Knowledge, Attitude and Practices towards Management of Diarrhea among Care Takers of Children Below 5 years attending Katoogo Health Centre III, Mukono District. A Cross-sectional Study.

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Abstract

Background:
The purpose of the study was to assess the knowledge, attitude, and practices towards the management of diarrhea among caretakers of children below five years attending Katoogo Health Centre III, Mukono district.
The specific objectives of the study were to assess the; knowledge towards management of diarrhea among caretakers of children below five years, attitudes towards management of diarrhea among caretakers of children below five years, and practices towards management of diarrhea among caretakers of children below five years.

Methodology:
The study employed a descriptive cross-sectional design with a simple random sampling technique as sampling technique. Data were extracted from a sample of 50 respondents using semi-structured questionnaires written in the English language and analyzed manually by use of tally sheets, entered in the excel computer program to generate tables, graphs, and pie charts.

Results:
Overall results on practices towards management of diarrhea showed that; (60%) of respondents' children were not exclusively breastfed, (54%) of their children's immunization cards were not up to date as per EPI guidelines, (and 58%) administered ORS to their children during an episode of diarrhea, (94%) keep solid wastes at home in open heap garbage places, (50%) sometimes they practice personal hygiene and (56%) visit the doctors when the child's health does not improve.

Conclusion:
The researcher generally concluded that caretakers exhibited fairly pleasant knowledge and attitude towards management of diarrhea but poor practices were noticed which exposes their children to persistent diarrhea illness.

Recommendation:
The researcher, therefore, strongly recommended that Katoogo Health Centre III should intensively promote health education on diarrhea not only on what is all about but majorly preventive practices on the occurrence, since prevention is better than cure.

Email: ssebulibajulius235@gmail.com **Date Submitted: 16th/04/2022 Date Accepted: 12th/05/2022**

1 Background of the study

Globally, there are nearly 1.7 billion cases of childhood diarrheal disease every year. In low-income countries, children under three years old experience on average three episodes of diarrhea every year. Each episode deprives the child of the nutrition necessary for growth. As a result, diarrhea is a major cause of malnutrition and malnourished children are more likely to fall ill from diarrhea (WHO, 2017).

A report from CIDRAP (2018), revealed that out of 55 of Africa's 57 countries (Island nations and Seychelles were excluded) the highest diarrhea-related case fatality rates were in Lesotho (18 cases per 10, 1000 children below 5 years, 95% credible interval 12 to 25), Mali had (17, 12 to 24), sierra leone (16, 11 to 23), Benin (16, 11 to 21) and Nigeria (16, 11 to 21).

The Nigerian demographic and health survey (2018) indicated that 13% of children under-age 5 were reported to have had diarrhea in the 2 weeks before the survey. This represents an increase from 2008 and 2013 (10% in both years). Children aged 6-11 months and 12-23 months (20% each) were more likely than children aged 48-59 months (7%) to have had diarrhea in the 2 weeks preceding the survey. The prevalence of diarrhea was higher in Gombe (35%) and lower in Ogun and Bayelsa (1% each) (National Population Commission Nigeria & ICF, 2019).

However, Statistics from Sierra Leone revealed that 7% of children under-age 5 were reported to have had diarrhoea in the 2 weeks before the survey. Advice or treatment was sought for 75% of children who had diarrhea. The prevalence highest of diarrhea was in North West and Eastern provinces (9% each) and the lowest in Northern provinces (4%) (Statistics Sierra Leone & ICF, 2020).

In Cameroon, twelve percent of children under-age five had diarrhea in the two weeks before the survey. Diarrhea was most common among children within 6-23 months (about 20%). Among children with diarrhoea, 56% had advice or treatment sought (National Institute of Statistics Cameroon & ICF, 2020).

In Uganda, 20% of children under-age 5 had a diarrheal episode in the two weeks proceeding to the survey. The prevalence of diarrheal increased after age 6 months, from 19% among children under age 6 months to 39% among those aged 6-11 months when complementary foods and other liquids were introduced. The prevalence remained high (31%) at age 12-23 months, which is the time when children begin to walk at an increased risk of contamination from the environment and decline thereafter (UBOS & ICF, 2017). The specific objectives of the study were to assess the; knowledge towards management of diarrhea among caretakers of children below five years, attitudes towards management of diarrhea among caretakers of children below five years, and practices towards management of diarrhea among caretakers of children below five years.

2 Methodology

Study design

The study employed a descriptive cross-sectional study design for both quantitative and qualitative data. This method was selected because it was excellent for the measurement of characteristics of large populations.

Study area

Katoogo Health Centre III is located near nearby to Namboga at Katoogo Trading center in Nama Sub County, Mukono district approximately 6km from Kiswera trading center. The health center receives an average of 50 patients per day with several departments namely; outpatient, family planning, maternity, ART, Laboratory, antenatal care clinic, and minor surgery department.

Study population

The study population is the total number of subjects or the total environment of interest to the researcher. The targeted population for this study was composed of caretakers of children below five years with diarrheal cases at OPD in Katoogo Health Centre III, Mukono District.

Sample size determination

The sample size was determined using the formula by Leslie and Kish (1965).

$$N = \frac{P(1-P)\,Z^2}{d^2}$$

Whereby;

N = sample size needed

Z = standard deviation 1.96

P = Rate of occurrence of challenges faced by caretakers assumed to be 50% because its unknown

Q = 1 - P

d = Acceptable error 10%

Therefore N= 1.962X 0.5 X 0.5
0.12
N = 96

The sample size was meant to be 96 but due to financial and time constraints, 50 respondents were used.

Study variables

Dependent variable

The dependent variable was diarrhea.

Independent variables

Knowledge, attitude, and practices towards the management of diarrhea among caretakers of children below five years were the independent variables.

Selection criteria

Inclusion criteria

The study included only caretakers of children below five years who consented voluntarily and participated in the study during the time of data collection.

Exclusion criteria

The study excluded caretakers of children below five years who didn't consent voluntarily to participate in the study during the time of data collection.

Sampling technique

This refers to the process of selecting several individuals from the population such that the selected group contains elements representative of the characteristics found in the entire group called a sample. Simple random sampling was used to select the study participants from the source population. This technique was referred from other techniques because; it is free from bias and prejudice.

Data collection tool

This refers to a systematic process of gathering information relevant to the study. Therefore, the study used semi-structured questionnaires designed based on the specific objectives of the study and later translated into the vernacular language (Luganda) by the researcher and his assistants during the interviews. The questionnaire was selected as the main data collection tool because it is cheap to administer, covers a wide geographical area, and provides a hard copy that was filed for reference purposes.

Data collection procedure

An introductory letter from the Kampala school of health sciences was taken to the Katoogo Health Centre III administration seeking permission to carry out the study. When permission was granted; two research assistants were trained on the subject in question and the data collection procedures they used; before the collection of data, all ethical and cultural issues were considered like freedom from harm and respect for human dignity. The data collection process commenced with brief introductions from the researcher and his assistants; the purpose of the study was explained to the respondents. In addition, respondents who met the inclusion criteria were sampled for the study in a separate room. Every fifth respondent who fell under the inclusion criteria that were to say (5th, 10th, 15th, 20th, 25th, 30th, 35th, 40th, 45th, and 50th) in the patient attendance book at OPD was given a questionnaire to fill to make several 10 respondents in a day and data was expected to be collected within 5 days. The procedure was repeated each day until the sample size of 50 respondents was obtained.

Piloting the study

The questionnaire was pre-tested among 10 respondents in Kajansi health center IV, Wakiso district for clarity and acceptability and assessed accordingly to check whether it met the stated specific objectives of the study before carrying out the main study and necessary adjustments were made. Therefore, this was all done to produce valid and liable data.

3 Data analysis and presentation

Data was analyzed manually; qualitative data involved summarizing key findings, explanations, and thematic analysis involving data arrangement according to key themes or study objectives, and quantitative analysis was presented in frequency distribution tables, bar graphs, and pie charts using Microsoft excel.

Quality control

The study area was pre- visited for mobilization a day before data collection commenced.

To ensure the accuracy and validity of the data that was collected, before data collection two research assistants were recruited and trained for three days about the subject in question and the data collection procedures they used.

The research supervisor and other experts in the field were consulted about the content of instruments and the relevancy of questions per each specific objective.

Adherence to standard operating procedures for COVID19 during the data collection process was strictly followed and maintained.

All activities regarding data collection were done under the monitoring and supervision of

the researcher and after data collection, the research team met every evening to review the collected data and cross-checked the filled questionnaires for correctness and completeness.

Ethical consideration

Adherence to ethical standards was observed. In a way, a letter of introduction was obtained from the Kampala school of health sciences research committee introducing the researcher and seeking permission to carry out the study. Katoogo Health Centre III. When permission was granted; the study commenced after obtaining informed consent from study participants; participation in the study was strictly voluntary and respondents were assured that data collected from the study would be kept confidential and used only for purposes of that study. Any information collected sought not to reveal the identities of the participants. Caretakers with poor knowledge and practices towards diarrheal management were health educated and advised accordingly.

Study limitations and possible solutions

The outbreak of the coronavirus pandemic disrupted the study process making the study lengthy. This was solved by observing the standard operating procedures and budgeting the little available time and using it effectively.

The researcher faced financial constraints in gathering information from the internet and libraries, drafting questionnaires, printing, typing, and transport costs. The researcher overcame this; by drawing up a budget that was strictly followed to utilize the available means.

4 Study Findings

Demographic data

From the table above, more than half of the respondents (58%) their children were female by sex whereas the least (42%) of their children were male by sex.

The study revealed that most (52%) of the respondent's children were within the age bracket of 2-3 years whereas the least (10%) of their children were within the age bracket of 4-5 years.

Findings showed that the majority (68%) of the respondents were mothers of the children whereas the minority (2%) were uncles to the children.

The study discovered that majority (80%) of the respondents were married whereas the minority (4%) were single.

Almost half of the respondents (46%) were unemployed whereas the least (18%) were employed.

In regards to education levels of caretakers, most of the respondents (62%) had attained a secondary level of education whereas the least (4%) had never gone to school.

Knowledge towards management of diarrhea among caretakers of children below five years

From the figure above, nearly all respondents (96%) had ever heard about diarrhea whereas the least (4%) had never heard about diarrhea.

From the table above, the majority (73%) of the respondents obtained information about diarrhea from health workers whereas the minority (2%) obtained information about diarrhea from friends.

From the table above, most (56%) of the respondents reported poor hygiene as the main cause of diarrhea whereas the least (2%) didn't know what causes diarrhea.

From the table above, most (52%) of the respondents reported that they identify a child who has lost water through sunken eyes whereas the least (6%) didn't know how to identify a child who has lost water.

From the figure above, the majority (72%) of the respondents reported ORS as the fluid used for management of diarrhea whereas the minority (4%) didn't know the fluid used for management of diarrhea.

From the figure above, more than half (68%) of the respondents knew how to prepare ORS whereas the least (32%) didn't know how to prepare ORS.

From the table above, the majority (62%) of the respondents reported that ORS is administered soon after the first motion of watery stool whereas the minority (3%) reported that ORS is administered after two days of noticing watery stool.

Attitude towards management of diarrhea among caretakers of children below five years.

From the figure above, almost all respondents (98%) agreed that diarrhea is a serious condition that can lead to dehydration or death whereas the least (2%) disagreed.

Table 1. Shows the distribution of respondents according to demographic data (N=50)

Response	Frequency(f)	Percentage (%)
Sex of the children		
Female	29	58
Male	21	42
Total	**50**	**100**
Age of their children		
< 6 months- 1year	19	38
2-3 years	26	52
4-5 years	5	10
Total	**50**	**100**
Relationship to the children		
Mother	34	68
Sister	3	6
Grand parent	8	16
Uncle	1	2
Others	4	8
Total	**50**	**100**
Respondent's marital status		
Single	2	4
Married	40	80
Divorced	5	10
Widowed	3	6
Total	**50**	**100**
Respondent's occupation		
Employed	9	18
Un employed	23	46
Self employed	18	36
Total	**50**	**100**
Respondent's level of education		
Never went school	4	8
Primary	13	26
Secondary	31	62
College/ university	2	4
Total	**50**	**100**

Table 2. Shows the distribution of respondents according to where they obtained information about diarrhea (N=48)

Response	Frequency (f)	Percentage (%)
Friends	1	2
Mass media	5	10
Health workers	35	73
Others	7	15
Total	**48**	**100**

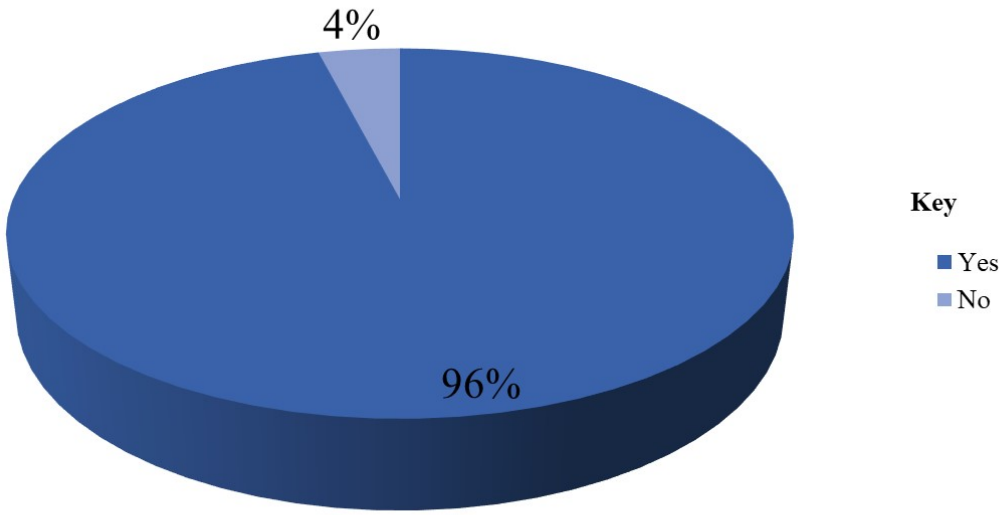

Figure 1. Shows the distribution of respondents according to whether they had ever heard about diarrhea (N=50).

Table 3. Shows the distribution of respondents according to their knowledge about what causes diarrhea (N=50)

Response	Frequency (f)	Percentage (%)
Poor hygiene	28	56
Contaminated water and food	11	22
Germs	6	12
I don't know	1	2
Others	4	8
Total	**50**	**100**

Table 4. Shows the distribution of respondents according to their knowledge about how they identify a child who has lost water (N=50)

Response	Frequency (f)	Percentage (%)
Sunken eyes	26	52
Thirsty and dry skin	14	28
I don't know	3	6
Others	7	14
Total	**50**	**100**

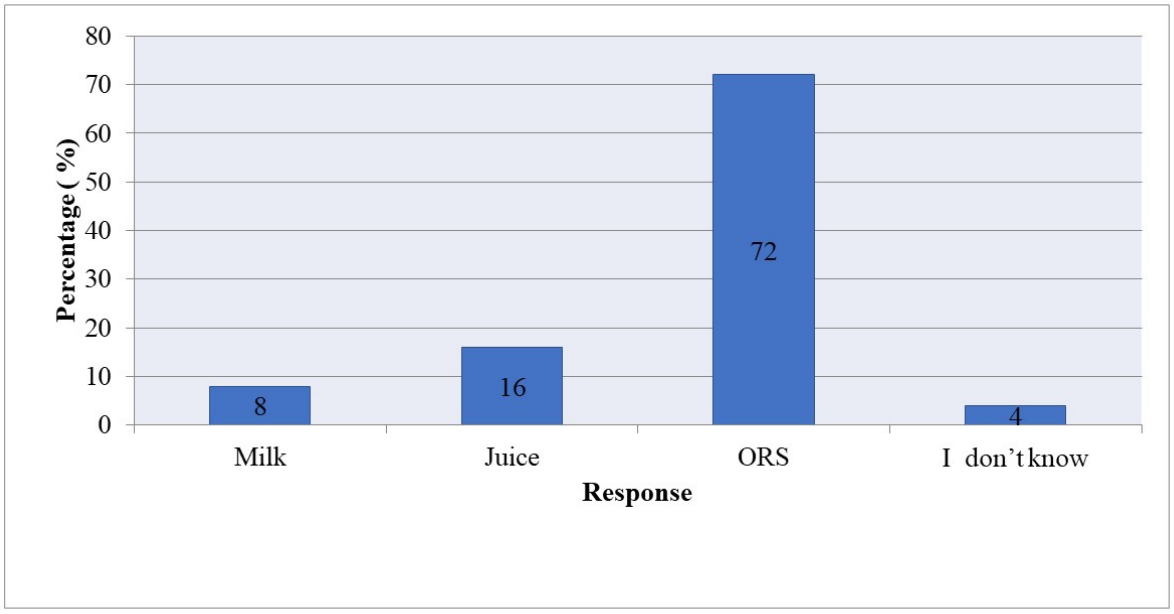

Figure 2. Shows the distribution of respondents according to their knowledge about the types of fluids used for the management of diarrhea.

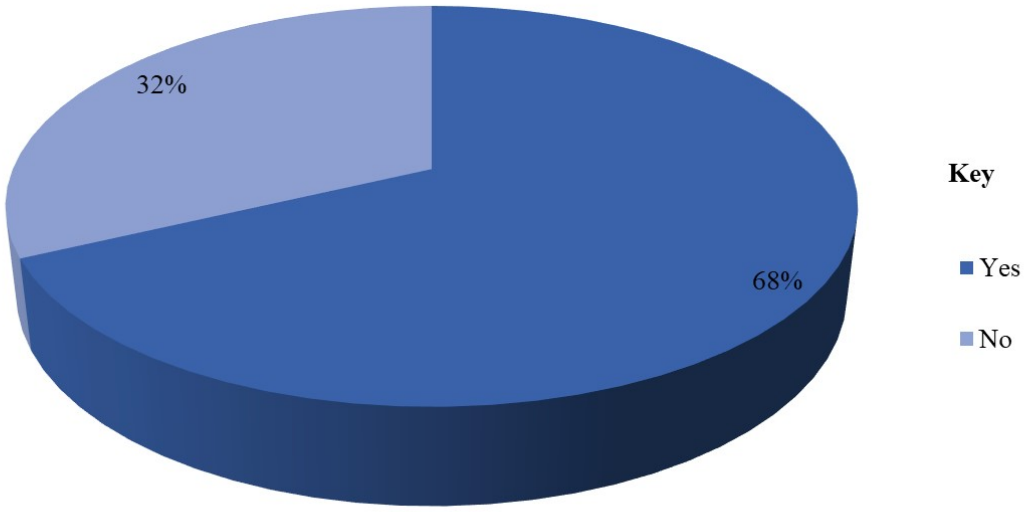

Figure 3. Shows the distribution of respondents according to whether they knew how to prepare ORS (N=50)

Table 5. Shows the distribution of respondents according to their knowledge about how ORS is administered to children (N=34)

Response	Frequency (f)	Percentage (%)
Soon after the first motion of watery stool	21	62
Soon after the second motion of watery stool	10	29.4
After 30 minutes	2	6
After two days of noticing watery stool	1	3
Total	**34**	**100**

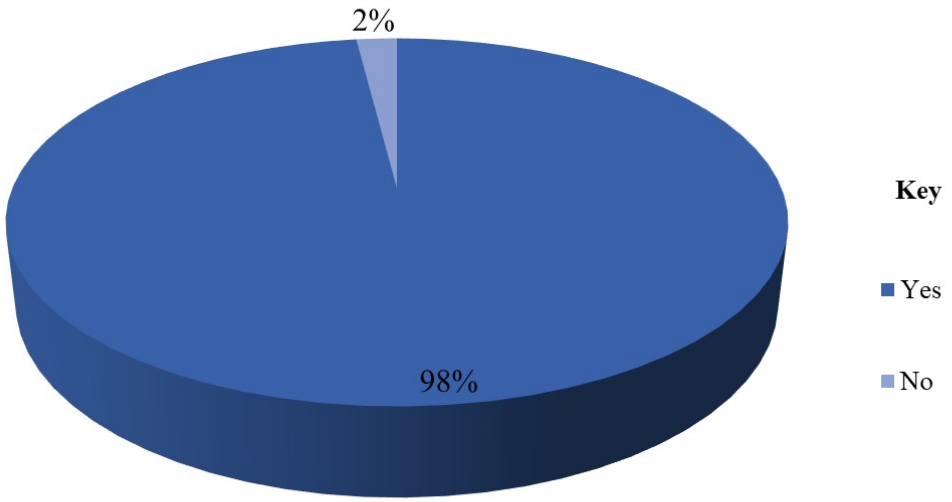

Figure 4. Shows the distribution of respondents according to whether they think diarrhea is a serious condition that can lead to dehydration or death.(N=50)

Table 6. Shows the distribution of respondents according to whether they think Oral rehydration salts are good for the management of diarrhea (N=50)

Response	Frequency (f)	Percentage (%)
Yes	39	78
No	11	22
Total	**50**	**100**

From the table above, more than half (78%) of the respondents agreed that Oral rehydration salts are good for the management of diarrhea whereas the least (22%) disagreed.

From the figure above, most of the respondents (56%) preferred to manage diarrhea with ORS whereas the least (44%) preferred to manage diarrhea with home fluids.

From the figure above, less than half (40%) of the respondents noted that exclusive breastfeeding is helpful in the prevention and management of diarrhea whereas the least (10%) didn't know the benefits of exclusive breastfeeding in the prevention and management of diarrhea.

From the figure above, the majority (80%) of the respondents agreed that immunization is of importance in the prevention of diarrhea in children whereas the minority (20%) disagreed.

Practices towards management of diarrhea among caretakers of children below five years

From the figure above, more than half (60%) of the respondents children were not exclusively breastfed whereas the least (40%) reported that their children were exclusively breastfed.

From the table above, most (54%) of the respondent's children's immunization cards were not up to date as per the Expanded Programme on Immunization (EPI) guideline whereas the least (46%) children's immunization cards were up to date as per the Expanded Programme on Immunization (EPI) guideline.

From the table above, more than half (58%) of the respondents give ORS to their children during an episode of diarrhea whereas the least (2%) noted that they vaccinate their children with Rotavirus during an episode of diarrhea.

From the table above, almost all respondents (94%) reported they keep solid wastes at home in open heap garbage places whereas the least (2%) keep the solid wastes at home in a large open container.

From the figure above, half (50%) of the respondents reported that sometimes they practice personal hygiene whereas the least (14%) reported that they didn't always practice personal hygiene.

From the figure above, most (52%) of the respondents reported that their children were given ORS during the last episode they had diarrhea whereas the minority (6%) reported that their children were given soup during the previous time they had an episode of diarrhea.

From the figure above, more than half (56%) of the respondents reported that they visit the doctor when the child's health did not improve whereas the least (4%) reported they wait for the child to recover.

5 Discussion, conclusion, and recommendations:

Discussion of study findings

Knowledge towards management of diarrhea among caretakers of children below five years

Findings from the study revealed that nearly all respondents (96%) had ever heard about diarrhea. This signifies that a significant number of study participants were cognizant of the study context. The current study findings were in agreement with Olaniya & Oyerinde, (2016), where results showed that (89.4%) had heard about diarrhea before.

In regards to sources of information, the majority of the respondents (73%) obtained information about diarrhea from health workers. Such response was expected to be high reason being, health facilities are the major sources of information about the diagnosis and management of diseases. The study findings were quite similar to Hillow (2018), where the findings showed that 30% of the caregivers got information regarding diarrhea from community health workers.

The study further revealed that most (56%) of the respondents reported poor hygiene as the main cause of diarrhea. This directly notifies a significant relationship between the respondent's level of education and different sources of information. The study results differ from the study that was done in Nigeria by Omale et al (2019), where results showed that 60% of the respondents attributed diarrheal diseases to infections.

The study also revealed that most (52%) of the respondents reported that they identify a child who has lost water through sunken eyes. This clearly indicates that an average number of the caretakers were aware of the signs and symptoms of diarrhea. This is inconsistent with Workie et al (2018), where results showed that (51.2%) of the participants identified that weakness or lethargy is the danger sign of under-five diarrheal disease.

In view of the study findings, majority (72%) of the respondents knew ORS as the fluid used for management of diarrhea. This is could be attributed to the fact that health workers previously

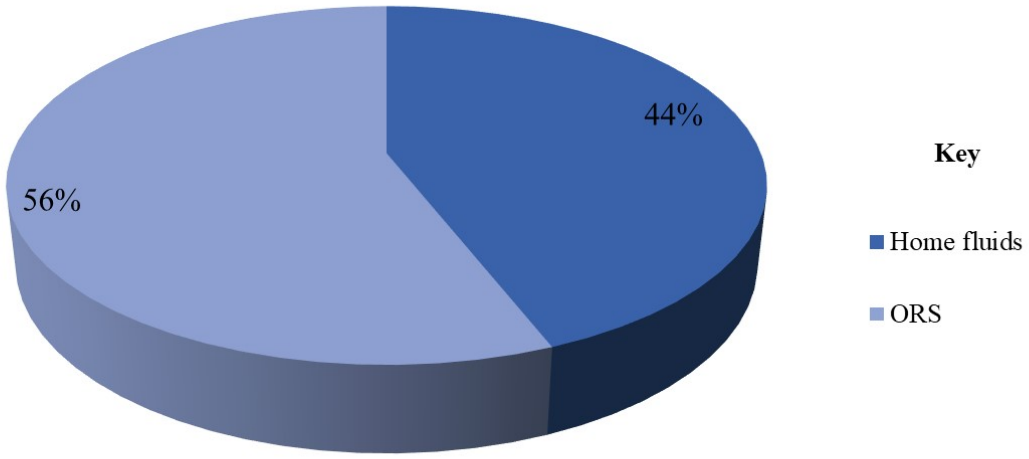

Figure 5. Shows the distribution of respondents according what they preferred in management of diarrhea (N=50)

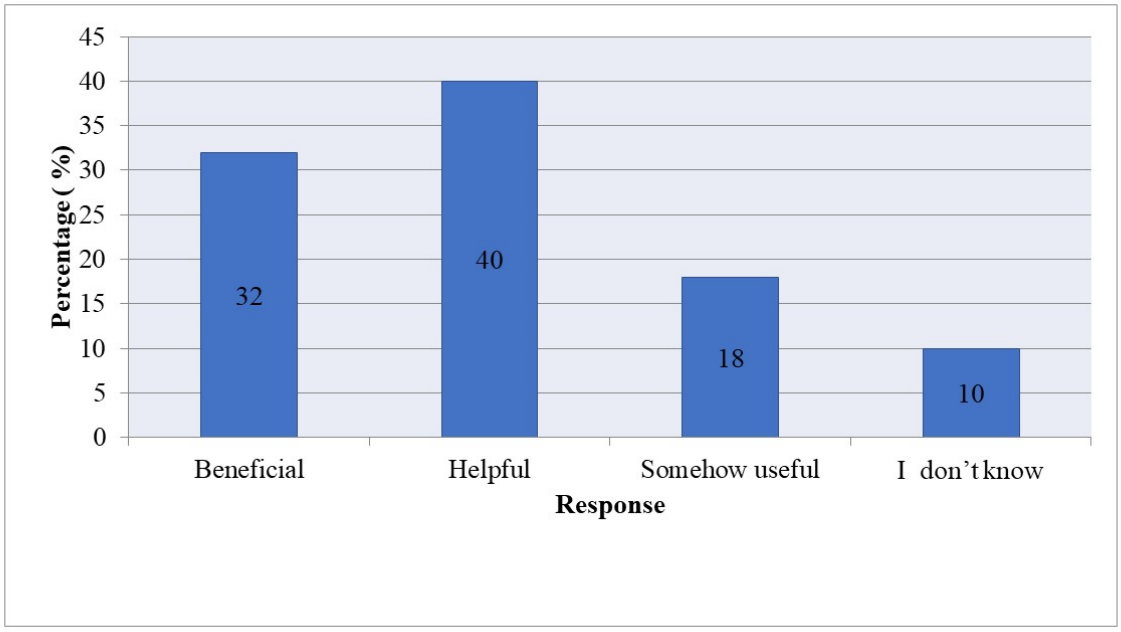

Figure 6. Shows the distribution of respondents according to how they rate the benefit of exclusive breastfeeding in the prevention and management of diarrhea

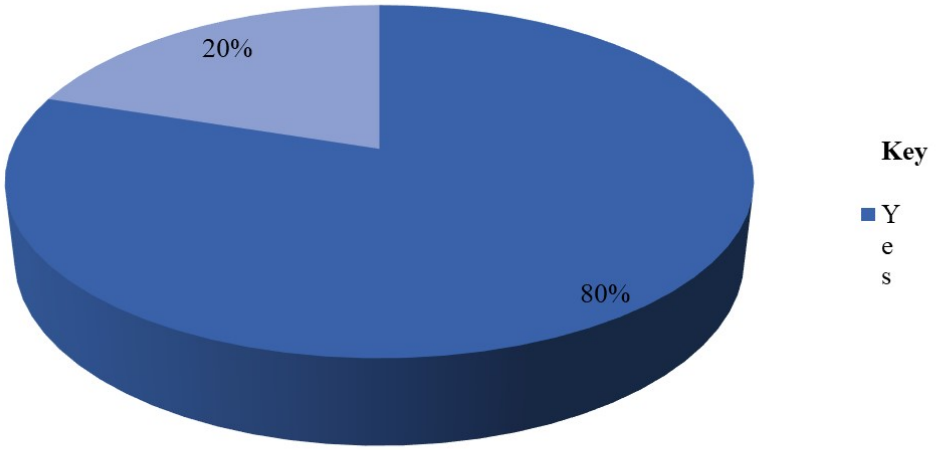

Figure 7. Shows the distribution of respondents according to whether they think immunization is of importance in the prevention of diarrhea in children (N=50)

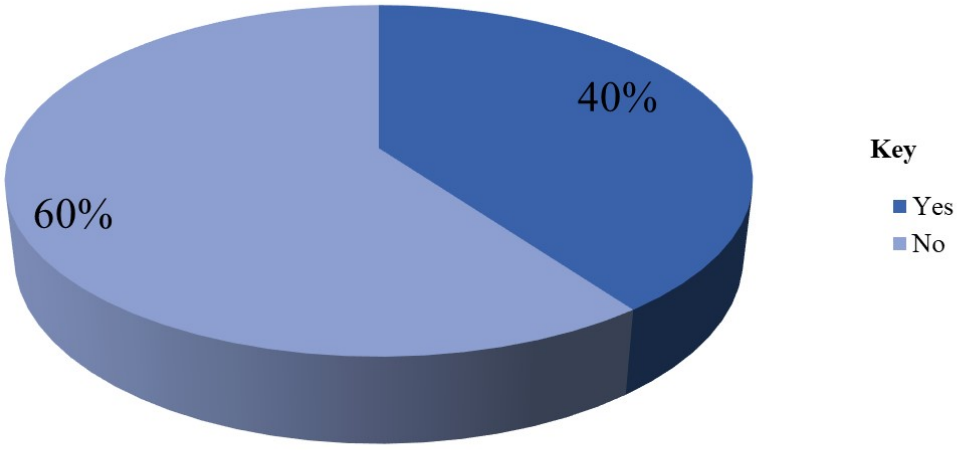

Figure 8. Shows the distribution of respondents according to whether their children were child exclusively breastfed (N=50)

Table 7. Shows the distribution of respondents according to whether their children were immunized as per the Expanded Programme on Immunization (EPI) guide (N=50)

Response	Frequency (f)	Percentage (%)
Yes (provide evidence of child heath card)	23	46
No	27	54
Total	**50**	**100**

Table 8. Shows the distribution of respondents according to what measures they do always take during an episode of diarrhea (N=50)

Response	Frequency (f)	Percentage (%)
Continuing to breastfeed	16	32
Bottle feeding	4	8
Give ORS	29	58
Vaccinate with Rota virus	1	2
Total	**50**	**100**

Table 9. Shows the distribution of respondents according to how they keep solid wastes at home (N=50)

Response	Frequency (f)	Percentage (%)
In a open heap garbage place	47	94
Small covered containers	2	4
In large open containers	1	2
Total	**50**	**100**

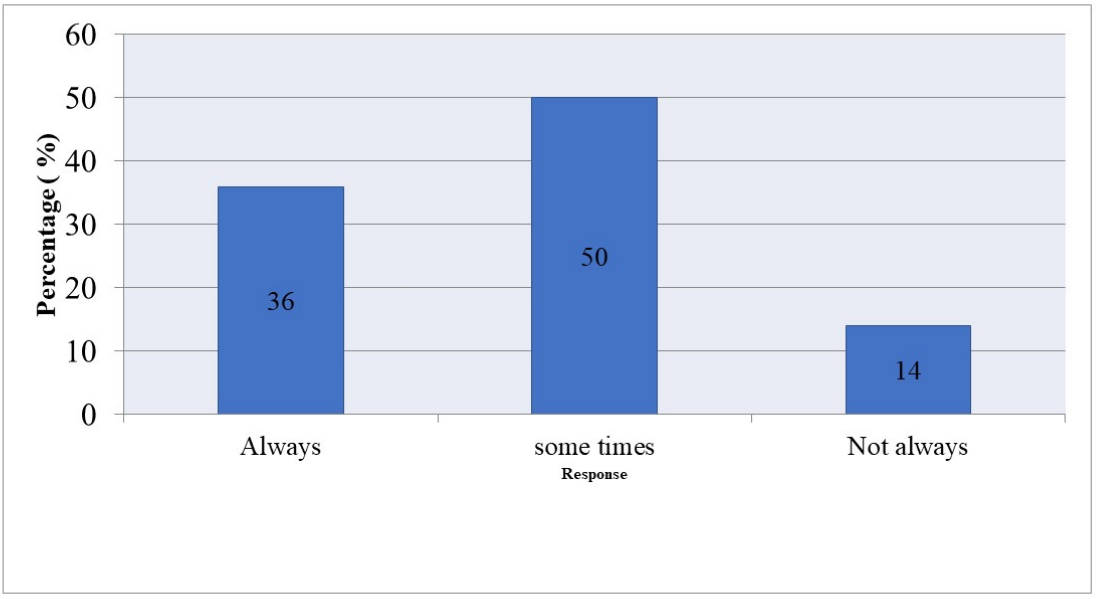

Figure 9. Shows the distribution of respondents according to how often they practice personal hygiene.

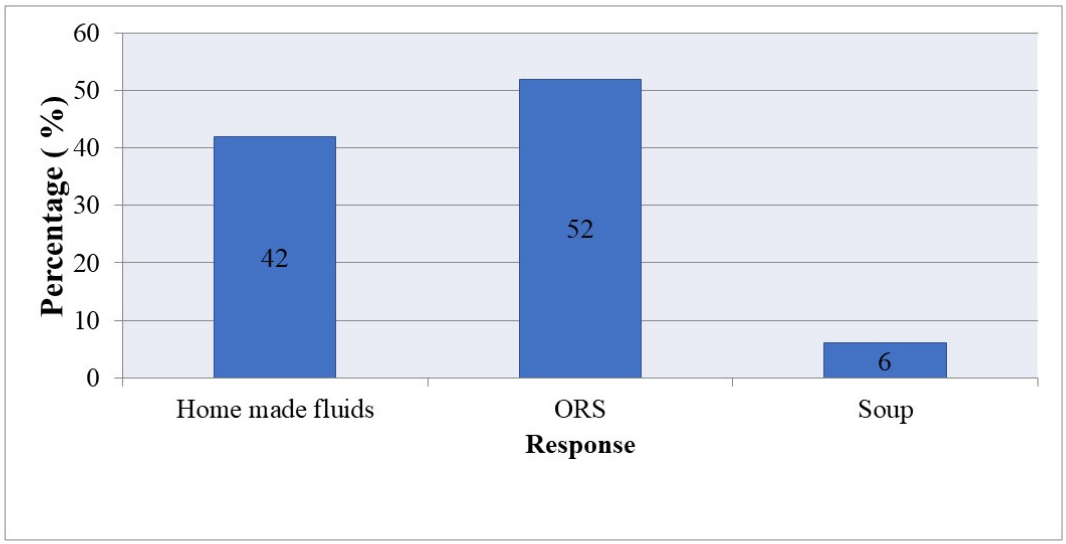

Figure 10. Shows the distribution of respondents according to what fluids did they use during the previous time their children had an episode of diarrhea.

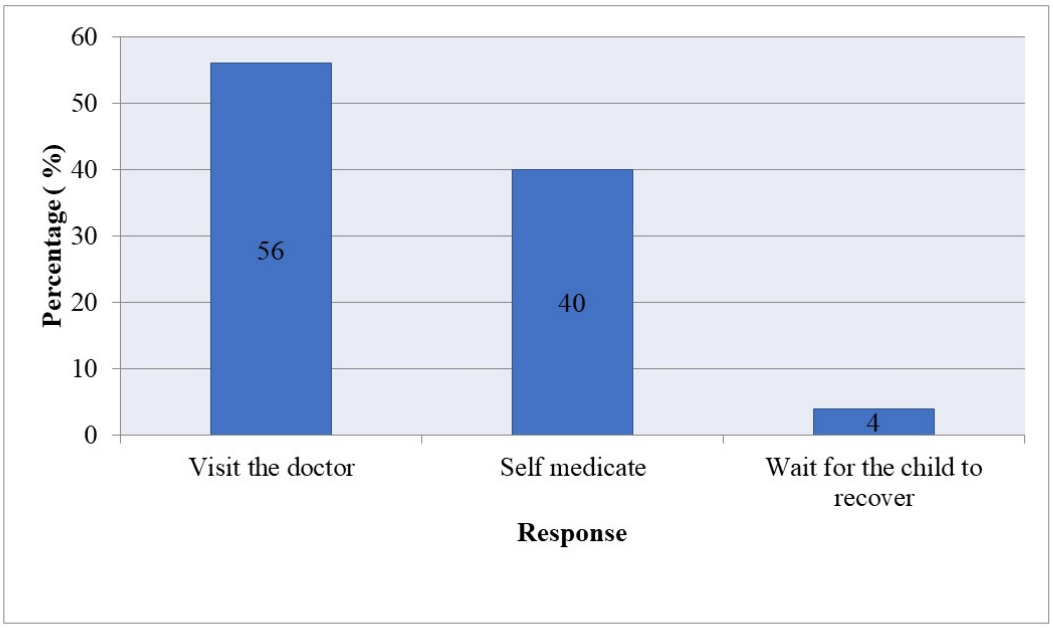

Figure 11. Shows the distribution of respondents according to what they do when their children's health does not improve.

in health talks informed caretakers about ORS and its use in management of diarrhea. The study results were in disagreement with Olubunmi & Bolaji (2017), where results revealed that 32.5% of the respondents rightly indicated that zinc tablet could be used in managing childhood diarrhea.

In addition, more than half (68%) of the respondents knew how to prepare ORS. Therefore, with such high response the study is yet to ascertain. The study results were in line with Bekle (2017), where results revealed that (56%) of respondents knew correct preparation of ORS.

Results from the study showed that majority (62%) of the respondents reported that ORS is administered soon after the first motion of watery stool. This could be attributed to the fact that caretakers had ever been educated on home-based management of diarrhea from different sources of information. The study findings were consistent with Raj et al (2017), where (58.4%) of respondents knew that ORS is administered soon after the first motion of watery stool.

Attitude towards management of diarrhea among caretakers of children below five years

Data generated from the study revealed that almost all respondents (98%) agreed that diarrhea is a serious condition that can lead to dehydration or death. This could be a result of the fact that a substantial number of caretakers might have observed or heard about children who passed away due to diarrhea illness. The study results were consistent with a study that was done by Mamo et al (2018), where findings showed that (77%) of respondents strongly agreed that diarrhea is a harmful disease in the community.

Based on the study findings, more than half of the respondents (78%) agreed that oral rehydration salts are good for the management of diarrhea. This could be attributed to the fact most of the caretakers had never used ORS and their children's well-being improved. The study results were in disagreement with Workie et al (2018), where findings showed that (55%) of respondents disagreed with the provision of oral rehydration solution at home for the treatment of under-five diarrheal diseases.

To add to that, most (56%) of the respondents preferred to manage diarrhea with ORS. This could be a result of simplicity that rise from ORS preparations and observed quick recovery after management. The study results were in agreement with Duoth & Dai (2018), where (61.2%) of mothers preferred their children to receive ORS for management of diarrhea.

Out of 50 respondents, (40%) agreed that exclusive breastfeeding is helpful in the prevention and management of diarrhea. This implies that most of the study participants perceived exclusive

breastfeeding to be beneficial. This was in line with Bekle (2017), where results indicated that (48%) of study participants strongly agreed that exclusive breast feeding is important in prevention of diarrhea.

The study results revealed that majority of the respondents (80%) agreed that immunization is of importance in the prevention of diarrhea in children. This clearly confirms that most of the care takers had been educated about the importance of rota virus vaccine in the prevention of diarrheal. The study results were quite similar with a study that was done by Desalegne & Getachew (2015), where (44.2%) of the mothers agreed that immunized children are diarrhea preventable than unimmunized children.

Practices towards management of diarrhea among caretakers of children below five years

The study results showed that more than half (60%) of the respondent's children were not exclusively breastfed. This clearly indicates that the early introduction of complementary foods and weaning was one of the major causes of diarrhea illness. The study results were consistent with Hillow (2018), where (80%) of respondents introduced complementary feeding before the age of 6 months.

Interestingly, most (54%) of the respondent's children's immunization cards were not up to date as per the Expanded Programme on Immunization (EPI) guideline. Therefore, this implies that children with immunization cards not up to date are most likely to be exposed to various immunizable diseases such as diarrhea. The study results were in agreement with

Bekle (2017), where findings showed that (53.5%) of children's immunization cards were not up to date as per the Expanded Programme on Immunization (EPI) guideline.

More than half (58%) of the respondents administered ORS to their children during an episode of diarrhea and this showed that caretakers had good diarrhea management practices. The current study results were similar to Mukisa (2018), where the majority (62%) of respondents reported that they gave ORT/SSS to children as a home treatment.

From study results, almost all respondents (94%) reported they keep solid wastes at home in open heap garbage places. This clearly confirms that poor management of solid wastes increases the risks of easy spread of diseases such as diarrhea and hence lowering the immunity of their children. The study results were consistent with Duoth & Dai (2018), where results showed that (50%) of respondents kept solid wastes in open places.

Study results revealed that half (50%) of the respondents reported that sometimes they practice personal hygiene and therefore, this clearly reveals that the caretakers were reluctant about maintaining personal hygiene hence exposing their children to diseases such as diarrhea. This was inconsistent with Workie et al (2018), where findings showed that most (67.8) of the respondents responded that they usually wash their hands before preparing food, after preparing food, and after defecation respectively

To end with, more than half (56%) of the respondents reported that they visit the doctor when the child's health does not improve. This is attributed to the fact that most of the respondents had perceived diarrhea to be a serious condition that can lead to dehydration. The study findings were in line with Jeewan et al (2015), where 77% of the mothers directly consulted the doctors when their children suffered from diarrhea.

Conclusion:

About findings obtained from the sample of 50 respondents, the following conclusions were drawn by the researcher.

The study discovered that caretakers exhibited reasonable knowledge of the management of diarrhea since (96%) of respondents had ever heard about diarrhea, (73%) obtained information about diarrhea from the health facility, (56%) knew poor hygiene as the main cause of diarrhea, (52%) could identify a child who has lost water through sunken eyes, (72%)

knew ORS as the fluid used for management of diarrhea, (68%) knew how to prepare and (62%) knew that ORS is administered soon after the first motion of watery stool

The study further established caretakers had a fairly pleasant attitude towards the management of diarrheal reasons being (98%) of respondents agreed that diarrhea is a serious condition that can lead to dehydration or death, (78%) agreed that oral rehydration salts are good for the management of diarrhea, (56%) preferred to manage with ORS, (40%) agreed that Exclusive breastfeeding is helpful in the prevention and management of diarrhea, and (80%) agreed that immunization is of importance in the prevention of diarrhea in children.

In regards to the overall practices of caretakers towards management of diarrhea, the study established poor practices in view of the fact that (60%) of the children were not exclusively breastfed, (54%) of their children's immunization cards were not up to date as per EPI guideline, (94%) keep solid wastes at home in open heap garbage places and (50%) sometimes practice personal hygiene.

The researcher generally concluded that caretakers exhibited fairly pleasant knowledge and attitude towards management of diarrhea but poor practices were noticed which will expose their children to persistent diarrhea illness.

Recommendations:

The Ministry of health should intensify its effort in making sure that people have access to clean water, and environmental hygiene and intensively encourage timely childhood immunization against rotavirus/measles that is responsible for diarrhea and also fund any infant health program in collaboration with other Non-governmental Organizations.

Reducing childhood diarrhea requires interventions to make children healthier and less likely to develop infections that lead to diarrhea; clean environments that are less likely to transmit disease; and the support of communities and caregivers in consistently reinforcing healthy behaviors and practices over time. The researcher, therefore, strongly recommends health workers at Katoogo Health Centre III, Mukono district intensively promote health education on diarrhea not only on what is all about but majorly preventive practices on the occurrence, since prevention is better than cure.

Health workers at Katoogo Health Centre III, Mukono district should also intensively continue to strengthen the nutrition counseling about recommended infant feeding during routine maternal and child health services so as to reduce risks of malnutrition, diarrheal, and other related diseases that arise from minimal breastfeeding practices and boost the immunity of children.

6 Acknowledgement:

Special thanks go to the almighty God who has given me the gift of peaceful life, wisdom, and strength to complete my studies and this report.

I owe a debt of thanks to my beloved parents; Mr.Wasswa Richard and Ms. Manjeri Nanzala who did all they could to support me spiritually, morally, and financially up to this far.

My utmost sincere appreciation goes to the research committee Kampala School of Health Sciences mostly Ms. Nakasolo Sania my supervisor for her tireless advice, encouragement, and knowledge she has given me to come up with this research report project.

Special thanks go to the administration of Katoogo Health Centre III for allowing me to carry out my research in a smooth way.

Last but not least, I acknowledge all the excellent support granted to me by my friends; Odolo Betty, Nabwami Justine, Najjingo Christine, and Kakande Charles who all have done all they could in many aspects of living at Kampala School of Health Sciences. May the almighty God bless them all.

7 List of abbreviations and acronyms

CIDRAP: Center for Infectious Disease Research and Policy

CLTSH: Community-Led Total Sanitation and Hygiene

ICF: International Classification of Functioning

KSHS : Kampala School of Health Sciences

MoH: Ministry of Health

ORS: Oral hydration Solution

PDHS: Pakistan Demographic and Health Survey

UAHEB: Uganda Allied Health Examinations Board

UBOS: Uganda Bureau of Statistics

UNICEF: United Nations international child emergency fund.

WHO: World Health Organization

Definition of key terms

Attitude: Refers to the caretaker's perception of diarrhea management among children below five years.

Caretaker: A person responsible for providing direct care to a young child.

Case fatality rate: Refers to a proportion of deaths within a defined population of interest.

Complementary feeding: Is the transition from exclusive breastfeeding to family foods.

Dehydration: It is a condition when the child loses too much water and salt from the body salt from the body.

Diarrhea management: This describes how caretakers perform activities such as breastfeeding, washing hands, preparation of oral rehydration salts to cope with childhood diarrhea.

Diarrhea: Diarrhea is defined by WHO as the passage of three or more loose or watery stools in a 24-hour duration more loose or watery stools in a 24-hour duration.

Exclusive breastfeeding: It is defined as the practice of feeding only breast milk

(including expressed breast milk) and allows the baby to receive vitamins, minerals, or medicine. Water, breast milk substitutes, other liquids, and solid foods are excluded.

Immunization: Immunization is the process whereby a person is made Immune or resistant to an infectious disease, typically by the administration of a vaccine (WHO, 2017).

Knowledge: Mothers/caregivers' understanding of diarrhea and its Management towards their children below five years.

Morbidity: Sickness.

Mortality: Death.

Mortality rate: The number of deaths in a given area or period, or from a particular cause particular cause.

Oral Rehydration Therapy: The administration of fluid (a mixture of clean water, salt, and sugar) by mouth to prevent or correct the dehydration that is a consequence of diarrhea.

Practice: This refers to activities related to the management of diarrhea that is to say child feeding and health-seeking behaviors.

Prevalence: Is the proportion of persons in a population who have a Particular or attribute at a specified point in time or over a specified period.

Severe diarrhea: Having more than 10 loose, watery stools in a single day (24 hours).

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B Publisher details:

Publisher: Student's Journal of Health Research (SJHR)
(ISSN 2709-9997) Online
Category: Non-Governmental & Non-profit Organization
Email: studentsjournal2020@gmail.com
WhatsApp: +256775434261
Location: Wisdom Centre, P.O.BOX. 148, Uganda, East Africa.