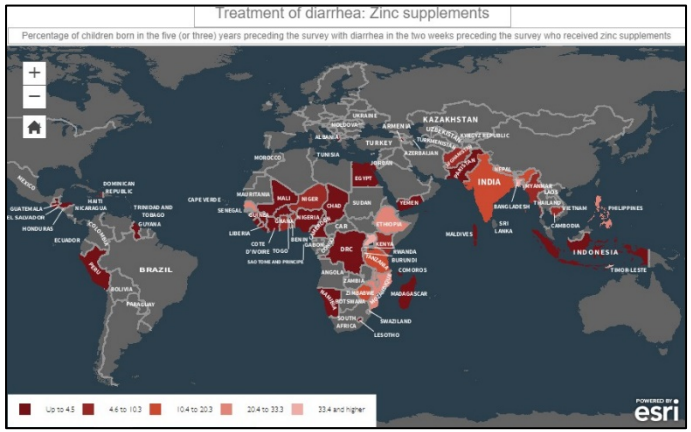
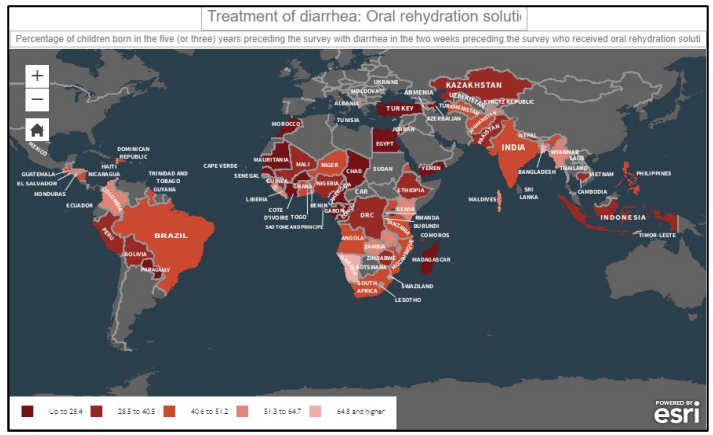
Sample Completed Research Table Management of Diarrhea

BEHAVIOR	Caregivers appropriately manage diarrhea in children
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
RELATED INFORMATION	• Zinc should be co-packaged and not mixed in with ORS directly. Mixing zinc into ORS is not harmful. However, it can prevent knowing how much zinc the child has consumed, and a course of zinc should be longer than the recommended course of ORS. • The current WHO guideline is: Mothers, other caregivers and health workers should provide children with 20 mg per day of zinc supplementation for 10-14 days (10 mg per day for infants under the age of six months) • Global coverage rate of zinc and ORS per guidelines is only 7%.





Source: StatCompiler https://www.statcompiler.com/en/

FACTORS TO CONSIDER	DEFINITION	RELEVANT RESEARCH FINDINGS (insert as summary bullets, cut-and-paste from articles or in any other format that will aid in a discussion as you create behavior profiles on whether that factor is important. Provide references and note sources at end)
Structural		
Accessibility	The primary actor's opportunity to practice the behavior given external, usually physical constraints	• Mothers don't seek treatment at a health facility because of lack of transportation and distance to the health facility (5) • Caregivers seek less expensive alternatives before visiting a formal or licensed care provider because of the cost of professional treatment (8) • Caregivers do not seek care from a provider outside the home because treatment is too expensive, travel is too far, they are unable to take time off from work, or they are deterred by local impediments (i.e. floods and social unrest) (8) • Caregivers cannot access ORS because oral rehydration therapy dispensaries frequently run out of ORS packages, salt tablets, sugar tablets, and zinc tablets, and have delays in resupplying (14) • Caregivers do not use zinc to treat diarrhea because it is expensive (16, 18) • Caregivers do not give the child zinc with ORS because zinc is not available at the hospitals where they seek treatment (18) • Caregivers do not buy ORS packaged with zinc because it is significantly more expensive than ORS alone (18)
Service Provider Competencies	The primary actor's perception of the competency of those providing the service Note: This is only applicable if the primary actor uses a service. If the service provider (e.g. a health worker, a government employee, a business) is the primary actor, their actual competencies should be considered under "Skills"	• Caregivers do not seek treatment at a health facility because they question the ability of health care providers to treat (6) • Caregivers do not seek treatment at a health facility because they are dissatisfied with the quality of care (8) • Caregivers do not use zinc with ORS because providers remove the zinc from the co-packaged product before giving it to them, saying it does not work on diarrhea (18)

Service Experience	The primary actor's perception of their overall experience with structural aspects such as infrastructure, equipment, and response time when receiving the service	• Caregivers do not seek treatment at health facilities because of prolonged waiting times, lack of drugs, and cost of medical services (15) • Caregivers do not seek treatment at health facilities because of a lack of health workers (due to failure to show up for work, a severe shortage of health workers, and using health workers for other specific health campaigns) (15) • Caregivers are delayed in seeking treatment because they prefer private providers "due to factors related to convenience, prompt care and more courteous service" relative to government health facilities (13)
Social		
Family and Community Support	Proactive or passive help, encouragement, or attitudes toward a behavior by family members, peers or others in the community at large	• Mothers use herbal remedies to treat diarrhea as a result of misleading counsel from family members, particularly grandmothers (10) • Mothers do not take their child to a health clinic because they do not receive required permission from their husband (14)
Gender	The specific influence of gender dynamics or relationships on the practice of a behavior	• Mothers are less likely to seek treatment for girls than boys which could be due to cultural influence and gender inequality (13)
Norms	The acceptability and standards for practice of a behavior dictated by religious, cultural or other social networks, including workplace norms	• Caregivers use traditional treatments such as herbal extracts and belly massages because the community still values them (5) • Caregivers perceive teething to be the main cause of diarrhea and therefore a normal part of childhood (12, 13, 14)
Internal		
Attitudes and Beliefs	The primary actor's personal judgment, feeling, or emotion towards a behavior	• Caregivers only use "a pinch at a time" of ORS because they are concerned about wasting leftover ORS, which results in highly variable concentrations and inconsistent dosing (2) • Caregivers are dissatisfied with the taste of ORS and feel that it is difficult to get a child to drink it (2) • Caregivers are accustomed to using antibiotics and feel strongly about continuing to use them because of their positive associations and previous experiences with antibiotics (11) • Caregivers delay seeking treatment because they believe that the illness may subside by itself over time (5) • Caregivers are skeptical about using zinc because of the relative novelty of zinc in comparison to the perceived effectiveness of antibiotics (11) • Caregivers choose not to seek treatment because they perceive a high cost of treatment and transportation challenges (14) • Caregivers did not give a full dose of zinc because the child complained of unpleasant taste, vomiting, or continued diarrhea (16)

		• Caregivers give the child zinc with ORS because they believe it helps strengthen the child's immune system and reduces the severity of diarrhea (17)
Self-Efficacy	The primary actor's personal confidence in their ability to exert control over successfully practicing a behavior Note: This factor may not be applicable in many cases beyond health	• Caregivers may be more likely to comply fully with the shorter course of zinc treatment because it corresponds to the typical duration of illness and reinforces confidence and self-efficacy (3)
Knowledge	The required information the primary actor's needs to complete a set of actions or practice a behavior completely and competently	• Caregivers do not fully know the dangers associated with diarrhea nor the effectiveness and affordability of ORS because they have not been educated about them (1) • Mothers decrease food and drink frequency at onset of diarrhea because they think it is beneficial for the child; they have not received sufficient education about diarrhea and diarrhea management (7) • Mothers do not know appropriate feeding practices during diarrhea and believe that food should be withheld or reduced because they have not been properly informed (10) • Caregivers do not know the danger signs for when to visit a service provider immediately (i.e. blood in the stool, convulsions) because they were not educated about it (14) • Caregivers do not use zinc to treat diarrhea because they lack knowledge about the importance of using zinc with ORS (16, 17)
Skills	The primary actor's ability to perform a set of tasks required to practice the behavior	• Caregivers do not know how to properly prepare oral rehydration salts and salt-sugar solution because they have not been shown by a health worker (14) • Caregivers do not use zinc to treat diarrhea because they are unsure of how to administer it (16)

POTENTIAL ACTORS/ACTIONS	**DEFINITION**	**RELEVANT RESEARCH FINDINGS** (insert as summary bullets, cut-and-paste from articles or in any other format that will aid in a discussion as you create behavior profiles on whether that factor is important. Provide references and note sources at end)
Institutional		
Policymakers	People who design and implement policies	Not identified in the research
Managers	People who supervise or manage others, including potentially the primary actor or a service provider providing a service to the primary actor	• Address the use of antidiarrheal drugs, including emphasizing that indiscriminate use of antibiotics can lead to microbial resistance, adverse reactions, and increased treatment cost (10)

Logistics Personnel	People in charge of managing product of commodity supply chain at all levels	• Ensure supply and availability of quality and affordable zinc (4)
Providers	People who directly provide services to an end-user, client or customer	• Ensure that ORS is used in tandem with antibiotics when antibiotics are appropriate (2) • Attend trainings to improve childhood diarrhea management practices (4) • Only prescribe antibiotics when appropriate (4) • Follow the Integrated Management of Childhood Illness guidelines (8) • Educate mothers at every opportunity to increase knowledge of diarrheal disease and reduce inappropriate practices (9) • Reach out not only to mothers but also to other members of the family that are influential in making decisions regarding care of children with diarrhea (10) • Refuse requests by caregivers for inappropriate treatments and use negotiation techniques to persuade customers to accept advice (11) • Refrain from deferring to customers' requests and demands in order to promote customer satisfaction and maintain customer base (11) • Keep and record more information on services provided by oral rehydration therapy dispensaries, and ensure availability and adherence to protocols and guidelines for delivering oral rehydration therapy dispensary services (14)
Employers	People or organizations that employ people	Not identified in the research
Community		
Community Leaders	People viewed as having influence and representing the community	Not identified in the research
Religious Leaders	People viewed as having influence within a religion	Not identified in the research
Teachers	People that teach others, usually in a school setting	Not identified in the research
Household		
Family Members	Immediate or extended family members such as parents, grandparents, aunts, uncles, or siblings	• Grandmothers: Refrain from counseling mothers on the use of herbal remedies (10)
Male Partners	Spouses, boyfriends, or other male companions	• Give the required permission for mothers to take children who are sick with diarrhea to the health clinic (14)

SOURCE #	CITATION	LINK
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10	Mukiira C, Ibisomi L. Health care seeking practices of caregivers of children under 5 with diarrhea in two informal settlements in Nairobi, Kenya. J Child Health Care. 2015;19(2):254-264.	http://journals.sagepub.com/doi/pdf/10.1177/1367493513508231
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