

A Study to Assess the Knowledge and Practice Regarding Home Management of Common Illness Among Mothers of Under Five Children in Selected Rural Area of Nalbari, Assam

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Abstract: *Children are our future and our most precious resources of tomorrow's world. Under five children are prone to various minor and major health problems. A Descriptive survey design was adopted to assess the knowledge and practice regarding home management of common illness among mothers of under five children in selected rural area of Nalbari, Assam. 140 mothers of under five children were selected using purposive sampling technique. Self structured interview schedule and self stated checklist were used to collect the data. Result shows that Majority 65.71% mother has moderately adequate knowledge, 18.57% mothers have inadequate knowledge, 15.72% mother have adequate knowledge. Majority 71.43% of mothers of under five children has average practice level, 17.86% mothers has poor practice level and 10.71% mothers has good practice level. There is a positive correlation between the knowledge and practice of mothers regarding home management of common illness of under five children. Significant relationship was found between knowledge and practice. Significant association was found between the knowledge level and demographic variables age, level of education, occupation and number of children and Significant association was not found between the knowledge level and marital status, religion, occupation and types of family.*

Keywords: Knowledge, Practice, Under five children, Home Management, Common Illness

1. Introduction

“Let us sacrifice our today so that our children can have a better tomorrow.”

Dr A. P. J. Abdul Kalam

Children are our future and our most precious resources. Today's children are the citizen's of tomorrow's world. In other words, the children are the budding human resources and the future citizens of the nation. Healthy children are not only assets but also the stepping stone to build a strong and prosperous nation. Their survival and protection is prerequisite for the future development of humanity. The healthy future of a society depends on the health of children, who are guardians of that future (WHO, 2005) Their survival and protection is prerequisite for the future strong and prosperous nation. [1]

The under five children are suffering from common illnesses like diarrhea, measles, pneumonia, fever, mumps, cough and cold, dysentery, skin rashes etc. The major reason for susceptibility of disease is that they have had limited exposure to diseases and therefore haven't yet built the immunity required to defense the certain diseases. The environment plays an important role for certain diseases. Children in day care centers and in school may be infected and transmit to siblings and parents. It could be managed effectively and scientifically by the mothers at home in the early stage by the self - care activities. [2]

2. Literature Survey

Due to poverty, inadequate education,, lack of awareness, about health, poor environmental sanitation, unhygienic food

and health practices, people tend to get infection and other health problems. So, if children fall sick, it may not be always practicable to receive care from the hospital. Therefore, it is natural that the mother tries out some safe Home Care, which is cheap, practicable and simple. Treatment in hospital is unfamiliar place for the young child and the child is afraid in hospital environment. The home on the other hand, is a familiar place in which the child is surrounded by family member and some of the normal routine can be maintained. Children are completely rely on parents and other adults in the family for their health care need. So it is natural that parent should be worried about their health, which is concerned for their normal growth and development. [3]

UNICEF report says under five mortality rate per 1000 live birth in India is 37 in 2019. The Sustainable Development Goals (SDGs) adopted by the United Nations in 2015 were developed to promote healthy lives and well - being for all children. The Sustainable Development Goals (SDGs) where the target is to end preventable deaths of newborns and children under 5 years of age. The goal is for all countries aiming reduce under - five mortality to at least as low as 25 per 1000 live births in 2030. In India, there are nearly 17 lakh child deaths every year, and child mortality rates are one of the highest in the world. [4]

Dhingra D, Dabas A, Anand T (2018) conducted a cross - sectional study to assess the maternal knowledge, attitude and practices during childhood diarrhea among 280 mothers with children aged 2–59 months with acute watery diarrhoea. Only 50.4% and 55.2% mothers knew the correct method of Oral Rehydration Solution (ORS) preparation and administration, respectively. The study reveals that lack of

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adequate maternal knowledge and practices concerning childhood diarrhoea. [5]

3. Objectives

- 1) To assess the level of knowledge regarding home management of common illness among mothers of under five children.
- 2) To assess the level of practice regarding home management of common illness among mothers of under five children.
- 3) To find out the correlation between knowledge and practice regarding home management of common illness among mothers of under five children
- 4) To find out the association between knowledge regarding home management of common illness among mothers of under five children with demographic variables.
- 5) To find out the association between practice regarding home management of common illness among mothers of under five children with demographic variables.

Hypothesis

Hypothesis are tested at 0.05 Level of Significance

H₁: There is a significant relationship between the knowledge and practice regarding home management of selected common illness among mothers of under - five children.

H₂: There is a significant association between knowledge regarding home management of common illness in under five children with demographic variables.

H₃: There is a significant association between the practice of mothers regarding home management of common illness of under five children with demographic variables.

4. Methodology

The research approach adopted for the study was quantitative approach and the research design adopted was descriptive survey research design. Non - probability purposive sampling technique was used to select 140 mothers of under five children. Self - structured interview schedule and Self - structured checklist was used to collect the data. The study was conducted after getting approval from the institutional ethical committee. Formal permission was obtained from the Joint Director of Health Services Nalbari.

The study subjects were assured for confidentiality of the data obtained. Informed consent was taken before conducting the study. Using purposive sampling technique, 140 participants were selected for the study.

Tools used:

Based on the problem statement, objectives and operational definitions of the study, the tool was developed to gather the data. The tool for collecting data was a self - structured questionnaire consisting of three - Section - A, Section - B and Section - C.

Section A: Demographic Performa to assess the sample characteristics

Section B: Self - structured interview schedule is developed by investigator based upon the review of literature to assess the knowledge regarding home management of common illness of under - five children.

Section C: Self - structured checklist is prepared to assess the practices of mothers of under five children regarding home management of common illness.

The tool was developed among the mothers of under - five children. Self - structured interview schedule and Self - structured checklist was constructed to assess the knowledge regarding home management of common illness of under - five children.

5. Results/ Discussion

Section I

Table 1 depicts the Demographic Characteristics of respondent, where it shows that Majority 38.57% of the population under study belongs to age 25 - 29 years, 35.71% belongs to 30 - 34 years, 20% belongs to 20 - 24 years, 3.57% of them in the age group of 35 - 40 years and remaining 2.14% in the age group of above 40 years. 94.29% of the mothers under study are married and 5% are widow, 0.71% is divorcee. Majority 51% of the population under study belongs to Islam religion and 49% was Hindu. 23.57 % of population under study were graduate and above, 22.14% of high school level, 20.71% were higher secondary level, 18.57 %, middle school, 10.71%, primary school and 4.28 % were illiterate. Majority 52.86% of the population under study were unemployed, 15% are government employee 17.86 % are private employee and 14.29 % were self employed women. Majority 28.60 % of the population under study were monthly income in the range Rs10, 002.00 - - 29, 972.00, 24.29% are monthly income less than Rs10001.00, 21.43 % are in the range Rs49, 756.00 - 74, 756.00, 3.57 % are in the range Rs74757.00 - 99, 930.00, 0.71 % are Rs99, 931 - 1, 99, 861.00 and 0.71 % are above Rs1, 99, 861.00. Majority 46.43 %, the population under study belongs to nuclear family and 40.71% were joint family and 12.86% were extended family. Out of 140, 44.29% family have 2 children 43.57% family have one child, and 12.14% family have 3 children. Most of the family have the two children

Table 1: Demographic characteristics of respondent n= 140

S No.	Demographic data	Frequency	Percentage
1.	Age		
	20 - 24 years	28	20
	25 - 29 years	54	38.57
	30 - 34 years	50	35.71
	35 - 40 years	5	3.57
	Above 40 years	3	2.14
2.	Marital status		
	Married	132	94.29
	Widow	7	5
	Divorcee	1	0.7143
3.	Religion		
	Hindu	72	51
	Islam	68	49
4.	Level of education		
	Illiterate	6	4.286
	Primary school	15	10.71
	Middle school	26	18.57

	High school	31	22.14
	Diploma	29	20.71
	Graduate and above	33	23.57
5.	Occupation of mother		
	Housewife	74	52.86
	Govt. employee	21	15
	Private employee	25	17.86
	Business	20	14.29
6.	Monthly Income of family		
	<Rs.10, 001	34	24.29
	Rs.10, 002 - Rs.29, 972	40	28.57
	Rs.29, 973 - Rs.49, 961	29	20.71
	Rs.49, 962 - Rs.74, 755	30	21.43
	Rs.74756 - 99, 930	5	3.57
	Rs.99, 931 - 1, 99861	1	0.71
> Rs.1, 99861	1	0.71	
7.	Type of family		
	Nuclear family	65	46.43
	Joint family	57	40.71
	Large /Extended family	18	12.86
8.	Number of under five children in family:		
	One	60	42.86
	Two	62	44.29
	Three	18	12.86

Section II

Table 2. Adepicts the frequency, percentage distribution, Mean, mean%, and standard deviation of knowledge level of mothers.15.72% mother had adequate knowledge, 65.71% mothers had moderately adequate knowledge and 18.57% mother had inadequate knowledge regarding home management of common illness of under five children. Knowledge mean was 14.73, mean percentage was 58.98% and SD was 5.36.

Table 2. Bdepicts the area wise analysis of knowledge level of mothers of under five children regarding regarding home management of common illness. It shows that mother of under five children had more knowledge, mean percentage was 63.76% with SD=1.47 in the area of fever followed by the knowledge of acute respiratory tract infection mean percentage was 57.31% with standard deviation 1.84. The knowledge of diarrhoea mean percentage was 57.78% with standard deviation 1.95 regarding home management of common illness.

Table 2 (A): Distribution of subjects according to mean, and standard deviation of knowledge level of mothers regarding home management of common illness, n=140

Sl. No	Knowledge Group	Frequency	Percentage (%)	Mean	Mean%	SD
1	Inadequate (0 - 10)	26	18.57	14.73	58.91	5.36
2	Moderately adequate (11 - 20)	92	65.71			
3	Adequate (21 - 25)	22	15.72			

Table 2 (B): Area wise distribution of knowledge level of mothers regarding home management of common illness, n=140

Area wise knowledge	Maximum possible score	Mean	Mean %	SD
1. Diarrhoea	9	5.2	57.78	1.95
2. Acute respiratory tract infection	9	5.52	61.31	1.84
3. Fever	7	4.46	63.76	1.47

Section III

The table 3 shows that 10.71%% mothers of under five children had good practice level.71.43% mothers had average practice level and 17.86% mothers had poor practice level. Practice mean was 7.86, mean percentage was 60.44, and standard deviation was 2.78.

Table 3: Distribution of subjects according to mean, and standard deviation of practice level of mothers regarding home management of common illness n=140

Sl. No	Knowledge Group	Frequency	Percentage (%)	Mean	Mean%	SD
1	Poor (0 - 5)	25	17.86	7.86	60.44	2.78
2	Average (6 - 11)	100	71.43			
3	Good (12 - 13)	15	10.71			

Section IV

Table 4 depicted the correlation value between knowledge and practice was 0.309, p value was 0.0001 thus there was a positive correlation between the knowledge and practice of mothers. Hence there was significant relationship between the knowledge and practice level of mothers' regarding home management of common illness. Hypothesis (H₁) was accepted.

Table no 4: Correlation between knowledge and practice scores regarding home management of common illness among mothers, n=140

Variables	Mean	SD	Correlation (r)	P value	Remarks
Knowledge scores	14.73	5.36	0.309	0.0001	S*
Practice scores	7.86	2.78			

S* - Significant, at the level of significance 0.05

Section V

Table 5 reveals that the association and significance difference between level of knowledge on home management of common illness and selected demographic variables which was tested by using chi square test. The chi square values showed that age, level of education, occupation, monthly family income and number of children were found statistically significant association at p<0.05 level. Hence H₂ i. e. There is a significant association between knowledge regarding home management of common illness in under five children with demographic variables like age, level of education, occupation, monthly family income and number of children. Hypothesis H₂ was accepted. The other demographic variables such as marital

status, religion, and types of family were statistically non - management of common illness among mothers of under five children. Hence Hypothesis (H₂) was rejected.

Table 5: Association between the level of knowledge among mothers of under five children with demographic variables, n=140

Sl. No	Demographic variables	Knowledge Score			Total	Chi Square value (χ ²)	df	T value	P-value	Remarks
		Inadequate	Moderately adequate	Adequate						
1	Age:					28.46	8	15.5	0.0003	S
	20 – 24 yrs	9	19	0	28					
	25 – 29 yrs	12	34	8	54					
	30 – 34 yrs	4	37	9	50					
	35 – 40 yrs	0	1	4	5					
Above 40yrs	1	1	1	3						
2	Marital status					5.88	4	9.48	0.2	NS
	Married	24	88	20	132					
	Widow	2	4	1	7					
3	Religion:					1.02	2	5.99	0.59	NS
	Hindu	12	44	44	69					
	Islam	14	26	48	71					
4	Level of Education:					24.47	10	18.3	0.006	S
	Illiterate	1	4	1	6					
	Primary school	8	3	4	15					
	Middle school	5	16	5	26					
	High school	6	24	1	31					
	higher secondary or diploma	1	23	5	29					
Graduate and above	5	22	6	33						
5	Occupation:					19.27	6	12.59	0.003	S
	Unemployment	8	58	8	74					
	Govt employee	4	9	8	21					
	Private employee	9	13	3	25					
	Self employee	5	12	3	20					
6	Monthly family income:					21.26	12	21.02	0.046	S
	Rs>199, 862	0	1	0	1					
	Rs 99, 931 - 199, 861	0	0	1	1					
	Rs74, 755 - 99, 930	0	2	3	5					
	Rs 49, 962 - 74, 755	8	16	6	30					
	Rs29, 973 - 49, 961	6	21	2	29					
Rs10, 002 - 29, 972	7	25	8	40						
	Rs<10, 001	5	27	2	34					
7	Type of family:					1.35	4	9.48	0.85	NS
	Nuclear family	12	45	8	65					
	Joint family	10	36	11	57					
	Extended family	4	11	3	18					
8	Number of children:					16.46	4	9.48	0.002	S
	One	5	45	10	60					
	Two	12	39	11	62					
	Three	9	8	1	18					

Section VI

Table 6 revealed the association and significance difference between level of practice on home management of common illness with selected demographic variables which was tested by using chi square test. Since p value is>0.05 that means result is not significant. The chi square values showed

that there were no significant association between the practice level with demographic variables. Hence Hypothesis H₃ i. e. association between the level of practice on home management of common illness with selected demographic variables. Hypothesis (H₃) was rejected

Table 6: Association between the practice among mothers of under five children with demographic variables, n=140

Demographic variables	Practice Score			Total	Obtained Chi Square value (χ ²)	df	Table value	p - value	Remark
	Poor	Average	Good						
Age:					11.41	8	15.5	0.17	NS
a) 20 – 24 yrs	4	24	0	28					
b) 25 – 29 yrs	10	34	10	54					
c) 30 – 34 yrs	11	34	5	50					
d) 35 – 40 yrs	0	5	0	5					
e) Above 40yrs	0	3	0	3					

Marital status									
a) Married	23	96	13	132	4.89	4	9.48	0.29	NS
b) Widow	2	3	2	7					
c) Divorcee	0	1	0	1					
Religion:									
a) Hindu	17	45	7	69	4.278	2	5.99	0.11	NS
b) Islam	8	55	8	71					
Level of Education:									
a) Illiterate	1	4	1	6	3.88	10	18.3	0.95	NS
b) Primary school	3	10	2	15					
c) Middle school	6	18	2	26					
d) High school	7	22	2	31					
e) Higher secondary or diploma	3	23	3	29					
f) Graduate and above	5	23	5	33					
Occupation:									
a) Unemployment	15	53	6	74	7.3	6	12.59	0.29	NS
b) Govt employee	6	12	3	21					
c) Private employee	2	21	2	25					
d) self - employee	2	14	4	20					
Monthly family income									
a) Rs>199, 862	0	1	0	1	20.92	12	21.02	0.05	NS
b) Rs 99, 931 - 199, 861	0	1	0	1					
c) Rs74, 755 - 99, 930	0	3	2	5					
d) Rs49, 962 - 74, 755	3	23	4	30					
e) Rs29, 973 - 49, 961	8	20	1	29					
f) Rs10, 002 - 29, 972	4	28	8	40					
g) <10, 001	10	24	0	34					
Type of family:									
a) Nuclear family	13	44	8	65	1.25	4	9.48	0.86	NS
b) Joint family	10	42	5	57					
c) Extended family	2	14	2	18					
Number of children:									
a) One	11	39	10	60	4.79	4	9.48	0.3	NS
b) Two	12	46	4	62					
c) Three	2	15	1	18					

NS* - Not significant, at the level of significance $p < 0.05$

6. Conclusion

Children are our future and our most precious resources of tomorrow's world. Under five children are prone to various minor health problems. About three fourth are considered unhealthy and surviving with impairment of physical and intellectual functions due to poor health status of children. Majority 65.71% mother has moderately adequate knowledge, 18.57% mothers have inadequate knowledge, 15.72% mother have adequate knowledge regarding home management of common illness of under five children. Majority 71.43% of mothers of under five children has average practice level, 17.86% mothers has poor practice level and 10.71% mothers has good practice level regarding home management of common illness of under five children. There is a positive correlation between the knowledge and practice of mothers regarding home management of common illness of under five children. Significant relationship was found between knowledge and practice regarding home management of common illness among mothers of under five children. Significant association was found between the knowledge level and demographic variables age, level of education, occupation and number of children. Significant association was not found between the knowledge level and marital status, religion, occupation and types of family.

7. Future Scope

The study can be done in different settings. The same study can be done on a large sample for more valid generalization.

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