

## Chapter VI

### Annotated Bibliography

1. Green, L. W. and Kreuter, M. W. (1991). Educational and organizational diagnosis; Factors affecting health behavior and environments. *Health Promotion planning, 'An educational and environmental approach: 2<sup>nd</sup> edition*, May Field Publishing Company. London. pp. 74-176.

The writers of this chapter describe that health behavior is not simple, but complex and multidimensional. Three categories of factors: predisposing, enabling and reinforcing contribute to the respective health related behavior of the people. Predisposing factors are the psychological domain (such as: knowledge, attitudes, beliefs, values and perceived needs and abilities) that contribute to positive association with changes, where enabling factors deal with the environment including availability, accessibility and affordability of health care and community resources. Similarly, reinforcing factors are those antecedents that determine whether the actor receives positive or negative feedback and is supported socially after it occurs. Reinforcing factors include social support, peer influences, advice and feedback by health care providers that deal with repetition of any actions. The combination of all these three factors suggests the possibility of effective behavior changes among the individual/organization.

2. Israel, R. C., Foote, D., and Tognetti, J. (1987). *Operational Guidelines for Social Marketing Projects in Public Health and Nutrition*. UNESCO. Paris. pp. 1-68.

This is a complete manual of Social Marketing, which deals with step-by-step guidelines to design, implement and evaluate parts of a Social Marketing campaign. The manual suggests that there are five main steps for Social Marketing process: planning research, development of campaign strategy, pre-requisite training and networking, project implementation activities and summative evaluation. Social Marketing planners need to have a conceptual overview of these stages. Further, the manual describes the outcomes of all the five stages.

3. Lefebvre, R. C. and Rochlin, L. (1997). *Social Marketing. Health Behavior and Health Education*. Jossey Bass Publishers. pp. 384-401.

This chapter deals with the concept, introduction and the components of a Social Marketing program. The writers note that the term Social Marketing has been used as a brand name in various public health intervention programs, such as: a process for increasing the acceptability of ideas or practices in a target group, a process for problem solving, a process to introduce and disseminate ideas and issues, and a strategy to develop effective communication messages. Similarly, the writers present the first article about a program concept model (8 components) of Social Marketing (with five key components), that are: consumer orientation, audience segmentation, channel analysis, strategy, process tracking. The proposed study is designed based on this program component model.

4. Martines, J., Philips, M., and Feachem, R. G. (1993). *Diarrhoeal Diseases. Disease Control Priorities in Developing countries*. Oxford Medical Publications. New York. pp.91-111.

This chapter deals with the basic information on Diarrhoeal Diseases (Such as: introduction, types, causative organisms) as well as the public health importance. Similarly, the chapter has described current levels and trends of the Diarrhoeal Diseases in the developing world. The results from 276 surveys conducted in sixty countries between 1981-86 have been modified from the same article. The chapter provides thorough information about the case management of diarrhea at the household level, which includes the usage of Oral Rehydration Therapy and continued feeding practices.

5. Karki, B. B., and Daulaire, N. M. (1987). *Report of Findings of National Diarrhoeal Diseases Survey (1985) on Morbidity, Mortality and Treatment Pattern in Diarrhea in Nepal*. Integrated Community Health Service Development Project, Diarrhoeal Disease Section, Kathmandu, Nepal. pp. 1-16.

This is the first Diarrhoeal Diseases survey on morbidity, mortality and treatment pattern in diarrhea conducted at the national level. According to the survey, approximately 44,000 under five to old deaths were associated with diarrhea out of 99,000 under five to old deaths. The survey revealed that a two weeks period prevalence rate of diarrhea in May and June (peak diarrhoeal season in the country) among children aged under five was 31% with 6.1 diarrhea episodes per child per year. Similarly, diarrhea case fatality rate in children under five was 259 extrapolated

deaths per 100,000 cases. These results clearly confirmed the burden of Diarrhoeal Diseases among the children of under5 years in the country drawing attention of the health planners.

6. WHO (1989). *The treatment and Prevention of Acute Diarrhea. Practical Guidelines*. Second edition. Geneva. pp. 1-49.

This practical guidelines provides a brief information about the treatment and prevention of acute diarrhea including home treatment, which comprises the provision of increased amount of fluids and foods during each episode of diarrhea. According to the book, there are three rules for treating diarrhea in the home: increased amount of fluids, continued feeding and to take the child to a health worker, if he/she is not getting better. Furthermore, the book provides information about the usage of Oral Rehydration Salt followed by its correct preparation.

7. Fine, S. H. (1990). Introduction to Social Marketing. *Social Marketing; Promoting the Causes of Public and Non Profit Agencies*. Allyn and Bacon. pp. 1-55.

The writer in the first chapter of the book defined Social Marketing as the application of marketing methods by public and non-profit organization for the dissemination of ideas and social issues. In the same chapter the writer has mentioned seven components of a Social Marketing program (7 Ps). According to him, the first step in devising a marketing plan is to formulate these 7 Ps questions: 1. Who is the producer, the source of the promotional messages? 2. Who are the potential purchasers in this particular market and what needs and wants do these peoples have?

3. What specific product (s) can the marketer design to help fill those needs? 4. What Price (s) must the purchasers sacrifice in order to obtain this product? 5. How can the marketer promote (communicat with) the given market? 6. Which parties (institutions) will participate in the product available at the best place and time (best for the purchaser?) 7. What probing will be necessary to evaluate the marketer's campaign and to obtain feedback from the purchasing audience? The attempts have been made in this study (proposal) to answer these questions.

8. Vesikari, T., Torun, B., (1994). Diarrhoeal Diseases. *Health and Disease in Developing Countries*. The Macmillan Press Ltd. pp.135-145.

This chapter gives a brief view on the introduction of diarrhea, causal organisms and diseases entities and the general principles of case management of acute diarrhea. According to the writers, the prevention of dehydration and its correction is the first priority in the treatment of acute diarrhea. Therefore, the writers suggest that the usage of Oral Rehydration Therapy and dietary management should be the basic components of Diarrhoeal Diseases case management at the household level, which should be promoted at every level from families to doctors.