

Assessment of Mother's Practice among Using Oral Rehydration Solution for their Children with Diarrhea in Babylon City

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Abstract

Objectives: A descriptive study that aimed to find out demographic characteristics of mothers like age , level of education , occupation and resident area, to find out demographic characteristics of child regarding age , sex and birth order of the child and kind of feeding breast feeding and to assess the mother practices among using oral rehydration solution.

Methodology: The study was carried out at Child and Maternal Babylon Hospital, study period extended from December(2016) to end of the February(2017). Anon-probability sample was selected from Child and Maternal Babylon Hospital and al-Hashemia Hospital, the sample consisted (100) mothers.

Results : showed that (64%) of mothers their age between (20-30) years . also results reveal that (56%) of mothers graduate from primary school ,and show that (93%) of mothers were unemployed.

Keyword: *mothers, rehydration, child, diarrhea.*

Introduction

Diarrhea is a clinical manifestation of a variety disorders of infants and young children and is one of the main causes of morbidity among them in most parts of the world, were crowding and lack of sanitary facilities ¹ present a major public health problem, as many infectious agent have been known to cause diarrhea such as bacteria, parasites and viruses ¹. Also diarrhea can readily be produced through physiological and nutritional disorders in the complete absence of any enter pathogens, it is classified according to its severity into three degree, Mild, Moderate and sever ². Diarrhea leads to dehydration which cause death in children that before the application of Oral Rehydration Therapy, all children with diarrhea were admitted to hospital for the replacement of fluid by intravenous rout, but no a days after the application of Oral Rehydration therapy the number of admitted cases in hospitals are reduced ³. ORT is considered as an effective tool in controlling dehydration in children as a result of diarrhea and many Mild diarrheal become moderate or sever due to improper mothers knowledge and practices to treat diarrhea ⁴, Oral Rehydration Therapy administration of dextrolytes by mouth to prevent or correct the dehydration that is

a consequence of diarrhea it consists of the following sodium chloride 3.5 gram/liters, potassium chloride 1.5 gram/liters, Trisodium citrate dehydrate 2.9 grams/ liters and glucose 20 grams/liter ⁵. Oral Rehydration Solution(ORS) represents the clinical application of some of the most basic concepts of cellular physiology. It offers a therapy that is inexpensive and simple with very few potential complications ⁶. In Iraq diarrhea is considered to be an important cause for infant morbidity and rates bacterial diarrhea contributes to about one third of the total cases of diarrhea in infancy and early childhood ⁷. So, we choose the study about this problem because during our practice in the hospital and we found that most of children attending in the hospital with the gastroenteritis (D.V.D) when we spoke with the mothers about how they can manage it at home we found that they have less practices about the ORS, so we interesting to do this research.

Methodology

- 1. Design of study :** descriptive study
- 2. Setting of study :** the study was carried out at Child and Maternal Babylon Hospital.

3. Time of the study : the study period extended from December(2016) to end of the February(2017).

4. Ethical Consideration: Data collection is done by researchers , who kept the confidentiality and anonymity of the data . The form for data collection was applied without mentioning the name of mothers , their address and taking a verbal agreement were obtained from participant in the study.

5. The sample of study : anon-probability sample was selected from Child and Maternal Babylon Hospital and al-kawthar Health center, the sample consisted (100) mothers. The questionnaire was used as mean of data collection , questionnaire concerning mothers Practice regarding to ORT.

- 1) Demographic characteristic of mothers
- 2) Demographic characteristic of child
- 3) Practice of mother regarding oral rehydration therapy it content 9 items (appendix 1).

6. Validity: validity of the study instrument was determined initially through the panel of expert responses were positive toward the study questionnaire, changes and modification were made in respect to experts suggestions and recommendation (appendix2).

7. Statistical analysis : data were analyzed through frequency, percentage, the item were rated according to point type rating scale Yes (1) and No (0)

Table 1: Assessment of mother practice among Oral Rehydration Therapy for their child with diarrhea.

Items	Frequency	Percentage%
1) Oral Rehydration Salt Solution Is Prepared By :		
A) 1 Litter Of Boiled Cooled Water	62	62 %
B) 1 Glass Of Boiled Cooled Water	22	22%
C) 2 Glass Of Boiled Cooled Water	1	1 %
D)Do Not Know	15	15%
2) Oral Rehydration Salt Solution Should Be Used With In :		
A) 6 Hours	45	45%
B (12 Hours	25	25%
C (24 Hours	15	15%
D) Do Not Known	15	15%
3) The Frequency Of Giving Oral Rehydration Salt Solution Are :		
A) After Each Stool Pass	48	48 %
B) Quarter To Half Glass After Each Stool Pass For Child Below 2 Years	30	30%
C) 1 Glass After Each Defecation For Children Above 2 Years Of Age	3	3%
D) Do Not Know	19	19%

Cont... Table 1: Assessment of mother practice among Oral Rehydration Therapy for their child with diarrhea.

4) The Advantage Of Using Oral Rehydration Solution Is :		
A) Readily Available As Powder In 1 Pocket	11	11 %
B)Continued When There Is Vomiting	2	2%
C) Replaced Electrolytes And Water Lost From Body	66	66%
D)Do Not Know	21	21 %

Table 1 : Cont..

Items	Frequency	Percentage%
5) Oral Rehydration Salt Packets Are Available At:		
A) Health Center	49	49%
B) Hospital	14	14%
C) Medical Shop Pharmacological	26	26%
D) Do Not Know	11	11 %
6) Precaution To Be Taken While Using Ors :		
A) Store It In A Cool Dry Place In A Closed Conditioner	29	29%
B) Prepare Fresh Solution Each Time	44	44%
C) Avoid Soft Drinks And Sweetened	11	11 %
D) Do Not Know	16	16%
7) The Oral Fluid Intake While Using ORS :		
A) Restricted	6	6%
B) Increased	26	26%
C) Stopped Completely	1	1 %
D) Usual Amounts	45	45%
8) The Available Fluid That Can Be Given During Diarrhea Are :		
A) Rice Water With Salt	56	56%
B) Tea	1	1 %
C) Soups	30	30%
D) Boiled Cooled Water	8	8%
9) Fluid given during ORS :		
A) Home Available Fluid	21 %	21 %
B) Oral Rehydration Salt Solution	26%	26 %
C) Sugar Salt Solution	0%	0%
D) Only Drugs	14%	14%

Table (1) The table stated that majority of mothers (62 %) they prepared 1 liter of boiled cooled water, while (22 %) of them prepared by 1 glass of boiled cooled f water and (15 %) of them they do not known, shows that (45 %) of mothers they knew that Oral Rehydration Salt should be used within 6 hours, while (15 %) of 1 them they knew with 24 hours, and (25 %) of mother used within 12 hour, Regarding the frequency of giving Oral Rehydration Salt (48 %) of mothers giving after each stool pass, while (19 %) of them they do not known . Also the table show that (66 %) of mothers knew that Oral rehydration Salt replaced electrolytes and water lost from the body, and (21 %) they do not known. Regarding Oral Rehydration Salt available (49 %) of mothers knew are available at Health center. And (11%) they do not known. Also the table shows that (29 %) of mothers store it in a cool dry place in closed conditioner and (16 %) they do not known. Also the table shows that (45 %) of mothers using usual amounts of fluid, while using ORS. Also the table shows that (26 %) of mothers given during ORS . The table shows that (56 %) of mothers giving to the child Rice water with salt, while (30 %) of them giving soups, only (21 %) of them given Home available fluid. Table (1) shows that (64 %) of mothers their age between (20 -30) years, while (1%) of mothers their age between (41-50) years, this result is similar to the finding of (Makkia, (2004)) who found that (70%) of mothers their age between (20 -30) years. Also table (1) shows that (56 %) of mothers graduate from primary school and (5 %) of them graduate from institution and university, this result disagree with the study done by (United Nations Children's(2002)) who found that the high percentage of mothers their level of education read and write. Also the table (1) according to the occupation that (93 %) of mothers were unemployed, this result disagree with the study done by (Makkia, (2004)) who found that (45 %) of mothers unemployed. Table (2) shows that (48 %) of child their age less than one year, this results agree with the study done by (Enzley (1997)) who found that in his study regarding diarrhea the majority of the child their age less than one year. also the table (2) shows that (65 %) of child male and (35%) of them female this result opposite of the study done by (WHO (2002)) who found in this study (60 %) of them female , regarding birth order of the child (34 %) of child their birth order second and (24 %) of them order are first. also the table shows that (52 %) of child artificial feeding this result agree with the study done by (WHO (2002)) who found that in this study (70 %) of child have diarrhea they on artificial feeding.

Table (3) show that (62 %) of mothers prepared ORT by 1 liter of boiled cooler; water this result disagree with the study done by (Snyder , Merson (2000)) who found that majority of mothers do not known who to prepared ORT, and the table shows that (46 % , mothers they knew that oral rehydration salt should be used with 6 hours this result disagree with the study done by (WHO (2002)) who found that (60 %) of mothers prepared with the 24 hours . Regarding the frequency of giving oral rehydration salt (48 %) of mothers giving after each stool pass, this result agree with the study done by (Snyder,Merson(2000)) who that < 55 %) of mothers giving oral rehydration salt after each stool pass. Also the table shows that (66 %) of mothers knew that ORT replaced electrolytes and water lost from the body this study agree with the study done (Claeson (2006)) who stated that in their study the majority of mothers knew that ORT replace fluid in child body Also table (3) shows that (49 %) of mothers knew that ORT are available at health center, this result disagree with the study done (Santosham (2002)) who found that in their study the majority of mothers knew that ORT are available at hearth center. Also the table shows that (29 %) of mothers store it in a cool dry place in dosed conditioner this result agree with the study done by (Bern (2000)) who found that most of mothers store ORT in a cool dry place. Also our results shows that (45 %) of mothers using usual amount of fluid while using ORS and (26 %) of them increased fluid this study disagree with the study done by (Martines(2000)) who found that the majority of mothers they give ORT only without any others kind of fluid Also our results shows that (56 %) of mothers giving to the child Rice water with salt, while (30 %) of them giving soups, this results agree with the study done by (United Nations Children's(2002)) who found that (60 %) of them giving Rice water with salt.

Conclusion

According to Interpretation and discussion of the study finding the following conclusion were driven :

- (64 %) of mothers their age between (20 -30) years.
- (56 %) of mothers graduate from primary school.
- (93 %) of mother were unemployed.
- (48 %) of child their age less than one year.

- (52 %) of child were artificial feeding.
- (62 %) of mothers prepared ORT in 1 liter of boiled water.
- (48 %) of mothers giving ORS after each stool pass.
- (29 %) of them store it in a cool dry place.

Recommendations: Based on the results of present study, the researchers recommended the following:

1. health education should be done regarding preparing of oral rehydration therapy.
2. mass media should play a role in educating the family.
3. further study should be done in a large group.

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Conflict of Interest: None to declare.

Ethical Clearance: All experimental protocols were approved under the F College of Nursing and all experiments were carried out in accordance with approved guidelines.

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