Background and Aims: Though the relationship between environmental and hygiene risk factors, and the occurrence of diarrhoea in children have been documented elsewhere, there are limited studies in Ethiopia in general and in Dangila Zuria Woreda in particular. The present study aimed to assess under-five diarrhoeal morbidity prevalence associated with environmental factors and hygiene practices.

Methods: Community-based cross-sectional study was conducted in Dangila Zuria Woreda from March 24-April 21, 2010. 520 mothers of index under-five children living in systematically taken households from 7 randomly selected Kebeles out of 28 in the Woreda constituted the study population. Data were collected using structured and pre-tested questionnaire, entered into a computer, edited and analysed using SPSS version 15.0. Stepwise logistic regression model was used to calculate the Odds ratios and 95% confidence interval for the different risk factors.

Results: Out of 520 sampled mother-child pairs, 498 participated in the study giving a response rate of 95.8%. Prevalence of diarrhoeal morbidity over a period of two weeks preceding the study was about 24.9%. In the bivariate analysis, a number of risk factors including latrine condition, presence of handwashing facility (P<0.001) and latrine availability, all family latrine use, reason to use latrine as excreta dangerous, proper child faeces disposal, mothers’ handwashing practice and handwashing with soap after defecation (P<0.05) appeared to be significantly associated with under-five childhood diarrhoeal morbidity. However, all family latrine use, reason to use latrine as excreta dangerous, proper child faeces disposal, mothers’ handwashing practice and handwashing with soap after defecation were the only significant variables on multivariate analyses (P< 0.05).

Conclusions: As diarrhoea morbidity was major problem among under-five children in the Woreda, continuous, regular and targeted hygiene education programs are very essential in order to bring about behavioral change and reduce the risk of childhood diarrhoeal morbidity.

References:
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