A need of mothers' awareness & knowledge about oral rehydration salt (ORS) in the aim to reduce childhood diarrhoeal mortality in Kamala village, India

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Early childhood diarrhoeal mortality

Dehydration

- Most severe & deadly consequence of acute childhood diarrhoea (WHO, 2008)

- Effective (clinical & cost), immediate & best home management: ORS (Rehydration Project, 2007)
Initiation in 1978 (Gareth et al., 2006)


Enhancement of maternal awareness & knowledge regarding ORS: Through Information, Education & Communication (IEC) activities
Significance of the study

- Acute childhood diarrhoea: ↑ Incidence & mortality cases in Kamala (Government of West Bengal, 2006)

- Poor access to minimum healthcare services in Kamala (Government of West Bengal, 2006)

- ORS usage rate in under-five children in India: 26% (IIPS, 2007)
Significance of the study

- Lack of community-based studies to assess the awareness of ORS among mothers (Jain et al., 2006)

- No formal study on assessing the awareness of ORS among mothers of under-five children in Kamala

- Improvement of existing health promotion Programmes + Initiation of new programmes
Awareness of ORS: A cross-sectional study

Study design
Cross-sectional study: Complete census of the study population

Study participants
Mothers of under-five children in Kamala village, West Bengal, India
24 mothers of under-five children: Interviewed

Data collection tool
Pre-designed, translated (into Bengali) & pre-tested quantitative (structured) questionnaire
Kamala village
Interview session
Results

24 mothers of under-five children

18 mothers: Were aware of ORS (standard pre-packed formula sachets to make 1 liter of solution)

- 12 mothers: Boiled water cooled in a clean pot should be used for preparing an ORS solution
- 2 mothers: 1 liter of water should be added to a standard packet of ORS

Correct dilution of ORS: Essential for rehydration & prevention of hyponatremia, hypernatremia or osmotic diarrhoea (Editorial, 1978; Santosham et al., 1991; Meyers, 1995; Ireland, 1997; & Nazarian, 1997)
Results (2)

24 mothers of under-five children

- 4 mothers: ORS solution should be used within 24 hours of its preparation

- 4 mothers: ORS solution should be administered till a child drinks it after an episode of acute diarrhoea & should not be administered if the child refuses it

  Child’s thirst prevents over-hydration except in patients with shock (Avery, 1999)

- 11 mothers: ORS solution should be administered until diarrhoea of the child stops: Indicates poor knowledge about the function of ORS solution

  Function of ORS solution: To rehydrate (& not to stop diarrhoea, which stops by itself) (Rehydration Project, 2007)
Results (3)

Sources of information about ORS

- Medical Doctors: 11
- Female Health Workers: 9
- Radio: 6
- Television: 4
- Newspaper: 1
- Friends & Relatives: 11
Conclusion

- Awareness of ORS: Among many mothers of under-five children
- Exact knowledge of ORS solution preparation & administration: Unsatisfactory
- Effectiveness of relevant national health promotion programmes: ?
- Reevaluation, implementation & strengthening of the content & method of imparting these programmes
Thank You!