# BEHAVIOR PROFILE: MANAGEMENT OF DIARRHEA

## HEALTH GOAL

Improve maternal and child survival

Caregivers appropriately manage diarrhea in children

*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

### BEHAVIOR AND STEPS

What steps are needed to practice this behavior?

### FACTORS

What factors may prevent or support practice of this behavior?

### SUPPORTING ACTORS AND ACTIONS

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

### STRATEGY

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

#### INSTITUTIONAL

- **Policy-makers**: Engage in dialogue to ensure private sector physicians health facilities, and pharmacies adhere to national guidelines on diarrhea management in young children.
- **Policy-makers**: Seek policies to promote equitable access to ORS and zinc.
- **Policy-makers**: Ensure the combination of low osmolality ORS and zinc is widely available and affordable, including in clinical facilities and non-clinical outlets.

#### 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.

#### 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.

## STRATEGY

### 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.
- **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.
<table>
<thead>
<tr>
<th>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.</th>
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<tbody>
<tr>
<td>Skills: Caregivers do not follow the full 10-14 day zinc regime because they do not understand the instructions.</td>
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