

BEHAVIOUR 1: TREATMENT: INCREASE FLUIDS AND KEEP BREASTFEEDING

Behaviour to promote

From the start of a diarrhoea episode, give more to drink than you would usually in order to replace the fluids that the child loses because of diarrhoea. Preferably offer 'Orasel' (oral rehydration salts mixed with clean water). If the 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

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 DHS 2010, 15% 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

Inadequate treatments

A lot of mothers still decrease fluids and/or food intake of children suffering from diarrhoea. This is due to the belief that fluids will worsen the diarrhoea. 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 appetite. They should encourage them to eat soft food or food that has been turned into mash (fish, yoghurt, well-cooked meat, fruits and a mixture of 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 (such as '*toupai*'). 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.

Attitudes regarding ORS

According to the DHS 2010 survey, ORS is given to only 21% 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

Most women are well aware of ORS packets ('*saang koom*' = water for/against diarrhoea or '*yamsum koom*' = salted water) and know how to prepare them. The packets are usually available (for 100 CFA) in the pharmaceutical stockrooms of the health centres and can be bought without prescription.

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.

BEHAVIOUR 2: TAKE THE CHILD TO THE HEALTH CENTRE IF HE OR SHE HAS A SERIOUS CASE OF DIARRHOEA

Behaviour to promote

A child's life is at risk if he or she **has several liquid stools in the space of an hour or if there is blood or mucus in them. One must then seek immediate help from a qualified health agent.**

Context

Liquid and very frequent stools, or stools with blood or mucus indicate dangerous types of diarrhoea like dysentery or cholera, which dehydrate the child very quickly and cause death. As soon as these symptoms appear one must immediately seek help from a qualified health agent who will prescribe antibiotics to stop the diarrhoea. In the meantime, it is absolutely vital that an ORS solution and/or other fluids be administered to the child.

Cases of serious diarrhoea are rare: according to DHS 2010, 2% of children in Burkina had diarrhoea with blood. But only 15% of those children received antibiotics, a necessary treatment.

Barriers to behaviour change

Traditional practices

A lot of mothers only take children to the health centre after they have tried self-medicating with traditional/homemade treatments for one or two days. This can aggravate or worsen the fatality risk of these severe cases of diarrhoea.

Beliefs

A minority of women do not know that diarrhoeas with very frequent/bloody/phlegmy stools are very dangerous for children.

Women do not always realise that these serious cases of diarrhoea need a specific treatment at the health centre on top of ORS and/or fluid treatment.

Elements favouring behaviour change

A lot of mothers know the different types of diarrhoeas and recognise that diarrhoeas with very frequent/bloody/mucus stools are dangerous for children.