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Research Article

A study of misconceptions about childhood diarrhoea among adults in urban Pondicherry, India

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ABSTRACT

Background: Diarrheal disease is a major cause of morbidity and mortality among under-five age especially in rural and peri-urban communities in developing countries. Lack of knowledge of mothers about diarrheal diseases is a common problem in many developing countries. Objective of the study is to study the misconceptions of caregivers regarding diarrheal management among under five children in an urban area of pondicherry. And to find out the association of false beliefs with socio-demographic factors.
Method: A cross sectional study was conducted in September 2011 in urban health center (UHTC), Ariankuppam field practice area of department of community medicine. Patients who visited the UHTC during two weeks' time period were interviewed by pre-tested semi structured proforma. Total 405 participants were included. The collected data were analysed using SPSS version 20.
Results: Out of 405 participants, 74.6% told that solid and semisolid foods should not be given during diarrhoea. One third (33.1%) participants told that fluids should be stopped during diarrhoea. 44.2% told breast feeding should be stopped during diarrhoea. Only half (53.1%) of the participants told that ORS is useful in treating diarrhoea. 21.5% told antibiotics is must for treating diarrhoea. 13%, 18% and 62% were told don't know regarding whether breast feeding should be stopped, ORS is useful and antibiotic are needed during diarrheal episodes or not. There was significant association observed that females (61.8%) had better knowledge in fluids shouldn't be stopped during diarrhoea (p-0.003). 50.4% females and 56.9% of males perceived that ORS is useful in diarrhoea and this differences were statistically significant (p-0.005). Caregiver's educational status and sex difference had statistically significant association with misconceptions about childhood diarrhoea.
Conclusion: Based on this study, majority of the people had false beliefs about diarrhea and its management which was silently prevailing in this study area. More emphasis is needed to create an awareness regarding importance of ORS and breast feeding during diarrhea and also about the rational use of antibiotics. Interactive communication strategies and periodic training sessions should be implemented for the health workers and mothers/ caregivers.

Key words: Misconception, Diarrhoea, Breast feeding, ORS, Antibiotics

INTRODUCTION

Diarrhoea is one of the major causes of morbidity and mortality among young children especially in rural and peri-urban communities in developing countries. Diarrheal disease is the second leading cause of death in children under five years old. It is both preventable and treatable.[1,2] Each year diarrhea kills around 7,60,000

under five children.[2] Globally, an estimated 1.8 billion cases of childhood diarrhoea are reported which is responsible for more than three million under five children deaths annually. It is estimated that 60-70 per cent of diarrhoea related deaths are caused by dehydration.[3]

Lack of knowledge of mothers/ caregivers about diarrheal diseases is a common problem in many developing countries. Although oral rehydration solution (ORS) has tremendous therapeutic benefits, coverage of and demand for this product have remained low in many developing countries.[4] It largely depends, on the level of mother's/caregiver's knowledge and their attitude towards its use.[3] Hence the present study was conducted in urban Pondicherry to gather information about common misconceptions regarding the management of diarrhoea and their perceptions and role of breast feeding, various diarrhoea treatments, ORS use and also to find out the association between socio-demographic factors with the misconceptions of diarrheal management. Objectives of the study are to study the misconceptions of caregivers regarding diarrheal management among under five children in an urban area of puducherry and to study the association of false beliefs with socio-demographic factors.

METHODS

A cross sectional study was conducted at urban health and training centre (UHTC), Ariankuppam, field practice area of Department of Community Medicine, Mahatma Gandhi Medical College and Research Institute, Pondicherry. All patients who were having at least one under five child or takes part in care of at least one under five child in the family, were interviewed after verbal consent. Total 405 participants in September 2011 were interviewed. The data were collected by one of the authors using a semi-structured pre-tested proforma in local language (Tamil). Trained ANM along with the trained student collected the data in UHTC.

Information on background characteristics along with selected common false beliefs about management of diarrhoea were obtained. Questions of false beliefs were based on the information of false beliefs about diarrhoea in available literature. The collected data were analysed by SPSS version 20. The data were presented in the form of percentages in the tables. Chi square test was used to see the association between false beliefs and socio-demographic factors, p value less than 0.05 was considered as statistically significant.

RESULTS

In this present study 405 study subjects were interviewed. Mean age of study participants was 44.23 with standard deviation of 17.14.

Table 1 shows the socio-demographic profile of the study population (n=405). Majority (72%) of study population were in 18 to 55 years of age. Majority (58.8%) of them were females. 71.9% were married. Nearly one fourth (26.7%) of them completed middle schooling. Only 4.2% were completed graduate degree. We observed 27.4% were illiterate.

Table 1: Socio-demographic profile of study population (n=405).

Socio-demographic variable	Number (Percentage)
Age	
18-35	146 (36.0)
36-55	147 (36.3)
56-75	95 (23.5)
76-95	17 (4.2)
Sex	
Male	167 (41.2)
Female	238 (58.8)
Religion	
Hindu	303 (74.8)
Muslim	45 (11.1)
Christian	57 (14.1)
Marital status	
Married	291 (71.9)
Unmarried	49 (12.1)
Widow/widower	57 (14.1)
Divorced	2 (0.5)
Separated	6 (1.5)
Education	
Illiterate	111 (27.4)
Primary	80 (19.8)
Middle	108 (26.7)
High/Higher school	89 (22.0)
Graduate and above	17 (4.2)

Table 2 reveals the distribution of study population based on misconceptions about childhood diarrhoea (<5 years) among adults. Nearly three fourth (74.6%) of the participants told solid and semisolid foods should not be taken during diarrhoea. 33.1% told fluids should be stopped during diarrhoea. 44.2% told breast feeding should be stopped during diarrhoea. Only half (53.1%) of the participant told that ORS is useful in treating diarrhoea. 21.5% told antibiotics is must for treating diarrhoea. 13%, 18% and 62% were told don't know regarding whether breast feeding should be stopped, ORS is useful and antibiotic are needed during diarrheal episodes or not.

Table 3 showed there was no statistical significant association between the age categories and misconception of diarrhoea.

Table 4 shows, bivariate analysis of association between sex and misconception of diarrhoea. There was significant association observed that females (61.8%) had better knowledge in fluids shouldn't be stopped during

diarrhoea (p-0.003). 50.4% females and 56.9% of males perceived that ORS is useful in diarrhoea and this differences were statistically significant (p-0.006).

Table 5 shows, bivariate analysis of association between educational status and misconception of diarrhoea. 55.7 % people who had completed high schooling and above reported that they perceived ORS is useful in diarrhoea and this is statistically significant (p-0.043). But it is important to notice that almost half of the people irrespective of their educational status reported that ORS is not useful in diarrhoea. 16.2 % of illiterate people said that antibiotics are must for diarrhoea whereas shocking it is much higher (20.2 % and 29.2 %) in primary and middle schooling and high schooling and above (p-0.019). This revealed their lack of awareness.

Table 6 shows the bivariate analysis between marital status and diarrheal misconception and it revealed that there is no statistical difference between these variables.

Table 7 shows there was significant difference observed between religion and diarrheal misconception. And that differences were statistically significant (p<0.05).

Table 2: Distribution of study population based on misconceptions about childhood diarrhoea (<5 years) among adults in urban pondicherry (n= 405).

Statement regarding misconception of diarrhoea	Yes (%)	No (%)	Don't Know (%)
Solid and semisolid food should not be given during diarrhoea	302 (74.6)	91 (22.5)	12 (3.0)
Fluids should be stopped during diarrhoea	134 (33.1)	242 (59.8)	26 (7.1)
Breast feeding should be stopped if infant suffers from diarrhoea	179 (44.2)	175 (43.2)	55 (13.6)
Teething in children causes diarrhoea	227 (56.0)	123 (30.4)	55 (13.6)
Oral rehydration solution(ORS) packet is not useful in treating diarrhoea	117 (28.9)	215 (53.1)	74 (18.0)
Diarrhoea should not be treated as it resolves naturally	119 (29.4)	219 (54.1)	67 (16.5)
Antibiotics are must for treating diarrhoea	87 (21.5)	67 (16.5)	251(62.0)

Table 3: Bivariate analysis of association between age category and misconception of diarrhoea (n=405).

Statement regarding misconception of diarrhoea		Age category (%)				p value
		18-35	36-55	56-75	76-90	
Solid and semisolid food should not be given during diarrhoea	Yes	111 (76)	116 (78.9)	66 (69.5)	9 (52.9)	0.106
	No	32 (21.9)	27 (18.4)	24 (25.3)	8 (47.1)	
	Don't know	3 (2.1)	4 (2.7)	5 (5.3)	0 (0)	
Fluids should be stopped during diarrhoea	Yes	55 (37.7)	51 (34.7)	25 (26.3)	3 (17.6)	0.408
	No	81 (55.5)	87 (59.2)	61 (64.2)	13 (76.5)	
	Don't know	10 (6.8)	9 (6.1)	9 (9.5)	1 (5.9)	
Breast feeding should be stopped if infant suffers from diarrhoea	Yes	69 (47.3)	63 (42.9)	40 (42.1)	7 (41.2)	0.515
	No	60 (41.1)	70 (47.6)	38 (40)	7 (41.2)	
	Don't know	17 (11.6)	14 (9.5)	17 (17.9)	3 (17.6)	
Teething in children causes diarrhoea	Yes	76 (52.1)	85 (57.8)	56 (58.9)	10 (58.8)	0.474
	No	43 (29.5)	48 (32.7)	27 (28.4)	5 (29.4)	
	Don't know	27 (18.5)	14 (9.5)	12 (12.6)	2 (11.8)	
Oral rehydration solution (ORS) packet is not useful in treating diarrhoea	Yes	51 (34.9)	40 (27.2)	24 (25.3)	2 (11.8)	0.123
	No	76 (52.1)	81 (55.1)	47 (49.5)	11 (64.7)	
	Don't know	19 (13)	26 (17.7)	24 (25.3)	4 (23.5)	
Diarrhoea should not be treated as it resolves naturally	Yes	40 (27.4)	42 (28.6)	31 (32.6)	6 (35.3)	0.712
	No	86 (58.9)	79 (53.7)	47 (49.5)	7 (41.2)	
	Don't know	20 (13.7)	26 (17.7)	17 (17.9)	4 (23.5)	
Antibiotics are must for treating diarrhoea	Yes	39 (26.7)	33 (22.4)	13 (13.7)	2 (11.8)	0.180
	No	24 (16.4)	27 (18.4)	13 (13.7)	3 (17.6)	
	Don't know	83 (56.8)	87 (59.2)	69 (72.6)	12 (70.6)	

Table 4: Bivariate analysis of association between sex and misconception of diarrhoea (n=405).

Statement regarding misconception of diarrhoea		Sex		p value
		Male	Female	
Solid and semisolid food should not be given during Diarrhoea	Yes	122 (73.1)	180 (75.6)	0.316
	No	42 (25.1)	49 (20.6)	
	Don't know	3 (1.8)	9 (3.8)	
Fluids should be stopped during diarrhoea	Yes	67 (40.1)	67 (28.2)	0.003*
	No	95 (56.9)	147 (61.8)	
	Don't know	5 (3.0)	24 (10.1)	
Breast feeding should be stopped if infant suffers from Diarrhoea	Yes	72 (43.1)	107 (45.0)	0.685
	No	76 (45.5)	99 (41.6)	
	Don't know	19 (11.4)	32 (13.4)	
Teething in children causes diarrhoea	Yes	85 (50.9)	142 (59.7)	0.215
	No	57 (34.1)	66 (27.7)	
	Don't know	25 (15.0)	30 (12.6)	
Oral Rehydration Solution(ORS) packet is not useful in treating Diarrhoea	Yes	54 (32.3)	63 (26.5)	0.006*
	No	95 (56.9)	120 (50.4)	
	Don't know	18 (10.8)	55 (23.1)	
Diarrhoea should not be treated as it resolves naturally	Yes	56 (33.5)	63 (26.5)	0.161
	No	89 (53.3)	130 (54.6)	
	Don't know	22 (13.2)	45 (18.9)	
Antibiotics are must for treating Diarrhoea	Yes	37 (22.2)	50 (21.0)	0.870
	No	29 (17.4)	38 (16.0)	
	Don't know	101 (60.5)	150 (63.0)	

*significant association

Table 5: Bivariate analysis of association between educational status and misconception of diarrhoea (n=405).

Statement regarding misconception of diarrhoea		Educational status			p value
		Illiterate	Primary and middle schooling	High school and above	
Solid and semisolid food should not be given during diarrhoea	Yes	78 (70.3)	149 (79.3)	75 (70.8)	0.086
	No	27 (24.3)	34 (18.1)	30 (28.3)	
	Don't know	6 (5.4)	5 (2.7)	1 (0.9)	
Fluids should be stopped during diarrhoea	Yes	39 (35.1)	56 (29.8)	39 (36.8)	0.503
	No	63 (56.8)	121 (64.4)	58 (54.7)	
	Don't know	9 (8.1)	11 (5.9)	9 (8.5)	
Breast feeding should be stopped if infant suffers from diarrhoea	Yes	49 (44.1)	85 (45.2)	45 (42.5)	0.316
	No	43 (38.7)	80 (42.6)	52 (49.1)	
	Don't know	19 (17.1)	23 (12.2)	9 (8.5)	
Teething in children causes diarrhoea	Yes	68 (61.3)	104 (55.3)	55 (51.9)	0.425
	No	26 (23.4)	60 (31.9)	37 (34.9)	
	Don't know	17 (15.3)	24 (12.8)	14 (13.2)	
Oral rehydration solution(ORS) packet is not useful in treating diarrhoea	Yes	24 (21.6)	58 (30.9)	35 (33.0)	0.043*
	No	58 (52.3)	98 (52.1)	59 (55.7)	
	Don't know	29 (26.1)	32 (17.0)	12 (11.3)	
Diarrhoea should not be treated as it resolves naturally	Yes	31 (27.9)	62 (33.0)	26 (24.5)	0.556
	No	62 (55.9)	94 (50.0)	63 (59.4)	
	Don't know	18 (16.2)	32 (17.0)	17 (16.0)	
Antibiotics are must for treating diarrhoea	Yes	18 (16.2)	38 (20.2)	31 (29.2)	0.019*
	No	14 (12.6)	30 (16.0)	23 (21.7)	
	Don't know	79 (71.2)	120 (63.8)	52 (49.1)	

*significant association.

Table 6: Bivariate analysis of association between marital status and misconception of diarrhoea (n=405).

Statement regarding misconception of diarrhoea		Marital status					p value
		Married	Unmarried	Widow/widower	Divorced	Separated	
Solid and semisolid food should not be given during diarrhoea	Yes	224 (77)	33 (67.3)	37 (64.9)	2 (100)	6 (100)	0.112
	No	56 (19.2)	16 (32.7)	19 (33.3)	0 (0)	0 (0)	
	Don't know	11 (3.8)	0 (0)	1 (1.8)	0 (0)	0 (0)	
Fluids should be stopped during diarrhoea	Yes	96 (33)	23(46.9)	14 (24.6)	1 (50)	0 (0)	0.145
	No	171(58.8)	25(51)	39 (68.4)	1 (50)	6 (100)	
	Don't know	24 (8.2)	1(2)	4 (7)	0 (0)	0 (0)	
Breast feeding should be stopped if infant suffers from diarrhoea	Yes	132(45.4)	20(40.8)	22 (38.6)	2 (100)	3 (50)	0.276
	No	129(44.3)	22(44.9)	22 (38.6)	0 (0)	2 (33.3)	
	Don't know	30(10.4)	7(14.3)	13 (22.8)	0 (0)	1 (16.7)	
Teething in children causes diarrhoea	Yes	166 (57)	23(46.9)	32 (56.1)	0 (0)	6 (100)	0.060
	No	90 (30.9)	14(28.6)	17 (29.8)	2 (100)	0 (0)	
	Don't know	35 (12)	12(24.5)	8 (14)	0 (0)	0 (0)	
Oral rehydration solution(ORS) packet is not useful in treating diarrhoea	Yes	86 (29.6)	17 (34.7)	14 (24.6)	0 (0)	0 (0)	0.067
	No	156(53.6)	26 (53.1)	30 (52.6)	1 (50)	2 (33.3)	
	Don't know	49 (16.8)	6 (12.2)	13 (22.8)	1 (50)	4 (66.7)	
Diarrhoea should not be treated as it resolves naturally	Yes	81 (27.8)	17 (34.7)	19 (33.3)	1 (50)	1 (16.7)	0.661
	No	160 (55)	28 (57.1)	26 (45.6)	1 (50)	4 (66.7)	
	Don't know	50 (17.2)	4 (8.2)	12 (21.1)	0 (0)	1 (16.7)	
Antibiotics are must for treating diarrhoea	Yes	67 (23)	10 (20.4)	9 (15.8)	0 (0)	1 (16.7)	0.491
	No	53 (18.2)	8 (16.3)	6 (10.5)	0 (0)	0 (0)	
	Don't know	171(58.8)	31 (63.3)	42 (73.7)	2 (100)	5 (83.3)	

Table 7: Bivariate analysis of association between religion and misconception of diarrhoea (n=405).

Statement regarding misconception of diarrhoea		Religion			p value
		Hindu	Muslim	Christian	
Solid and semisolid food should not be given during diarrhoea	Yes	213 (70.3)	41 (91.1)	48 (84.2)	0.011*
	No	80 (26.4)	4 (8.9)	7 (12.3)	
	Don't know	10 (3.3)	0 (0)	2 (3.5)	
Fluids should be stopped during diarrhoea	Yes	78 (25.7)	27 (60)	29 (50.9)	<0.001*
	No	200 (66)	18 (40)	24 (42.1)	
	Don't know	25 (8.3)	0 (0)	4 (7)	
Breast feeding should be stopped if infant suffers from diarrhoea	Yes	117 (38.6)	31 (68.9)	31 (54.4)	0.001*
	No	140 (46.2)	12 (26.7)	23 (40.4)	
	Don't know	46 (15.2)	2 (4.4)	3 (5.3)	
Teething in children causes diarrhoea	Yes	176 (58.1)	22 (48.9)	29 (50.9)	0.102
	No	82 (27.1)	20 (44.4)	21 (36.8)	
	Don't know	45 (14.9)	3 (6.7)	7 (12.3)	
Oral rehydration solution(ORS) packet is not useful in treating diarrhoea	Yes	71 (23.4)	25 (55.6)	21 (36.8)	<0.001*
	No	161 (53.1)	20 (44.4)	34 (59.6)	
	Don't know	71 (23.4)	0 (0)	2 (3.5)	
Diarrhoea should not be treated as it resolves naturally	Yes	86 (28.4)	13 (28.9)	20 (35.1)	0.175
	No	162 (53.5)	23 (51.1)	34 (59.6)	
	Don't know	55 (18.2)	9 (20)	3 (5.3)	
Antibiotics are must for treating diarrhoea	Yes	54 (17.8)	12 (26.7)	87 (21.5)	<0.001*
	No	40 (13.2)	16 (35.6)	67 (16.5)	
	Don't know	209 (69)	17 (37.8)	251 (62)	

*significant association

DISCUSSION

Diarrheal disease is the second leading cause of death in children under five years old. It is both preventable and treatable. Each year diarrhoea kills around 760 000 children under five. Worldwide diarrhoea is accounting for 9 per cent of all deaths among children under five years. Globally, there are nearly 1.7 billion cases of diarrheal disease every year. During a diarrheal episode, water and electrolytes are lost and if it is not replaced this will lead to dehydration. Many more children could be saved through basic interventions to improve drinking

water, sanitation and hygiene (WASH) for diarrhea prevention, and the widespread use of a simple solution of oral rehydration salts (ORS) and zinc supplementation during episodes of diarrhea.[2,6]

Present study showed that false beliefs are prevalent among general population. Rest the gut is commonly accepted as a treatment of diarrhea, which actually further deteriorates the condition of the dehydrating patient. According to NFHS-3 (2005-2006), only 26.2% children with diarrhea (in last 2 weeks) received ORS. In our study, it was found that 28.9% believed that ORS is not useful in diarrhea and nearly 75% people believe in withholding the solid and semisolid food. Another common belief is avoidance of fluids during diarrheal episode; it is due to the thinking that it will increase the diarrhea. It may be fatal for dehydrating patient specifically an under five child. For an infant less than six months it may be fatal to stop the breast feeding which is the only source of nutrition. Many children could be saved through basic interventions to improve drinking water, sanitation and hygiene for diarrhea prevention, and the widespread use of a simple solution of oral rehydration salts (ORS) and zinc supplementation during episodes of diarrhea.[5,6]

In a study conducted in Kenya, more than 70% of mother's decreased fluid intake during diarrhoea episodes which is comparable with the present study documented that 33% participants believed that fluids should be restricted. A study done by Merga et al in Ethiopia mentioned that 38.8% told liquid food aggravates diarrhoea.[1,7]

In a study done in Kenya documented that 90% withheld milk including breast milk with the notion that it enhances the diarrhoea. In our study, nearly half of the subjects (44.2%) believe that breast feeding should be stopped during diarrhoea. Similarly, in a study done in Ethiopia reported that participants felt feeding more breast milk was associated with occurrence of childhood diarrhoea. Merga et al documented that only 5% participants mentioned that breast milk should be provided during management of diarrhoea.[1,7,8]

In present study, it was found that about one third of the subjects believe that there is no need to treat a patient with diarrhea, as it resolves automatically. About 30% believe that ORS is not useful for treating the diarrhea and about 20% believe that antibiotics are must for management of diarrhea. Almost similar to our findings, a study conducted by Rasania et al in Delhi, found that 30% mothers didn't know the role of ORS during diarrhea, which reveals their lack of awareness and comparable with the current study findings that, nearly one third (28.9%) of the people reported that the ORS is not useful in treating diarrhea and 18% reported they don't know whether to give or not. Merga et al reported that only 13.7% told that ORS should be given during diarrhea. In a study done by Zwisler G et al, it was found that most of the caregivers who gave ORS, believed that the ORS would arrest their child's diarrheal episodes.[3,4,7]

Less number of illiterate people believed that antibiotics are necessary compared those who were educated till high school or above, it may be due to the lack of awareness about the treatment among illiterates and incorrect knowledge among educated.

In the present study, among the total participants women had better awareness regarding diarrheal management than men. In a study done by Rasania et al, 29.3% mothers had misconception about ORS use and it was very high among illiterate mothers. Similarly, Merga et al documented that mothers' knowledge regarding diarrhoea was low (20.2%).[3,7]

A study conducted by Mona et al reported that, 80.3% of the mothers believed teething causes diarrhoea that also coincided with a study done in Sudan (90%) and 71% in study done in Nigeria, which is comparable with this present study which showed 56% of people believed that teething is one of the cause of diarrhoea.[9-11]

CONCLUSION

Based on this study findings, there is a common misconceptions about diarrhoea was silently prevailing in this study area and majority of the people had false beliefs about diarrhea management. Nearly one third (33%) of people perceived fluids should be stopped during diarrhea. Dangerously 44.2% told breast feeding should be stopped and 28.9% reported ORS is not useful in diarrhea. 21.5% thought antibiotics are must during diarrhea.

Mothers or caretakers should be informed and make aware about the management of diarrhea by IEC activities. More emphasis is needed to create an awareness regarding importance of breast feeding during diarrhea and also about rational use of antibiotics. Interactive communication strategies and training sessions should be implemented for the health workers and caregivers to address perceptions and misconceptions and to facilitate constructive change in the household practice on management of diarrhoea among under-fives.

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