KNOWLEDGE, PRACTICE AND MANAGEMENT OF CHILDHOOD DIARRHOEA AMONG MOTHERS IN ORUMBA NORTH LOCAL GOVERNMENT AREA, ANAMBRA STATE

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Abstract

Diarrhoea is one of the major public health problems in Nigeria and it affects mostly under-five children. This study assessed Knowledge, Practice and Management of Childhood Diarrhoea among Mothers in Orumba North Local Government Area, Anambra State. A total of 284 mothers between the ages of 21-49 years who attended maternal and child health clinics (MCH) in different Public Health centres in Orumba North LGA were selected using stratified random sampling techniques. Structured questionnaires; Diarrhoea Knowledge and Management Practices (DIK.AMP) Questionnaires were used as instrument to collect data from the respondents, as the researcher adopted survey research design and employed descriptive (percentage) and inferential (ANOVA) statistics for data analysis using Statistical Product For Service Solution (SPSS, version 23). Findings from the study showed that 74.17% of the respondents have good knowledge of childhood diarrhoea in terms of Signs and symptoms, danger, preventive measures and mode of transmission. Again, majority of mothers adopted all the management practices of childhood diarrhoea ranging from 72.2%- 90.5% except "giving their babies only breast milk during diarrhoea (42.3%) and (35.6%) mothers who allowed their children to defecate in bushes or open spaces. Mothers of all the parity statuses possessed high level of knowledge ranging from (61.24% - 87.99%) of the various dimensions of childhood diarrhoea except those of parity status 5 and above who possessed average (57.99%) knowledge in PMCD. There was no significant difference in the level of knowledge of mothers regarding childhood diarrhoea. The researcher concluded that mothers in Orumba North LGA are knowledgeable about Childhood Diarrhoea practice at a very high degree. The study recommended that health

workers at the various MCH in Orumba North LGA should strengthen their teachings on the management practices of mothers regarding childhood diarrhoea.

Keyword: Diarrhoea, Childhood, Mother, Knowledge, Management

Introduction

Diarrhoea accounts for high levels of mortality in young children in developing countries like Nigeria, despite worldwide efforts to improve overall child health levels. Nigeria's under-five mortality rate is ranked as the eighth highest in the world, and diarrhea is known to be a major contributor to this statistic (Adewemimo, Kalter, Perin, Koffi, Quinley & Black, 2017). Each year, in the developing countries of Asia, Africa and Latin America, approximately five million children under five years of age die from acute diarrheal. About 80 per cent of these deaths are in the first two years of life (Lucas & Gilles, 2009) In the developing world as a whole, about one-third of infant and child deaths are due to diarrheal and approximately 70 per cent of diarrheal deaths are caused by dehydration – the loss of large quantity of water and salts from the body, which needs water to maintain blood volume and other fluids to function properly (Gupta & Mahajan, 2005). United Nations Children Funds [UNICEF] (2008, 2015) submitted that in Nigeria, infant mortality rates are twice as high in rural settings as they are in urban ones due to poor hygiene and poor sanitation. Of the annual 3 million infant births in Nigeria, approximately 170,000 result in deaths that are mainly due to poor knowledge and management practices of childhood diarrheal. Several factors are likely to contribute to the very high diarrheal morbidity and mortality rates, in children under-five years including poverty, female illiteracy, poor water supply and sanitation, poor hygiene practices and inadequate health services (Park, 2009). Malnutrition is another established risk factor for mortality among children with diarrheal disease. This may be due to inadequate case

management. The first line of management of diarrheal, is therefore, the prevention of dehydration. This can be achieved at home using Oral Rehydration Therapy (ORT).

Objective of the study

The purpose of the study is to access the knowledge, practice and management of childhood diarrheal by mothers in Orumba North LGA. Specifically, the study intends to find out:

1. Assess knowledge of diarrheal management practices among mothers in Orumba North Local Government Area of Anambra State.
2. Identify the diarrheal management measures practiced among mothers in Orumba North Local Government Area of Anambra State.
3. Find out differences in the level of knowledge of mothers regarding childhood diarrhoea according to parity in Orumba North Local Government Area of Anambra State?
4. Determine the difference in the management practices of mothers regarding childhood diarrhoea according to parity in Orumba North Local Government Area of Anambra State?

Research Questions

1. What is the level of knowledge of mothers in Orumba North Local Government Area of Anambra State about diarrheal management practices?
2. What are the diarrheal management measures practiced by mothers in Orumba North Local Government Area of Anambra State?
3. What is the difference in the level of knowledge of mothers regarding childhood diarrhoea according to parity in Orumba North Local Government Area of Anambra State?
4. What is the difference in the management practices of mothers regarding childhood diarrhoea according to parity in Orumba North Local Government Area of Anambra State?

Hypotheses

The following hypotheses were tested:

1. There will be a statistically significant difference in the level of knowledge of mothers regarding childhood diarrheal.
2. There will be no statistically significant difference in the level of knowledge of mothers regarding childhood diarrheal.

Methodology

Research Design

In order to accomplish the purpose of the present study, the survey research design was used.

Population for the Study

The target population for this study consisted all nursing mothers (21-49 years) in the local government area. This constituted 22% of the total population (NPC, 2006). The focus on this segment of the population was justified with the fact that women are closer to their children and known to be the providers of child health in the household. The population for the study comprised of 3000 registered mothers who attended maternal and child health clinics (MCH) in different Public Health centres in Orumba North LGA. These include; Awgbu, Omogho, Ndiokpalaeze, Ndiokolo, Amaetiti, Ndiokpalaeke, Okoh, Nanka, Ndiukwuenu, Awa, Ndikelionwu, Ajalli, Ufuma, Amaokpala, Ndiowu, and Okpeze health centers

Sample and Sampling Techniques

A sample of 300 mothers representing ten per cent of the study population was utilized for the study. This is in line with Nwana (1991) rule of the thumb which states that when the population is a few thousands, 10% of the population will be used. The multi-stage sampling procedure was employed to draw the sample for the study.

In the first stage, stratified random sampling was used to stratify communities into three quarters that make up the Local Government Area. The second stage involved the use of simple random sampling technique of balloting without

replacement to select two health districts. The two health districts have 25 existing MCH clinics. In the third stage, simple random sampling technique of balloting without replacement was employed to select 12 mothers from each of the 25 MCH clinics. The decision to select 12 respondents from each selected MCH is to ensure equal representation of the mothers for the study. At the end of the sampling procedure 300 respondents was selected and utilized for the study.

Instrument for Data Collection

The instrument for data collection was the researcher – designed questionnaire on Diarrhoea Knowledge and Management Practices (DIK.AMP) Questionnaire.

Validity of Instrument

The validity of the instrument was obtained through the judgment of three experts in the Department of Public Health, Faculty of Health Sciences, Madonna University Elele Nigeria. Three copies of the questionnaire were given to three experts in the Department of Public Health, Faculty of Health Sciences, Madonna University Elele Nigeria.

Reliability of the Instrument.

Split-half method was used to establish the reliability of the instrument. Split-half method of assessing the reliability of an instrument was done by dividing the items into two equivalent halves and correlating the scores in one part with the scores in the other part. The items were split into even and odd numbers. The relationship of two halves was computed using Spearman-Brown prophecy formula.

Ogbazi and Okpala (1994) stated that in a reliability test, if the correlation co-efficient index obtained is up to .60 and above, the instrument is considered reliable. The result was compiled using Cronbach alpha formula to get the coefficient of reliability of 0.892 which showed that the DIKAMP questionnaire has high proportion of internal consistency.

Method of Data Collection

In order to gain access to and co-operation from the respondents, a letter of introduction from the Head, Department of Public Health, Imo State University, Owerri was obtained by the researcher who presented the letter to the medical Directors or Chief Nursing officers of all the sampled MCH clinics. The copies of the questionnaire were administered to the respondents in their respective MCH clinics with three research assistants who were briefed on the content and administration of the instrument. The aim was to collect completed copies back from the respondents and keep the respondents under supervision to ensure they supply independent responses and also assist the illiterate respondents in the reading and writing down their opinions for them. Out of the 300 copies of the questionnaire distributed, 284 copies were returned, this represented 94.7 % return rate.

Method of Data Analysis

The returned questionnaires were properly cross-checked for adequacy of information. Copies that do not have adequate responses were discarded. The responses were coded on computer coding sheets, thereafter the Statistical Package for the Social Sciences (SPSS) Batch System was employed in data analysis. Percentages and mean were used in analysing their responses regarding knowledge of childhood diarrhoea. The data were analysed on an item –by- item basis to indicate the response frequencies and percentages of respondents according to age, level of education, and parity.

Below 40 per cent score of the respondents was considered low level of knowledge; 40 – 59 per cent was considered average level, a score of 60 – 80 percent was considered high level, while above 80 per cent was considered very high level of knowledge. The research questions were answered using these criteria. With regard to practice, percentages were used to

determine whether the respondents practice each of the items under practice sub-scale. The "Yes" and "No" scale emphasized by Ifegbesan (2010) was used to answer the research questions enquiring into the management practices of mothers. Hypotheses one, two and three were tested using ANOVA.

RESULTS PRESENTATION

This chapter presents and discusses the results of the study on the knowledge and practices and management of childhood diarrhoea by mothers in Orumba North LGA of Ananmbra State, Nigeria. The results of this study are organized and presented in two parts thus: Data answering the research questions and data testing the null hypothesis.

Table 1: Socio-Demographic Data of the Respondents N=284

Demographic Variable	Option	Frequency	Percentage
Age	21-25	56	19.7
	26-30	118	Mean age
	31-35	70	
	40 above	40	41.5 29.5±5.43
Marital Status	Single	22	7.7
	Married	234	82.4
	Separated	12	4.2
	Divorced	5	1.8
	Widowed	11	3.9
Ethnic Group	Igbo	249	87.7
	Hausa	15	5.3
	Yoruba	11	3.9
	Tivs	8	2.8
	Esan	1	0.4
Religion	Christian	255	89.8
	Islam	18	6.3
	African T.R	11	3.9
How many under Five Children	One	158	55.6
	Two	89	31.3
	Three	15	5.3
	Four	22	7.7
Educational Level	No formal	34	12.0
	Education	124	43.7
	Primary	68	23.9
	Secondary	48	16.9
	Tertiary		
Occupation	Housewife	38	13.4
	Student	23	8.1
	Civil servant	37	13.0
	Trader	68	23.9
	Farmer	58	20.4
		27	9.5
		18	6.3

Hairdresser	15	5.3
Tailor		
Cleaner		

Results revealed that respondents within the age range of 26-30 years had the highest frequency of 118(41.5%) while those within the age range of 40+ had the least frequency of 40(14.1%). Respondents that were married had the highest frequency of 234(82.4%) while those that were divorced had 5(1.8%). Furthermore, based on ethnicity and religion Igbos obtained the highest percentage of 249(87.7%) as well as Christians 255(89.8%). In education, women with primary education 124(43.7%) were highest followed by those with secondary education 68(23.9%). In terms of occupation majority of the women 68(23.9%) are traders while 58(20.4%) are farmers. Finally, 158(55.6%) of the women reported having children who are one year old while 89(31.3%) reported having children who are under two years old.

Research Question One: What is the level of knowledge of mothers in Orumba North Local Government Area of Anambra State about diarrheal management practices?

Table 2: Level of Knowledge Possessed by Mothers Regarding Childhood Diarrhoea (KCD) (N=284)

	Item
1	Knowledge Possessed by Mothers Regarding Childhood Diarrhoea **KCD**
2	knowledge possessed by mothers regarding signs and symptoms of diarrhoea **KSSC**
3	Knowledge possessed by Mothers regarding the Modes of Transmission of Childhood Diarrhoea **KMTCD**
4	Knowledge Possessed by Mothers Regarding the Dangers of Childhood Diarrhoea **KDCD**
5	Knowledge Possessed by Mothers Regarding the Preventative Measures of Childhood Diarrhoea **(KPMCD)**
	GRAND TOTAL %

From Table 2 above, it was observed that from the responses of participants regarding Mothers' knowledge of childhood diarrhoea, a grand total of 74.17%. Meaning that mothers in Orumba North LGA showed high level of knowledge regarding childhood diarrhoea which fell between 60-80 per cent. This shows that the mothers' level of knowledge regarding childhood

diarrhoea, signs and symptoms, modes of transmission, dangers and preventive measures were high since their responses falls between 60 – 80%.

Research Question Two: What are the diarrheal management measures practiced by mothers in Orumba North Local Government Area of Anambra State?

Table 3: Management Measures Practiced by Mothers Regarding Childhood Diarrhoea (N=284)

S/N	ITEM	YES	%	NO	%
25	Do you give your baby only breast milk when he/she has diarrhoea?	120	42.3	164	57.7
26	Do you continue breast feeding especially when your baby has diarrhoea?	252	88.7	32	11,3
27	Do you prepare weaning food hygienically during diarrhoea episode?	236	83.1	48	16.9
28	Do you boil water used for making drinks for your children during diarrhoea?	243	85.6	41	14.4
29	Do you use boiled water in preparing oral rehydration solution (ORS)?	215	75.7	69	24.3
30	Do you allow a child who has diarrhoea to defecate in bushes or open spaces?	101	35.6	183	64.4
31	Do you promptly clean your baby who has defecated, washing the baby's hands and also your hands especially	257	90.5	27	9.5

	during diarrhoea ?				
32	Do you mix oral rehydration solution (ORS) in the right proportion?	209	73.6	75	26.4
33	Do you wash your hands with soap and water before preparing ORS?	216	76.1	68	23.9
34	Do you give ORS as soon as diarrhoea starts	205	72.2	79	27.8

From Table 3 above, it shows that majority of the mothers adopted promptly cleaning baby who had defecated (90.5%), continuing breastfeeding especially when the baby had diarrhoea (88.7%), boiling water used in making drinks for their children during diarrhoea (85.6%) and preparing food hygienically during diarrhoea episode (83.1%). The table further shows that majority of the mothers washed hands with soap and water before preparing ORS (76.1%), used boiled water in preparing ORS (75.7%), mixed ORS in the right proportion (73.6%), and gave ORS as soon as diarrhoea starts (72.2%) whereas lower proportion of the mothers give their babies only breast milk during diarrhoea episode (42.3%) and allowed their children who had diarrhoea to defecate in bushes or open spaces (35.6%).

Research Question 3: What is difference in the level of knowledge of mothers regarding childhood diarrhoea according to parity in Orumba North Local Government Area of Anambra State?

Table 4: Differences in the Knowledge of Childhood Diarrhoea of mothers according to Parity.

S/N	Components of Diarrhoea knowledge	Parity Status One %	Decision	2-4 %
1	CD	75.00	high	71.22

2	SSCD	82.99	Very high	87.59	Very high	87.20	Very high
3	MTCD	73.20	High	80.40	Very high	72.40	high
4	DCD	78.61	High	78.42	High	74.80	high
5	PMCD	61.24	High	57.99	Avera ge	65.00	high
	Overall Mean	**74.20**	**High**	**75.12**	**High**	**71.33**	**High**

Table 4 shows those mothers with one child possessed very high level of knowledge of SSCD (82.99%) and high level of knowledge of DCD (78.61%), KCD (75%), MTCD (73.20%) and PMCD (61.24%). The table further reveals that mothers with 2-4 children possessed very high level of knowledge of SSCD (87.59%), MTCD (80.40%), high level of knowledge in DCD (78.42%), CD (71.22%) and average knowledge of PMCD (57.99%). The Table also shows that mothers with 5 children and above possessed very high level knowledge of KSSCD (81.25%) and high level of knowledge of DCD (74.48%), very high level of knowledge of MTCD (72.40%), very high (65%) and CD (63.54%).

Research Question 4: What is the difference in the management practices of mothers regarding childhood diarrhoea according to parity in Orumba North Local Government Area of Anambra State?

Table 5: Difference in the Management Practices of Mothers Regarding Childhood Diarrhoea According to Parity.

S/N	Components of childhood Diarrhoea management practices	Parity Status One (N=97)	
		Yes %	No %
25	Do you give your baby only breast milk when he/she has diarrhoea?	19.7	14.4
26	Do you continue breast feeding especially when your baby has diarrhoea?	30.6	3.5
27	Do you prepare weaning food hygienically during diarrhoea episode?	27.8	6.3
28	Do you boil water used for making drinks for your children during diarrhoea?	28.9	5.3
29	Do you use boiled water in preparing oral rehydration solution (ORS)?	25.0	9.2
30	Do you allow a child who has diarrhoea to defecate in bushes or open spaces?	12.5	21.8

31	Do you promptly clean your baby who has defecated, washing the baby's hands and also your hands especially during diarrhoea?	31.0	3.2	45.4	3.5	14.1	2.8
32	Do you mix oral rehydration solution (ORS) in the right proportion?	25.4	8.8	37.7	11.3	10.6	6.3
33	Do you wash your hands with soap and water before preparing ORS?	27.8	6.3	37.7	11.3	10.6	6.3
34	Do you give ORS as soon as diarrhoea starts	25.4	8.8	35.2	13.7	11.6	5.3
	Overall %	**25.41**	**8.7**	**35.24**	**13.69**	**11.71**	**5.2**

Table 5 reveals that a higher proportion of mothers with one child (19.7%) than mothers with 2-4 children (15.8%) and 5 children and above (6.7%) gave their babies only breast milk during diarrhoea, while a higher proportion of mothers with 2-4 children (43.3%) than mothers with one child (30.6%) and 5 children and above (14.8%) also continued breast feeding their babies especially during diarrhoea.

The Table also shows that a higher proportion of mothers with 2-4 children (41.2%) than mothers with one child (27.8%) and those with 5 children and above (14.5%) prepared weaning food hygienically during diarrhoea, while a higher proportion of the mothers with 24 children (42.6%) than those with one child (28.9%) and 5 children and above (14.1%) boiled water used in making drinks for their children during diarrhoea episode. The table further reveals that a higher proportion of mothers with 2-4 children (38.7%) than mothers with one child (25%) and those with 5 children and above (12%) used boiled water in preparing ORS, while a slightly higher proportion of the mothers with 2-4 children (14.8%) than those with one child (12.5%) and 5 children and above (8.5%) allowed their children who had diarrhoea to defecate in bushes or open spaces.

HYPOTHESES TESTING

Hypothesis 1: There will be a statistically significant difference in the level of knowledge of mothers regarding childhood diarrhoea.

Table 6: Summary of One Way ANOVA Analysis Testing Null Hypothesis of no Significant Difference in the Knowledge of Mothers Regarding Childhood Diarrhoea.

Dimension of childhood diarrhoea	Sum of squares		df	Mean squares		F Value	P. value
	Between groups	Within groups		Between groups	Within groups		
KCD	2394.238	225411.660	2	1197.119	803.177	1.492**	.227
KSSCD	72.798	163701.410	2	36.399	582.567	.062**	.939
KMTCD	1239.201	235547.770	2	619.601	838.248	.739**	.478
KDCD	1930.662	215815.817	2	965.331	768.028	1.257**	.286
KPMCD	1637.804	172739.661	2	818.902	614.732	1.332**	.266

** Not significant

Table 6 shows the F-values for the various dimensions of childhood diarrhoea with their corresponding P-values (KCD – F = 1.492, P = .227, KSSCD – *F* = .062, P=.939, KMTCD - F = .739, P=.478, KDCD – F = 1.257, P = .286 and KPMCD – *F* = 1.332, P=.266) which were greater than .05 level of significance at 2 and 281 degrees of freedom. The null hypothesis of no significant difference is therefore accepted. This means that the level of knowledge of mothers regarding the various dimensions of childhood diarrhoea was the same for all the age groups. This implies that age did not make any difference in the level of knowledge of mothers regarding the various dimensions of childhood diarrhoea.

Hypothesis 2: There will be a statistically significant difference in the level of knowledge of mothers regarding childhood diarrheal.

Table 7: Summary of One Way ANOVA Analysis Testing Null Hypothesis of no Significant Difference in the Knowledge of Mothers Regarding Childhood Diarrhoea According to Level of Education.

Dimensions of childhood diarrhoea	Sum of squares		Df	Mean squares
	Between groups	Within groups		Betwee groups
KCD	12567.256	215238.641	3	4189.0
KSSCD	4318.272	15945 5.935	3	1439.4
KMTCD	14493.406	222293.566	3	4831.1
KDCD	21440.424	196306.054	3	7146.8
KPMCD	1226.869	173150.596	3	408.95

*Significant ** Not significant

Table 7 shows the F-calculated values for KCD (F = 5, 450, P =.001), KMTCD (F = 6.085, P =.058), and KDCD (F = 10.194, P =.000) with their corresponding P-values which are less than .05 level of significance at 3 and 280 degrees of freedom. The null hypothesis was therefore rejected. This implies that there was significant difference in the levels of knowledge of these dimensions of childhood diarrhoea according to level of education. The table further shows the F-calculated values for KSSCD (F = 2.528, P = .058) and KPMCD (F =.661, P =.576) with their corresponding P-values which are greater than .05 level of significance at 3 and 280 degrees of freedom. The null hypothesis of no significant difference was accepted. This implies that difference did not exist in the level of knowledge of mothers regarding these dimensions of childhood diarrhoea according to level of education.

Summary of Findings

Based on the analysis of data, the major findings of the study are hereby summarized;

1. Mothers had high (71.21%) level of knowledge of the concept of childhood diarrhoea (KCD).
2. Mothers had very high (84.94%) level of knowledge of the signs and symptoms of childhood diarrhoea.
3. Mothers had high (76.58%) level of knowledge of the modes of transmission of childhood diarrhoea.
4. Majority of mothers‟ adopted all the management practices of childhood diarrhoea ranging from 72.2%- 90.5% except “giving their babies only breast milk during diarrhoea (42.3%) and (35.6%) mothers who allowed their children to

defecate in bushes or open spaces.

5. Mothers‟ of all the levels of education possessed very high level of knowledge of SSCD and high level of knowledge of CD, MTCD, DCD and PMCD while only those with tertiary education possessed average level of knowledge of PMCD.

DISCUSSION

The findings of the study are hereby discussed under the following headings:

1. Knowledge of mothers regarding childhood diarrhoea
2. Management practices of mothers regarding childhood diarrhoea.
3. Differences in the knowledge and management practices of mothers regarding childhood diarrhoea.

Knowledge of Mothers regarding childhood diarrhoea.

Results in Tables 1 showed that mothers in Orumba North LGA had high level of knowledge of the various components of childhood diarrhoea. The finding was expected and therefore not surprising. This is because these mothers might have been attending antenatal clinics where trained nurses and midwives taught the rudiments of childhood diarrhoea. This finding is in consonance with that of Ahmed et al. (1994) who reported that their respondents exhibited high level of knowledge of the components of childhood diarrhoea

Management practices of mothers regarding childhood diarrhoea.

Result in Table 3 revealed that majority of the mothers practiced giving their babies other fluids apart from breast milk.

The result further showed that lower proportion of the mothers (35.6%) allowed their children to

defecate in bushes and open spaces during diarrhoea. This finding was anticipated because some of the mothers do not have toilets and they defecate in bushes. This is a negative practice and should not be encouraged to prevent the spread of diarrhoea and other diseases.

Difference in the knowledge and management practices of mothers' regarding Childhood diarrhoea.

The finding revealed that the level of knowledge of mothers with tertiary education regarding diarrhoea was very high. This was anticipated and therefore not a surprise. This is due to the fact that mothers with high educational attainments are expected to exhibit adequate knowledge of the components of childhood diarrhoea

Result in Table revealed that level of education has no difference in the management practices of mothers regarding childhood diarrhoea. Result indicated low percentage level for mothers with tertiary level of education, no formal, secondary and primary education. This finding was a surprise, because educational level of any given group of individuals is expected to positively and exponentially influence their knowledge and practice of a given health-related behaviour. It is expected that mothers with tertiary and secondary education should possess very high percentage scores on the management of childhood diarrhoea, but this notion is a contradiction to the data presented in Table 8.

Conclusions

Based on the findings and discussions of the study, the following conclusions were attained;

It was observed that mothers in Orumba North had high knowledge of Childhood Diarrhoea, the dangers and preventive practices. Also, they showed high level of management practices regarding

childhood diarrhoea. However, in terms of age, educational level and parity, there was no significant difference recorded among mothers in Orumba North LGA. To this end, The researcher concluded that mothers in Orumba North LGA are knowledgeable about Childhood Diarrhoea, practice at a very high degree diarrhoea management practices.

Recommendations

Based on the finding and conclusion of this study, the following recommendations were drawn:

1. The health workers at the various MCH in Orumba North LGA should strengthen their teachings on the management practices of mothers regarding childhood diarrhoea. Since these mothers varied in their responses in all the management practices.
2. More scientific research should be conducted in Orumba North LGA on factors that hinder the management of childhood diarrhoea by mothers. This is essential for developing rational and effective intervention to the problem.
3. All methods of ORT should be uniformly taught to mothers so that they can have a variety of choice based on conveniences to them.
4. Since there was significant difference in the knowledge and management practiced of mothers regarding childhood diarrhoea according to level of education. The state government should provide free and compulsory education for both younger and older mothers to enable then acquire education up to tertiary level so as to widen their scope in all spheres of life including health

issues such as childhood diarrhoea.

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