

Assessment of Mothers' Information and Beliefs towards Colostomy of their Children at Pediatric Hospitals in Baghdad City

تقييم معارف و معتقدات الامهات تجاه فغر القولون عند أطفالهن لمستشفيات الاطفال
في مدينة بغداد

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الخلاصة

الهدف: ان الهدف من الدراسة هو لتقييم معارف و معتقدات الامهات تجاه فغر القولون عند اطفالهن، ولمعرفة العلاقة بين معارف - معتقدات الامهات و الخصائص الديموغرافية كالعمر، المستوى التعليمي، المهنة، الحالة الاقتصادية والاجتماعية.
المنهجية: أجريت دراسة وصفية في الردهات الجراحية لمستشفيات الاطفال في مدينة بغداد من الاول منسبتمبر تشرين الثاني (٢٠١١) الى ٣٠ نيسان (٢٠١٢) لغرض التعرف على وعي الامهات تجاه فغر القولون عند أطفالهن. أختيرت تجربة غرضية من (١٠٠) أم مرافقة لطفلها المصاب بفغر القولون في مستشفيات الاطفال لغرض العلاج. جمعت معلومات الدراسة بواسطة الباحث وبمقابلة الامهات وملئ الاستمارة الاستبائية. تم بناء استمارة الاستبيان لغرض الدراسة وتكونت الاستمارة من (٣) أجزاء رئيسية. تم تحديد ثبات الاستبانة من الدراسة الاستطلاعية وحددت مصداقيتها من قبل مجموعة من الخبراء والمختصين في هذا المجال وتم تحليل البيانات باستخدام التحليل الاحصائي الوصفيا لتكرارات والنسب المئوية والتحليل الاحصائي الاستنتاجي مربع كاي.
النتائج: أظهرت الدراسة ان المعلومات العامه لامهات حول فغر القولون ضعيفه وشكلت نسبة (٤٥ ٪)، بالإضافة الى (٥٢ ٪) من الامهات كانت معتقداتهن خاطئه تجاه الاطفال المصابين بفغر القولون.
الاستنتاج: عموماً، كانت معلومات الامهات اللواتي لديهم طفل لديه فغر القولون ضعيفه حول فغر القولون. ووجدت الدراسة أن المعايير الثقافية والقيم والمعتقدات الدينية تؤثر على الامهات، التي تعكس عدم الاعتقاد بايجابيات فغر القولون
التوصيات: أوصت الدراسة بأجراء مسح وطني لتقييم حاجات الامهاتمن الوعي نحو الاطفال المصابين بفغر القولون، بأعداد وتقديم برنامج تثقيفي للامهات مع الأخذ بنظر الاعتبار صفاتهم الديموغرافية من العمر، المهنة، المستوى التعليمي، والحالة الاقتصادية والاجتماعية للام واستخدام وسائل الإعلام للتفاعل بايجابية مع هذا الاتجاه.
مفردات البحث: الامهات، المعلومات، المعتقدات، فغر القولون، الاطفال.

Abstract

Objectives: To assess of mother's information and belief regarding to child with colostomy. And to identify the relationships between mothers information- believes and their socio demographic characteristics of age, education, occupation and socio economic status.

Methodology: A descriptive study was carried in surgical ward at pediatric hospitals in Baghdad city from November 1st (2011) to April 30th (2012). Purposive sample of (100) mothers who have children with colostomy and were hospitalized for management were selected from pediatric hospitals data collection by the investigator who interviewed others and fill out the constructed questionnaire formats. A questionnaire was constructed for the purpose of the study; it was composed of (3) major parts. The questioner identified by a group of experts and specialist in this field. The data was analyzed by used statistical package for social science and descriptive statistical analysis frequencies and percentages and inferential statistical analysis Chi- square.

Results: The study general indicated that information of mothers related to colostomy were (45%) in addition, (52%) from mothers have belief poor toward their children with colostomy.

Conclusion: Generally, the information was poor about colostomy among mothers who have child with colostomy. And the cultural norms, values and religious beliefs affects on mothers, that reflected poor belief about colostomy among their in relation to colostomy.

Recommendation: The study recommended that national survey can be carried out to assess mothers needs of awareness toward colostomy of their children, mothers health education program can be constructed and presented to all mother to their characteristics of age, occupational, educational level, marital and socioeconomic status, as well aspects of awareness and its level and Ministry of Health can take an action to use the mass media to deal effectively with this condition.

Keyword: mothers, information, belief, colostomy, children.

INTRODUCTION

Colostomy is surgical creation of an opening between the colon and the abdominal wall to allow fecal elimination⁽¹⁾. It lead to remove all or part of the colon, it is an incision or cut into the colon part's which is the large intestine to create an artificial opening it's called "stoma"⁽²⁾. It means opening or mouth into the smaller

large intestine that diverts fecal matter, or nonfunctioning structure prevents normal elimination⁽³⁾. This may take a few weeks, months, or even years, was usually done in the infants and children having anorectal malformation and hirschsprung's disease or congenital megacolon.⁽¹⁾. It surgically changes normal body function to allow stool to pass after a disease or injury.⁽⁴⁾

The stoma will be on the abdomen depends on which part of the colon is used to make it; some colostomies are large but some small also some are on the left side of the abdomen, some are on the right side (Cecostomy), others may be in the middle, the way the stoma looks depends on the type of colostomy the surgeon makes and on individual body differences; it's may look quite large at first, but it will be smaller to its end⁽⁵⁾.

Children may require colostomy for various health problems; the most frequent cause are necrotizing enter colitis, imperforate anus in the infant, Hirschsprung disease is also called Congenital Aganglionic Megacolon, diseases causes are inflammatory bowel, especially Crohn's disease⁽⁶⁾.

A colostomy is a commonly constructed intestinal stoma in infants and children and among its major indication are an-orectal malformations and hirschsprung's disease. the basic purpose of performing this procedure is diversion of fecal matter till the definitive procedure is performed.⁽⁷⁾ The care of the children with colostomy is a complex, challenging and lengthy process, though colostomy in a child is often temporary. Most parents worry about their child's life span, ability to work, adjustment to living with a colostomy, and in later years, marriage and family⁽⁴⁾.

Education of parents and general awareness of mother in the public regarding the management of stoma is an additional factor which will improve the conditions preventing various complications of colostomy⁽⁸⁾.

Family caregivers need comprehensive education and information about various aspects of care that they will be providing to their child, this preparation can ease feelings of helplessness and anxiety and provide a sense of competence as they move from caring for an ill child to caring for suffering of colostomy child⁽⁶⁾.

The study aims to asses of mother's information and beliefs regarding to child with colostomy. Also, to identify the relationships between mothers information-beliefs and their socio demographic characteristics of age, education, occupation and socio economic status.

METHODOLOGY

Design of the Study: A descriptive study design was conducted on mothers had children with colostomy, starting from November 1st (2011) to April 30 (2012) in order to identify and describe the scope of information and believes concerning colostomy.

Setting of the Study: The study was carried out at two teaching pediatric hospitals in Baghdad city, these hospitals are serving large population, and the main pediatric hospitals included central teaching hospital of pediatric and Baghdad teaching hospital.

The Sample of the study: Non – probability (purposive) sample of (100) mothers whom their children complains from colostomy and they were hospitalized for management.

The study Instrument : The data was collected through interviews with mothers had children with colostomy made by the researcher using constructive questionnaire form, the researcher asked the mothers questions according to their understanding levels. he tool composed of (3) main parts;

Part I: is concerned with the assessment of the mothers demographic characteristics,

Part II: is related to mothers information towards colostomy

Part III: concerned with mothers believes towards colostomy.

Validity of the Instrument: The content validity of the instrument was established through panel of (15) experts

Reliability of the study instruments: (questionnaire forma) items was determined through person correlation coefficient for mothers interview having children colostomy, the measurement was ($r = 0.97$).

Statistical analysis: The data was analyzed by using version statistical package for social science and descriptive statistical analysis frequencies and percentages and inferential statistical analysis Chi- square.

RESULT:

Table (1) Demographic characteristics of child's mother

Variables		No.	%
Mother age (year)	20-24	19	19.0
	25-29	26	26.0
	30-34	22	22.0
	35-39	22	22.0
	=>40	11	11.0
	Mean±SD(Range)	30.44±6.74	(20-48)
Mother's occupation	House wife	86	86.0
	Governmental employee	13	13.0
	Retired	1	1.0
	Others	-	-
Mothers educational level	Illiterate	13	13.0
	Primary school	42	42.0
	Intermediate school	4	4.0
	Secondary school	12	12.0
	Institute	11	11.0
	College & Higher	18	18.0
Residence place	Urban	85	85.0
	Rural	15	15.0
Mother's marital status	Married	98	98.0
	Separated	1	1.0
	Divorced	1	1.0
	Widow	-	-
Socioeconomic status	Low	74	74.0
	Middle	19	19.0
	High	7	7.0
Mother's information source	Medical team	78	78.0
	Magazines	11	11.0
	TV.	5	5.0
	Others	6	6.0

Table(1) shows that the majority of the mothers (26.0%) in age group (25-29) years, (86.0%) were house wife, (42.0%) of mothers primary school, (85.0%) living in urban area, (98.0%) of mothers were married, (74.0%) of family with low socioeconomic status and (78.0%) of mothers information source come from medical team.

Table (2) Mothers information towards colostomy in relation with mothers demographic characteristics

Items		Poor(<51)		Acceptable (51-59)		Good(>=60)		P value
		No.	%	No.	%	No.	%	
Mother age (year):	20--24	12	63.2	6	31.6	1	5.3	0.151
	25---29	14	53.8	8	30.8	4	15.4	
	30---34	6	27.3	9	40.9	7	31.8	
	35---39	7	31.8	7	31.8	8	36.4	
	=>40	6	54.5	4	36.4	1	9.1	
Mother's profession:	House wife	41	47.7	29	33.7	16	18.6	0.293
	Gov. employee	3	23.1	5	38.5	5	38.5	
	Retired	1	100	-	-	-	-	
Mothers education:	Illiterate	8	61.5	4	30	1	77	0.023*
	Primary school	23	54.8	16	38.1	3	7.1	
	Intermediate school	1	25.0	1	25.0	2	50.0	
	Secondary school	6	50.0	1	8.3	5	41.7	
	Institute	4	36.4	4	36.4	3	27.3	
	College & Higher	3	16.7	8	44.4	7	38.9	
Residence place:	Urban	36	42.4	30	35.3	19	22.4	0.437
	Rural	9	60.0	4	26.7	2	13.3	
Mother's marital status:	Married	45	45.9	32	32.7	21	21.4	0.411
	Separated	-	-	1	100.0	-	-	
	Divorced	-	-	1	100.0	-	-	
	Widow	-	-	-	-	-	-	
Socioeconomic status	Low	39	52.7	20	27.0	15	20.3	0.016*
	Middle	6	31.6	8	42.1	5	26.3	
	High	-	-	6	85.7	1	14.3	
Mothers information source:	Medical- team	36	46.2	25	32.1	17	21.8	0.744
	Magazines	3	27.3	5	45.5	3	27.3	
	TV.	2	40.0	2	40.0	1	20.0	
	Others	4	66.7	2	33.3	-	-	

*Significant using Pearson chi-squared test at 0.05 level of significance*No.= Number* % = Percentage

Table(2) shows (53.8%) of the sample at age (25-29)years, (47.7%) house wife, (54.8%) primary school, (42.4%) urban area, (45.9%) married, (52.7%) low socioeconomic and (46.2%) medical team mother's information source, all the percentages mentioned above classified have poor mothers information toward colostomy. There is no significant association with mother information and demographic; only mother education and socioeconomic status have significant association with mothers information.

Table (3) Mothers believes towards colostomy in relation with mothers demographic characteristics

Items		Poor (<25)		Acceptable (25-30)		Good (>=31)		P value
		No.	%	No.	%	No.	%	
Mother age(year):	20---24	10	52.6	9	47.4	-	-	0.852
	25---29	13	50.0	12	46.2	1	3.8	
	30---34	12	54.5	9	40.9	1	4.5	
	35---39	13	59.1	7	31.8	2	9.1	
	=>40	4	36.4	6	54.5	1	9.1	
Mother's profession:	House wife	45	52.3	36	41.9	5	5.8	0.707
	Gov. employee	7	53.8	6	46.2	-	-	
	Retired	-	-	1	100	-	-	
Mothers education:	Illiterate	5	38.5	8	61.5	-	-	0.050*
	primary school	27	64.3	15	35.7	-	-	
	Intermediate school	1	25.0	3	75.0	-	-	
	Secondary school	5	41.7	4	33.3	3	25.0	
	Institute	6	54.5	4	36.4	1	9.1	
	College & Higher	8	44.4	9	50.0	1	5.6	
Residence place:	Urban	45	52.9	35	41.2	5	5.9	0.492
	Rural	7	46.7	8	53.3	-	-	
Mother's marital status:	Married	51	52.0	42	42.9	5	5.1	0.690
	Separated	-	-	1	100	-	-	
	Divorced	1	100	-	-	-	-	
	Widow	-	-	-	-	-	-	
Socioeconomic status:	Low	40	54.1	31	41.9	3	4.1	0.013*
	Middle	9	47.4	8	42.1	2	10.5	
	High	3	42.9	4	57.1	-	-	
Mother's information source:	Medical team	42	53.8	32	41.0	4	5.1	0.839
	Magazines	4	36.4	6	54.5	1	9.1	
	TV.	2	40.0	3	60.0	-	-	
	Others	4	66.7	2	33.3	-	-	

*Significant using Pearson chi-squared test at 0.05 level of significance*No.= Number , * % = Percentage

Table (3) shows that (59.1%) of the sample at age (35-39), (52.3%) house wife, (64.3%) primary school, (52.9%) urban area, (52.0%) were married, (54.1%) low socioeconomic, and (53.8%) mother information come from medical team, all the percentages mentioned above classified have poor mothers belief toward colostomy.

There is no significance relationship with mother belief and demographic, only mother education and socioeconomic status have significant association with mothers belief.

DISCUSSION

Table (1) shows that the highest percentage (26.0%) of the mothers in age group (25- 29) years, (86.0%) were house wife, (42.0%) of mothers graduated from primary school. This result agreed with Iraqi study mentions that the parents educational level is potentially low could certainly affect on the pattern of child care.⁽⁹⁾

Most of the mothers who had children with colostomy were live in urban area (85.0%), while the rural area registered the lowest percentage (15.0%).

This result in contract to the finding of Emmanuel, (2006) who Founded that a comprehensive study for ostomy surgery; has been shown that the colostomy surgical operations number in urban areas were more than the operations in rural areas, because the number of children born in urban area more than rural area⁽¹⁰⁾.

The higher percentage (98.0%) of mothers marital status were married, (74.0%) of family with low socioeconomic status.

This result agreed with Akanidomo et al (2007) study, who found many of parents are living below the poverty line; thus, having the added stress of how to fund the surgery and purchase the needed postsurgical management for the child may be an overbearing burden. have pointed out that the inability of parents to carry the financial burden has led to their removing the child from the hospital prior to completion of postsurgical management⁽¹¹⁾. Coupled with this is the difficulty that often arises when trying to access blood products or antibiotics that are needed for the child. These are all implicated in the development of postsurgical complications, therefore low income families lead to low socioeconomic status these are associated with a number of risk factors for children's development such as poor nutrition, increased injuries, lack educational and most of the mothers had not identified any healthy problems on their children

(78.0%) of mothers information source taken from medical team; this result agreed with⁽⁴⁾ the nurse and members of the health team may play large role in support and educate the parents regarding child's illness and principles supportive of health maintenance and promotion.

Table (2) shows the highest percentage (53.8%) their age group (25-29) years. The most group exposure to the colostomy from mothers response is different, the higher percentage poor answer was house wife represented (47.7%).

The study has shown high significant relationship between information and level of education of the sample with ($p < 0.05$).

The same table show that there is high significant relationship between socioeconomic status and mothers information with ($p < 0.05$).

This result agreed with Low socioeconomic status of the parents of children, lack of knowledge regarding medical care and meager resources to meet the cost of medical care are some of the impediments which probably compel the parents to delay or postpone the follow-up visits. Such situations affect the management and have an impact on the prognosis of the child⁽¹²⁾

The study has shown no significant relationship between information and mothers source, (46.2%) of mothers information taken from medical team.

Table (3) shows no significant relationship between mother's beliefs and mother age, mother's profession with ($p < 0.05$). Also the study; shows high significant relationship between beliefs of the mothers and level of education with ($p < 0.05$) primary study, have highest percentage (64.3%).

The study results agreed with a previous study which concluded that parents low education levels and beliefs that influences on care child which can affect on the child's illness and hospitalization⁽³⁾.

The same table shows high significant relationship between mother's beliefs and low family for socioeconomic status ($p < 0.05$) have highest percentage (54.1%).

Some mothers had believed the low economical status was the main cause of child's illness that affects the quality of life causing unnecessary suffering; that increased responsibilities or burden on family members⁽¹³⁾.

CONCLUSIONS

1. Generally, the information was poor about colostomy among mothers who have child with colostomy.
2. The study found that cultural norms, values and religious believes affects on mothers, that reflected poor belief about colostomy among their in relation to colostomy.

RECOMMENDATIONS

1. Various media sources should concentrate its efforts to prepare medical awareness programs educational for mothers in relation problems and management for the stoma.
2. The booklet and the video film used individually or in combination to provide education to parents about the care of stoma.
3. An educational program should be developed for the mothers having children with colostomy, in order to increase their knowledge and practices toward stoma care.

REFERENCE

1. Parul, D.: *Pediatric Nursing- diseases of gastrointestinal system and liver*. 2nd ed.- New Delhi- India, 2009, p.307.164
2. Amber J.: *Inflammatory Bowel Disease*. www.info.colostomy.surgery.htm, 2012.
3. Jane Ball and Ruth Bindler, *Principle of pediatric Nursing Caring for Children*. 5th ed.-Person, 2012. pp774.
4. American Cancer Society. *Colostomy: A Guide* WWW.cancer.org 2014
5. United Ostomy Associations of America (UOAA). *Colostomy Guide*.; <http://www.ostomy.org> March , 2011
6. Wong's *Nursing Care of Infant and Children- the child with gastrointestinal dysfunction*. 7th ed.- Mosby, 2003, pp.42-1427.
7. Ahmed, B.and., Ali, R. *ostomy in children: Indication and complications*. *Pak J Med Sci*. 2010, vol.26, No.4, pp. 883-886.
8. Jan C. and Peg G. *Colostomy guide*, United Ostomy Association. <http://www.uao.org>. 2004
9. Awad, K J, *Impact of thalassemic child upon family quality of life in basrah center for hereditary blood disease*, 2015, thesis, Nursing College at the University of Baghdad Pp.76.
10. Emmanuel A., Philip M. and Lohfa B.: *Colostomy in children*. *Paediatric Surgery*. 2006, vol. 44, NO. 4, pp138- 139.
11. Akanidomo J. Ibanga Hannah B. Ibanga: *Psychological Issues in Paediatric Surgery* <http://www.global-help.org/2007>
12. Kallal I ., Walla R. : *Development of Educational Aids for the Parents of Children Having Colostomy* Indian association pediatric surgery. 2004, vol (9) pp 16-19
13. Smeltzer, S; Bare, B; Hinkle, J; Cheever, K ; *Brunner & Suddarth's - Medical Surgical Nursing*, 10th edition, 2010, Available from : DVD Doctor Children