

---

ORIGINAL ARTICLE

---

The Knowledge of Parents of Children With  
Diarrhea on Oralit at the Department of  
Child Health, Dr. Pirngadi General  
Hospital Medan

by

MARTINUS SARAGIH, RAFITA RAMAYATI, MANSUR KARO-KARO,  
EFFENDI HARAHAP, A.H. SUTANTO and HELENA SIREGAR

(From the Department of Child Health, School of Medicine University of  
North Sumatera, Dr. Pirngadi General Hospital, Medan)

**Abstract**

*At Dr. Pirngadi General Hospital Medan 285 parents of children with diarrhea had been interviewed about their knowledge on oralit.*

*Only 57.7% of the parents know and use oralit, 12.2% have known but never used, 13.7% have only heard while 20.4% never heard of oralit.*

*The main source of information were doctors (63.9%), next come radio and television (7.9%) and than newspaper or magazine (1.8%). The main supplier or distributor was the dispensary (86.9%).*

Received 15th February 1982.

### Introduction

Patients with diarrhea can be prevented from dying if community participatory programs are active and well facilitated so that mother of the patients can rehydrate their children at home (Suharyono, 1978; Rohde and Northrup 1977).

In the 3rd Program of 5 years planning one of the aim of the Indonesian rehydration program is to reduce the mortality rate of diarrhea.

Since the first National Seminar of rehydration in Jakarta, efforts have been done to spread out the information of oral rehydration method, through television, radiobroadcasting, magazine, newspaper etc.

There were still a lot of problems in supplying, distributing and marketing this particular drug to the public (Susilo Surachman, 1978).

The aim of this report is to assessed the knowledge of parents on oralit at the Department of Child Health Dr. Pirngadi General Hospital Medan.

### Material and Methods

Since October 1st, 1981 until December 30th, 1981 all parents from in and out patients with the complaint diarrhea were given a questionnaire to assess their knowledge on oralit. The questionnaire contained inquires on:

1. The educational level of the parents
2. The knowledge of oralit whether:
  - Knowing and using it
  - Knowing but never using
  - Ever heard
  - Never heard
3. Source of information
4. The place where oralit was obtained
5. Weather oralit is kept at home or not.

### Results

From October 1st, 1981 until December 30th, 1981, 285 parents had been interviewed. In table 1 we can see the knowledge of parents on oralit.

TABLE 1: The knowledge of parents on oralit

Parent's knowledge	Total	%
Have known and used	153	53,7
Have known	35	12,2
Have heard	39	13,7
Never heard	58	20,4
<b>T o t a l</b>	<b>285</b>	<b>100,0</b>

From 285 parents interviewed 227 (79.7%) had known and heard of oralit but only 153 (53,7%) made use of it. The remaining 58 (20.3%) never heard of oralit.

Table 2 showed the percentage of knowledge on oralit in each educational level.

From the 227 parents who ever heard, know and used oralit, the main

TABLE 2: Correlation between educational level of the parents and knowledge on oralit

Educational level	Have known and used		Have known		Have heard		Never heard	
	Total	%	Total	%	Total	%	Total	%
Elementary School	42	48.8	9	10.5	7	8.1	28	32.6
Intermediate School	42	54.5	10	12.1	11	14.3	14	18.1
High school	60	56.6	13	12.3	18	17	15	14.1
University	9	56.2	3	18.8	3	18.8	1	6.2

source of information were doctors (63.9%) while newspapers and magazines (1.8%) had a minor role.

Dispensaries (86.9%) were places where people can obtained oralit easily.

In table 5 is shown that from the 153 parents who had ever known and used oralit only 74 (48.3%) had always ready stock at home while 41 (26.8%) had

sometimes ready stock and the remaining 38 (24.9%) had never.

From table 6 we can see that the main reason (44.3%) why the parents of childrens with diarrhea never had ready stock at home was the easily availableness of oralit itself.

From 128 patients who look for treatment from medical staff (doctors and

TABLE 3: Source of Information

Source of information	Total	%
Doctor	145	63.9
Friend/neighbour	38	16.7
Nurse	22	9.7
Radio/television	18	7.9
	4	1.8
<b>T o t a l</b>	<b>227</b>	<b>100.0</b>

TABLE 4: *Places where oralit can be obtained*

Places for obtaining oralit	Total	%
Dispensary	133	86.9
Health Centre	13	8.5
Nurse	5	3.3
Shop	2	1.3
<b>T o t a l</b>	<b>153</b>	<b>100.0</b>

TABLE 5: *Oralit reserve at home*

Oralit reserve	Total	%
Always available	74	48.3
Sometimes available	41	26.8
Never available	38	24.9
<b>T o t a l</b>	<b>153</b>	<b>100.0</b>

TABLE 6: *Reason why there is no ready stock at home*

Reason for not having ready stock at home	Total	%
Easily available	35	44.3
Infrequent diarrhea	16	20.2
N o t s u r e	12	15.2
Direct visit to doctor	12	15.2
Non compliant due to fear of drug expired	4	5.1
	79	100.0

nurses) before they came to the hospital to be treated as inpatients or outpatients, it appeared that 49% of the doctors and 50% of nurses did not give oralit beforehand (see table 7).

In table 8 we can see that 41,8% of parents had good experience with oralit.

#### Discussion

This study, showed that 53.7% of the parents who were interviewed had ever

TABLE 7: *Provision of oralit by medical staff*

Medical staff	P r o v i s i o n o f o r a l i t		Total
	Yes	No	
Doctors	48 (51%)	46 (49%)	94 (100%)
Nurses	14 (41%)	20 (59%)	34 (100%)

TABLE 8: *Parents experience about oralit*

Experience	Total	%
G o o d	64	41.8
Not immediately stopping diarrhea	37	24.2
Diarrhea increases	25	16.3
Continuous vomiting	19	12.4
Dislike by the patients	5	3.3
No effectivity	2	1.3
Experience	1	0.7
<b>T o t a l</b>	<b>153</b>	<b>100.0</b>

used oralit and those who had ever heard or known about it counted to 25.9%.

Brotowasisto et al. (1978) found in a survey, that they had done in village on 1036 mothers of which 85% had an educational level below 6 years, that 37% among them ever heard about oralit and 30% know the good effects of it.

Mustarsid et al. (1981) in a survey in rural and sub urban areas of Sukoharjo and Wonogiri reported that 94% never heard of oralit.

Widagdo et al. (1981) who did a survey in the city of Palembang reported

that half of the population knew oralit and that one fourth of this population ever heard and used it.

Ahmad et al. (1981) found in their survey in the village of Cinunuk that 69.3% never heard of oralit and only 11.3% knew it very well.

If we compare our data on the percentage of parents knowledge about oralit with the data of others as mentioned above it is clearly that our finding is much more higher, which is infact very low because the survey was done in the urban.

The main source of information about oralit came from doctors (63.9%). It was proved that mass media, such as radio, television, newspaper, magazine, has still a minor role in promoting oralit.

Paramedics too did not have any significant role yet in passing the information of oralit. It is strongly recommended to look for other efforts to make oralit more popular.

The promotion of oralit will be more successful if village leaders, teacher, youths and women's organisation participate in the program.

But any how we must be aware that till this moment there is no joint program yet between governmental department and other organisation and the producers of oralit and lack of communicative, informative and educative means for the public (Sunoto et al., 1981). It seems that the distribution and supplying of oralit is not yet widely spread because oralit is obtained mostly from drug stores (86.9%).

This citation is not surprising for the city of Medan because drug stores are plenty in the city itself. We should bear in mind for a more widespread and better supply and distribution of oralit with cheaper price. From the 53.7% of parents who had ever used it, it appeared that only 45.7% of them had administered oralit to their children at home before they took the child to the hospital.

From this fact we can draw a conclusion that though many parents knew and used oralit but they are still doubt-

ful about its benefit. More efforts should be done in the city to pass the information about the benefit of oralit.

From table 7 it can be seen that from 128 patients who look for medical help (doctors or paramedics) before they were brought to the hospital to be treated as in or out patients only 51% get oralit from the doctors and 41% from the paramedics.

Why are only so few medical staff prescribing oralit to their patients? All medical staff already know about the benefit of oralit as a remedy against dehydration but they are not using it in the daily practice.

We must face the fact that the medical staff can not refuse the demands of the people who have "injection fever" or "capsul fever" but any how it is still our duty to educate the medical potentials to change their mind of improper treatment and treat the patient with oral drugs which effectivity against diarrhea has been proved (Rohde, 1979).

#### Conclusion

1. The knowledge of parents of children with diarrhea about oralit at the Dr. Pirngadi Hospital Medan is still below expectation,
2. The supply and distribution of oralit is not yet evenly spread,
3. Mass media as a communicative mean has still a minor role in giving information about oralit,
4. Medical experts should participate more in administering oralit to public.

#### REFERENCES

1. AHMAD, M.; ROSMAYUDI; SUGANDA, T. WYATI, D. : Pengetahuan Orang Tua Mengenai Oralit dipedesaan; paper presented at the Vth Indonesian National Pediatric Congress Medan, 14-18 June 1981.
2. BROTOWASISTO; GINTING, T.; RUDJITO; ANWAR BUNOSAR; SUDARMAN : Evaluasi Program Rehidrasi di Indonesia: Seminar Nasional Rehidrasi Ke II, Jakarta, 1978.
3. BROTOWASISTO : Rencana Pemberantasan Penyakit GE di Indonesia. Seminar Nasional Rehidrasi Ke II, Jakarta, 1978.
4. MUSTARSID; SOEHADI; TANDIJO, D.; SABDOWALUYO : Pengertian masyarakat daerah rural dan Sub urban mengenai oralit; paper presented at the Vth Indonesian National Pediatric Congress, Medan, 14-18 June 1981.
5. ROHDE, J.E.; NORTHRUP, R.S. : Therapy begins at home. Management of acute diarrhoea in the development world. PIB ke V BKGAI, Parapat, 1977.
6. ROHDE, J.E. : Strategi Nasional untuk Program Penanggulangan Penyakit-penyakit Diare. Kumpulan Naskah Pertemuan Ilmiah Berkala ke VI, BKGAI, Ujung Pandang, 1979.
7. SUHARYONO : Evaluasi diare (muntaber) sebelum dan sesudah Seminar Nasional Rehidrasi Ke II, Jakarta, 1978.
8. SUNOTO; BAMBANG WINARDI, SOEDARTA, S. : Pembudayaan oralit di masyarakat sebagai senjata utama penanggulangan penyakit diare; paper presented at the Vth Indonesian National Pediatric Congress Medan, 14 - 18 June 1981.
9. SUSILO SURACHMAN : Oralit dan masalahnya, Seminar Nasional Rehidrasi II, Jakarta, 1978.
10. WIDAGDO; RUSDI ISMAIL; SUTOMO TALKAH, ARFAN M.Z. : Sikap masyarakat Kotamadya Palembang terhadap oralit; paper presented at the Vth Indonesian National Pediatric Congress, Medan, 14-18 June 1981.