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Original Article

Assessing the attitude and practices towards home management of diarrhea among children under five years at Dr. Ronald Batta Memorial Hospital, Entebbe Municipality, Wakiso district. A cross-sectional study.

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St. Michael Lubaga Hospital Training Schools.

ABSTRACT

Background

Diarrhea, especially among the under-fives, is a matter of public health importance globally, given the annual morbidity and mortality it causes to this vulnerable age group. The study assessed the attitude and practices towards home management of diarrhea among children under five years at Dr. Ronald Batta Memorial Hospital, Entebbe Municipality, Wakiso district.

Methodology

A cross-sectional descriptive study involving 30 respondents who were caregivers of children under five years presented at the health facility for medical attention was recruited. A simple random sampling procedure was used to select the respondents, and a researcher-administered questionnaire was used for collecting data. Collected data was sorted, coded, entered into Epidata, and then exported to SPSS for analysis. The analysed data were presented in figures and tables reflecting frequencies and percentages.

Results

Among 30 caregivers, majority were female 21(70%), aged 20–30 years 17(57%), married 20(67%), and had secondary education 20(67%). Half 15(50%) were casual workers, followed by 10(33%) self-employed and 5(17%) teachers. Regarding attitudes, 18(60%) did not consider diarrhea infectious, 19(63%) believed some foods prevent it (mostly rice water 12[63%]), and 16(53%) did not think giving fluids was important. Only 12(40%) considered ORS effective. Handwashing, continued breastfeeding, and increased water intake were recognized by 57%, 53%, and 20%, respectively. In practice, 21(70%) did not use homemade fluids, 18(60%) used breast milk or rice water, 16(53%) gave sweetened drinks, 19(63%) provided fluids/food, 22(73%) avoided reheated leftovers, and 18(60%) did not continue breastfeeding.

Conclusion

The majority of caregivers had a negative attitude and poor practices towards home management of diarrhea among children under five years.

Recommendation

The hospital should promote exclusive breastfeeding, ORS use, early medical care, hygiene, nutrition, and immunization among caregivers of children under five.

Keywords: *Attitude and Practices, Home Management of Diarrhea, Children under Five Years, Wakiso District.*
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BACKGROUND OF THE STUDY

Caregivers' attitudes and practices play a critical role in preventing and managing diarrhea among children under five. Positive attitudes towards disease management, including seeking timely care, preparing oral rehydration solutions, maintaining hygiene, and understanding the importance of nutrition, can significantly reduce morbidity and mortality (Nantege et al., 2022).

However, misconceptions and negative beliefs about diarrhea and its management may lead to delayed treatment or inadequate home care. Caregivers' practices, such as hygiene maintenance, safe food preparation, and monitoring hydration status, are essential for preventing severe outcomes. Studies indicate that children's recovery from diarrhea is closely linked to caregivers' practices at home, emphasizing the need for targeted interventions to improve caregiver behavior (Nantege et al., 2022). Thus, the study assessed the attitude and practices towards home management of diarrhea among children under five years at Dr. Ronald Batta Memorial Hospital, Entebbe Municipality, Wakiso district

METHODOLOGY

Study Design and Rationale

This study employed a descriptive cross-sectional study design employing both quantitative and qualitative approaches of data collection. The main objective of descriptive research is to accurately describe the characteristics of the study population and situations related to awareness of mothers towards diarrhea in children under five years. It was a cross-sectional study because data were collected at a single point in time.

Study Setting and Rationale

The study was carried out at Dr. Ronald Batta Memorial Hospital, which is a government-military facility found in Entebbe Municipality, Wakiso District. The hospital was chosen because it was observed that 12 of the 23 children under five who were receiving diarrheal treatment at Dr. Ronald Batta Memorial Hospital were suffering from acute and persistent diarrhea, which was an indication of inadequate home management of diarrhea in children under five. Therefore, it was necessary to assess the awareness of caregivers towards home management of diarrhea in children under five years at Dr. Ronald Batta Memorial Hospital, Entebbe Municipality, Wakiso District.

Study Population

The study population comprised caregivers of children under five who visited Dr. Ronald Batta Memorial Hospital with children suffering from diarrhea, Entebbe Municipality, Wakiso District. The study population was preferred because it was believed that they had the right information needed to answer the researcher's questions at hand.

Sample Size Determination
The sample size was 30 respondents who comprised caregivers of children under five years attending Dr. Ronald Batta Memorial Hospital, Entebbe Municipality. The sample size of 30 respondents was determined because it was the minimum required number by the Uganda Nurses and Midwives Examinations Board research guidelines.

Sampling Procedure
The study used a probability sampling method, specifically a simple random sampling procedure. The sampling frame was created by making a list of nine (9) caregivers per day and their addresses, who had under-five children who had ever suffered from diarrhea and who consulted for pediatric services of Dr. Ronald Batta Memorial Hospital on a daily basis, and assigned numbers on pieces of paper to each caregiver and placed them into a container. Only six (6) numbers were picked from the container at random per day until the desired sample of 30 was achieved, and the numbers picked determined the caregivers to be interviewed in the study. The whole procedure took a period of 5 days until a sample size of 30 respondents was covered.

Inclusion and Exclusion Criteria
The study included all present caregivers from Dr. Ronald Batta Memorial Hospital catchment area of under-five children and whose children had ever suffered from diarrhea for the past three months, and who voluntarily accepted to participate in the study, and all caregivers who could communicate verbally and gave consent by signing the consent form to participate in the study.
The study excluded all caregivers whose under-five children have never experienced any episode of diarrhea in the past three months, caregivers who refused to participate in the study, and those who were not able to consent for the study, caregivers fulfilling inclusion criteria who were not available during data collection, and those included in the pilot study.

Definition of Variables
Dependent
The dependent variable was the "Caregivers' Practices of Home Management of Diarrhea" among children under five years.

Independent
The independent variables included the caregivers' knowledge and attitude towards home management of diarrhea among children under five years.

Research Instruments
The study used a Researcher-Administered Questionnaire to collect data from the caregivers during data collection. A researcher administered questionnaire composed of both closed and open ended questions and was preferred because it was assumed that not all caregivers attending Dr. Ronald Batta Memorial Hospital knew how to read and write English perfectly so he interviewed those who were unable to read and write English independently, also the instrument didn't consume a lot of time during data collection and its data was easy to analyse in figure format as compared to interview guides or focus group discussion.

Reliability and validity
Before real data collection commenced, the questionnaire was pre-tested among 10 caregivers consulting at Dr. Ronald Batta Memorial Hospital. This was done in order to determine the accuracy, reliability, and validity of the tool, and necessary adjustments were made before the tool was applied in the study area. However, errors realized were corrected.

Data Collection Procedure
After the approval of a research proposal and clearance by the supervisor, he got a letter of introduction from St. Michael Lubaga Hospital Training Schools introducing him to the Hospital Administrator of Dr. Ronald Batta Memorial Hospital, requesting permission to conduct a study among caregivers of children under five years. Thereafter, he sought acceptance from the respondents during sampling. He administered the questionnaire to each respondent approached who knew how to read and read English after obtaining her/his consent to participate in the study. Respondents who couldn't read and write English independently were interviewed by the research assistant, who was fluent in interpreting English into the local language while noting the responses that were given.

Data Management
The filled questionnaires were collected back, counted, checked for completeness/accuracy, and edited after every data collection day to ensure that they were all returned, coded, and kept in a safe place as a backup. A flash disk was also used to store data. Filled questionnaires were then cleaned as they waited for data analysis.

Data Analysis
Collected data was sorted, coded, entered into Epidata, and then exported to Statistical Package for Social Scientists for analysis. Data from open-ended questions was also sorted, arranged, and similar responses were grouped and analysed using SPSS version 17.

Ethical Consideration
An introduction letter was obtained from the Principal Tutor of St. Michael Lubaga Hospital Training Schools, which was presented to the Administrator of Dr. Ronald Batta Memorial Hospital seeking permission to carry out the study among caregivers of children under five suffering from diarrhea.
Verbal and written consent were both secured, and permission from the respondents/study participants was obtained before the data collection exercise. Participants were further assured of their confidentiality, which was maximized, and that their names were not required on the questionnaires.

RESULTS
Demographic Characteristics

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Table 1: Respondents' gender, age brackets, marital status, and highest education level

Gender	**Frequency (n=30)**	**Percentage (%)**
Male	9	30
Female	21	70
Age bracket in years		
20-30	17	57
31-40	6	20
41-50	5	17
50 and above	2	7
Marital status		
Single	6	20
Married	20	67
Widowed	4	13
Highest education level		
Primary	3	10
Secondary	20	67
Tertiary/university	7	23

Table 1 showed that the majority, 21(70%) of the respondents were females, while the minority, 9(30%) were male caregivers. More than half,17 (57%), were between 20 and 30 years, and the minority, 2(7%), were above 50 years. Majority 20(67%) were married while the minority 4(13%) were widowed. The majority, 20(67%), had attained secondary education, and the minority, 3(10%), attained primary education.

Figure 1: Respondents' occupational status (n=30)

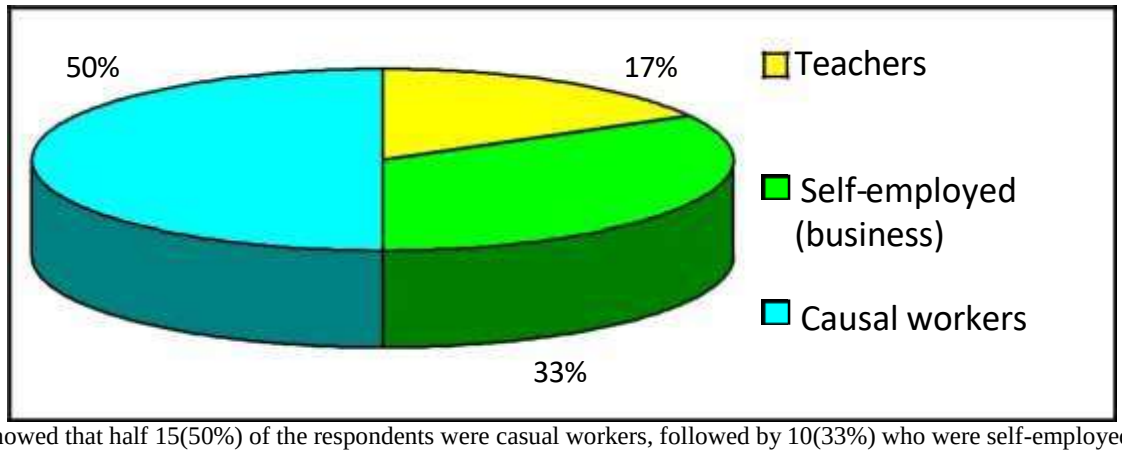

Figure 1 showed that half 15(50%) of the respondents were casual workers, followed by 10(33%) who were self-employed (business), and the minority 5(17%) were teachers.

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Figure 2: Responses on whether diarrhoea is an infectious disease (n=30)

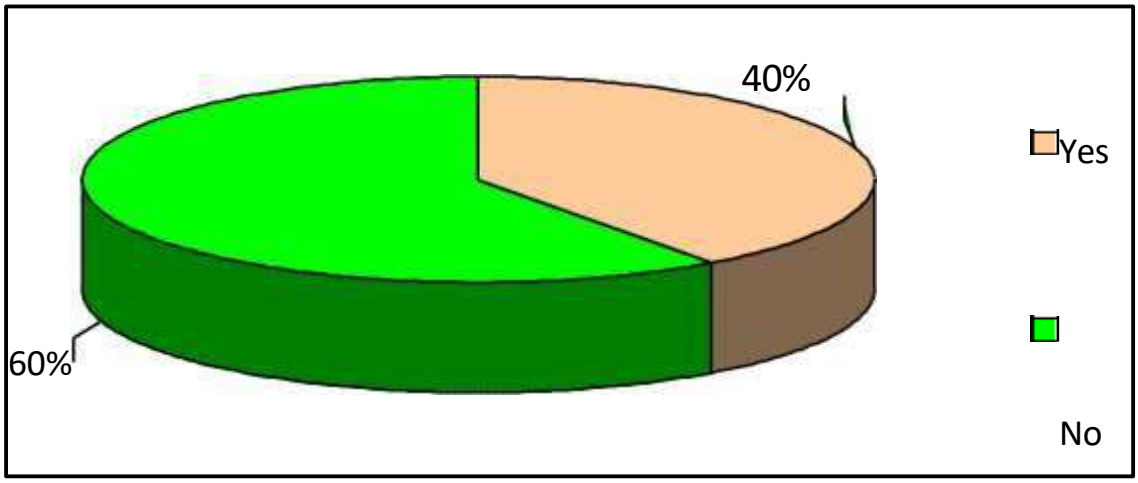

Figure 2 showed that, when the respondents were asked whether they felt diarrhea was an infectious disease, the majority, 18(60%) of them said no, while the minority, 12(40%), responded no to the question.

Table 2: Responses on whether some foods could prevent diarrhea

Feeling whether some food could prevent diarrhea	Frequency (n=30)	Percentage (%)
Yes	19	63
No	11	37
If yes, which ones	**(n=19)**	
Curd	3	16
Salt tea	4	21
Rice water	12	63

Table 2 indicates that the respondents were asked about their feelings on whether some food could prevent diarrhea, and the majority, 19(63%), said yes, while the minority, 11(37%), said no. Among the 19 who said yes, some food could prevent diarrhea when they were asked the types of food that prevented diarrhea; the majority, 12(63%) mentioned rice water as a foodstuff that could prevent diarrhea, followed by 4(21%) who raised salt tea, and 3(16%) mentioned curd.

Table 3: Attitude towards giving a diarrhea-ridden child plenty of fluid as important

Think giving a dehydrated child plenty of fluids was important	Frequency (n=30)	Percentage (%)
Yes	14	47
No	16	53
If yes from above, why?	**(n=14)**	
Replaces the lost water in the body	8	57
Keep the child healthy	4	29
Give the child energy	2	14

Table 3 indicates that the respondents were asked whether they felt giving a diarrhea-rheating child plenty of fluid was important; more than half, 16(53%), said no, while 14(47%) of them said yes. Among the 14 who said yes when asked why it was important, more than half, 8(57%), said it replaces the lost water in the body, while 2(14%) said it gives the child energy.

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Table 4: Responses on whether the ORS solution was effective in managing diarrhea

Thought ORS solution was effective in managing diarrhea while at home	**Frequency (n=30)**	**Percentage (%)**
Yes	12	40
No	18	60
If not from above, why?	**(n=18)**	
Diarrhea must be treated with drugs	11	61
ORS solution doesn't treat diarrhea	5	28
Don't like the ORS solution	2	11

Table 4 showed that the respondents were asked whether they thought the ORS solution was effective in managing diarrhea while at home, and the majority, 18(60%), said no, while a minority, 12(40%), said yes. Among the 18 who said no when asked why they thought ORS solution was not effective in managing diarrhea while at home, the majority, 11(61%), reported that diarrhea must be treated with drugs, while 2(11%) said they do not like ORS solution.

Figure 3: Whether hand washing always using water and soap was important (n=30)

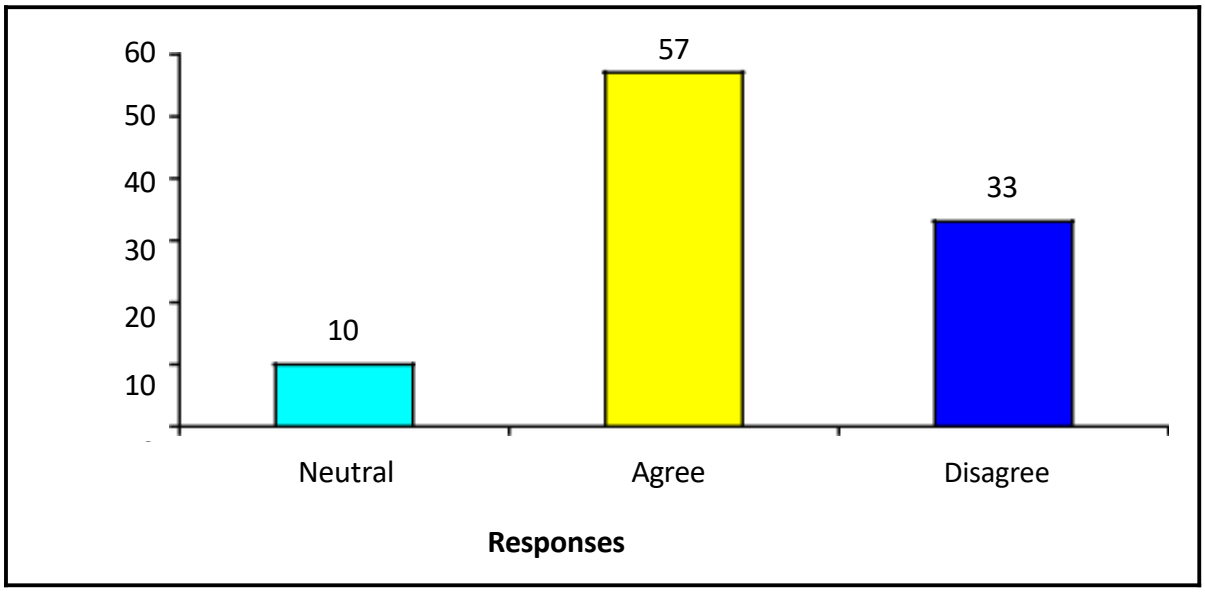

Figure 3 showed that respondents were asked whether hand washing always using water and soap was important, more than half, 17(57%) agreed, 10(33%) disagreed, while 3(10%) of them were neutral, knowing twice or thrice a day.

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Figure 4: Breastfeeding must continue even when the child is diarrheic (n=30)

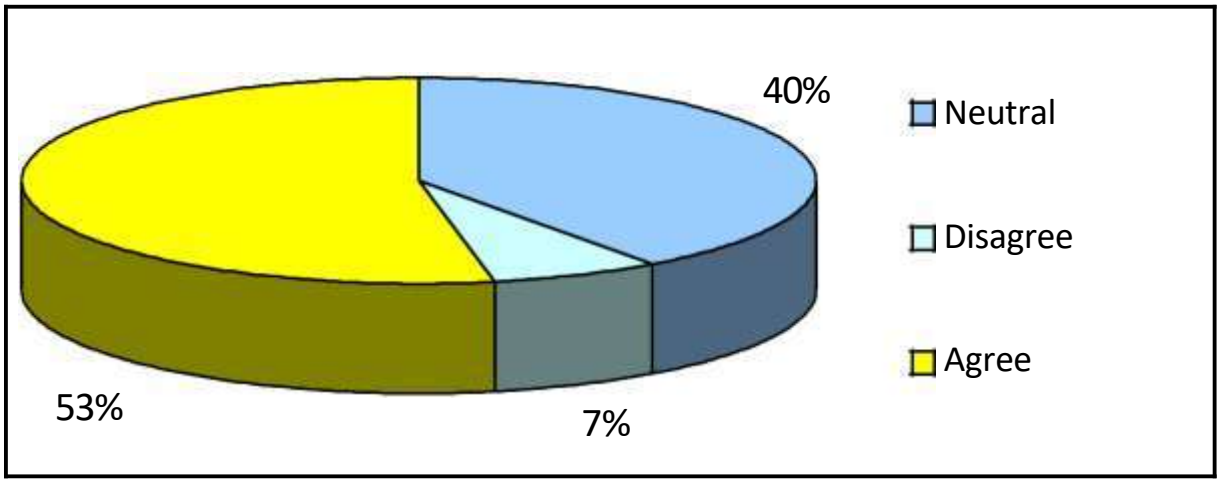

Figure 4 showed that the respondents were asked whether breastfeeding must be continued even when the child was diarrheic, and more than half 16(53%) agreed, 12(40%) were neutral, while 2(7%) disagreed with the statement.

Figure 5: Whether water intake should be increased for a diarrhorating child (n=30)

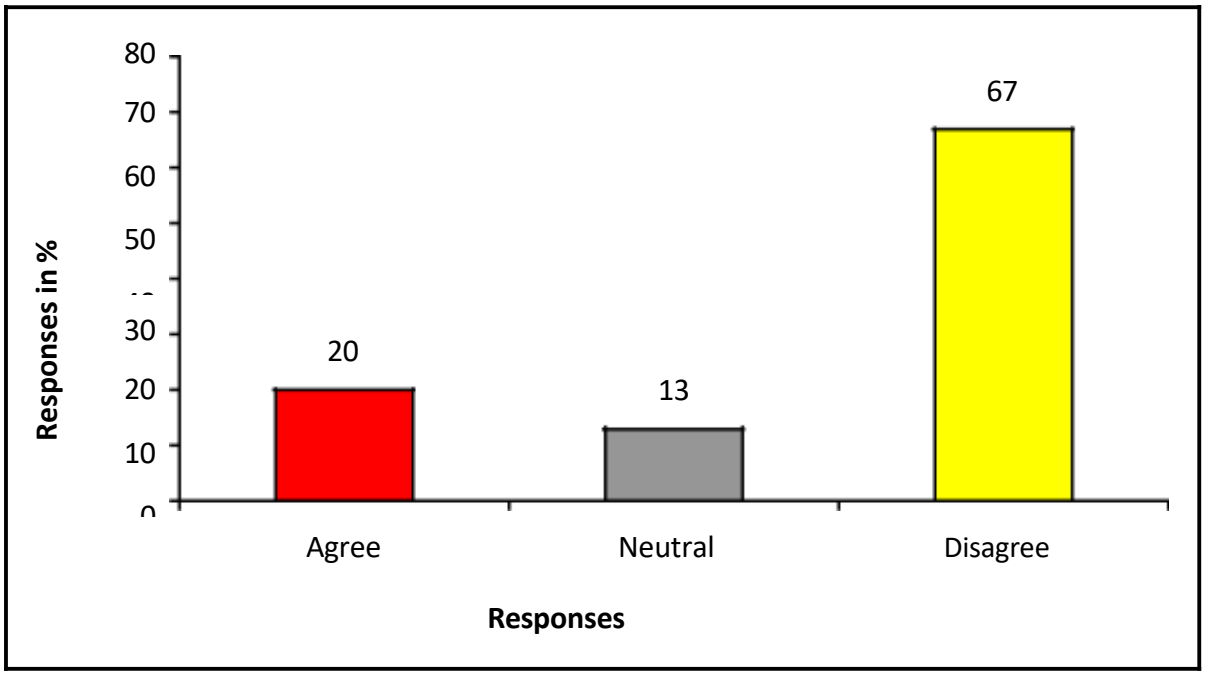

Figure 5 indicated that the respondents were asked whether water intake should be increased for a diarrhorating child, and, majority, 20(67%) of them disagreed; 6(20%) of them agreed, and the minority, 4(13%) of them were neutral to the statement.

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Table 5: Respondents' practices relating to home management of diarrhea

Used homemade fluids (sugar, salt, water) to treat the child with diarrhea	Frequency (n=30)	Percentage (%)
Yes	9	30
No	21	70
Used breast milk, water from rice, porridge, and clean water to treat diarrhea		
Yes	18	60
No	12	40
Gave soft drinks, sweetened tea, sweetened fruits, and coffee to treat diarrhea		
Yes	16	53
No	14	47
Gave fluids/ food to the child when having diarrhea		
Yes	19	63
No	11	37
Gave reheated leftovers to the child before eating		
Yes	8	27
No	22	73
Continued to breastfeed the child when having diarrhea		
Yes	12	40
No	18	60

Table 5 showed that respondents were asked whether they used homemade fluids, a mixture of sugar, salt, and water, to manage the child with diarrhea, and the majority, 21(70%), said no, while a minority, 9(30%), said yes.

The same table indicated that the respondents were further asked whether they used breast milk, water from rice, porridge, or clean water to treat diarrhea, and 18(60%) said yes, while the minority 12(40%) said no. From table 10, the respondents were asked whether they gave soft drinks, sweetened tea, sweetened fruits, or coffee to treat diarrhea, and more than half 16(53%) said yes, while 14(47%) said no.

When the respondents were asked whether they gave fluids/ food to the child when having diarrhea, the majority, 19(63%), said yes, while the minority, 11(33%), said no to the statement. And when the respondents were asked whether they gave reheated leftover food to the child before

eating, the majority, 22(73%), said no, while the minority, 8(27%), said yes.

Lastly, Table 5 indicated that the respondents were asked whether they continued to breastfeed the child when having diarrhea, and the majority, 18(60%), said no, while the minority, 12(40%), said yes.

DISCUSSION

From the results, when the respondents were asked whether they felt diarrhea was an infectious disease, the majority, 18(60%), said yes. This implied that caregivers possessed a negative attitude towards diarrhea and thought diarrhea was not an infectious disease. This is due to the fact that most diarrheal infections do not transmit from person to person except in cases of cholera and rotavirus infections. This is in line with a study conducted by Alghadeer et al. (2021), which revealed that more than one-third of mothers disagreed that diarrhea is an infectious disease, while most agreed that attention to hygiene reduces diarrhea episodes and their severity.

This study revealed that caregivers furthermore possessed a negative attitude towards management of children suffering from diarrhea because 19(63%) felt that some foodstuffs could prevent diarrhea, with the majority of them mentioning foodstuffs such as rice water as a major food. This could be attributed to their local perspectives, whereby local perspectives support the idea of giving children rice water as a mechanism of fighting diarrhea in children. This is in relation to a study conducted by Desta et al. (2022) in Ethiopia, which revealed that caregivers' cultural feeding practices influenced diarrhea management at home.

Regarding the idea of managing a diarrhorating child while at home by giving a child plenty of fluid, more than half 16(53%) of the respondents felt it was not important. This implied that caregivers possessed a negative attitude towards giving the diarrheic child plenty of fluids, and this could be attributed to inadequate knowledge on the importance of giving plenty of fluids to the child and a perception that the child's frequency of urinating increases.

According to the results of the study, the respondents were asked whether they thought the ORS solution was effective in managing diarrhea while at home, and the majority, 18(60%), said no. This implied that caregivers had a negative mindset on the use of ORS in managing children suffering from diarrhea, and this was because the majority, 11(61%) of them reported that diarrhea must be treated with drugs, while 2(11%) said they do not like the ORS solution. This could be attributed to inadequate sensitization on the importance of ORS to the diarrhorating child.

From the results where respondents were asked whether hand washing always using water and soap was important and, more than half 17(57%) agreed. This implied that more than half of the caregivers possessed a positive attitude towards washing hands with water and soap, and this could be attributed to their educational levels, whereby most of them acquired secondary, tertiary, and university education levels. This is in agreement with the WHO (2019) report, which indicated that there was a positive attitude towards hand washing among caregivers of children under five years suffering from diarrhea.

The study further revealed that caregivers possessed a positive attitude towards continued breastfeeding of diarrhorating children because when the respondents were asked whether breastfeeding must be continued even when the child was diarrhorating, more than half 16(53%) agreed. This could be attributed to the fact that most of the caregivers had secondary education, tertiary and university education levels, thus, knew the importance of continued breastfeeding of a diarrheic child. Similarly, a study conducted by Walusansa et al. (2022) in Kampala City, Central Uganda, revealed that 56% of the caregivers of children under five possessed a positive attitude towards continued breastfeeding even when the child suffered from diarrhea.

The study furthermore discovered that, although caregivers possessed a positive attitude towards continued breastfeeding, they had a negative attitude towards increased water intake for children under five suffering from diarrhea, and this was because when the respondents were asked whether water intake should be increased for a diarrhorating child majority of 20(67%) of them disagreed. This could be attributed to inadequate knowledge on the importance of increased intake of water among diarrhorating children. This is in line with Desta et al. (2022) in Ethiopia, which revealed that 37.4% of the caregivers felt uncomfortable giving their children suffering from diarrhea a lot of water.

The study results showed that respondents were asked whether they used homemade fluids, a mixture of sugar, salt, and water to manage the child with diarrhea, and the majority, 21(70%), said no. This implied that caregivers did not use homemade fluids (a mixture of sugar, salt, and water) to manage children suffering from diarrhea, and this could be attributed to inadequate knowledge regarding the preparation of the homemade ORS fluids. This is in line with Gupta & Sah (2021), who reported similar findings on poor home preparation of ORS.

According to the results, the respondents were further asked whether they used breast milk, water from rice, porridge, or clean water to treat diarrhea, and 18(60%) said yes. This implied that the majority of the caregivers gave their children water from rice and porridge to treat their children, and this could be attributed to the local perception that rice water reduces the frequency of diarrhea. This was in line with Momoh et al. (2022), which revealed similar practices among caregivers in Nigeria.

Furthermore, the results revealed that the respondents were asked whether they gave soft drinks, sweetened tea, sweetened fruits, or coffee to treat diarrhea, and more than half 16(53%) said yes. This implied that the majority of the

caregivers used soft drinks, sweetened tea, sweetened fruits, and coffee to treat diarrhea, and this could be because this was a common practice in local communities. This was also in agreement with the WHO (2019) results, which showed that the majority of the caregivers used soft drinks, sweetened tea, and sweetened fruits to manage children suffering from diarrhea.

The study revealed that, when the respondents were asked whether they gave reheated leftover food to the child before eating, the majority, 22(73%), said no. This implied that caregivers practiced poor practices by giving children leftover food without reheating, and this predisposes them to infections. This could be attributed to inadequate knowledge on the dangers of giving child unheated leftover foodstuffs and their busy schedules. This is in agreement with Nalubwama (2021), who indicated that children with diarrhea were fed with unheated leftover foodstuffs.

CONCLUSION

Caregivers, to a greater extent, possessed a negative attitude towards home management of diarrhea among children under five years.

Caregivers, to some extent, had poor practices related to home management of diarrhea among children under five years.

RECOMMENDATION

The Hospital should conduct more outreach within its catchment area and

Awareness creation is needed on the importance of exclusive breastfeeding for children's health. Encouragement of the practice of exclusive breastfeeding is needed, and the caregivers are motivated to ensure uptake of the practice. A means of evaluation and scoring on exclusive breastfeeding uptake needs to be devised. Lastly, up-scaling the practice of discharging all children under five with ORS or teaching caregivers on how to make safe ORS at home needs to be done.

Caregivers of children under five years suffering from diarrhea should always seek.

Medical attention earlier, but not when the situation worsens. Caregivers should also ensure good personal hygiene and nutrition for their children and should always take them for immunization.

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LIST OF ABBREVIATIONS

ORS : Oral Rehydration Salts
SDG : Sustainable Development Goals
SPSS : Statistical Package for Social Sciences
SSA : Sub-Saharan Africa
UNICEF : United Nations Children's Emergency Fund
UNMEB : Uganda Nurses and Midwives Examinations Board
WASH : Water, Hygiene, and Sanitation
WHO : World Health Organization

SOURCE OF FUNDING

The study had no funding.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY

Data is available upon request from the author.

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Jane Frances Namuddu, research supervisor at St. Michael Lubaga Hospital Training Schools

AUTHOR CONTRIBUTIONS

SO: collected the data
PD: supervised the research.
JFN: supervised the research.

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