

**KNOLEDGE, ATTITUDE AND A WERNESS ON DIARRHOEA
AMONG SECONDARY SCHOOL STUDENTS OF
ITAHARI MUNICIPALITY.**

By

Ram Prasad Dhital

Exam Roll No: 2140291/066

T.U. Regd. No.: 29551-93

A Thesis

Submitted to Health and Population Education Department

**Partial Fulfillments of the Requirements for Master's Degree in Health
Education**

**TRIBHUVAN UNIVERSITY
FACULTI OF EDUCATION
SUKUNA MULTIPLE CAMPUS
INDRAPUR MORANG**

JULY, 2011

Recommended

It is recommended that Mr. Ram Prasad Chital has successfully completed his dissertation work entitled "**Knowledge, Attitude and Awareness on Diarrhea Among Secondary School Student's of Itahari Municipality**" Sunsari District for partial fulfillment of M.Ed. Degree in Health Education under my supervision.

I recommended this work for approval.

Recommended by

.....

Mr. Krishna Prasad Bhurtel

Faculty of Health Education

Sukuna Multiple Campus

Indrapur, Morang

Date: 2068/07/10

APPROVAL SHEET

This thesis entitled "**Knowledge, Attitude and Awareness on Diarrhea Among Secondary School Student's of Itahari Municipality**" Sunsari District submitted by Ram Prasad Dhital, in Partial fulfillment of the requirements for the master's Degree in Health Education has been approved.

Thesis Evaluation Committee

1. Mr. Hari Bahadur Khatri, Lecturer

Head, Department of Health

And Population Education

Sukuna Multiple Campus Indrapur, Morang

2. Mr. Krishna Prasad Bhurtal, Taching Ass.

Department of Health,

And Population Education

Sukuna Multiple Campus Indrapur, Morang

3. Prof. Dr. Shyam Krishna Mahajan

Health and population Education

Subject: committee, T.U. Kirtipur

Vava Date : 2068/08/

ACKNOWLEDGEMENT

First of all, I would like to express my sincere appreciation and deepest gratitude to Mr. Krishna Prasad Bhurtel, teaching staff of Health and Physical Education Department, Sukuna Multiple Campus Morang, for his supervision and guidance during the research work and in the process bringing the work in to the present form.

I would like to express my gratitude and thanks to lecturer Mr. Hari Bahadur khatri, head of Health and Physical Education Department, Sukuna Multiple Campus, for his precious suggestions and encouragement through the research work.

I am very thankful to campus chief Mr. Pitkumar Shresth, for his cooperation during research work. I would like to thank, Mr. Nar Bahadur B.K. and all other teaching staff of the department, for their valuable suggestion and cooperation.

I also express my gratitude and appreciation, to all the respondent, headmaster and teachers, of respective schools, for giving permission, cooperation and suggestion whenever I needed.

I can't remain without thanking to my mother, sister, brother and my wife Mrs. Mandira Dhital, they helped me financial support and encouragement for the research work.

At last, I would like to thank Mr. Ganesh Khatiwada for the computer operation, designing, editing and printing this thesis work promptly.

December 2011
Dhital.

Ram Prasad

ABSTRACT

This is a field-based study to reflect the picture of knowledge, attitude and awareness of secondary school students regarding diarrhea in selected school of Itehari municipality of Sunsari district. This study is mainly based on the primary data, collected from six government secondary school of Sunsari district in 2011, which include 200 students of grade 10 out of 700 was taken for the sample size, Among them 96 (48%) are the male and 104 (52.0%) are the female, by adopting systematic random sampling method.

The objectives of the study were, to awareness the community about their health problems and encourage solving their problem by themselves, to identify knowledge and attitude of the ten graders on diarrhea, to examine the students' knowledge, about mode of transmission and preventive measure. To carry out effectively, semi-structured questionnaire was designed for the quantitative data collection. Most of the questions were pre coded and some open question had also been included in the questionnaire. The questionnaire was pre tested to 5% students in the same type school. After the pre-testing and suggestions from supervisor, some modifications were made on previous questionnaire and finalized them.

Knowledge on diarrhea is universal. Almost all (91.5%) respondents know about the symptoms of diarrhea. Most of all known about the preventive measure of diarrhea. Majority of them, know the transmitting rout (63.5%) of the diarrhea. Most of them were know about the treatment process, by providing Jeevan-Jal (29%) and salt+sugar+water (58.5%) for the diarrheas patient. The main sources of information are the radio and television. That means mass-media plays a vital role in creation awareness on diarrhea. Majority of the respondents have positive attitude towards love and affection, which is needed for infected person.

Various INGOs and NGOs have been working intensively against health program but findings of this study do not agree with the effectiveness of the program. The knowledge and attitude of the students in secondary level towards diarrhea seems to, not enough. To develop high level of knowledge, special care should be given in designing course and including the content about it.

It is recommended that, the perceptions perceived by the respondents can be considered as the entry point for the planners and policy makers relating to these matters.

TABLE OF CONTENT

	No:	Page
COVER PAGE		
LETTER OF RECOMMENDATION		
I		
APPROVAL SHEET		
II		
ACKNOWLEDGEMENT		
III		
ACRONYMS		
IV		
ABSTRACT		
V		
TABLE OF CONTENT		
VI		
LIST OF TABLES		
VII		
LIST OF FIGURE		
VIII		
CHAPTER-ONE: INTRODUCTION		
1-12		
1.1	Background of the study.	
	1	
1.2	Statement of the problems.	
	8	
1.3	Rational of the study.	
	9	
1.4	Objective of the study.	
	10	
1.5	Delimitation of the study.	
	11	
1.6	Definition of the terms used.	
	11	

**CHAPTER –TWO: REVIEW OF RELATED LIT
13-23**

2.1 Introduction of literature review.
13

2.2 Conceptual framework.
13

**CHAPTER-THREE: METHODOLOGY
14-26**

3.1 Research design.
24

3.2 Source of data.
24

3.3 Sampling procedure.
24

3.4 Sample size.
25

3.5 Construction of the tools:
25

3.6 Validation / standardization of the tools.
25

3.7 Data collection procedure.
26

3.8 Data analysis and interpretation procedure.
26

**CHAPTER- FOUR: ANALYSIS AND INTERPRETATION OF DATA
27-51**

4.1 Demographic and socio-economic characteristics
27

4.1.1 Age and Sex Composition 28

4.1.2 Religion.
29

4.1.3 Cast of respondents.
30

4.1.4	Parental						education
31							
4.1.5	Parental						occupation
32							
4.1.6	Family						size
33							
4.1.7	House		holds				facilities.
34							
4.1.8	Source of information.						
35							
4.2	Personal		hygienic				character.
36							
4.2.1	Bath		and				Brush.
36							
4.2.2	Types	of	toilet	and	hand	wash	habit
37							
4.2.3	Garbage		disposal				/management.
38							
4.2.4	Source	of	drinking	water	and	using	habit.
38							
4.2.5	Distance	between	source	of	water	and	Toilet.
39							
4.2.6	Types	of	houses	and	ventilation		system.
40							
4.2.7	Treatment		and	relation		to	hospital.
40							
4.3	Knowledge			on			diarrhea
41							
4.3.1	Hearing			on			diarrhea.
41							

4.3.2	Types	of	disease.
42			
4.3.3	Knowledge	on	symptoms of diarrhea.
43			
4.3.4	Causative	agent	of diarrhea.
44			
4.3.5	Mode	of	transmission.
45			
4.3.6	Major	transmitting	route.
45			
4.3.7	Preventive		measure
46			
4.3.8	Treatment	of	diarrhea (first aid)
46			
4.4	Attitudes	towards	diarrhea
47			
4.4.1	Diarrheas		problems.
47			
4.4.2	Attitude towards the curative measure.		
48			
4.4.3	Attitude	towards	various statements
49			
4.4.4	About communicable or non communicable.		
49			
4.4.5	Awareness	of	health problem.
50			
4.4.6	Sanitary		environments.
50			
4.4.7	Health		program.
51			

**CHAPTER- FIVE: SUMMARY, FINDINGS, CONCLUSION AND
RECOMMENDATION**

52-57

5.1 Summary

52

5.2 findings

53

5.3 Conclusions

55

5.4 Recommendations

56

5.4.1 General

recommendation

56

5.4.2 Recommendation

for

the

further

research.

57

REFERENCES

I-III

APPENDICES

IV-

XII

-APPENDIX-I

IV-X

-APPENDIX-II

XI

-APPENDIX-III

XII

LIST OF TABLES

Table No No.	Page
1. Organism detected in the stool sample.	21
2. Age wise distribution of diarrhea in Jajarkot district. 21	
3. Ethnicity distribution of diarrhea causes in Jajarkot districts. 22	
4. Distribution of Respondents according to School, No of students, sex ratio. 28	
5. Distribution of Respondents according To Age Sex. 29	
6. Distribution of Respondents by religions. 30	
7. Distribution of Respondents by casts. 31	
8. Distribution of Respondents by Parental education. 32	
9. Distribution of Respondents according to parental occupation. 33	
10. Distribution of Respondents according to family size. 34	
11. Distribution of Respondents according to House holds facilities. 35	
12. Distribution of Respondents according to Source of information. 36	
13. Distribution of Respondents according to Personal hygienic character. 37	

14. Distribution of Respondents according to types of toilet and hand wash.
38
15. Distribution of Respondents according to garbage disposal.
39
16. Distribution of Respondents according to Source of drinking water.
40
17. Respondents according to distance between sources of Water and toilet.
40
18. Distribution of Respondents according to Types of houses and ventilation system.
41
29. Distribution of Respondents according to treatment and relation to hospital.
41
20. Distribution of Respondents according to Hearing on diarrhea.
43
21. Distribution of Respondents according to Types of disease.
44
22. Distribution of Respondents according to Knowledge on symptoms of diarrhea.
45
23. Respondents Knowledge on symptoms of diarrhea.
45
24. Distribution of Respondents according to Causative agent of diarrhea.
46
25. Distribution of Respondents according to Mode of transmission of diarrhea.
47
26. Distribution of Respondents about Major transmitting root of diarrhea.
47
27. Distribution of Respondents according to Preventive measure.
48
28. Distribution of Respondents according to Treatment of diarrhea (first aid).
49

29. Distribution of Respondents according to Diarrheas problems.
50
30. Respondents Attitude towards the curative measures.
50
31. Respondents Attitude towards the various statements.
51
32. Respondents view about communicable or non communicable disease.
51
33. Distribution of Respondents about Awareness of health problem.
52
34. Distribution of Respondents about Sanitary environments.
52
35. Distribution of Respondents about Health programmed.
53

LIST OF FIGURE

Figure No		Page
No.		
1.	Total students of ten grades from different school.	
	29	
2.	Distribution of Respondents according to Age and Sex.	
	30	
3.	Distribution of Respondents by religions.	
	31	
4.	Distribution of Respondents by cast.	
	32	
5.	Distribution of Respondents by Parental education.	
	33	
6.	Distribution of Respondents according to family size.	
	34	
7.	Distribution of Respondents according to parental occupation.	
	35	
8.	Distribution of Respondents according to House holds facilities.	
	36	
9.	Distribution of Respondents according to Bath and Brush.	

ACRONYMS

AD- Anno Domini.

AIDS- Acquired Immune Deficiency Virus.

AR- Attack Rate

ARI- Acute Respiratory Infections

B.S- Bikram Sambat.

CFR- Case fatality Ratio

DHO- District Health Office.

EDCD- Epidemiology and Disease Control Division

GHDR-Global Human Development Report

HDI- Human Development Index

HDR- Human Development Report

HIV-Human Immune Virus.

HMG- His Majesty Government

IFRC- International Federation of Red Crescent.

IMR-Infant mortality rat

INGO- International Non Government Organization.

J- Journal.

LBW- Low Birth Weight.

LTETEC- Enterotoxaemia Escherichia coli producing heat-labile toxin

MCH- Maternal Child Health.

M.Ed- Masters of Health.

MMR- maternal mortality rate

MOH- Ministry of Health.

NCHS- National Child Health Service.

NDHS- Nepal Demographic and Health Survey

NGO- Non Government Organization.

NPA- National Plan of Action

NRCS- Nepal Red Cross Society.

ORS- Oral rehydration solution

ORT- Oral rehydration therapy

RPG- Rapid population growth

T.B- Tuberculosis.

TU- Tribhuvan University.

UN- United Nation.

UNICEF- United Nations Children Fund.

USSR- Union of Soviet Socialist Republication.

VDC- Village Development Committee.

WHO- World Health Organization.