Diarrhoeal Management Practices by Mothers of Odeda Local Government Area, Ogun State.

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Abstract
This study investigated the practices adopted by mothers in their management of diarrhoea at home. Six health care centres out of ten in Odeda Local Government Area, Ogun State Nigeria were used for the study. A total of 121 mothers participated in the study. Questionnaire were used for data collection. Findings indicate that 100% of the respondents know what diarrhoea means, 57.4% had experienced it with their babies at one time or the other, while 62.6% believed that poor hygiene is the major cause of diarrhoea and 36.6% believed that it is as a result of food allergy and teething. Some mothers (43.5%) manage diarrhoea by using antibiotics and 29.6% of them use herbs.

Introduction
Diarrhoea disease remains a major cause of morbidity and mortality in the tropics, as well as the less developed countries of the world (UNICEF, 2003; WHO, 2001). In 1999 three million children died of dehydration caused by diarrhoea, eight percent of them in the first 2 years of life, about half of these deaths resulted, either from lack of access to oral rehydration solution or because of incorrect case management (Sullivan, 2002). Diarrhoea is an increase in stool mass, stool frequency or stool fluidity (Cotran, Kumar, Collins, 1999). For practical purposes, the passage of one watery or explosive stool or three or more loose stools in 24 hours after infancy is generally considered abnormal. But generally, diarrhoea is a daily stool production in excess of 250g and containing 70-95% water (Contran, et al., 1999). Diarrhoea can be acute or chronic and it can result from a wide range of factors, ranging from bacterial, food poisoning, various viral infections and dietary indiscretions, to diseases of the gastrointestinal tract, nervous tension, and action of toxins and presence of unabsorbed foodstuffs in the faeces. The study of diarrhoeal disease among infants is particularly
important because diarrhoea results into electrolyte imbalance, malnutrition, resulting from repeated attacks and most importantly, death due to dehydration. Children especially infants are more prone to dehydration than adults due to their relatively high water turnover and body surface area (Okafor, 1999).

In Nigeria, available reports indicate that more than 315,000 deaths of preschool age children are recorded annually as a result of diarrhoea disease (Alabi, Audu, Ouedeji, 1998). Infants at risk of diarrhoea are majorly from socioeconomically deprived group inhabiting low income areas and suburbs where little basic amenities are available (Ogbu, etal., 2008). Also poor weaning methods which promotes bottle feeding and insanitary environment makes them susceptible to infections (Akinbami, 1999). To make the situation worse parents adhere to superstitious beliefs and traditions and accept incorrect facts with respect to the causes and management of diarrhoea (Benal, 1988). Certain beliefs and practices, such as associating types of diarrhoea with occupation or ethnic group, categorizing the severity on perceived causes and withholding certain foods during episodes of diarrhoea are common factors in decision making for seeking treatment (Oyediji, Adeyemo, Omotade, 2002).

Diets chosen by most mothers during diarrhoea episodes reflect cultural perception on the therapeutic properties of local foodstuffs Ebelechukwu, (2002) and etiology of the illness (Asakitikpi, 2007). For the most common types of diarrhoea, most mothers will reduce the intake of fluid or stop breast feeding (Jinaddu, Fajewonyomi, Odebiyi, 1994).

Intervention programmes geared towards reducing the prevalence of diarrhoea include the Baby Friendly Hospital Initiative. This programme promotes early initiation of breastfeeding and exclusive breastfeeding during the first six months of a baby’s life as a prophylactic measure against childhood diseases especially diarrhoea. The initiative which began in Nigeria in 1992 and has involved the designation of health facilities as “baby friendly” if they encourage lactating mothers through education to breastfeed exclusively while discouraging them from using breast milk substitutes, water or local herbs during the early months of life. The “baby friendly hospitals” also educate mothers on the management of diarrhoea in the home. Mothers are taught to make oral rehydration therapy (ORT) and not to withdraw food. They are also encouraged to visit the hospital for treatment.

Many studies have investigated the causes of diarrhoea and its prevalence in the communities (Ebelechukwu, 2002; Benal, 1988; Sullivan, 2002; Ogbu etal., 2008). Few have investigated the management of diarrhoea at home (Asakitikpi, 2007). Information on
diarrhoea management in the home will help health practitioners identify the strength and weakness of existing intervention programmes and provide the way forward for future programmes.

**Purpose of the study**
The general purpose of this study was to investigate the practices adopted by mothers in their management of diarrhoea at home in Odeda local government of Ogun State. Specifically, the study determined:
1. The mothers’ knowledge of diarrhoea and their source of information.
2. The various ways by which mothers manage diarrhoea in their homes.

**Methodology**

*Area of Study:* The area of study was Ogeda Local Government Area. It is one of the twenty local government areas in Ogun State, Nigeria. There were ten primary health care centres in Odeda Local Government Area at the time of the study. The study was a survey.

*Population of the study:* The target population were 33520 women of child bearing age living in Odeda Local Government Area of Ogun State (Source: Odeda Local Government, 2002). Respondents were Yoruba women who were mainly farmers and artisans with little education. Major crops grown in the area are cassava, maize, and yam. Traditional rearing of goats and chickens is also practiced.

*Sample of the study:* Simple random sampling technique was used to select six out of the ten primary health centres in the study area to be a representative sample for the study. All women who visited the health centres on post-natal clinics days within one week were 115 in number and these made up the population used for the study.

*Instrument for data collection:* A structured questionnaire which collected respondents information such as demographic data, perception of mother about diarrhoea, attitude of mothers towards diarrhoea, practices adopted in diarrhoeal management in the home was used for the study. The instrument was subjected to validation by two experts from the Department of Nutrition and Dietetics and Department of Agricultural Extension and Rural Development, University of Agriculture, Abeokuta. The reliability coefficient of the instrument was estimated using Cronbach-Alpha reliability and the coefficient of internal consistency was estimated at 0.62.

*Data collection and analysis techniques:* A total of one hundred and fifteen (115) copies of the questionnaires were administered by hand by the researcher and the research assistants. All were recovered.
from the respondents. The data collected were analysed using descriptive statistical tools of frequency count and percentages, attitude was assessed using a 5-point hedonic scale.

Table 1: Feeding Practices During Diarrhoea Episodes

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Frequency (No)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foods given during episodes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast milk</td>
<td>69</td>
<td>60.5</td>
</tr>
<tr>
<td>Water</td>
<td>9</td>
<td>7.9</td>
</tr>
<tr>
<td>Breast milk and Plain pap</td>
<td>29</td>
<td>24.6</td>
</tr>
<tr>
<td>Two dish meals</td>
<td>4</td>
<td>3.5</td>
</tr>
<tr>
<td>All foods</td>
<td>4</td>
<td>3.5</td>
</tr>
<tr>
<td>Total</td>
<td>115</td>
<td>100</td>
</tr>
<tr>
<td>Reduce frequency of breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>17</td>
<td>14.9</td>
</tr>
<tr>
<td>Disagree</td>
<td>98</td>
<td>85.1</td>
</tr>
<tr>
<td>Total</td>
<td>115</td>
<td>100</td>
</tr>
<tr>
<td>Reduce frequency of food intake</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>78</td>
<td>67.8</td>
</tr>
<tr>
<td>Disagree</td>
<td>87</td>
<td>32.2</td>
</tr>
<tr>
<td>Total</td>
<td>115</td>
<td>100</td>
</tr>
<tr>
<td>Will feed infant formula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>95</td>
<td>82.6</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Not sure</td>
<td>18</td>
<td>15.7</td>
</tr>
<tr>
<td>Total</td>
<td>115</td>
<td>100</td>
</tr>
</tbody>
</table>

Results

Demographic Variables: Majority of the women studied were of the Yoruba ethnic group and were between 20-40 years. About 42.6% of the respondents were primary school certificate holders, 31.3% had secondary education only 5.2% had higher education while 20.9% had no formal education. Majority of the women have between 1 and 4 children while 14.8% of them have between 5 and 8 children.

Knowledge and source of information on diarrhoea: All mothers (100%) had knowledge of diarrhoea and 57.4% of them had experienced it with their children at a time. Mothers (62.6%) knew that diarrhoea is caused by germs a few (15.7%) indicated that it caused by teething, while 20.9%
attributed it to food allergy and 0.8% saw it as normal phenomenon. Majority (88.7%) got their information on diarrhoea from the clinic, but a few (6.1%) got it from their friends, 5.2% of them got information from other sources including the mass media.

**Ways mothers treat diarrhoea at home:** Majority (93%) of the women will manage diarrhoea in their homes and 78.3% of them will buy and administer drugs without visiting the clinic but that they will also administer ORT. When asked the type of drugs they will buy and administer some (43.5%) will administer antibiotics. Others (29.6%) will administer herbs only 14.7% will use doctors’ prescription. Table 1 shows feeding practices of the women during diarrhoea episodes. Many (60.5%) will continue breastfeeding their children, 24.6% will give plain pap only very few will give water (7.9%). Also many of the mothers (85.1%) will not reduce frequency of breastfeeding and many (82.6%) will not feed infant formula.

**Discussion**
Women studied had a good understanding of what diarrhoea means. They described it as a condition that usually causes a child’s body temperature to rise, causing stomach upset and subsequently leading to diarrhoea. This knowledge of the mothers is attributed to the Baby Friendly Initiative whereby nurses educate women on good child care practices during postnatal clinics.

A study conducted by Asakitikpi, (2007) found that Yoruba women did not associate diarrhoea with dirt or hygiene but rather an illness that is generally viewed as a milestone in the development of children below five years. In contrast, many women in this study believe that diarrhoea is caused by germs though a few still believe that children experience it when they are growing teeth. This shift can be attributed to the efforts of the Baby Friendly Initiative since the women’s source of information is the clinic.

This study also noted a shift from the traditional Yoruba style of treating diarrhoea as recorded by Omotade, Adeyemo, Kayode and Oladepo (2000). These authors studied the treatment regimens for acute diarrhoea in children living in 10 villages in the Ona Ara Local Government Area of Oyo State, Nigeria. They found that not all types of diarrhoea were recognized as illnesses, and only those considered to be illnesses were treated. Those that were not treated includes diarrhoea caused by teething. In this study though the women still believed that teething causes diarrhoea they however treat it by using antibiotics or herbs to stop frequent stoolsing a few however will seek help from the clinic.

Similar to the study by Ebelechukwu, (2002) diets chosen by most mothers reflected their cultural
perception of the therapeutic properties of local foodstuffs. That is why a good number feed their children on plain pap that is known culturally for stopping diarrhoea. Jinaddu, et al. (1994) found also that for the most common types of diarrhoea, most mothers will reduce the intake of fluid or stop breast feeding. In this study however, many mothers did not reduce breastfeeding during episodes though there was a reduction in the intake of other foods. The women also will not feed infant formula because they associate it with diarrhoea development. It was also found that the women appreciate the role of Oral Rehydration Therapy in diarrhoea management and will use it in the management of diarrhoea.

**Conclusion**

From the result of this study, it can seen that mothers had the knowledge of diarrhoea and associates it with dirt and germs. Their source information was majorly from the postnatal clinics. The study also revealed that diarrhoea is managed at home with the use of antibiotics (which were not prescribed by doctors) or herbal mixtures. This may be because they were not taught the dangerous result of indiscriminate use of antibiotics. This study further revealed that cultural perception of therapeutic qualities of food also influence what mothers feed their children during diarrhoea.

**Recommendations**

1. Intervention programmes focusing on diarrhoea prevention and management such as the Baby Friendly Hospital Initiative, should discourage indiscriminate use of antibiotics and herbal mixtures.

2. Government and NGOs should fund infant and child health programmes which use the media in disseminating information. This will serve as a constant reminder of the consequences of wrong child health decisions.

3. Intervention programmes geared towards children health and wellbeing should be community based and not given only to mothers during postnatal clinics. This will help every adult make right decisions in relation to health in order to improve the impact of programmes.

**References**


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