

Title Psychosocial Factors Affecting Mothers' Choices of
Childhood Diarrhoea Treatment among Slum Families
in Ho Chi Minh City, Vietnam

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ABSTRACT

Childhood diarrhoea is a severe problem in Vietnam, as it is in many developing countries. The treatment for children depends on the mothers' choices. This study applied the Health Belief Model to investigate mothers' choices of childhood diarrhoeal treatment, and to examine the effects of psychosocial factors on their choices. The study also looked at the influence of mothers' occupation, age, education and income on their psychosocial status.

Three hundred and thirty-four mothers in Ho Chi Minh city who had at least one children under 5 years of age with diarrhoea in the 6 months prior to this study, were interviewed from 1 September to 15 October - 1996 by using an interview schedule. SPSS for Windows was used to analyse the data. Descriptive statistics and chi-square analyses were performed.

The findings show that the average age of the mothers was 32.3 years. Their average education level was 5.5 years. More than a half of the mothers (52.3%) were housewives or had no paid employment. More than forty percent (41.1%) earned a low income (42,857-151,245 VN\$/person/month, approximately 4 -14 USD). The average family size was 5 persons. The total number of children of the 334 mothers was 414, and the average age of these children was 3 years. The median incidence of diarrhoea was 1.3 episodes per child in the previous sixth months.

Results showed that 54.5% of mothers chose appropriate diarrhoeal treatments, while 45.5% chose less appropriate treatments. More than one-third (37.4%) of mothers used home self-treatment only, while the remainder sought help from health personnel.

The study also found significant associations between the mothers' choices of diarrhoea treatment and all five Health Belief Model psychosocial factors: mothers' perceived severity of childhood diarrhoea, mothers' perceived barriers to appropriate treatments, mothers' knowledge about appropriate treatments, mothers' beliefs in causes of childhood diarrhoea and mothers' perceived symptoms of the disease. Mothers' education level was also significant related to mothers' perceived severity of childhood diarrhoea, beliefs in causes of childhood diarrhoea and knowledge about appropriate treatments.

In addition, the research found that approximately two-thirds of mothers (65%) perceived childhood diarrhoea as a moderate disease. The proportion of mothers who used oral rehydration solution (ORS) and homemade solutions was high (63.8% and 42.2%, respectively). However, these solutions have associated barriers, such as taste, smell, time consuming preparation, and short duration of use. A majority of mothers have misbeliefs in traditional causes of childhood diarrhoea. They also have misperceptions about quantity of fat, food intake during a child's diarrhoeal episode, and antidiarrhoeal drug use.

The main recommendation is to improve the city's health promotion and health education programs by taking into account the psychosocial status of the poor, and mothers' low educational levels. The programs should focus on the above-mentioned barriers, and use appropriate, interesting methods of communication. Moreover, the city's Control of Diarrhoeal Disease program should review and regulate its activities related to the production and supply of ORS and childhood diarrhoeal case management at the grass roots level.