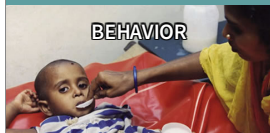


BEHAVIOR PROFILE: MANAGEMENT OF DIARRHEA

HEALTH GOAL

Improve maternal and child survival

BEHAVIOR



Caregivers appropriately manage diarrhea in children

71 Percentage of children born in the five years preceding the survey with diarrhea in the two weeks preceding the survey who received oral rehydration solution (ORS), that is either fluid from an ORS packet or a pre-packaged ORS fluid

BEHAVIOR ANALYSIS

STRATEGY

BEHAVIOR AND STEPS

FACTORS

SUPPORTING ACTORS AND ACTIONS

POSSIBLE PROGRAM STRATEGIES

What steps are needed to practice this behavior?

What factors may prevent or support practice of this behavior?

Who must support the practice of this behavior, and what actions must they take?

What strategies will best focus our efforts based on this analysis?

Behavior

Caregivers provide appropriate treatment for diarrhea

Steps

1. Recognize signs and symptoms of diarrhea
2. If the child is breastfeeding or drinking poorly or has signs of dehydration or blood in the stool, provide ORS and seek immediate care from a trained provider. If these signs are not present, follow the steps listed below.
3. Obtain quality, low osmolarity ORS and full course of zinc
4. Give child ORS throughout the diarrheal episode
5. Give child a daily zinc supplement (usually for 10 to 14 days)
6. Continue or increase breastfeeding appropriate for age
7. Continue other fluids and feeding as possible during illness
8. Provide extra food according to age for at least 2 weeks following illness

STRUCTURAL

Accessibility: Caregivers do not obtain or use ORS (low-osmolarity) and zinc because health facilities are often out of stock and it is not always readily available beyond the health system.

Accessibility: Caregivers do not obtain or use zinc because it is expensive, even when co-packaged with ORS.

Service Provider Competencies: Caregivers do not give ORS and zinc to manage diarrhea because providers tend to over-prescribe antibiotics rather than emphasize the importance of ORS with zinc.

Service Provider Competencies: Caregivers do not continue breastfeeding or offering food during diarrhea because providers fail to recommend continued feeding.

Service Experience: Caregivers do not go to trained providers because they prefer informal sector sources that are nearby for treatment of diarrhea.

SOCIAL

Norms: Caregivers do not seek immediate care for diarrhea because it is considered common and expected for young children.

INTERNAL

Attitudes and Beliefs: Caregivers do not use ORS and zinc because they are skeptical about their effectiveness and prefer antibiotics.

Attitudes and Beliefs: Caregivers will not complete the full course of zinc believing that once the diarrhea has stopped it is not necessary.

Attitudes and Beliefs: Caregivers do not feed children during episodes of diarrhea because they believe food will make the diarrhea worse.

Knowledge: Caregivers are unaware of the benefits of ORS and many do not know about the use of zinc, and the need for special recuperative feeding after illness.

INSTITUTIONAL

Policymakers: Engage in dialogue to ensure private sector physicians health facilities, and pharmacies adhere to national guidelines on diarrhea management in young children.

Policymakers: Seek policies to promote equitable access to ORS and zinc.

Policymakers: Ensure the combination of low osmolarity ORS and zinc is widely available and affordable, including in clinical facilities and non-clinical outlets.

Logistics Personnel: Actively monitor stock levels and forecast needed medical supplies and drugs.

Providers: Prescribe ORS and zinc instead of antibiotics for uncomplicated acute diarrhea and explain benefits to caregivers.

Providers: Emphasize the importance of continuing to breastfeed and offering bland foods to children over six months during episodes of diarrhea.

COMMUNITY

Community and Religious Leaders: Promote immediate care-seeking for all sick children and importance of ORS and zinc.

Community Health Workers and Peer Educators: Follow-up with families whose children have diarrhea to ensure that ORS is properly mixed and that a full course of zinc is taken.

Strategy requires Communication Support

ENABLING ENVIRONMENT

Financing: Expand free or low-cost access to ORS and zinc.

Partnerships and Networks: Engage the private sector in manufacturing or importing, recommending, and distributing ORS and zinc through public and private sector channels.

SYSTEMS, PRODUCTS AND SERVICES

Products and Technology: Combine ORS and zinc packets in grocery stores, pharmacies, kiosks, etc.

Supply Chain: Set up effective supply chain and quality control systems for public and private sectors.

Quality Improvement: Train and support health care personnel in public and private clinical and non-clinical settings on use of ORS and zinc, risks of inappropriate antibiotic use, and counseling caregivers on appropriate management of diarrhea, including feeding during illness.

DEMAND AND USE

Communication: Provide pictorial instructions for mixing and administering ORS and daily reminders for zinc supplements.

Communication: Use an appropriate media mix to address social norms, attitudes, and beliefs around child feeding during and following diarrhea.

Collective Engagement: Conduct ongoing community activities about the dangers of dehydration resulting from diarrhea, the need for immediate care seeking, effectiveness of ORS and zinc, and the need for recuperative feeding after illness.

Collective Engagement: Mobilize communities or groups to discuss problems caregivers have feeding young children properly during illness (including diarrhea) and work together to improve these feeding practices.

Skills: Caregivers do not follow the full 10-14 day zinc regime because they do not understand the instructions.