



without diarrhoeal children. Fifty cases included in the study were collected from mothers or caretakers who attended the hospital for the treatment of acute diarrhoea in their children under 5 years of age.

The control or non-diarrhoeal group were children of the same age who came to the hospital for post-natal-care or immunization, and those admitted in the hospital for injuries and other treatment (excluding respiratory or other infectious diseases).

The sample was collected in same geographical setting, districts, subdistricts and villages of the province.

The result of this research exhibited the social status that mothers or caretakers in non-diarrhoeal group (control group) were better educated and having better occupation than diarrhoeal group (case group). The economic status of non-diarrhoeal group was higher than their counterpart of diarrhoeal group.

Regarding accessibility of health services and environmental sanitation, mothers or caretakers in non-diarrhoeal group were residing nearer to health facilities and found more hygienic than those mothers or caretakers in diarrhoeal groups. The control group

was having higher knowledge and attitude than case group. Practice in concerning with oral rehydration solution was satisfactory in control group than case group.

Based on these findings, it is recommended that health education about diarrhoeal diseases should be emphasized more to mothers or caretakers. All chances should be provided to improve the environmental sanitation and the socio-economic condition of the families.