Journal of World Health Research
Vol. 2 No. 6 (2025): June 2025
https://doi.org/10.71020/jwhr.v2i6.51
Original Article

KNOWLEDGE, ATTITUDE AND PRACTICES OF CARETAKERS TOWARDS PREVENTION OF DIARRHEA AMONG CHILDREN BELOW FIVE YEARS IN MUYENJE VILLAGE , LUKWANGA PARISH, WAKISO DISTRICT, A CROSS-SECTIONAL STUDY.

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Abstract

Background

Diarrhea is a common illness that was considered a major threat to children, and it might lead to death in developing countries, particularly amongst children aged up to five years. This study assessed the knowledge, attitudes, and practices of caretakers towards Prevention of diarrhea among children below five years in Muyenje village, Lukwanga parish, Wakiso sub-county, Wakiso district.

Methodology

A descriptive cross-sectional research design was employed, utilizing a simple random sampling technique to select respondents. Questionnaires were designed to collect the data.

Results

(48%) Of the respondents who were aged between 26-30,(56%) of the respondents had attained a primary level of education. (78%) were able to define diarrhea as the passing of watery stool (3 or more times), 84% reported that they had heard of ORS before, and so had knowledge. (82%) Of the respondents who agreed that diarrhea can be prevented and managed at home, 74% reported that they do not take their children to the hospital in cases of diarrhea. 66% of the respondents reported that they sometimes washed their hands with water and soap after cleaning, 76% of the respondents reported that they gave their children a home remedy as their first line treatment of diarrhea.

Conclusion

The knowledge of caretakers towards the prevention of diarrhea was generally good, while attitudes and practices were poor.

Recommendations

The Ministry of Health is to empower the VHTs so that they can educate caretakers of children below five years on how to prevent diarrhea outbreaks through workshops.

Keywords: *Caretakers practices, diarrhea prevention, children under the age of five, Muyenje village.*
Submitted: *2025-01-12* ***Accepted:*** *2025-05-29* ***Published:*** *2025-06-30*
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Background

Diarrhea is one of the most common manifestations of illness in infants and youngsters. Each year, 500 million episodes of diarrhea occurred in India, five million of which required treatment at health facilities. An individual child suffered 10 to 15 episodes of diarrhea in the first 5 years of life. Diarrhea might cause inflammatory and malabsorption disorders and Impairment of the functional integrity of the GIT. Also, since the immune system and mucosal barrier continue to mature after birth, infectious diarrhea could cause significant alterations in fluid and electrolyte balance in infants and children. In any disorder that involves gastrointestinal losses, particularly a large amount of fluid, dehydration poses a serious threat to life and demands immediate attention (Shivaleela P et al, 2021). Globally, about 525,000 under-five children die of diarrhea each year in resource-limited settings. It was also estimated that there are 1.7 billion cases of childhood diarrhea occurring every year. Diarrhea was the third cause of childhood admissions and deaths, with its overall incidence remaining relatively stable over the past two decades (Kheir M et al, 2021).

Diarrheal diseases were major causes of malnutrition, delayed physical development, and early childhood mortality in developing countries and poor communities, and the major cause of death in children with diarrhea was loss of water and essential minerals (Melese Dubie et al, 2019), and so there was a need to find out the knowledge, attitude and practices of caregivers towards its prevention.

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Diarrhea is a common illness that was considered a major threat to children, and it might lead to death in developing countries, particularly amongst children aged up to five years. Twelve million children were estimated to die in developing countries before the age of five years. Around 70% of those children died because of five medical issues; one of them was diarrhea.

Enhancing mothers' proper knowledge and demonstrating appropriate practice was a key to preventing or halting the progression of diarrhea. However, mothers' harmful practices, such as nourishment limitation, breastfeeding avoidance, and utilization of inappropriate conventional therapy or wrong prescription, were reported. In addition, the mothers' knowledge of the signs of dehydration secondary to diarrhea was poor. (2021). Despite of interventions put up by the Ministry of Health and the Government, research from different health facilities still shows increasing cases of diarrhea among children below five years. This study assessed the knowledge, attitudes, and practices of caretakers towards Prevention of diarrhea among children below five years in Muyenje village, Lukwanga parish, Wakiso sub-county, Wakiso district.

Methodology

Study Design

This study employed a descriptive cross-sectional research design to quantify the distribution of certain variables in a study population at one point in time. This design helped the researcher to systematically collect and analyze the data to give a clear picture of the problem at hand.

Study area

This study was carried out in Muyenje Village, Lukwanga Parish, Wakiso Sub-County, Wakiso District in central Uganda.

Study Population

The target population of the study was caretakers with children below the age of five within Muyenje village, Lukwanga Parish, Wakiso Sub-County, Wakiso district

Dependent variables

The dependent variable was prevention of diarrhea.

Independent variables

The independent variable was knowledge, attitude and practices towards prevention of diarrhea.

Inclusion criteria

This was composed of caretakers of children below five in Muyenje village, Wakiso district, who were present during the period of data collection, capable and voluntarily, willing to provide information.

Exclusion criteria

Caretakers of children below five who were absent during the period of data collection and those who were present during the period of data collection but not capable and voluntarily willing to provide the information were excluded from the study.

Pre-testing the questionnaire

The questionnaire was pretested in Ssemunyanya village, Buloba-Wakiso, among 15 respondents to fill it in over a time relapse of one day in order to establish consistency in responses. The pre-tested instrument produced consistent scores, and it was repeatedly measured under the same group of individuals. The results from the pretest were used

Sample size determination

The sample size was determined using the standard formula of (Burton, 1965) below; S=2(QR) O

Whereby; S= Sample size needed Q= Number of days spent while collecting data R=maximum time taken by the interviewer

O=Time which the interviewer used in a single day. If, R=5 Respondent, Q=5-day, O=1hour hours S=2*5*5*1

Therefore, the sample size the researcher used was 50 Respondents

Data collection method

Semi-structured, closed-ended, and open-ended questionnaires written in English were used to collect data from respondents. The questionnaires were designed basing on the specific objectives of the study. The questionnaire was preferred over other methods because it is a relatively simple method of collecting data.

Data collection procedure

After the approval of the research proposal, an introductory letter from the Kampala School of Health Sciences research committee was issued to the study area seeking permission to carry out the study. When permission was granted, two research assistants were trained on research methodology and study objectives before data collection.

The data collection process was done in a way that alphabet letters written on paper were given to respondents, and those who picked "A" were interviewed first after consenting, and the process was continued until the required sample size was attained. The respondents were asked questions following the designed questionnaires to avoid being biased.

Sampling technique

to modify the items in the instruments.
A simple random sampling technique was used to select respondents. The technique was preferred because it accorded each of the groups have an equal chance of participation, and this helped the researcher to get the statistical analysis related to sample distributions , hypothesis testing, and sample size.

Data analysis and presentation

Quality control

The validity and reliability of the study were ensured by pretesting tools and training of research assistants, and by collecting data.

From the field, data was manually sorted, edited, and arranged according to the themes based on the specific objectives of the study to generate frequency and percentages using a scientific calculator. Data was later presented in a Microsoft Excel computer program to generate figures and tables for easy interpretation of the study findings.

Results

Demographic characteristics of respondents

Table1: Shows the distribution of respondents according to their demographic characteristics (N=50)

Variable	Frequency (f)	Percentage (%)
Caretakers age		
<16 years	06	12
16-25 years	18	36
26-30 years	24	48
>30 years	02	04
Total	**50**	**100**
Child's age		
1 month-11month	05	10
1 year-23 months	13	26
2 years-5years	32	64
Total	**50**	**100**
Level of Education		
Primary	28	56
Secondary	16	32
University	04	08
None	02	04
Total	**50**	**100**

https://doi.org/10.71020/jwhr.v2i6.51

Profession		
Housewife	37	74
Self employed	10	20
Civil worker	03	06
Total	**50**	**100**
Relationship with the child		
Biological caretaker	40	80
Housemaid	06	12
Adopted caretaker	04	08
Total	**50**	**100**
Tribe		
Muganda	22	44
Musoga	12	24
Munyakole	06	12
Mutooro	03	06
Others specify	07	14
Total	**50**	**100**

Table 1 shows that most (48%) of the respondents were aged between 26-30 years, while the least (04%) were aged above 30 years. Based on the study findings relating to the child's age, the majority (64%) were aged between 2-5 years, whereas the minority (10%) were aged 1 month to 11 months. Also, the study found out that most (56%) of the respondents had attained a primary level of education, while the least (04%) of the respondents had not attained any level of education.

Furthermore, the study revealed that the majority (74%) of the respondents worked as housewives, while a minority (06%) of the respondents worked as civil servants.

More so, the majority (80%) of the respondents were biological caretakers, whereas the minority (08%) of the respondents were adopted caretakers.

Lastly, most of the respondents (44%) were Baganda by tribe, while the least of the respondents (06%) were Batooro by tribe.

Knowledge of caretakers towards prevention of diarrhea among children below 5 years

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Table 2: Shows the distribution of respondents according to the definition of diarrhea (N=50).

Response	**Frequency(f)**	**Percentage (%)**
Frequent passing of watery stool (3 or more times)	39	78
Frequent passing of non-watery blood in stool	02	04
No idea	09	18
Total	**50**	**100**

Table 2 indicates that the majority (78%) of the respondents defined diarrhea as the frequent passing of watery stool (3 or more times), while the minority (04%) defined diarrhea as the frequent passing of non-watery blood in stool.

Figure 1: Shows the distribution of respondents basing on the signs of diarrhea *(N=50)*

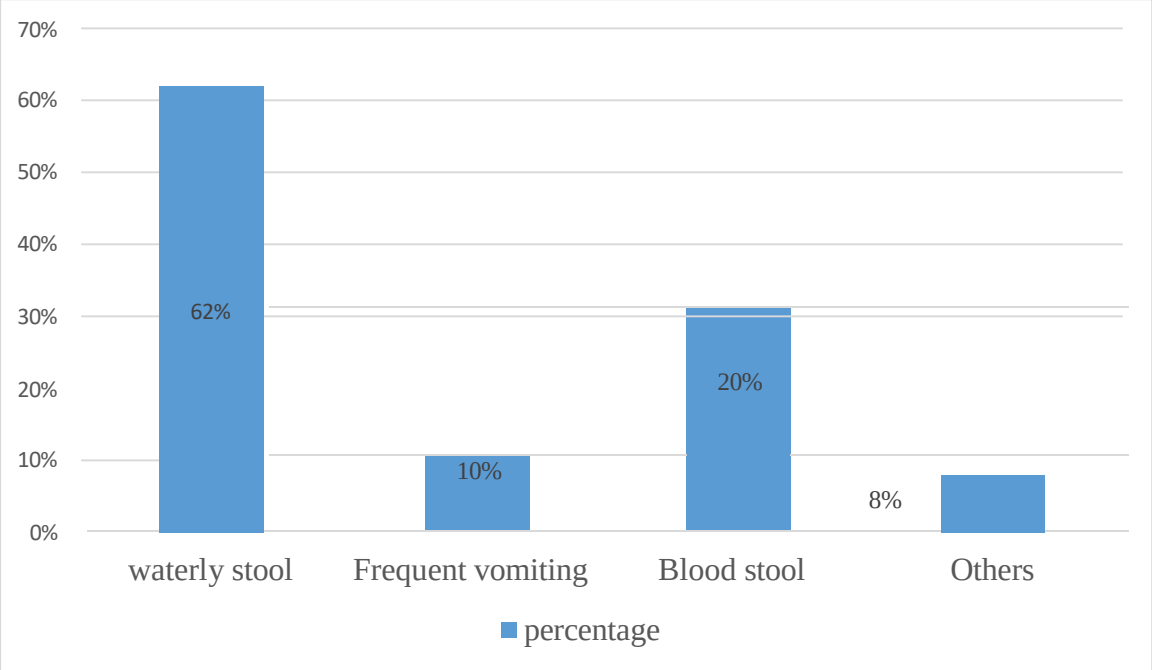

Figure 1 shows that the majority of the respondents (62%) reported that diarrhea presents with watery stool, while the minority (08%) reported other signs of diarrhea, like fever, stomachache.

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Figure 2: Shows the distribution of respondents according to whether they knew the proper treatment of diarrhea (N=50)

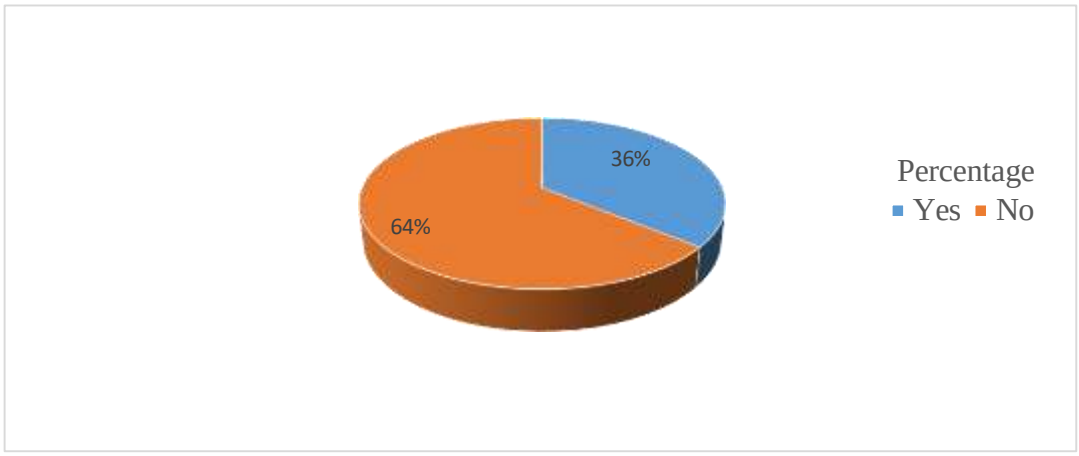

Figure 2 indicates that the majority (64%) of the respondents reported that they do not know the proper treatment of diarrhea, while the minority (36%) of the respondents reported that they know the proper treatment of diarrhea.

Figure 3: Shows the distribution of respondents according to whether they believed that diarrhea is dangerous (N=50).

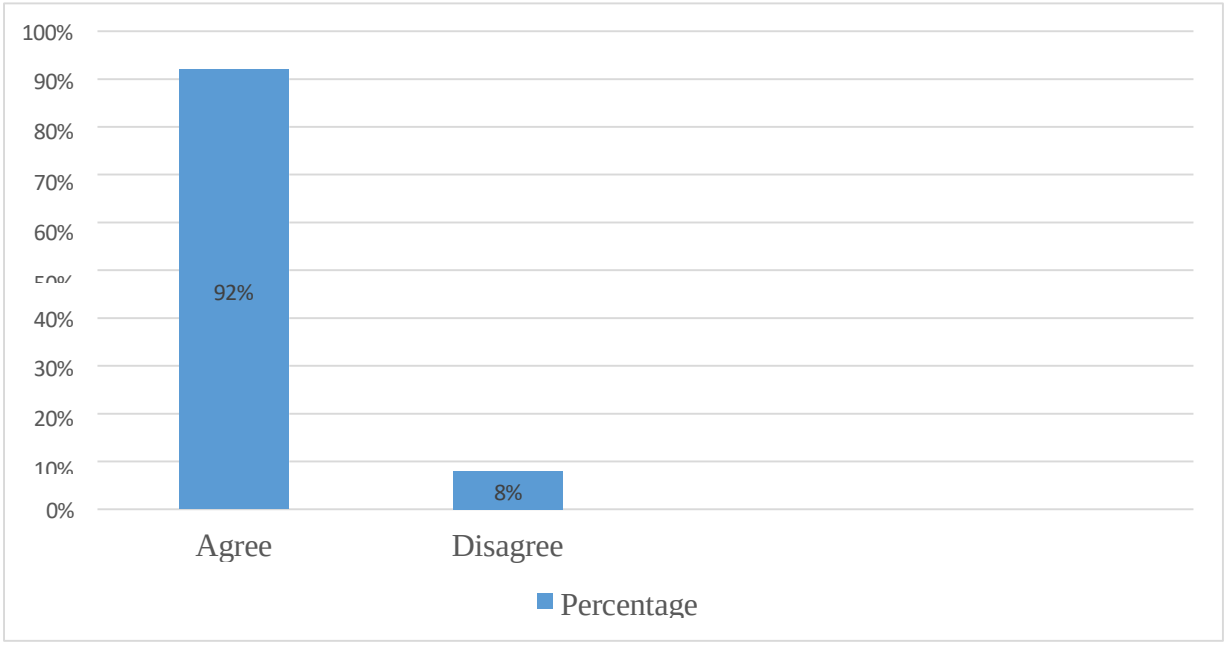

Figure 3 shows that the majority, 92% of the respondents, agreed that diarrhea is dangerous, while 08% of the respondents reported that diarrhea is not dangerous.

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Attitude of caretakers towards the prevention of diarrhea among children below five years

Figure 4: Shows the distribution of respondents according to whether diarrhea can be prevented (N=50)

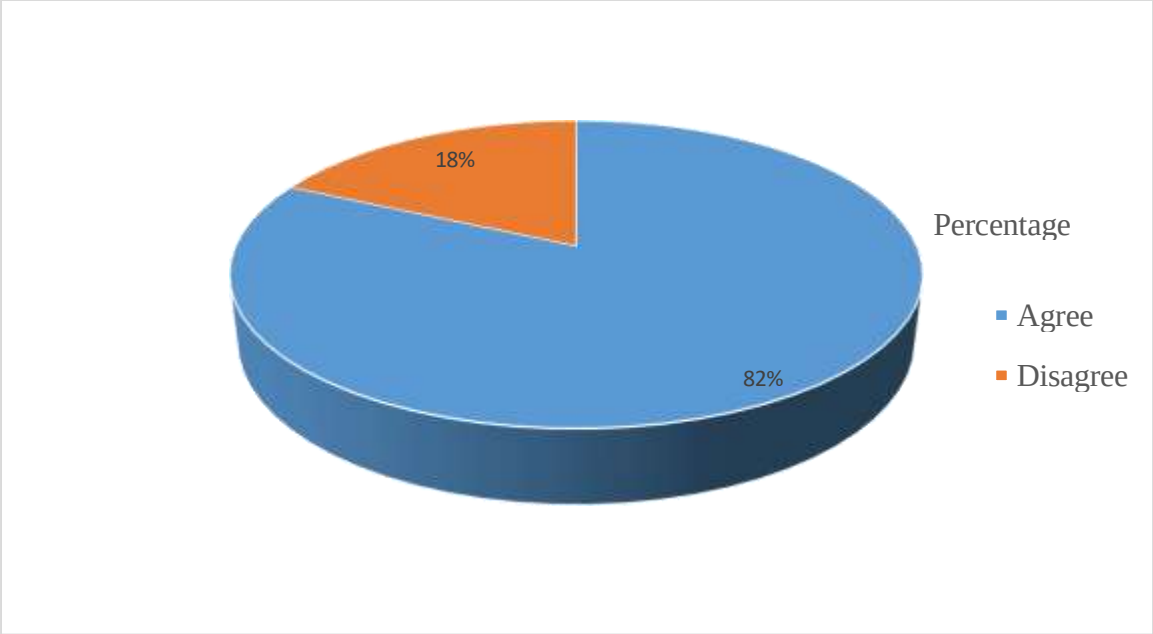

Figure 4 indicates that the majority of the respondents (82%) agreed that diarrhea can be prevented, whereas a minority (18%) reported that diarrhea cannot be prevented.

Table 3: Shows the distribution of respondents according to whether they take their children to hospitals in cases of diarrhea (N=50)

Response	**Frequency(F)**	**Percentage(%)**
Yes	05	10
No	37	74
Sometimes	08	16
Total	**50**	**100**

Table 3 indicates that the majority of the respondents (74%) reported that they do not take their children to the hospital in cases of diarrhea, while a minority of the respondents (10%) reported that they take their children to the hospital in cases of diarrhea.

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Table 4: Shows the distribution of respondents according to whether drinking boiled water prevented diarrhea (N=50).

Response	**Frequency(f)**	**Percentage(%)**
Agree	09	18
Slightly agree	12	24
Disagree	21	42
I don't know	08	16
Total	**50**	**100**

Table 4indicates that most (42%) of the respondents reported that drinking boiled water does not prevent diarrhea, while the least (16%) of the respondents reported that they do not know whether drinking boiled water prevents diarrhea.

Table 5: Shows the distribution of respondents according to whether they think that maintenance of sanitation and personal hygiene of the caretaker promotes diarrhea prevention (N=50)

Response	**Frequency(f)**	**Percentage (%)**
Agree	**35**	**70**
Disagree	**03**	**06**
Not sure	**12**	**24**
Total	**50**	**100**

Table 5 indicates that the majority (70%) of the respondents agreed that maintenance of sanitation and personal hygiene of caretakers promotes diarrhea prevention, while the minority (06%) of the respondents disagreed; however, 24% of the respondents reported that they are not sure.

Practices of caretakers towards prevention of diarrhea among children below five years

Table 6: Shows the distribution of respondents according to whether they wash their hands with clean water and soap after cleaning the child after defecating (N=50)

Response	**Frequency(f)**	**Percentage (%)**
Always	13	26
Sometimes	33	66
Never	04	08
Total	**50**	**100**

Table 6 shows that the majority (66%) of the respondents reported that they sometimes wash their hands with clean water and soap after cleaning the child after defecating, while the minority (08%) of the respondents reported that they never washed their hands with clean water and soap after cleaning the child after defecating.

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Vol. 2 No. 6 (2025): June 2025
https://doi.org/10.71020/jwhr.v2i6.51
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Table 7: Shows the distribution of respondents according to how they dispose of their child's feaces (N=50)

Response	**Frequency(f)**	**Percentage(%)**
Child uses toilet by Themselves	30	60
Collect faeces using toilet paper and dispose in the toilet	18	36
Do not care	02	04
Total	**50**	**100**

Table 7 indicates that the majority (60%) of the respondents reported that the child uses the toilet by themselves, while the minority (04%) of the respondents reported that they do not care about where they dispose off their child's feaces.

Figure 5: Shows the distribution of respondents according to whether they boil drinking water (N=50)

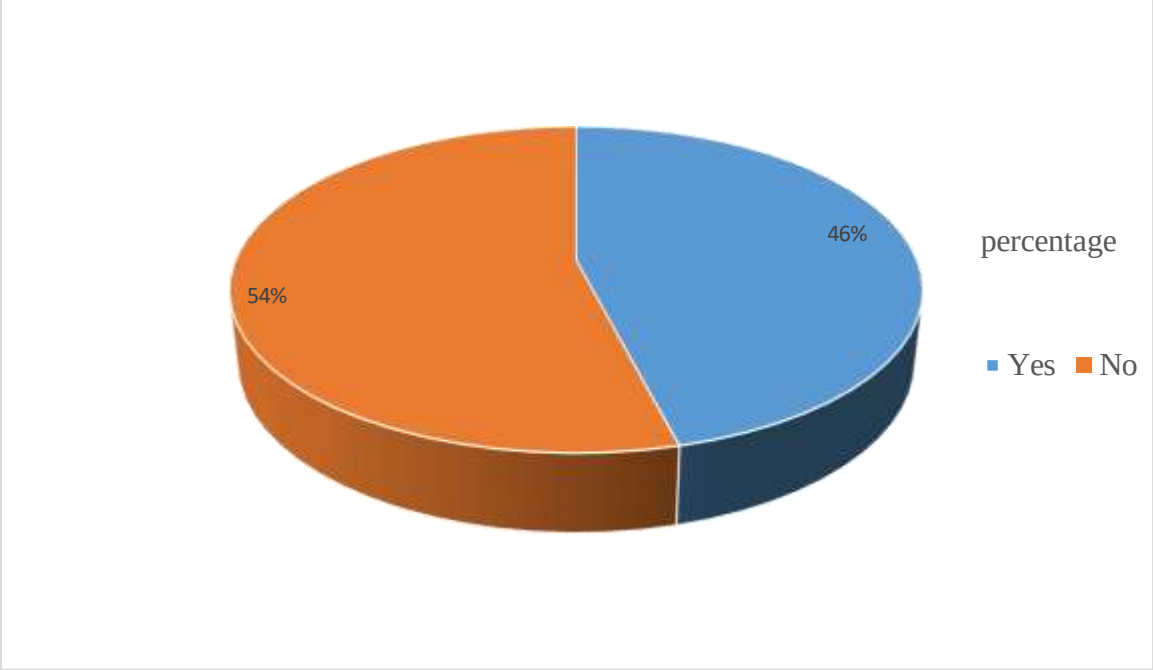

Figure 5 shows that most of the respondents (54%) reported that they do not boil drinking water, while the least (46%) reported that they boil drinking water.

Discussion of findings

Knowledge of caretakers towards prevention of diarrhea among children below five years

From the study findings above, the majority of the respondents (78%) were able to define diarrhea as the passing of watery stool (3 or more times), most (58%) reported that they always obtained information about diarrhea prevention from the hospital. These study

findings were in agreement with the study conducted in Cameroon by (Lekunkeng, 2023) which revealed that most participants (70%) (113) defined diarrhea correctly as being "the passage of three or more watery stools a day and majority of the parents (51.2%) (83) said the hospital was their source of information.

The study also found that most (56%) of the respondents reported that diarrhea is mainly caused by unhygienic surroundings. This was not in line with the study carried out in South Africa by (Azwinndini Ndou, 2021), which found that indigestible foods (76.4%) were identified as the major cause of diarrhea.

However, the majority of the respondents (62%) reported that diarrhea presents with watery stool, which was in agreement with a study done in Ethiopia by (Melese,2019), which found that the major signs and symptoms of diarrhea included watery diarrhea (65.6%).

Furthermore, the majority (84%) reported that they had heard of ORS before and so had knowledge about it. This was in collaboration with the study findings obtained in a study done in Zanzibar by (Kheir, 2021) which found out that More than half 53(52%) of participants knew the recommended volume of water for mixing sachets of Oral Rehydration Salts that is (1000mls of water to 1 Sacket of ORS),62(60.8%) of the participants responded correctly to that ORS should be given frequency to the diarrhea child and 11(10.8) did not know also. Also, 83(81.5%) thought that ORS should be given to the diarrhea child within 24 hours (1 day) after mixing.

Lastly, the majority (92%) of the respondents reported that diarrhea is dangerous in children under five years. The study findings were in agreement with the study done in Uganda by (Murungi,2017), which showed that 15(37.5) respondents strongly agreed that diarrhea is a dangerous disease among children under 5 years, and so caretakers of children below five years should educate them on the prevention of diarrhea.

Attitude of caretakers towards prevention of diarrhea among children below five years

According to the study findings, the majority (82%) of the respondents agreed that diarrhea can be prevented and managed at home. This was in agreement with a study done in Qatar by (Omniat N,2021), which revealed that about 82.7% of the mothers agreed and slightly agreed that diarrhea can be prevented and managed at home.

Also, the majority of the respondents (74%) reported that they do not take their children to the hospital in cases of diarrhea. This study finding were in line with the findings in a study done in Uganda by (Murungi, 2017) which revealed that the majority of the respondents 25(62.5%) reported strongly disagreed that they thought of taking children to the hospital whenever they got diarrhea and this was because there are no hospitals located nearby the village and so caretakers of children were unable to move long distances and did not have money for transportation to the hospital.

Interestingly, most (42%) of the respondents reported that drinking boiled water does not prevent diarrhea. This was attributed to inadequate knowledge about the importance of drinking boiled water. This was in disagreement with the study done in Uganda by (Murungi, 2017), which found out that half of the respondents, 20(50%), strongly agreed that boiling water adequately is a way of preventing diarrhea among children under five years.

Furthermore, most (58%) of the respondents reported that diarrhea can be prevented at home, while the least (12%) of the respondents reported that diarrhea can sometimes be treated from home. This was not in line with a study done in Zanzibar by (Kheir M,2021), which indicated that the majority of the mothers, 52(51%), disagreed with the treatment of diarrhea disease at home. And this defined that caretakers who participated in this study have poor health-seeking behaviors.

Practices of caretakers toward prevention of diarrhea among children below five years

From the study findings, (66%) of the respondents reported that they sometimes wash their hands with water and soap after cleaning the child after defecating. This was not in line with the study done in Qatar by (Omniat N,2021), which revealed that only 5.6% of the mothers usually wash their hands after cleaning their child's feces, and this showed a good practice towards prevention of diarrhea among children below five years.

Also, most (56%) of the respondents reported that they do not breastfeed their children below 6 months if they get diarrhea. These findings were in agreement with the study carried out in India by (Shivaleela P,2021), which showed that only 45.3% of the mothers practiced continuing breastfeeding during the diarrheal episodes, and this exposed the child to more complications like dehydration, leading to malnutrition.

Most of the respondents (54%) reported that they do not boil drinking water at home. This was attributed to the high costs of charcoal and firewood for boiling drinking water. This was in line with a study done in Zanzibar by (Kheir M,2021), which found out that most 55(54%) replied that they do not drink treated or boiled water.

Furthermore, the majority (76%) of the respondents reported that they give their children home remedies as their first-line treatment for diarrhea. This was not in collaboration with the study findings obtained from a study carried out in Dhaka by (Manjura,2021), which showed that 87.3% respondents gave ORS to their child during diarrhea as their first line treatment. This was attributed to low knowledge about the ORS therapy and how to prepare and administer it to the child. Also, the children do not like the taste and smell of ORS; hence, caretakers resort to home remedies as their first-line

treatment.
Lastly, most (56%) of the respondents reported that their children did not complete their vaccination schedule. This was because their mothers were not fully educated about the relevance of vaccination. This was in disagreement with the study done in Ethiopia by (Melese Dubie, 2019), which revealed that the majority, 88.9% of children completed their course of vaccination.

Conclusion

The overall knowledge of the caregivers of children below five years in Muyenje village, Wakiso district, towards the prevention of diarrhea was generally good. This was evident because the majority of the respondents were able to define diarrhea as the passing of watery stool (3 or more times.
This study also revealed that caregivers of children below five years, children in Muyenje village, Wakiso district, had a poor attitude towards the prevention of diarrhea. This was evident because the majority of the respondents agreed that diarrhea can be prevented and managed at home.
Practices of care takers of children below five years towards prevention of diarrhea were generally poor, as it was evident that the majority of the respondents reported that they sometimes wash their hands with water and soap after cleaning the child after defecating.

Recommendations

The Ministry of Health will empower the village health teams so that they can educate caretakers of children below five years on how to prevent diarrhea outbreaks through workshops. Also, during postnatal services, mothers should be taught how to prevent diarrhea in children.

Acknowledgement

I take this opportunity to acknowledge God's love, guidance, grace, and protection that enabled me to complete this research study.
My special thanks and gratitude go to Kampala School of Health Sciences for contributions mostly from my principal, Mr. Mubangizi Prosper, and my supervisor, Miss Glorious Orishaba, and their guidance, technical expertise, and the time they devoted to seeing this study to completion.
My heartfelt appreciation goes to the chairman of Muyenje village for his willingness to allow me to use his area as my research study area. I do not take this for granted.
I acknowledge the love, prayers, and support from my family members, my friends, and my research supervisor for believing and supporting me throughout this study to the completion stage.
Special thanks again to everyone who has helped in any way possible with this study. May God bless you abundantly.
The Ministry of Health should also put up guidelines on sanitation and personal hygiene of caregivers of children below five so as to promote diarrhea prevention.
The caretakers should ensure sufficient personal, home, and community hygiene, and also provide hand-washing facilities with soap and ensure effective hand washing after toilet use.

List of abbreviations

DALYs : Disability-Adjusted Life Years
HMT : Health Management Team
GIT : Gastro Intestinal Tract
MOH : Ministry of Health
NIH : National Institute of Health
NLM : National Library of Medicine
OPD : Out Patient Department
ORS : Oral Rehydration Solution
WHO: World Health Organization.

Source of funding

There is no source of funding.

Conflict of interest

No conflict of interest declared.

Availability of data

Data used in this study is available upon request from the corresponding author

Author's contribution

FO designed the study, conducted data collection, cleaned and analyzed data and draft the manuscript and GO supervised all stages of the study from conceptualization of the topic to manuscript writing.

Ethical approval

The ethical considerations involved an understanding of the ethical code and guidelines for protecting the rights of research subjects. Before the collection of data for the study, permission to carry out the study was sought from the administrators of the village, using an introductory letter from Kampala school of health sciences addressing it to the administrators of muyenje village, requesting for permission to conduct the study.

Informed consent

A consent form was filled by the respondents after explaining the purpose of the study to them. The

respondents were assured of confidentiality as no name will appear on the questionnaire. No participant was forced to participate in the study and all the study materials used during the interviews were safely kept under lock and key only accessible by the researcher.

Author's biography

Fastine Orikiriza is a student of diploma in clinical medicine and community health at Kampala school of Health sciences.
Glorious Orishaba is a research supervisor at Kampala school of Health sciences.

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Journal of World Health Research
Vol. 2 No. 6 (2025): June 2025
https://doi.org/10.71020/jwhr.v2i6.51
Original Article

PUBLISHER DETAILS:

PUBLIC HEALTH CORPS AFRICA LIMITED

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