



RESEARCH ARTICLE

KNOWLEDGE AND ATTITUDE ASSESSMENT REGARDING PREVENTION OF WATER BORNE DISEASES AMONG MOTHERS OF PRESCHOOLERS OF SELECTED COMMUNITY AREA KOLLAM

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ABSTRACT

Developing countries carry a heavy burden of water related diseases, the heaviest being of the diarrheal diseases in preschoolers. The aim of the study to assess the knowledge and attitude regarding prevention of water borne diseases among mothers of preschoolers. A descriptive observational study was conducted in 2016 in kollam community area The criteria for the evaluation was mothers of preschoolers, from the total population of mothers, from that 2% mother had adequate knowledge, 52% had moderately adequate knowledge and 46% had inadequate knowledge and 50% mothers had positive attitude, 50% had negative attitude regarding prevention of water borne diseases. The findings suggest that a high frequency of mothers had poor knowledge regarding prevention of water borne diseases.

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INTRODUCTION

Water Born Diseases refers that diseases caused by pathogenic microorganism that most commonly are transmitted through contaminated fresh water. Infection commonly result during drinking, bathing, preparation of food and consumption of food thus infected. The term "waterborne disease" is reserved largely for infections that predominantly are transmitted through contact with or consumption of infected water. Trivially, many infections may be transmitted by microbes or parasites that accidentally, possibly as a result of exceptional circumstances, have entered the water, but the fact that there might be an occasional freak infection need not mean that it is useful to categorise the resulting disease as "waterborne". Nor it is common practice to refer to diseases such as malaria as "waterborne" just because mosquitoes have aquatic phases in their life cycles, or because treating the water they inhabit happens to be an effective strategy in control of the mosquitoes that are the vectors. Man's health may be affected by the ingestion of contaminated water either directly or through food and by use of contaminated water for the purpose of personal hygiene. The term water related diseases include classical water borne diseases. (Jerry Esibiya et al.) Water-borne

diseases are caused by pathogenic micro organism which is directly transmitted when contaminated fresh water is consumed. According World Health Organization, diarrheal disease accounts for an estimated 4.1% of the total daily global burden of disease and is responsible for the deaths of 1.8 million people every year. It was estimated that 88% of that burden is attributable to unsafe water supply. Sanitation and hygiene and is mostly concentrated in children in developing country.

Objectives

The objectives of the study were to:-

1. Assess the knowledge regarding water borne diseases among mothers of preschoolers residing at Bishop Benziger Community Health Centre-area.
2. Assess the attitude regarding prevention of water borne diseases among mothers of preschoolers residing at Bishop Benziger Community Health Centre-area.
3. Find the association between the knowledge and selected demographic variables.
4. Find the association between the level of attitude and selected demographic variables.

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MATERIALS AND METHODS

A Descriptive study with Quantitative Research Approach was adopted and the study setting was in Bishop Benziger Community Health Centre, Kollam. The Population consists of mother of preschoolers residing in Bishop Benziger Community Health Centre area and the samples consists of 100 mothers of preschooler according to the convenience. The data was collected after obtaining administrative approval and consent from the director of hospital, medical officer of Bishop Benziger Community Health centre area Kollam. The subjects were selected based on inclusion and exclusion criteria Questioning technique was used to select the sample. The preschoolers mothers were selected and explained the purpose of the study. The investigators introduced themselves, requested full participation and assured them of the confidentiality of their responses. A total of 100 samples were selected for the study group the duration of the study was 1 week. Study findings were assessed by using the same tool. The data will be analysed in terms of objectives of the study using descriptive and inferential statistics include maximum frequency, standard deviation and chi-square to determine the association between knowledge and attitude of waterborne diseases among mothers of preschoolers. The data in this Table 1 indicate that majority (55%) samples belongs to the age group of 26 – 30 years. A few of the samples belongs to 31- 35 years that is 20%.

Table 1. Distribution of the frequency and percentage of mothers of preschoolers according to their age

(N=100)

Age in years	Frequency	Percentage (%)
20 – 25	25	25 %
26 – 30	55	55%
31 – 35	20	20%

Table 2. Chi-square showing the association between the knowledge and selected

Sl.no	Selected demographic variables	Level of knowledge			Chi-square	DF	Level of significance
		G	A	P			
1	Age				30.98	4	S
	20-25	1	6	18			
	26-30	1	40	14			
	31-35	0	6	14			
2	Type of family				10.27	4	S
	Nuclear family	2	27	31			
	Joint family	0	15	15			
	Extended joint family	0	10	0			
3	Occupation of Father				4.18	4	NS
	Employed	2	42	36			
	Self-employed	0	5	5			
	Un employed	0	5	5			
4	Occupation of mother				32.37	4	S
	Employed	2	5	3			
	Self-employed	0	20	5			
	Unemployed	0	27	38			
5	Type of drinking water source				12.69	2	S
	Pipe	2	48	29			
	Well	0	4	17			

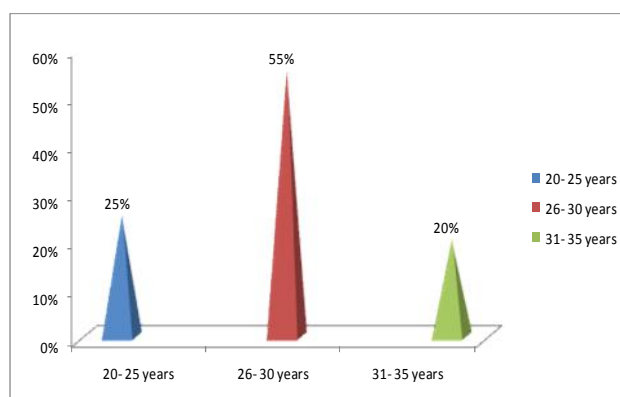
S=Significant, NS=Non significant

The analysis shows that there is a significant association between knowledge with Age, Type of family, occupation of

mother, Type of drinking water source and there is no significant association with Occupation of father.

RESULTS

The study concluded that the 2 mothers (2%) have good knowledge, 52 mothers (52%) have average level of knowledge and 46 mothers (46%) had poor knowledge regarding prevention of water borne diseases. Among the samples 50 mothers (50%) had positive attitude, 50 mothers (50%) had negative attitude regarding prevention of water borne diseases. This study also concluded that there is a significant association between knowledge and selected demographic variables such as age, type of family, occupation of mother and type of drinking water source. There is a significant association between attitude and selected demographic variables such as age, type of family, occupation of father, occupation of mother.



DISCUSSION

The main aim of the study is to assess the knowledge and attitude regarding prevention of water borne diseases among mothers of preschoolers residing at Bishop Benziger Community health centre area.

Objectives

The objectives of the study were

1. To assess the knowledge regarding water borne diseases among mothers of preschoolers residing at Bishop Benziger Community health centre –area.
2. To assess the attitude regarding prevention of water borne diseases among mothers of preschoolers residing at Bishop Benziger Community Health Centre area.
3. To determine the association between the knowledge and selected demographic variables.
4. To determine the association between the level of attitude and selected demographic variables.

The first objectives is to assess the knowledge of samples regarding water borne diseases among them 2% showed good knowledge, 52% showed average level of knowledge and 46% showed poor knowledge. The second objective was to assess the attitude regarding water borne diseases. Among them 50% showed negative level of attitude. Chi-square was computed to determine the association between the knowledge and selected demographic variables, such as age, type of family, occupation of father, occupation of mother and type of drinking water

source and it showed that age, type of family, occupation of mother and type of drinking water have significant association with knowledge at 0.05 level of significance as the calculated value is less than the tabulated value. Chi-square was computed to determine the association between level of attitude and selected demographic variables such as age, type of family, occupation of father, occupation of mother, have significant association with attitude at 0.05% level of significance as the calculated value is greater than tabulated value but the type of drinking water source has no significant association with attitude at 0.05% level of significance as the calculated value is less than the tabulate value.

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