 2, the majority of the respondents 85% had ever heard about ORS, and 15% had not.

Figure 3: Showing the percentage of caretakers about knowledge of how to prepare ORS
Attitude of mothers towards home management of diarrhea in children under five years

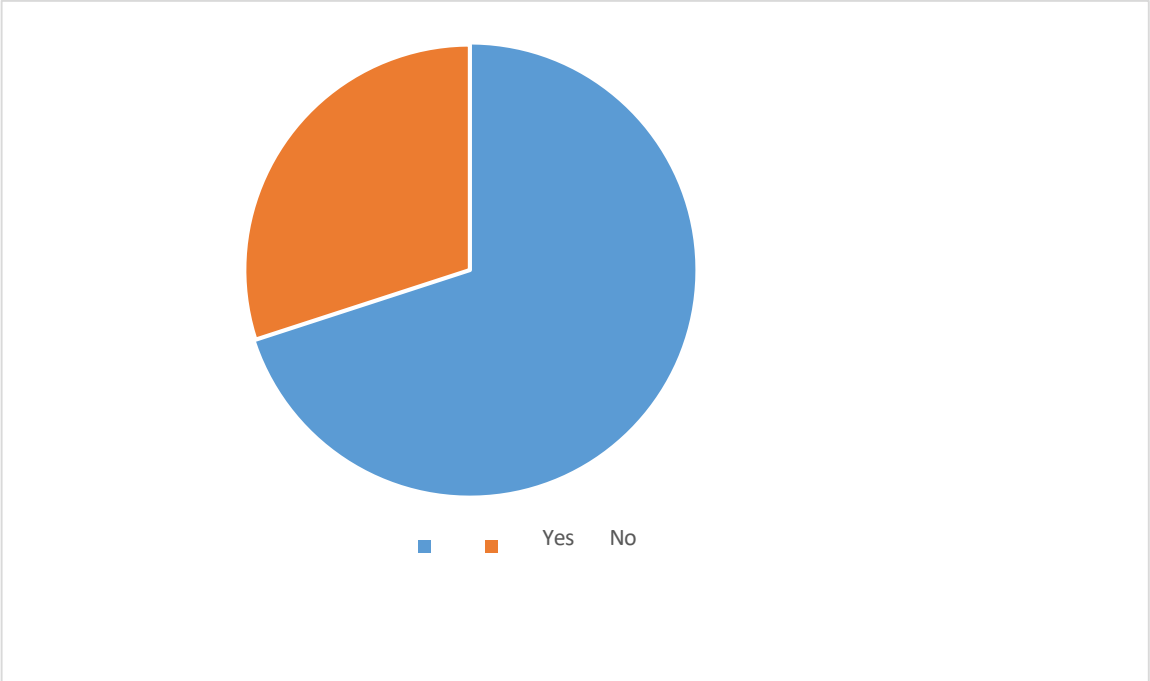
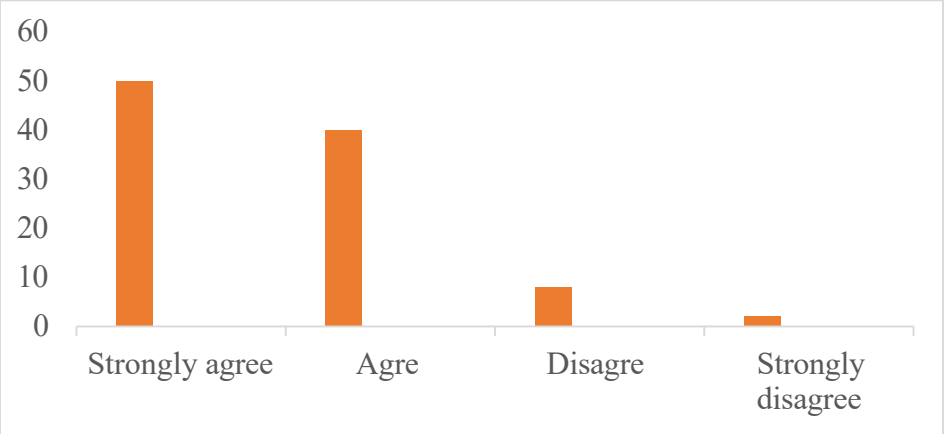


Table 3: Showing attitude of caretakers towards home management of diarrhea in children under five years.

PARAMETER	RESPONSE	FREQUENCY (n=80)	PERCENTAGE
Diarrhea is a serious health issue	Strongly agree	44	55
	Agree	28	35
	Disagree	4	5
	Strongly disagreed	4	5
Immunization can prevent diarrhea.	Strongly agree	32	40
	Agree	36	45
	Disagree	12	15
Diarrhea can be managed at home without a doctor	Yes, always	20	25
	Sometimes	48	60
	No, never	12	15

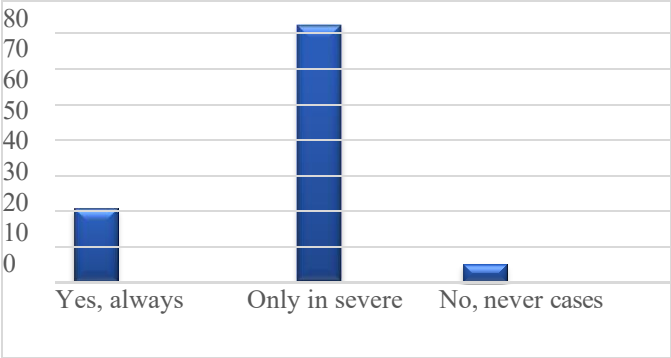
The majority of the respondents, 55%, strongly agreed that diarrhea is a serious health issue, 35% agreed, 5% disagreed, and 5% strongly disagreed that diarrhea is a serious health issue. Most of the caretakers, 45%, agreed that immunization can prevent diarrhea, 40% strongly agreed, and 15% disagreed. The majority of the caretakers, 60%, said that sometimes diarrhea can be managed at home without a doctor, 25% mentioned that diarrhea can always be managed at home, and 15% mentioned that diarrhea can never be managed at home.

Figure 4: Showing caretakers' attitude on the effectiveness of ORS in management of diarrhea



From Figure 4, 50% of respondents strongly agreed that ORS is effective in the management of diarrhea, 40% agreed, 8% disagreed, and 2% strongly disagreed.

Figure 5: Showing caretaker's necessity to take a child with diarrhea to a health facility



According to Figure 5, the majority of the respondents 70% mentioned that it was necessary to take a child with diarrhea to a health facility only in severe cases, 20% said that a child always gets diarrhea, and 10% mentioned that it was never necessary to take a child with diarrhea to a health facility.

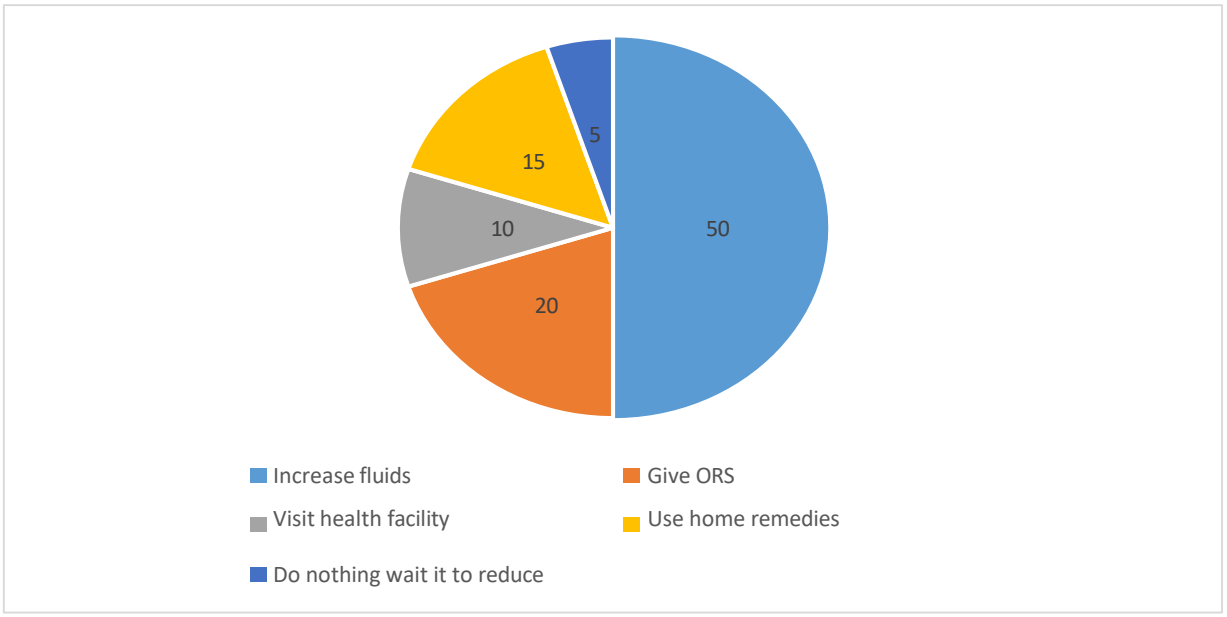
Practices of caretakers towards home management of diarrhea in children under five years

Table 4: Showing practices of caretakers towards home management of diarrhea in children under 5 years.

PARAMETER	RESPONSE	FREQUENCY	PERCENTAGE
Whether caretakers had ever prepared ORS at home	Yes	52	65
	No	28	35
Whether caretakers encourage specific dietary practices for a child with diarrhea	Yes	44	55
	No	36	45
Whether mothers practiced post diarrheal recovery steps	Yes	36	45
	No	44	55

From Table 4, the majority of the respondents 65% had ever prepared ORS at home, whereas 35% did not. 55% encouraged specific dietary practices for a child with diarrhea, whereas 45% did not. The majority (55% of the respondents did not practice post-diarrheal recovery steps, whereas 45% did.

Figure 6: Showing the actions done by the caretakers when a child gets diarrhea



From Figure 6, the majority of the caretakers 50% increased fluid intake, 20% gave ORS, 10% visited a health facility, and 15% used home remedies, whereas 5% did nothing.

Figure 7: Showing the frequency of giving fluids to a child with diarrhea

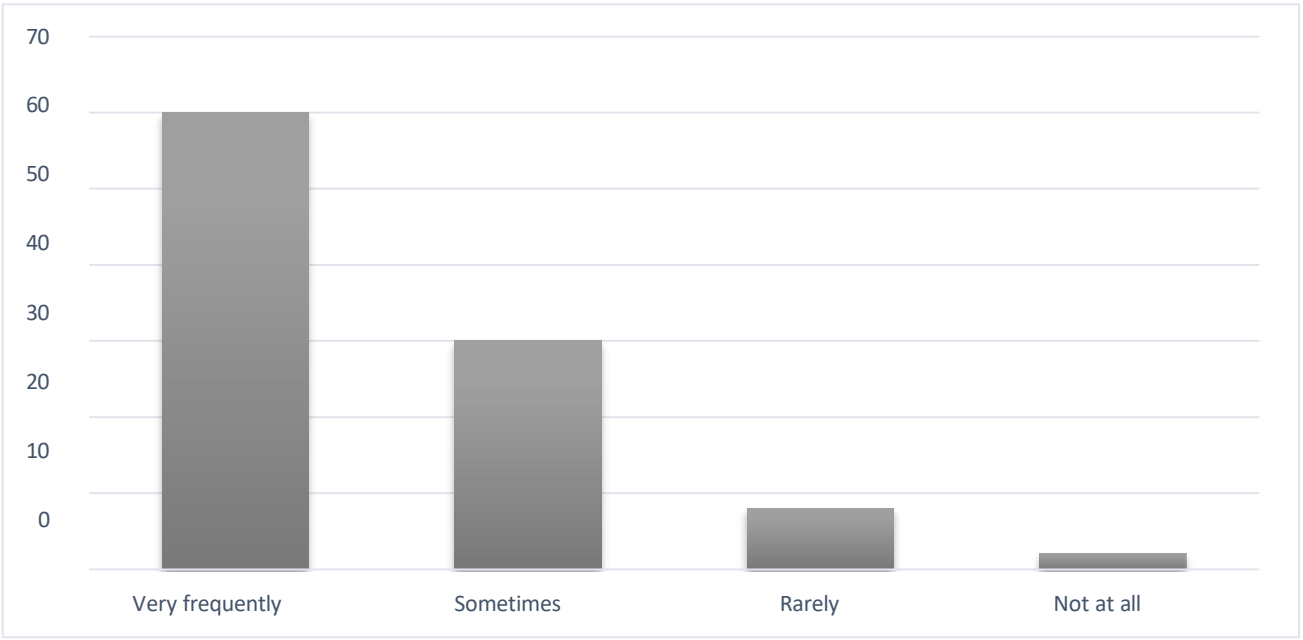


Figure 7 shows that 60% of the respondents gave fluids frequently, 30% gave sometimes, 8% rarely gave fluids, and 2% did not give fluids at all.

Discussion

Socio-demographics of the respondents regarding home management of diarrhea in children under five years

All respondents in the study were within the age of 18-45 years since this is a reproductive age, and they were mature and could appreciate the issue and give good responses to the questions asked. A notable proportion of the respondents, 40%, achieved secondary education or higher, and 20%, which may positively influence health practices and understanding. However, 10% of the respondents had no formal education, potentially affecting their access to accurate information. More married mothers 45% took part in the study, and this may be because married women are usually more willing to bear children than those who are not married. A higher proportion of participants were employed 40%. Participants mostly had children between 2 and 5 years of age 46.25% and this implied that since most of them had more than 2 children under five years, they needed to double efforts in the care of their children in order to ensure prevention and proper home management procedures for diarrheal diseases.

Knowledge of caretakers towards home management of diarrhea in children under five years

Results showed that 95% of all the respondents have ever heard about diarrhea as a health condition among children under five years, and this implied increased sensitization of mothers during antenatal and immunization sessions when they attend them thus increasing awareness which was in line with the study that was conducted in Mukono, Uganda which showed that 96% of the respondents had ever heard of diarrhea as a health condition. (Nakasolo, 2022)

Most of the respondents 50% knew the definition of diarrhea as frequent loose stools for >3 days, and this was attributed to their increased awareness about diarrhea. The study findings are in line with the study that was conducted in Rwanda, which showed that 60% of the respondents knew the definition of diarrhea. (Archange, 2022)

The majority of the respondents, 70%, identified dehydration as a danger sign of diarrhea in children, and 20% identified weakness, which was attributed to the frequent passing out of watery stool, which can cause loss of water from the body. This study contradicts the study that was conducted in Lagos, Nigeria, which showed that 68% knew that weakness was one of the danger signs of diarrhea. (Faith M., 2022)

70% of the respondents obtained the information about home management of diarrhea among children from health workers, and this was because of increased availability of health workers in every corner of the trading centre, thus increasing sensitization and awareness, and this was similar to a study conducted in Kaduna, Nigeria, which showed that 48.3% acquired information about home management of diarrhea from hospitals and other health facilities. (Victoria, 2019)

Most of the respondents 80% regarded poor hygiene as the main cause of diarrhea, and teething 5% this was attributable to poor hygiene practices, such as poor disposal of waste, mainly causing diarrhea, which greatly affects children. This study is in line with a study conducted in Mukono, Uganda, which showed that 56% of the respondents reported poor hygiene as the main cause of diarrhea. (Nakasolo, 2022)

The majority (85% of the respondents mentioned that they heard about ORS, and 15% did not. This showed that caretakers never took the occurrence of diarrhea for granted and so opted for consulting health workers, where 70% of respondents knew how to prepare ORS. This study is in line with a study conducted in India, which showed that 72% had better knowledge of ORS preparation. (Prof.S. Rajathi, 2018)

Attitude of caretakers towards home management of diarrhea in children under five years

Results show that the majority 55% strongly agreed that diarrhea is a serious health issue that can cause dehydration or death, and 45% agreed that immunization can prevent diarrhea. This indicates a good attitude of the caretakers, and this study is in line with the study conducted in Mukono, Uganda, which showed that 98% of the respondents agreed that diarrhea is a serious condition that can lead to dehydration and death, and 80% agreed that immunization is of importance in the prevention of diarrhea in children under five years. (Julius Ssebuliba, 2023)

The majority of the respondents 60% mentioned that sometimes diarrhea can be managed at home, and 50% of the respondents strongly agreed that ORS is effective in the management of diarrhea in children under five years. This indicates a better attitude of the caretakers, as giving ORS can help manage diarrhea at home. This study is in line with a study conducted in which 43% of the respondents agreed that ORS is more effective in the management of diarrhea than traditional medicines. (Gemechu, 2022)

Most of the respondents 70% mentioned that it was necessary to take a child with diarrhea to a health facility. This is attributed to the better knowledge of the caretakers of the danger signs of diarrhea. This also gives a better way of approach to the prevention and home management of diarrhea in children below five years. This finding contradicts the study conducted in Ethiopia, where 52.9% strongly agreed that ORS is the first-line management of diarrhea. (Wektole Kebede Fufa, 2019)

Practice of caretakers towards home management of diarrhea in children under five years

65% of the respondents mentioned that they had ever prepared ORS at home, and the majority 60% gave fluids very frequently in cases of diarrhea. This facilitates early improvement of the episodes of diarrhea in children under five years. This study is in line with a study conducted in showed that 72.5% gave homemade fluids to treat their children, such as water from rice, porridge, and clean water. Another study conducted in showed that 78.7% did not prepare ORS themselves. (Wachira, 2024)

The majority of the respondents 55% encouraged specific dietary practices for a child with diarrhea, and 50% carried out different actions when a child gets diarrhea. Different interventions such as increasing fluids, visiting a health facility, giving ORS, and using home remedies help to control diarrhea before reaching the hospital. This study is in line with a study conducted in showed 10% of

caretakers stopped breastfeeding during the episode, took their children to a government health facility when they suffered from diarrhea, stayed home, and used herbs. (Khaliq, 2022)

Conclusion

Most respondents had good knowledge about diarrhea, with most having heard about it, knowing its danger signs, and knowing poor hygiene to be the main cause. Most of the respondents had a positive attitude towards home management of diarrhea and had good practices of diarrhea management, including preparing ORS at home.

Recommendations.

To the ministry of health

The Ministry of Health should improve its sensitization programs for community members on the dangers posed by diarrheal diseases, causes of diarrhea, and home management of diarrheal diseases. It should also endeavor to provide guidelines on sanitation and personal hygiene, as well as ensure that they are implemented and ensure home management of diarrhea among children under five years.

To the health workers

Health workers in Kibaati village should endeavor to sensitize and health educate community members on the dangers of poor sanitation and how it can be improved in an effort to prevent diarrheal diseases.

Public health workers in this trading centre should endeavor to regularly sensitize and health educate community members about the potential dangers of poor practices like not boiling drinking water, open waste disposal, and immunization.

To the community members

Community members in Kibaati village must ensure that they have hand washing places with soap and ensure effective hand washing before eating and after toilet use.

Community members should ensure sufficient personal, home, and community hygiene by ensuring adequate collection and safe disposal of solid wastes.

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Abbreviations and acronyms

E. COLI: Escherichia coli
EPI: Expanded Programme on Immunization
ORS: Oral Rehydration Salts
ORT: Oral Rehydration Therapy
UDHS: Uganda Demographic Health Survey
UAHEB: Uganda Allied Health Examination Board
UNICEF: United Nations International Children's Emergency Funds
VIP: Ventilated Improved Pit latrines
WASH: Water, Sanitation and Hygiene
WHO: World Health Organization
IMCI: Integrated Management of Childhood Illness
SSS: Salt- Sugar Solution

Data availability: The data is available upon request from the corresponding author.

Informed consent: Written informed consent was obtained from all participants before their inclusion in the study. Participants were informed about the purpose of the study, procedures involved, potential risks and benefits, and their right to withdraw at any time without penalty.

Source of funding: The study did not receive any external funding.

Conflict of interest: The authors declared no conflict of interest.

Author contributions

Hellen Nandawula was the principal investigator of this research project. She conceptualised the study, developed the proposal, collected and analysed the data, interpreted the findings, and prepared the final research report
Achilles Kiwanuka supervised the research project.

Author Biography

Hellen Nandawula holds a Diploma in Clinical Medicine and Community Health from the International Paramedical Institute Maya.

Achilles Kiwanuka is a tutor from the International Paramedical Institute Maya.

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