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## A STUDY ON KNOWLEDGE, ATTITUDE AND PRACTICES REGARDING DIARRHEA AND HYGIENE AMONG FAMILIES OF LUCKNOW SLUM.

KHUSHBOO GUPTA\*, REEMA SINGH\*\* AND SAVITA AHLUWALIA\*\*\*

### *Declaration*

The Declaration of the authors for publication of Research Paper in The Indian Journal of Research Anvikshiki ISSN 0973-9777 Bi-monthly International Journal of all Research: We, *Khushboo gupta, Reema Singh and Savita Ahluwalia* the authors of the research paper entitled A STUDY ON KNOWLEDGE, ATTITUDE AND PRACTICES REGARDING DIARRHEA AND HYGIENE AMONG FAMILIES OF LUCKNOW SLUM. declare that , We take the responsibility of the content and material of our paper as We ourself have written it and also have read the manuscript of our paper carefully. Also, We hereby give our consent to publish our paper in Anvikshiki journal , This research paper is our original work and no part of it or it's similar version is published or has been sent for publication anywhere else. We authorise the Editorial Board of the Journal to modify and edit the manuscript. We also give our consent to the Editor of Anvikshiki Journal to own the copyright of our research paper.

### *Abstract*

*Diarrhea causes dehydration and is not itself a disease but it can be a symptom of several .It means there are frequent, loose and liquid stools. There may be abdominal pain and its chronic condition may effect become dehydration more quickly and cause mortality. It is estimated 10.6 million yearly deaths in children due to diarrhea in world therefore the investigator interest to carry out this study on knowledge attitude and practices of the slum population and consequences of diarrhea. The main objective of the study to find out knowledge and awareness regarding diarrhea and hygiene among slum dwellers. A cross sectional study was conducted among families having two year children .50 families interviewed by using interview schedule to assess their knowledge about diarrhea and observation method was used to see hygienic practices . To sum up the opinion regarding diarrhea and hygiene found unsatisfactory in spite of a lot of efforts and a large number of money expended for their propagation carry out awareness programme by the Government and non Government agencies.*

**Key words:** Diarrhea, hygiene, dehydration, Oral Rehydration Solution.

### *Introduction*

Diarrhea is not itself a disease, but can be a symptom of several diseases. Diarrhea means there are frequent loose or liquid stools. There may abdominal pain, which may reduce after a stool is passed. Acute diarrhea may come on suddenly for a short time. Chronic diarrhea may effect someone for a long

\*Ph.D Scholar, Department of Home Science, University of Lucknow (U.P.) India. e-Mail : [khushcherry2007@gmail.com](mailto:khushcherry2007@gmail.com)

\*\*Ph.D Scholar, Department of Community Medicine [Institute of Medical Sciences] Banaras Hindu University Varanasi (U.P.) India.

\*\*\*Associate Prof , Mahila P.G. College, Aminabad Lucknow (U.P.) India.

period of time .If you have diarrhea for long periods of time, it may be very troubling and patient may feel very weak and tired. Diarrheal disease continues to be a health problem worldwide, especially in developing countries. In these regions, it accounts for approximately 2.5 million deaths per year in children under 5 years of age. Furthermore, acute diarrhea considerably contributes to morbidity and increases health care costs in children from industrialized countries (Kosek M, Bern C and Guerrant RL.-1992). Diarrhea causes dehydration. Children are more likely prone than adults and to die from diarrhea because they become dehydrated more quickly. Diarrhea is also a major cause of child malnutrition.

There are many causes of diarrhea including food poisoning, infection, malnutrition etc. Diarrhea may be due to chronic problem like viral stomach flu. Diarrhea occurs when the lining of the small or large intestine is irritated. It leads to increased water being passed in the stools. Diarrheal disease continues to be a serious health problem, especially in developing countries. Bloody diarrhea represents approximately 20-30% of all cases and has higher morbidity and mortality. Treatment with antibiotics is beneficial in cases of *Shigella*, *Campylobacter*, *Yersinia* and *Salmonella* infection, principally in those children with a higher risk of invasive disease (MOTA M. I, GADEA M. P, GONZÁLEZ S. Et al-2010).

Measures to prevent childhood diarrhea episodes include promoting exclusive breast feeding, raising vitamin A supplementation rates, improving hygiene, increasing the use of improved sources of drinking water and sanitation facilities, promoting zinc intake and immunizing against rotavirus. Breast-feeding continues to have practical, psychological and immunological advantages over artificial feeding. Breast milk promotes a bowel flora in which lactobacillus rather than *E. coli* predominates and it contains immunoglobulin, macrophages, and lysozymes that protect against bacterial infection in the infants (Armando A. Conejos, M.D, Gloria C. Garcia, M.D. and Esperanza Rivera, M.D.-1982).

Although diarrhea rarely becomes a serious problem, it is potentially dangerous especially for infants and young children. The major concern is rapid fluid loss resulting in dehydration. Food passes through the intestine more quickly during about of diarrhea, taking with it water, nutrients and electrolytes (minerals such as sodium, potassium and chloride). This malabsorption leads to repeated elimination of watery stools and potential dehydration. Vomiting frequently accompanies diarrhea; in these cases dehydration can develop even more rapidly to prevent this serious side effect it is important to replace lost water and electrolytes at the onset. Any significant dehydration constitutes an emergency.

*Aims and Objective* : The main objective of the study to find out knowledge and awareness regarding diarrhea and hygiene among slum dwellers.

### *Methodology*

A cross sectional study was conducted among families having two year children .50 families interviewed by using interview schedule to assess their knowledge about diarrhea and observation method was used to see hygienic practices .The study conducted at near by slum area of – Aliganj, Madiyawan and Puraniya. The data was collected, tabulated and analyzed with help of Microsoft excel 2007 and SPSS 16<sup>th</sup> version.

### *Results*

Cross sectional study conducted on 50 families having two year children. These Information collected through interview schedule :

(1) 7 % respondent having their ideas regarding contamination, 22% common disorder, 21 % of general disorder, 17 % acute disorder and opinion of 6 % respondent treated as no disease and 27 % have no opinion regarding the diarrhea.

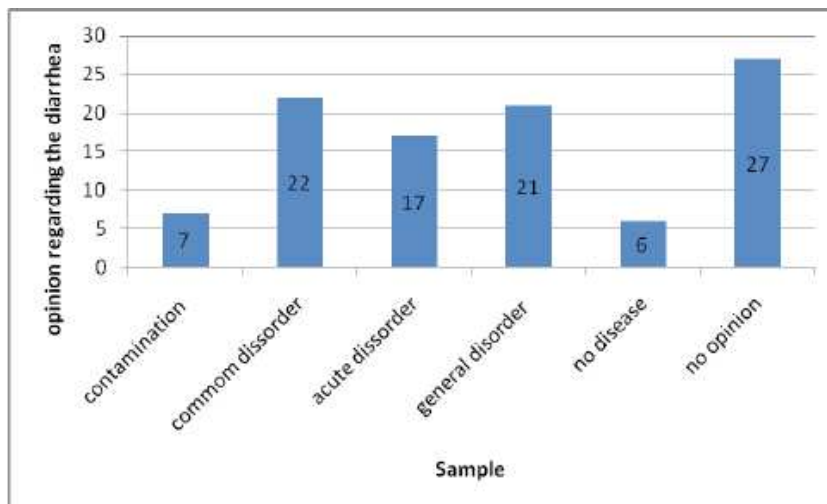


TABLE 1: Distribution of opinion regarding the diarrhea of respondent

(2) The causes of disease according to opinion collected by the researcher 7 % have opinion about dirty environment, 10 % due to poor health, 11 % due to poor nutrition intakes 33 % due to dental problem, 11 % have no opinion about the causation of diseases, 28 % by other disease such as contamination, poor hygiene infections etc.

(4) The symptoms of diarrhea 14 % vomiting, 16 % by Fever, 28% by loose motions, 46 % by other symptoms such as faintness, laziness etc.

(5) The treatment taken by the patients families 26 % by allopathic treatment, 16 % by indigenously and Ojhas, 16 % by home remedies, 42 % doing nothing for treatment.

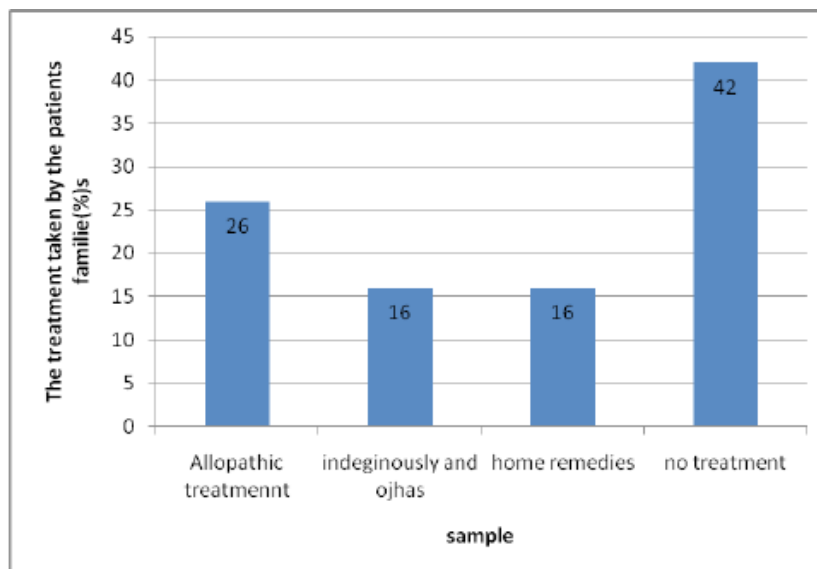


Table -2 Distribution of the treatment taken by the patients families

(6) The Practices regarding nutrition intake -52% intake lesser amount of food, 30% Stop feeding, 8 % intake liquid food, 2 % intake high amount of food and 8 % static in food intake.



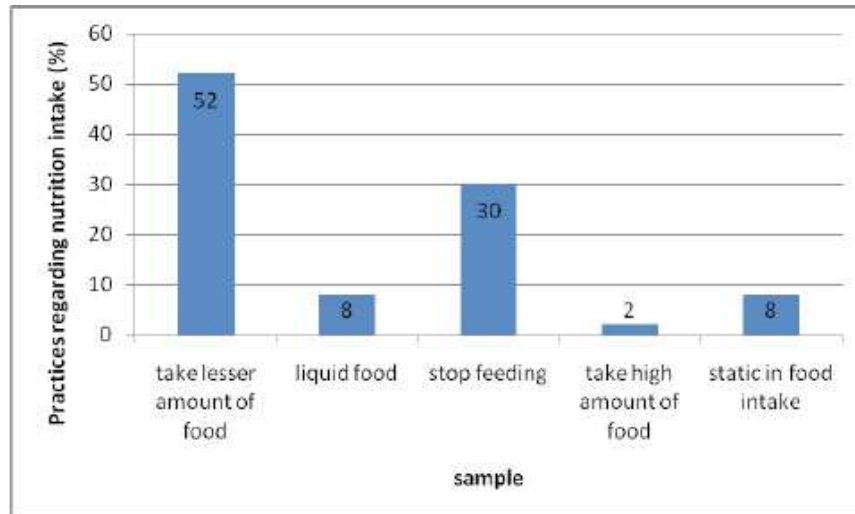


Table-3 Distribution of Practices regarding nutrition intake

- (7) As for the concern of breast feeding; no change in 40 % patients, low breast feeding in 30 % and 2 % high breast feeding, 14 % stop breast feeding and 14 % no response.
- (8) The awareness regarding oral rehydration solution (ORS) 52% respondent does not know about ORS, 4 % salt Sugar solution, 6% other product, 38 % have no response.

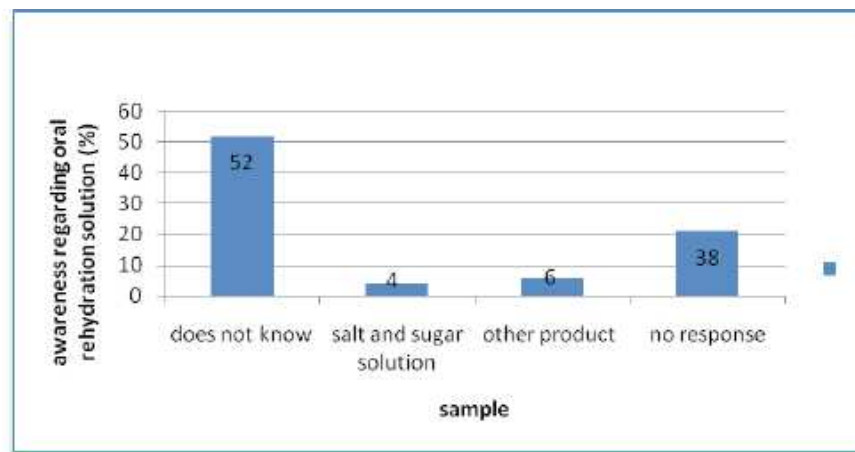


Table -3 Awareness regarding oral rehydration solution (ORS)

- (9) The knowledge regarding diarrhea according to these respondent families was a general problem, only 8 % respondent families aware for actual causes.
- (10)The illiteracy was primal cause for the causation of chronic diarrhea along with blind believes as the researcher finds during study.
- (11)A 40 % respondent families doing nothing at the time they suffer by diarrhea only 26 % patients taking treatment of allopathic doctor or an unregistered medical practitioner and other follows practices their own type of treatment.
- (12)A 90% patient's families does not know about the ORS in respect of its usefulness and their compound composition.
- (13)The place of toilet is an open space nearby their residence.
- (14)The nutritional intake was also a big problem for respondent families and they were taking unscientific and unhygienic food during the diseased period.
- (15)The source water every respondent's family using tap water.of drinking.

### *Discussion*

The Practices regarding nutrition intake -52% intake lesser amount of food, 30% Stop feeding, 8 % intake liquid food, 2 % intake high amount of food and 8 % static in food intake. Intestinal mucosal damage and consequent problems with nutrient absorption are common features in all children with persistent diarrhea and therefore nutritional management is the cornerstone of treatment (Bhutta ZA, Hendricks KH-1996),

The causes of disease according to opinion collected by the researcher 7 % have opinion about dirty environment, 10 % due to poor health, 11 % due to poor nutrition intakes 33 % due to dental problem, 11 % have no opinion about the causation of diseases, 28 % by other disease such as contamination, poor hygiene infections etc. The true incidence of chronic diarrhea in India is not known. There are many causes for chronic diarrhea and with better facilities these are being increasingly diagnosed in India (Mittal SK.-1999).

The symptoms of diarrhea 14 % vomiting, 16 % by Fever, 28% by loose motions, 46 % by other symptoms such as faintness, laziness etc.

The treatment taken by the patients families 26 % by allopathic treatment, 16 % by indigenously and Ojhas, 16 % by home remedies, 42 % doing nothing for treatment. Intestinal mucosal damage and consequent problems with nutrient absorption are common features in all children with persistent diarrhea and therefore nutritional management is the cornerstone of treatment (Bhutta ZA, Hendricks KH.-1996)

At admission, most patients have dehydration and electrolyte imbalance which will need correction. Evidence suggests that low osmolality ORS is efficacious in management of dehydration in persistent diarrhea (Sarker SA, Mahalanabis D et al-2001 ). In this study The awareness regarding oral rehydration solution (ORS) 52% respondent does not know about ORS, 4 % salt Sugar solution, 6% other product, 38 % have no response .

The knowledge regarding diarrhea according to these respondent families was a general problem, only 8 % respondent families aware for actual causes. A 40 % respondent families doing nothing at the time they suffer by diarrhea only 26 % patients taking treatment of allopathic doctor or an unregistered medical practitioner and other follows practices their own type of treatment. The nutritional intake was also a big problem for respondent families and they were taking unscientific and unhygienic food during the diseased period.

### *Conclusion*

To sum up the opinion regarding diarrhea as well as hygienic practices was found unsatisfactory in spite of a lot of efforts and a large number of money expended for their propagation carry out awareness programme by the Government and Government agencies, etc. Non government agencies (NGO), media etc, this study reflect a attention to specialist to provide a large scale effort at slum busti household level to delivered knowledge and create awareness regarding hygienic practices ,diarrhea and ORS.

### *Acknowledgement*

I wish to record my high regards and gratitude to Dr. Sawita Ahluwalia ( Associate prof, Mahila vidyalaya p.g. College, Lucknow ) for her kind guidance and thoughtful discussion during study work.



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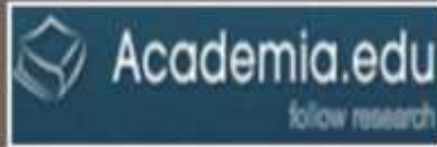
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