

## BEHAVIOUR 1: TREATMENT: INCREASE FLUIDS AND KEEP BREASTFEEDING

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### Behaviour to promote

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**From the start of a diarrhoea episode, give a child more to drink than you would usually, in order to replace the fluids that the child loses because of diarrhoea. Preferably offer oral rehydration salts (ORS) mixed with clean water. If ORS is not available, start by giving soup, rice water, water diluted porridge, breast milk, fruit juice, or clean water. Do not forget to give them their usual food, in small and frequent doses. For children under 6 months, keep breastfeeding exclusively but more frequently.**

### Context

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A child has diarrhoea if he or she has three or more loose or liquid stools per day, or has more stools than is normal for that person. If the liquids that he or she loses because of diarrhoea are not replaced, he or she will face dehydration and could die because of it. The recommended liquids quickly and efficiently rehydrate the child, but they need to be given from the start of the diarrhoea episode. Usual feeding should also be continued, because a well-nourished child recovers better.

According to the 2014 DHS, 17% of children under 5 had suffered from diarrhoea during the two weeks preceding the survey. After children have been weaned (after 6 months), cases of diarrhoea are more common (21-25%) due to complementary food and/or children's exploration of their environment.

### Barriers to behaviour change

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#### *Inadequate treatments*

Many mothers still decrease fluids and/or food intake of children suffering from diarrhoea, believing that fluids will worsen the diarrhoea or simply go straight through the child. They ignore the fact that rice water helps rehydration because they think that consumption of cooked rice causes diarrhoea. Children suffering from diarrhoea can also lose their appetite. Mothers should encourage them to eat soft food or food that has been turned into mash (porridge, rice, fish, well-cooked meat, fruits such as plantain, argon oil, cereals and beans) more frequently and in small quantities.

A lot of mothers treat children's diarrhoea episodes – including those of babies under 6 months – with traditional remedies, infusions, or pharmaceutical products bought on the street. Only when such homemade treatments fail do they take the child to the health centre.

Some mothers give suffering children the recommended fluids, but not from the start of the diarrhoea episode. Some mothers struggle to estimate the correct quantity of water to mix with ORS, although some packets now include diagram instructions.

#### *Attitudes regarding ORS*

According to the 2014 DHS survey, ORS is given to only 39% of children with diarrhoea. The reasons for this are that people are either unaware of ORS, or prefer pharmaceutical products or homemade remedies. They also argue that the health centre (and the pharmacy) are sometimes far away – but that could be solved if they planned to get ORS in advance (which could be a responsibility for fathers).

### Elements favouring behaviour change

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Most women are well aware of ORS packets ("Mayi are Mungwa" is salt water in Lingala, "Masa is Mungwa" in Kikongo, "Mayi are chumvi" in Swahili) and know how to prepare them. The packets are usually available for free in health facilities (CS are usually subsidised or receive ORS stock from NGOs). In other health facilities such as pharmacies the cost is very low and is not a significant obstacle.

When children suffer from diarrhoea, many women continue to breastfeed them and/or to give them fluids but they do not increase the frequency of fluid intake. A lot of mothers continue to give usual food to children who suffer from diarrhoea.