

Caregivers' Knowledge, Attitude and Practice towards the use of Oral Rehydration Salt in Children with Diarrhoea: Insights from Ola During Children's Hospital, Freetown, Sierra Leone

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Abstract

Background: Diarrhoeal disease remains a significant global public health concern, ranking second only to pneumonia as a leading cause of mortality in children under the age of five. Simple home management of diarrhea using oral rehydration solution (ORS) could have prevented dehydration that accounts for 60-70% of deaths in children with diarrhea. This study aimed to assess the knowledge, attitude and practice of child caregivers towards the use of oral rehydration salt in treating children with diarrhea.

Methods: Institutional based cross-sectional study was conducted at the pediatrics general wards of Ola During Children's hospital. Data was collected using a structured questionnaire and was entered and analysed using the Statistical Package for Social Sciences (SPSS) version 25.0 for IBM. Frequencies and percentages were used to describe descriptive data and the results were presented using tables and figures. The association between univariate factors and caregivers'

knowledge, attitude and practice towards the use of ORS in children, were evaluated using chi square or Fisher's exact test as appropriate. The level of significance was set at $p < 0.05$ in all the statistical analyses.

Results: A total of 120 caregivers participated in the study. From the total 120 caregivers, 98 (81.7%) of them had good knowledge, and almost half (53; 44.2%) had a good attitude about the use of Oral Rehydration Salt in children with diarrhea. Regarding their practice, 67 (55.8%) caregivers had good practice towards ORS use among their children having diarrhea.

Conclusion: The study found that while caregivers generally had good knowledge and practice regarding ORS use, their attitude was poor. Regular educational interventions should be implemented to enhance caregivers' understanding of diarrhea management and the importance of ORS utilisation.

Keywords: Knowledge, Attitude, Practice, Oral Rehydration Salt, Diarrhoea, Caregivers

Abbreviations

KAP	Knowledge Attitude and Practice
ODCH	Ola During Children Hospital
ORS	Oral Rehydration Solution
SPSS	Statistical Package for the Social Sciences

Introduction:

Diarrhoeal disease remains a significant global public health concern, ranking second only to pneumonia as a leading cause of mortality in children under the age of five (Ogunrinde OGRT et al, 2012). Every year, an estimated 73,700 children under the age of five years die because of diarrhea, with most of these deaths occurring in sub-Saharan Africa (Mengistie B et al, 2012; Kumar S et al, 2012; WHO, 2024). Sierra Leone is no exception, with diarrhea listed among the leading cause of childhood mortality in the country. According to the 2021 WHO statistics, diarrhea accounts for 64.38 deaths per 100,000 under-fives in Sierra Leone (WHO, 2021).

In response, the Sierra Leonean government, in collaboration with partner organisations, has implemented various initiatives to combat diarrhea related morbidity and mortality. These initiatives include the

promotion of Oral Rehydration Solution (ORS) in preventing dehydration that accounts for 60-70% of deaths in children, making ORS a critical intervention (Osborne A et al, 2024; Mengistie B et al, 2012).

Oral Rehydration Solution (ORS) is a widely recognized, cost-effective approach to preventing dehydration and related complications associated with diarrhea (WHO, 2024). It plays a crucial role in diarrhea treatment and is a life-saving intervention (Lemma F et al, 2014). The proper use of ORS could prevent over 1.5 million fatalities per year or 15% of all deaths in children under the age of five during diarrhea illnesses (Blum LS et al, 2011).

Despite its proven efficacy, studies indicate that ORS utilization rates remain suboptimal, largely due to knowledge gaps, misconceptions, and inconsistent practices among caregivers (UNICEF, 2024). Understanding caregivers' knowledge,

attitude, and practice (KAP) towards the use of ORS in children with diarrhea, is essential to improve ORS adoption and reduce diarrhea-related mortality. This study was therefore conducted to assess the knowledge, attitude, and practice (KAP) of caregivers regarding ORS use in managing childhood diarrhea at Ola During Children's Hospital (ODCH).

Materials and methods

Study design, duration and population

A descriptive cross-sectional study design was utilized in this study among caregivers of children admitted into the general pediatric wards at ODCH, between May and June, 2024; using a non-probability convenience sampling method. Participation in the study was voluntary.

Children's caregiver referred to any one person who was a guardian or a parent, either biologically or not, and had the authority to make healthcare decisions about the child's

health. Any participant who did not meet those criteria or could not provide the required information for the study, were excluded.

Study setting

This study was conducted at Ola During Children's Hospital (ODCH), a government hospital located in the densely populated Eastern part of the Western Area Urban, Freetown, Sierra Leone. The hospital is a tertiary referral paediatric hospital and a part of the University of Sierra Leone Teaching Hospitals Complex. It has a 164 in-patient bed capacity and equipped with facilities for neonatal care, emergency room, high dependency unit, paediatric intensive care unit, oncology unit, therapeutic feeding center and two general wards.

Measurement and data collection procedure

Data was collected using a structured questionnaire by three trained data collectors who are medical interns with bachelor's

degree in medicine and surgery through face-to-face interview. The data collectors were responsible for the completeness and consistency of data at the site. The questionnaire comprised of four (4) sections. The first part contains questions about the socio-demographic characteristics of caregivers. The second part consisted of five questions to assess the knowledge of the participants. The third and fourth parts consist of five and nine questions to assess the attitude and practice of the study participants respectively.

Operational definition of terms

- **Diarrhoea:** the passage of three or more loose or liquid stools per day
- **Dehydration:** the loss of water from the body, as a result of diarrhea.
- **Good attitude:** study participant who correctly answered above the mean score of the attitude questions, was considered as having a good attitude.

- **Good knowledge:** study participant who correctly answered above the mean score of the knowledge questions, was considered as having good knowledge.
- **Good practice:** study participant who correctly answered above the mean score of the practice questions, was considered as having good practice.
- **Oral Rehydration Salt (ORS):** A solution used for the replacement of water and salt lost during diarrhea.
- **Poor attitude:** study participant who correctly answered below the mean score of the attitude questions, was considered as having poor attitude.
- **Poor knowledge:** study participant who correctly answered below the mean score of the knowledge questions, was considered as having poor knowledge.
- **Poor practice:** study participant who correctly answered below the mean score of

the practice questions, was considered as having poor practice.

• **Rehydration:** replacement of fluid.

Ethical considerations

Permission for the study was obtained from the management and the research committee of Ola During Children's hospital. Written informed consent (by signature or thumbprint) was obtained from those who volunteered.

Data Analysis

Data was entered into the Statistical Package for Social Sciences (SPSS) version 25.0 for IBM electronic spreadsheet. Frequencies and percentages were used to describe descriptive data and the results were presented using tables and figures. The association between univariate factors and caregivers' knowledge, attitude and practice towards the use of ORS in children, were evaluated using chi square or Fisher's exact test as appropriate. The level

of significance was set at $p < 0.05$ in all the statistical analyses.

Result

Socio-demographic characteristics of caregivers

A total of 120 caregivers participated in the study. The mean age of the caregivers was 27.8 [SD $\pm$ 4.7] and majority (42; 35%) were between the ages of 25 and 29 years. Almost all caregivers were females (119; 99.2%) and 76 (63.3%) of them were Muslims. Ninety-two (76.6%) of the participants have had a formal education with 61 (50.8%) having at least secondary level of education. The majority of the caregivers 84 (70.0%) were employed and more than half of them were urban residents (Table 1).

Concerning partner's socio-demographic status, 88 (73.4%) of the caregivers reported that their partners have at least secondary level of education. In occupational status of partners, 114(95.0%) were employed and

over two-thirds earn above 1000 Leones monthly income (Table 1).

Knowledge of caregivers about the use of Oral Rehydration Salt in Children with Diarrhoea

Most caregivers 92(76.7%) said ORS should be started soon after the first/second motion of watery stool noticed, followed by 11(9.2%) caregivers whose opinion was to start ORS after two days of watery stool. Forty-seven caregivers (39.2%) said ORS should be administered after each bowel motion and 39(32.5%) did not know when ORS should be administered (Table 2). All study participants reported that they have heard about ORS, but only 74(61.7%) correctly answered the question on the purpose of ORS (Table 2).

Attitude of child caregivers towards the use of Oral Rehydration Salt in Children with Diarrhoea

Sixty-one (50.8%) of the study participants thought that ORS is the mainstay for the

treatment of diarrhea, and 95 (79.1%) agreed that whenever their child gets diarrhea additional food and fluid should be given. The majority (78; 65%) disagreed that feeding a child with diarrhea will aggravate the disease, and similar proportion also disagreed that homemade oral rehydration solution is an effective alternative to ORS (70; 58.3%); and diarrhoea can be effectively treated at home with sugar and salt solution (79; 65.8%). (Table 3)

Practice of child caregivers towards the use of Oral Rehydration Salt in Children with Diarrhoea

Of the total participants, 86 (71.7%) had experienced with ORS use. Among those who ever used ORS, 81 (94.2%) have the practice of using ORS only for 24 hours after it has been reconstituted. Thirty-six (41.7%) caregivers prepared ORS correctly by adding one ORS sachet to 1000 ml of water, and the majority (48; 56.7%) use pipe-borne water

that has not been previously boiled and cooled to mix the ORS. After reconstitution, only 30 (34.1%) of caregivers gave the solution after the passage of every loose stool, while most of them 44 (52.5%) gave as much ORS as their child could drink. (Table 4)

Overall, Knowledge, Attitude and Practice of caregivers towards the use of Oral Rehydration Salt in Children with Diarrhoea

Of the total 120 caregivers, 98 (81.7%) of them had good knowledge, and almost half (53; 44.2%) of them had a good attitude about the use of Oral Rehydration Salt in children with diarrhea. Additionally, 67 (55.8%) of caregivers were found to have good practice towards ORS use among their children having diarrhea. (Figure 1)

Factors associated with caregivers' knowledge, attitude and practice towards the use of Oral Rehydration Salt in Children with Diarrhoea

Lower educational status and residence within rural settings, were consistently among the socio-economic factors of caregivers which were significantly associated with poorer knowledge, attitude and practice towards the use of ORS in their children having diarrhea disease. Additionally, there was significant association of caregivers' age with the practice of ORS utilisation; implying younger care givers had poorer practice with ORS in managing diarrhea. (Tables 5-7)

Discussion

This study has assessed caregivers' knowledge, attitude, and practices towards the use of Oral Rehydration Salt in Children with Diarrhoea at Ola During Children's hospital, Freetown, Sierra Leone. The results indicated that while most respondents had good knowledge (81.7%) and good practice (55.8%), their overall attitude towards ORS use was poor (44.2%).

The high level of knowledge observed in this study aligns with findings from Ethiopia (Yimenu DK et al, 2022) 65% and Nigeria (Ugwu J et al, 2019) 69.3%, but surpasses reports from Iran (Ghasemi AA et al, 2013) 28.8% and Botswana (Mosweu GJ, 2018) 32%. Consistent with a study in Nigeria (Momoh FE et al, 2022), a significant proportion of respondents (61.7%) understood that ORS replenishes lost body salts, and fluids during diarrhea. Additionally, 76.7% were aware of when to

initiate ORS after the onset of diarrhea, like other research findings (Dawit D et al, 2017; Yimenu DK et al, 2022). Notably, all participants had heard of ORS, which likely contributed to their strong knowledge base, with healthcare providers being the primary source of information.

Despite their knowledge, caregivers exhibited a poor attitude toward ORS use, which is comparable to findings from Ethiopia (Workie HM et al, 2018). In this study, most respondents did not believe diarrhea could be effectively managed at home using a homemade sugar-salt solution, a misconception also observed in another hospital-based study (Yimenu DK et al, 2022). This highlights the need for further education of caregivers on the role of homemade oral rehydration solutions in preventing or delaying the onset of dehydration, especially in situations where commercial ORS is unavailable.

In terms of practice, most caregivers demonstrated good ORS utilisation, consistent with findings from other studies (Dawit D et al, 2017; Yimenu DK et al, 2022) but differing from some reports (Desta BK et al, 2017; Workie HM et al, 2018). This variation could be attributed to differences in education levels, awareness, and frequent health education provided in areas with high prevalence of under-five diarrhea diseases. Most respondents correctly identified the recommended volume of water for mixing ORS, when to start administration, and how long the solution remains effective findings that align with other studies (Ansari M et al, 2012; Saurabh S et al, 2014; Bham SQ et al, 2015; Dawit D et al, 2017).

Higher educational attainment and residence in urban areas were significantly associated with better knowledge, attitude, and practices regarding ORS use. This may be because

more educated caregivers are likely to have better employment opportunities and live within urban areas, affording them access to healthcare services and information. Consequently, their overall health-related knowledge, attitude and practice are positively influenced.

Conclusion and Recommendation

The study found that while caregivers generally had good knowledge and practice regarding ORS use, their attitude was poor. Educational level and place of residence were significant factors influencing knowledge, attitude, and practice. Regular educational interventions should be implemented to enhance caregivers' understanding of diarrhea management and the importance of ORS utilization.

Limitation of the study

Since this study used a cross-sectional design with self-reported data, there is a possibility of under-reporting. Some caregivers may have experienced recall bias, affecting the accuracy and reliability of the findings.

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Table 1: Distribution of socio-demographic variables of the study participants

Characteristics	Frequency (N=120)	Percentage
Age (years)		
<20	6	5.0
20-24	30	25.0
25-29	42	35.0
30-34	25	20.8
≥35	17	14.2
Sex		
Female	119	99.2
Male	1	0.8
Residence		
Western Urban	68	56.7
Western Rural	52	43.3
Religion		
Muslim	76	63.3
Christian	44	36.7
Marital status		
Married	91	75.8
Single	26	21.7
Others	3	2.5
Tribe		
Temne	61	50.8
Mende	18	15.0
Limba	10	8.3
Fullah	10	8.3
Creole	9	7.5
Soso	6	5.0
Madingo	6	5.0
Level of education		
No formal education	28	23.3
Primary	31	25.8
Secondary	51	42.5
Tertiary	10	8.3
Occupation		
Housewife	25	20.8
Merchant	75	62.5
Private employee	3	2.5
Government employee	6	5.0
Student	11	9.2
Income		
<500Le	43	35.8
500-1000Le	36	30.0

>1000Le	41	34.2
Partner's age (years)		
20-24	7	5.8
25-29	12	10.0
30-34	39	32.5
≥35	62	51.7
Partner's level of education		
No formal education	19	15.8
Primary	13	10.8
Secondary	59	49.2
Tertiary	29	24.2
Partner's occupation		
Unemployed	6	5.0
Merchant	23	19.2
Government employee	26	21.7
Private employee	65	54.1
Partner's income		
<500Le	10	8.3
500-1000Le	14	11.7
>1000Le	96	80.0

Table 2: Knowledge of caregivers about the use of Oral Rehydration Salt in Children

Variable	Category	Frequency	Percentage
Do you know ORS?	Yes	120	100.0
	No	0	0.0
The purpose of ORS?	To stop diarrhea	12	10.0
	Reduce the duration of diarrhea	18	15.0
	Replace the body's salts and water, lost in diarrhea	74	61.7
	Prevents diarrhea	14	11.6
	I do not know	2	1.7
ORS is given with?	Feeding bottle	15	12.4
	Cup and spoon	99	82.5
	Others*	2	1.7
	I do not know	4	3.4
How soon should the use of ORS start?	After two days of watery stool	11	9.2
	After three days of watery stool	7	5.8
	Soon after the first/second motion of watery stool noticed	92	76.7
	I do not know	10	8.3
When should ORS be administered?	Every hour	25	20.8
	After each bowel motion	47	39.2
	After vomiting	6	5.0
	Anytime, to prevent diarrhea before it starts	3	2.5
	I do not know	39	32.5

*Syringe

Table 3: Attitude of child caregivers towards the use of Oral Rehydration Salt in Children

Variable	Agree	Neutral	Disagree
Whenever your child gets diarrhea additional food and fluid should be given?	95 (79.1%)	9 (7.6%)	16 (13.3%)
Feeding the child with diarrhea makes it worse?	24 (20.0%)	18 (15.0%)	78 (65%)
Homemade oral rehydration solution is an effective alternative to ORS provided at health facility?	33 (27.6%)	17 (14.1%)	70 (58.3%)
Diarrhoea can be effectively treated at home by using sugar and salt solution?	31 (25.9%)	10 (8.3%)	79 (65.8%)
ORS is the main treatment for diarrhea	61 (50.8%)	25 (20.8%)	34 (28.4%)

Table 4: Practice of child caregivers towards the use of Oral Rehydration Salt in Children with Diarrhoea

Variable	Category	Frequency	Percentage
Have you ever given ORS to your child?	Yes	86	71.7
	No	34	28.3
After how long the diarrhea started do you give ORS to your child?	The same day	63	73.4
	Second day	9	10.0
	Third day	3	3.3
	Fourth day	4	5.0
	I do not know	7	8.3
How do you prepare ORS?	1 sachet of ORS - 300mls of water	4	5.0
	1 sachet of ORS - 500mls of water	7	8.3
	1 sachet of ORS - 750mls of water	13	15.0
	1 sachet of ORS - 1000mls (1L) of water	36	41.7
	1 sachet of ORS- 1500mls (1.5 L) of water	26	30.0
How long should the mixed ORS last?	24h	81	94.2
	48h	3	3.3
	72h	2	2.5
	Others	0	0.0
What do you use to mix ORS solution?	Purified/ Previously boiled and cooled water	17	19.2
	Pipe-borne water	48	56.7
	Any water	18	20.8
	Others*	3	3.3
Who taught you how to mix ORS solutions?	Friend/neighbour/ relative	25	29.2
	Health provider	49	56.6
	Media	1	1.7
	Read instruction	11	12.5
	Others	0	
How often should ORS be given?	Once a day	1	1.7
	2-3 times a day	12	14.2
	4-5 times a day	12	14.2
	6 & above times a day	24	27.5

	After the passing of every loose stool	30	34.1
	No idea	7	8.3
How much ORS solution should be given to a child with diarrhea?	As much as s/he can drink	44	52.5
	Cup of 100 ml	15	17.5
	Don't know/can't answer	18	20.0
	Others	9	10.0
Do you think ORS price is high?	Yes	23	26.7
	No	63	73.3

*Soft drinks

Table 5: Association of caregivers' socio-demographic variables with their knowledge of ORS use in Children with Diarrhoea

Variable	Knowledge		P-value
	Good	Poor	
Age (years)			
<20	4	2	0.377
20-24	22	8	
25-29	35	7	
30-34	21	4	
≥35	16	1	
Residence			
Western Urban	60	8	0.033
Western Rural	38	14	
Marital status			
Married	75	16	0.779
Single	21	5	
Others	2	1	
Level of education			
No formal education	19	9	0.008
Primary	22	9	
Secondary	47	4	
Tertiary	10	0	
Occupation			
Housewife	18	7	0.378
Merchant	61	14	
Private employee	3	0	
Government employee	6	0	
Student	10	1	

Table 6: Association of caregivers' socio-demographic variables with their attitude towards ORS use in Children with Diarrhoea

Variable	Attitude		P-value
	Good	Poor	
Age (years)			
<20	2	4	0.373
20-24	10	20	
25-29	2	21	
30-34	14	11	
≥35	6	11	
Residence			
Western Urban	38	30	0.003
Western Rural	15	37	
Marital status			
Married	40	51	0.911
Single	12	14	
Others	1	2	
Level of education			
No formal education	9	19	<0.001
Primary	5	26	
Secondary	34	17	
Tertiary	5	5	
Occupation			
Housewife	6	19	0.219
Merchant	36	39	
Private employee	2	1	
Government employee	3	3	
Student	6	5	

Table 7: Association of caregivers' socio-demographic variables with their practice towards ORS use in Children with Diarrhoea

Variable	Practice		P-value
	Good	Poor	
Age (years)			
<20	1	5	0.044
20-24	17	13	
25-29	19	23	
30-34	18	7	
≥35	12	5	
Residence			
Western Urban	46	22	0.003
Western Rural	21	31	
Marital status			
Married	52	39	0.697
Single	14	12	
Others	1	2	
Level of education			
No formal education	12	16	<0.001
Primary	8	23	
Secondary	39	12	
Tertiary	8	2	
Occupation			
Housewife	12	13	0.200
Merchant	42	33	
Private employee	1	2	
Government employee	6	0	
Student	6	5	

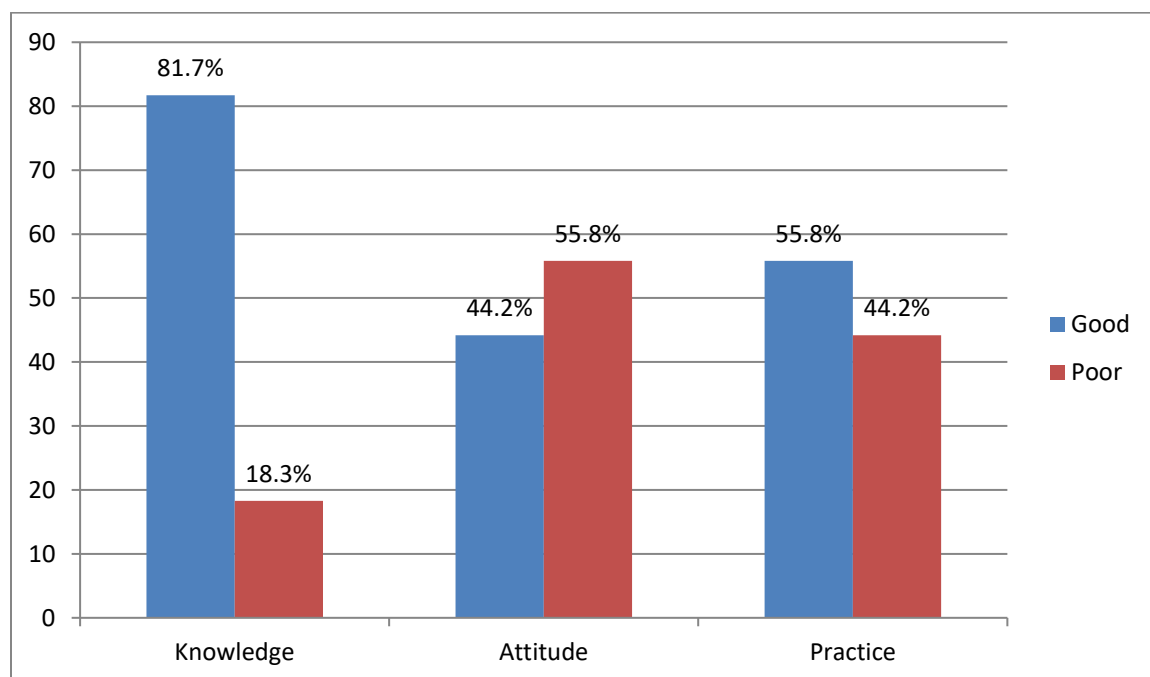


Figure 1: KAP of caregivers towards the use of Oral Rehydration Salt in Children with Diarrhoea