

**SOCIAL MARKETING: A MULTIDISCIPLINARY APPROACH
TO IMPROVE LOW USAGE OF
ORAL REHYDRATION THERAPY AND CONTINUED FEEDING
PRACTICES IN LAHAREPAUWA VILLAGE, RASUWA
DISTRICT, NEPAL**

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the Degree of Master of Public Health, Health System Development
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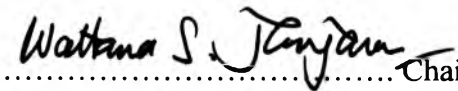
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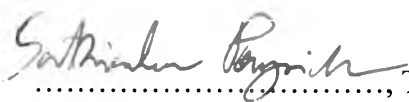
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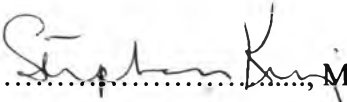

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ABSTRACT

Diarrhoeal Diseases among the children of under- 5 years age is a serious public health problem and a government priority concern in Nepal. National Control of Diarrhoeal Diseases Program (NCDDP) estimates that about 44% death among the under 5 years age children is associated with this disease. Dehydration and malnutrition are two main causes of death during diarrhea, which can be averted by the usage of simple home remedies: increased amount of fluids (Oral Rehydration Therapy) and continued feeding during each episode of diarrhea. Different surveys have revealed that the usage of Oral Rehydration Therapy and continued feeding practices in the country is very low. NCDDP has considered it as a big problem, and therefore, concerned to improve this problem situation.

Different programs intervened during last decades, have significantly improved the knowledge of the mothers/caretakers about the importance of Oral Rehydration Salt (ORS). Still the usage of increased amount of fluids and foods) is being ignored during diarrhea. In a country like Nepal, where pre-packaged ORS cannot be ensured all the time in every places (particularly in remote and rural areas), the alternative is to educate them to use increased amount of home fluids and foods (which are equally effective as ORS solution for the prevention of dehydration) for each episode of diarrhoea. Similarly, they should be adviced to reserve prepackaged ORS to treat existing dehydration. The proposed study aims to intervene a multidisciplinary health education program in Laharepauwa village, Rasuwa district, Nepal for improve usage of ORT and feeding practices.

The study will be an action research with a qualitative approach. Focus group discussion will be the main data collection technique. This technique will be utilized in a series through out development and implementation process of the health education program (such as: identification of target audiences, identification of their needs and wants, identification of possible channels of communication and pre-testing the proposed media, messages etc). In addition, key informant interview and review of service statistics will be other data collection techniques (apart from focus group discussion) to evaluate the impact of the intervention program. Some focus group discussion and key informant interview were conducted in the study area, as a part of data exercise. The main objective of data exercise was to test the appropriateness of data collection tools and techniques that were designed for the original study.

NCDDP will be the main beneficiary of this study. The study results will be evidences to the planners and programmers of NCDDP to decide whether this type of intervention programs can be introduced in other parts of the country in order to improve the usage of ORT and feeding practices. Another beneficiary will be National Health Education, Information Communication Center (NHEICC). The main concern of this center is to design and disseminate effective health education messages towards the targeted population through different channels of communication that have more access and usage up to peripheral level. Thus, the findings of health education intervention process (such as: identification of target audiences, their needs and wants, availability and usage of media etc.) and process evaluation of this study will be utilized by NHEICC to design and implement better health education strategies in the study area in near future.

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ACRONYMS AND ABBREVIATIONS

AHW	=	Auxillary Health worker
ANM	=	Auxillary Nurse Midwife
CDDP	=	Control of Diarrhoeal Diseases Program
CVD	=	Cardio Vascular Diseases
CDR	=	Central Development Region
DOHS	=	Department of Health Services
DD	=	Diarrhoeal Diseases
EDR	=	Eastern Development Region
FWDR	=	Far- Western Development Region
FCHV	=	Female Community Health Volunteer
FWM	=	Female Ward Member
HPG	=	High Privileged Group
HMG	=	His Majesty's Government
IEC	=	Information Education Communication
JSI	=	John Snow Incorporate
LPG	=	Low Privileged group
MOH	=	Ministry of Health

MWDR	=	Mid- Western Development Region
NMIS	=	Nepal Medical Indicator Surveillance
NFH	=	Nepal Family Health Survey
NCDDP	=	National Control of Diarrhoeal Diseases Program
NHEICC	=	National Health Education, Information Communication Center
ORT	=	Oral Rehydration Therapy
ORS	=	Oral Rehydration Salt
TV	=	Television
UNICEF	=	United Nations Children's Fund
UNESCO	=	United Nations Educational Scientific and Cultural Organization.
VHW	=	Village Health worker
WHO	=	World Health Organization
WDR	=	Western Development Region

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