

PA-ARE 301

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TRAINING & GUIDING

Mothers To Care For Their

Children With Diarrhoea

DIARRHOEAL DISEASES MANAGEMENT
SELF INSTRUCTIONAL SERIES - No 4



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Mothers To Care For Their

Children With Diarrhoea

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intended users :

Within the context of the task-based
curriculum- inservice for practicing
physicians, residents and house officers

Potential users :

Newly appointed physicians
Undergraduate medical students
Undergraduate students of the High
Institute Of Nursing

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TO THE LEARNER

This is a self instructional unit that covers health education in a rehydration center. The unit is self contained. Upon completion, you will be expected to accomplish the objectives covered in the topic. So, it is important that you follow closely the directions below.

DIRECTIONS

- 1- Read through the unit in sequence from beginning to end.
- 2- Read carefully the objectives. They will tell you what you are expected to learn from the information in the unit. They also indicate what you will be asked on the post test.
- 3- Read information Section 1.
- 4- Write your answers to the practice questions at the end of information Section 1 on a separate sheet of paper. Do this without looking back at the information.
- 5- After you write your answers, look at the answers given on the next page, in order to check your work.
- 6- If any of your answers are incorrect, go back and read the information in Section 1 ; then make another attempt to answer the same practice questions. Make sure that all your answers are correct before moving on the next section.
- 7- Proceed through the entire unit in the same manner .

TO THE TRAINER

This unit can be used in many training situations. Suggested below are various learner activities for preparation and follow up study. These suggestions may give you additional ideas in planning learners' activities for background to the unit and for practical application of the information.

SUGGESTED PREPARATION

- 1- Before learners use this unit they should have reviewed the different tasks carried out by the health team in the rehydration center.
- 2- They should have read the self instructional unit : Communication and Human Behaviour in Diarrhoea.

SUGGESTED FOLLOW UP

- 1- It is essential that learners apply what they have learned and practice their role as educators and trainers of mothers. This can be done first in role play ,then in a real situation.
- 2- You should also train your learners to be critical observers. They should critically discuss the educational activities carried out by staff and peers.

REMEMBER

Distribute this unit at the end of Day 4.
Instruct the learners to read the material carefully and follow up the direction
Next day make sure that the learners responded correctly to the questions.
Discuss their problems.
Use the progress test as a posttest for this unit to ensure that they really learned the subject.

INTRODUCTION

To achieve better health, it is required that people take actions on their own behalf by adopting healthy behaviour in health and sickness and making sure that their own environment is healthy. Health education can help do all this. To accomplish this health education requires a change in behaviour. To be successful in health education people must be interested in improving their conditions of living. In this case health education helps people develop a feeling of responsibility for improving their own health both as individuals and members of families and communities.

A major objective of education for health is to allow people to define their own problems and needs, to understand what they are able to do about their problems and needs, and when they need outside help and support. After considering all this, people can then decide on the actions which are most appropriate to promote healthy living and community health.

You as one of the key members of the health team of a rehydration center, with a lot of close contact with mothers of diarrhoeal patients, have to educate the mothers about diarrhoea prevention and control. You should consider the mother as an important part of the health team. The mother deals with her child first. She is responsible for carrying out your management plan. She is the one to maintain hydration at home. Your position is very important. You can translate scientific information into simple language which mothers will be able to understand. You can help mothers try these new methods, make sure they are satisfied so they will continue to practice them. In this way you will promote healthy behaviour in your community.

In the first section of the unit, you will learn that health education is not just giving information, but it is a process of promoting healthy behaviour. You will understand the essential principles of health education and more important you will appreciate that health education is the duty of all those working in the center. In the second, third and fourth sections, you will realise that health education should be done continuously, using the counselling technique and the group approach.

PREREQUISITES

All learners should have visited a rehydration center. They should have read the following self instructional units :

- 1- Communication and human behaviour
- 2- Case Management of Acute Diarrhoea in Children
- 3- Monitoring the Progress of Diarrhoeal cases during Initial Rehydration

OBJECTIVES

Upon completion of this unit the learner will be able to

- 1- Define health education, identify who should carry out health education and where health education should be carried out.
- 2- List six important reachable moments for educating a mother in the rehydration center.
- 3- Given a description of a counselling session will criticise the session stating what was done well and what was not done well.
- 4- Given a description of a session on a demonstration, will criticise the way the demonstration was carried out stating what was done well and what was not done well.
- 5- Given a description of a group discussion will comment on the way the discussion was carried out and identify the purpose of each activity carried out in the group discussion.

INFORMATION SECTION 1

GENERAL REVIEW : HEALTH EDUCATION

Dear Doctor:

In your work in a rehydration center, you are carrying out various activities and tasks. You are examining diarrhoeal cases, assessing the degree of dehydration, deciding on a plan of management; you are monitoring the progress of your patients and you are working with your staff and colleagues as a team.

One important task you must carry out is to educate mothers, while their children are being rehydrated. Usually mothers remain in the center for 2-6 hours. They are anxious, most of their needs and problems are revealed and they are ready to learn.

So, it is not enough to rehydrate your case. You must as well educate the mother about diarrhoea and dehydration; how to prevent both conditions; how to deal with them at home; and when to come to the center for advice and care.

Teaching mothers the skills necessary to deal with diarrhoea is important. She is the first one to deal with the case. She should be aware of the seriousness of dehydration, and when it is essential to come back to you. Without educating the mother about prevention of diarrhoea, the child may fall sick again and again from the same disease.

Remember that with repeated diarrhoeal attacks and ever worsening nutritional status, the child becomes increasingly susceptible to other acute infections. Diarrhoea including its interaction with malnutrition is a major cause of our children's morbidity and mortality.

Health education encourages behaviour that promotes health, prevents illness, cures disease and facilitates rehabilitation. So, in all your educational activities you should aim at all these behaviours. You should make the mother aware of the fact that she is responsible for the health of her child. You have to persuade her to adopt and maintain healthful life practices. Moreover, you should make the mother work actively with the health team in order to prevent and control diarrhoea and dehydration.

To achieve this, you should understand what are the needs of the mother. What are her thoughts and feelings, who can influence the mother's opinion and what are the resources available to her? You should respect the cultural background of the mothers you are dealing with. To be successful, health education must relate to the available resources of the mother, the community and the rehydration center you are working in.

As you are giving only rehydration services for diarrhoeal cases in the rehydration centers, you should only focus on the skills needed to deal with these cases. Do not discuss with a mother her pregnancy, or a problem not related to diarrhoea. However, to gain the mother's confidence, you have to answer questions asked by her. In the rehydration center, while the mother is so concerned about her child, she does not care about anything except her sick child, and how soon he can be cured. You have to give the mother the information she feels she needs to help her child get well.

You should be aware that correct health knowledge alone does not necessarily lead to desired action or behaviour. However, providing knowledge for felt needs can possibly initiate action. Well, is health education the same as health information? No! Correct health knowledge may or may not have an impact on the individual. In health education you are in fact translating health knowledge into healthful individual and group behaviour by an educational process. You need to integrate the information and education as they are complementary to each other.

YOU ARE CONCERNED WITH PROMOTING HEALTHY BEHAVIOUR

In health education, the message must be personalised to help in bringing about the desired change. Moreover to promote healthy behaviour you have to start the educational process yourself. You have to give the knowledge needed at the right moment. You have to build your education on the mothers' positive attitude and practices. In our community children are highly valued. Use this to promote healthy behaviours to save children.



THE MESSAGE SHOULD BE PERSONALISED

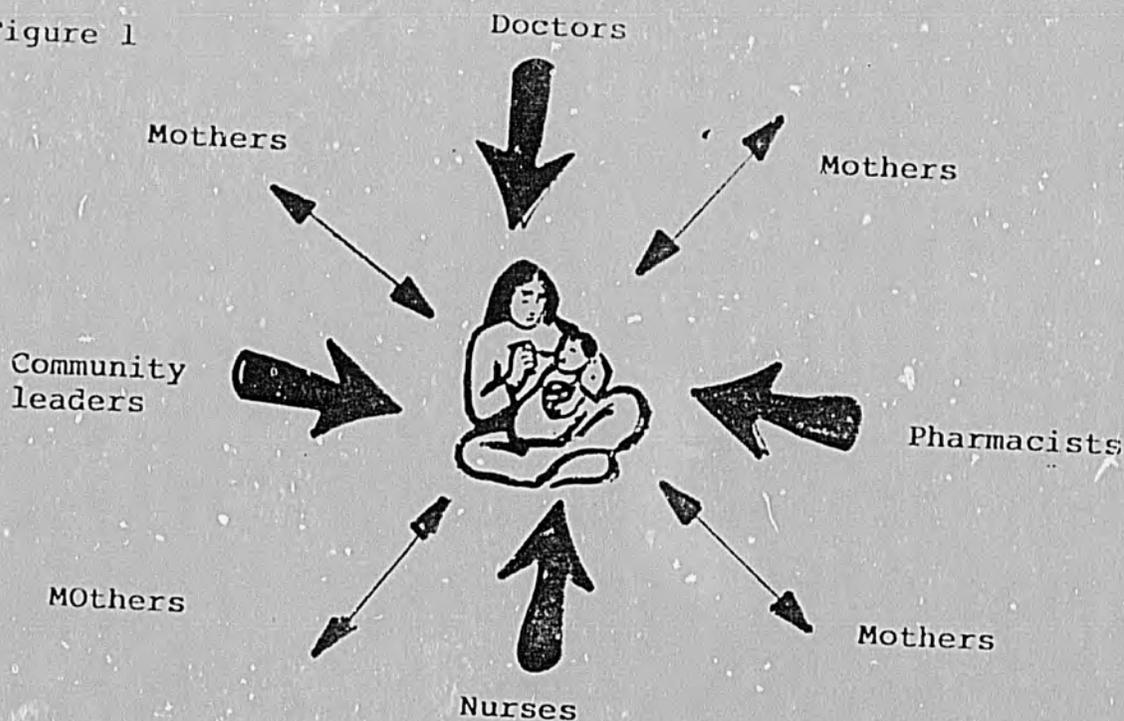
The cooperation of the family and community members is needed for active support of your educational activities. That is why health education should be provided in the center, in hospital, at home, in schools or any other place where persons assemble and can interact with health personnel. One of the ways that helps spread information and knowledge to large number of community members is mass media. The mass media campaign carried out by the National Control of Diarrhoeal Diseases project proved to be very successful. You should use these messages and build upon them.

Let us now study Figure 2. It illustrates what is meant by health education. It emphasises the importance of changing knowledge, attitudes, and behaviour of the individual and the community to promote positive health and productive life.

Health education is a process. Figure 3 indicates that it is not enough to provide knowledge, and change attitudes but it is important to encourage trial and acceptance. If mothers are satisfied they will repeat the behaviour learned and a habit will be formed.

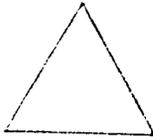
In a rehydration center you are not working alone. You are working in a team. Health education is the duty of all persons working in the center. Why? Because all health

Figure 1

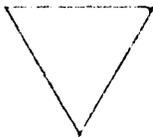


HEALTH EDUCATION IS THE DUTY OF ALL PERSONS ENGAGED IN HEALTH

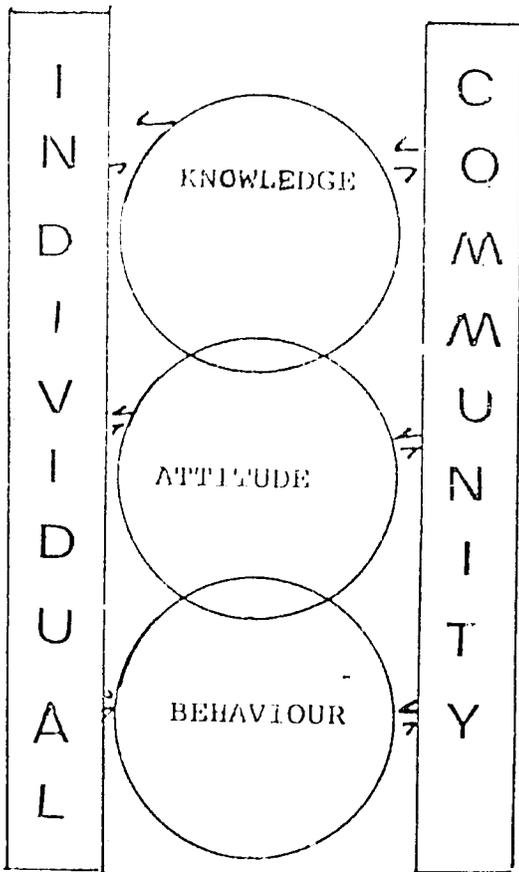
HEALTH EDUCATION



A PROCESS

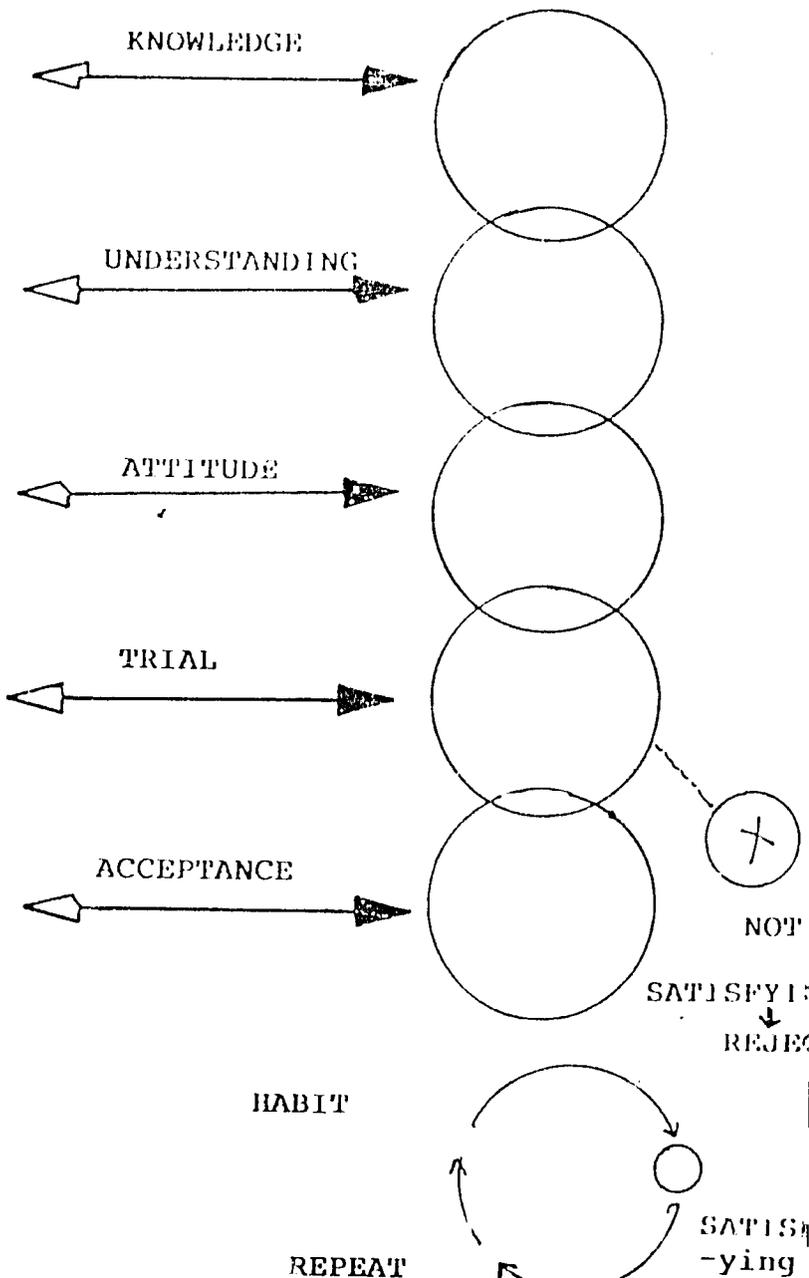
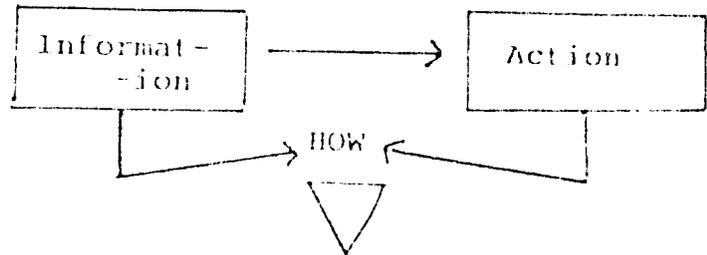


Seeking To Change



FOR POSITIVE HEALTH

HEALTH EDUCATION PROCESS



workers should be concerned with helping mothers to gain the skills needed to look after their children in health and illness. By carrying out health educational activities, doctors, nurses, pharmacists, social workers and others including tomargians can make health care more effective and promote self help and self reliance.

In all your activities :

- o Use simple clear language that mothers understand.
- o Avoid scientific medical terms. Mothers will not be impressed. They will be puzzled and frustrated.
- o Respect mothers' traditions and beliefs.
- o Learn how to listen.
- o Be sympathetic to peoples' hopes and fears.
- o Make sure that all your staff are giving the correct information and that learning is reinforced by all your team.

You realise that most of the knowledge obtained through the health personnel is shared with other mothers in the center and with friends and relatives once mothers return back to their families and community. Mothers should not leave the center without the knowledge and skills they need to care for their children in their homes.

INFORMATION SECTION 1

PRACTICE QUESTIONS

Check if the statements are false or true []

	False	True
1- Health education should be delegated to one person in the center.	[]	[]
2- During rehydration, mothers are willing to hear about health problems concerning the community.	[]	[]
3- Messages given to mother must be personalized to help in bringing about desired changes.	[]	[]
4- The health education process should be carried out only in the center.	[]	[]
5- Providing only knowledge for felt needs can possibly initiate action.	[]	[]
6- Most of the knowledge obtained through health personnel is shared with friends and relatives.	[]	[]
7- The health educational messages, once based on scientific data should be used without considering the attitudes and beliefs of the individual.	[]	[]

Complete the following sentences :

- 8- Health education is the process by which we are seeking to change individuals, groups and community's
and
- 9- Trial acceptance and satisfaction are all prerequisites for individuals to practice the
and
- 10- Health education should not only disseminate knowledge but should be concerned with promoting.

INFORMATION SECTION 1

ANSWERS TO PRACTICE QUESTIONS

- 1- [] False- Health education is the responsibility of all health personnel
- 2- [] False- Mothers interest and concern is the health of her sick child. She wants to be educated about diarrhoea and dehydration
- 3- [] True
- 4- [] False- Health education can be provided in the center, in hospitals, schools, homes or any other place where persons can interact with a health worker
- 5- [] True
- 6- [] True-
- 7- [] False- To be successful health education must relate to the health beliefs, attitudes and culture of the community .Moreover it should consider the resources available.
- 8- Health education is the process by which we are seeking to change individuals, groups and community's knowledge attitudes, behaviours and practices for positive health.
- 9- Trial, acceptance and satisfaction are all prerequisites for individuals to practice the behaviour and develop the habit.
- 10- Health education should only disseminate knowledge, but should be concerned with promoting healthy behaviour.

INFORMATION SECTION 2

HEALTH EDUCATION FOR INDIVIDUALS

When you work with one mother you are assuming the role of a counsellor. Counselling is one of the most frequently used health education approaches for helping individuals and families. In counselling you help the mother to think about her problems and understands what causes them. You can help her feel that she has the ability to find solutions to her problems.

Counselling is part of the treatment care given to patients. It is also an important aspect of prevention and health promotion. Counselling can help individuals to understand what they can do to prevent disease and control it.

In a hospital-based rehydration center, counselling is done in the center. However, you have to realise that each woman at the center may fear that other women will hear what they are discussing with her. Women will be tense. That is why you must respect each woman's privacy particularly if you are discussing personal things.

In non-hospital based centers, counselling can be done in the center or at home. Home visiting is an important activity of primary health care facilities. But even in hospital based centers, home visiting can be done. Social workers usually work with hospitals. They can carry out follow up visits. You can also train any of your staff, medical or non medical to do home visits. Much can be learned during home visits to facilitate and enhance your education. When people are in their homes they usually feel relaxed secure and are willing to talk and discuss issues. They can tell you more at home because they feel safer and comfortable there.

Much can be learned from home visits. We can see what kind of environment the family lives in, and how the

family's situation might affect their behaviour. You can use materials and utensils from the house to carry out ORT and nutrition demonstrations. In this way your demonstration will be more realistic and learning will be easier. Remember that as long as you approach people with understanding, they will welcome you into their homes. There you will find many opportunities for working with mothers :

- o You can maintain a good relationship with mother and family. This is important for all your educational activities.
- o You can check the progress of the child after initial rehydration.
- o You can check the mother's understanding about maintenance of hydration and nutrition.
- o You can encourage behaviour that will prevent diarrhoea ,malnutrition and other common diseases.
- o You can find out and improve problems early. For example if the grand mother is pressuring the mother to starve the child, you can counsel the whole family about the importance of feeding during and after the bout of diarrhoea.
- o You can tell the mother about important events that you want them to participate in. An example would be measles immunization campaign.

Counselling, dear doctor, whether in the clinic or at home involves :

- o Finding out what is the problem
- o Finding out why it is a problem
- o Looking at many possible solutions to the problem
- o Choosing the most appropriate solution

HOME VISITING FOR COUNSELLING



WELCOME !!

Counselling involves discussion and choice. To counsel effectively, you need communication skills. In counselling you do not use leading questions. Leading questions mean questions that start or end in don't you? Leading questions provide the mother with an answer you expect. This kind of questions will not help the mother to learn. Here is an example of a leading question :

Dr Saeed was screening the mother's knowledge about how to administer ORS. He asked the mother:
" You give one tea spoonful every minute, don't you ?"
The answer will always be : " Oh Yes !! " .

Leading questions don't help the mother, but some questions are useful, because they allow a mother to discover information or ideas on her own. For example asking the mother how she thinks she can prevent diarrhoea. As a counsellor you should help mothers to learn in this way. But you should avoid questions that demand no answers. This means you should begin your questions with words like when, where, how, why, etc. Ask the question so that the answer is the choice and the responsibility of the mother. Direct the discussion, but do not give mothers all the answers. Let them find the answers themselves.

Silence can also be used to help the mother to communicate with you. A few moments of silence between questions, will allow the mother to talk about a problem, without making her feel hurried. It encourages her to formulate her own ideas without putting words into her mouth. So, in counselling you ask questions that help both you and the mother. Here are few examples of questions that you can use :

o Identify the problem and investigate its background:

- What seems to be the trouble
- What worries you the most about the child's condition?
- Can you remember when diarrhoea started ?

o Seek information, clarify , explore :

- Can you give me examples of foods given ?
- How many times did he vomit?
- Can you explain what you mean by diarrhoea ?
- Are there other actions you have taken ?

o Define what can be done, explore alternatives, find out what will be implemented :

- What is the important thing you should do beside giving ORS ?

- What are the foods that you can give ?
- What other food items can the child eat ?
- o Prepare for failure, plan, relate and predict the results:
 - Well what if the child continues to vomit ?
 - How do you suppose you can prevent diarrhoea ?
 - How does this affect your child's health?
 - What are the chances of doing so ?
- o Summarize :
 - Can you summarize what you will do to maintain hydration?
- o Evaluate :
 - Can you describe the signs for dehydration in this picture ?

There are various educational methods that you can use with individual mothers. Always remember that counselling requires a personal approach, with skills in listening, in providing information, and in helping the mother to determine what is best for her.

To help the mother make decisions and carry out their decisions, you have to help mothers see how their behaviours can affect the things they value. For example you can discuss how breast feeding helps the child. Mothers value their children very highly. Caring for children is a special duty. Motherhood is highly respected. So, if you teach mothers that their actions can help their children, they will respond. Find out what else the mother values and feels strongly about, and use the information obtained in your counselling. You can use educational aids during counselling. You can use pictures, posters, the child himself etc...

INFORMATION SECTION 2

PRACTICE QUESTIONS

Check [] statements that are false or true

- | | False | True |
|--|-------|------|
| 1- Counselling means giving the mother a chance to choose for herself | [] | [] |
| 2- Counselling will help mothers to understand what they can do to prevent the disease and control it | [] | [] |
| 3- Counselling is done only in hospital-based centers | [] | [] |
| 4- Women in the center are more likely to be less tense and ready for counselling than in their own home setting | [] | [] |
| 5- Counselling requires strong communication skills | [] | [] |
| 6- The counsellor directs the discussion but he does not ask leading questions | [] | [] |
| 7- Describe what counselling implies : | | |
| 1- | | |
| 2- | | |
| 3- | | |
| 4- | | |

Read the following situation that describes a counselling session, then respond to the questions:

Doctor Farouk (1): " Good morning. I hope everything went alright with your child. Will you tell me what was wrong with the child when he came ?"

Mother : " He had diarrhoea and " gafaf". His condition was so bad !"

Doctor Farouk (2): "Well isn't he alright now ?"

Mother : "Yes "El Hamd LE Allah" "

Doctor Farouk (3): " You have now seen how ORS can work, didn't you ?"

Mother : " Yes !"

Doctor Farouk (4): " Can you tell me how to mix El Mahloul?"

Mother : " I clean the plastic cup. I pour clean water up to the mark . I shake the packet of ORS well, pour all the powder, I mean after opening the packet, then I pour all the powder into the cup. I stir the water well till all the powder disappears."

Doctor Farouk (5) : " Excellent. What happens if you do 'nt pour water up to the mark. If you put more or less ?"

Mother : " Well the nurse said it will not work!"

Doctor Farouk (6): " What do you think ?"

Mother : " I think this is true. You see it is like cooking, if you do not put enough salt and pepper, you will not have a good meal. Too much will make the food too salty, and too little will not give the food enough flavour."

- Doctor Farouk (7) : " Well this is correct. Suppose you do not have the cup, what should you do ?"
- Mother : " I use a small soft drink bottle to measure the amount of water!"
- Doctor farouk(8) : " You know that the water ,the cup ,the spoon as well as our hands should all be clean. Do you know why?"
- Mother : "Well cleanliness is from faith."
- Doctor Farouk(9) : " Yes of course. If you clean all utensils and you clean your hands thoroughly,you get rid of all the germs. Water also should be clean ."
- Mother : " We use the ordinary water from the tap.Should I boil it ?"
- Doctor Farouk(10) : " No there is no need to do so.
- (11) : " How do you give ORS ?"
- Mother : " Slowly.One teaspoonful every minute. The child should be upright."
- Doctor Farouk(12) : "Good.You are really a good mother!"

Questions:

- 8- What was the topic of the counselling ?
- 9- What were the leading questions asked?
- 10- Rewrite the questions in a way that will not be leading.

- 11- What were the questions that were stated to identify the problem and its background ?
- 12- Give examples of questions aiming to seek information.
- 13- Give examples of questions exploring alternatives .
- 14- Give examples of questions stated to evaluate mothers' Knowledge.
- 15- Do you think that Doctor Farouk tried to establish a relationship with the mother ? if yes,how ?
- 16- Did he give feedback to the mother? Give examples.

INFORMATION SECTION 2

ANSWERS TO PRACTICE QUESTIONS

- 1- [] True
- 2- [] True
- 3- [] False- It can be done in any health facility and even at home
- 4- [] False. Women in the centers are usually more tense.
- 5- [] True
- 6- [] True
- 7- Counselling implies:
 - 1- Finding out what is the problem.
 - 2- Finding out why it is a problem.
 - 3- Looking at many possible solutions to the problem.
 - 4- Choosing the most appropriate solutions to the problem.
- 8- Dr. Farouk was screening the mother's knowledge about diarrhoea and how to mix ORS.
- 9- Dr. Farouk used leading questions: Question 2 and 3
- 10- He could have shaped questions differently:

Question 2: " What is his condition now ?"
Question 3: " What made him improve that much?"
He should have avoided questions that are answered by yes or no.
- 11- Question 1 and 2. These two questions verify that the child had diarrhoea, dehydration and was seriously ill.
- 12- Question 4 and 5. These two questions aimed at finding out if the mother knows the steps of mixing ORS or not.
- 13- Question 7 explores an alternative method.
- 14- Question 5 evaluates whether the mother really understands the importance of pouring the exact amount of water or not. You have to notice as well that question 4 and question 11 were also asked to evaluate mother's knowledge.
- 15- Yes he started his counselling by greeting the mother and trying to obtain general knowledge first. In addition he appraised her three times.
- 16- Yes. He gave her immediate feed back (5-7-9- and also in his last statement).

INFORMATION SECTION 3

HEALTH EDUCATION FOR GROUPS

Dear Doctor

Mothers in a rehydration center make up a group. They share one common interest and they all have one need. All have children who are suffering from diarrhoea. They need to be educated and trained to manage and prevent the disease. You can teach a group of these women together at the right moment. Teaching in a group has the following advantages:

- o It provides support and encouragement.
- o It enables the sharing of experience and skills
- o It encourages individuals to participate.
- o It motivates mothers to implement what the group has agreed upon.

When you educate mothers in a group setting, you cannot meet the needs of each individual mother. Be sure to invite mothers to discuss their problems individually too.

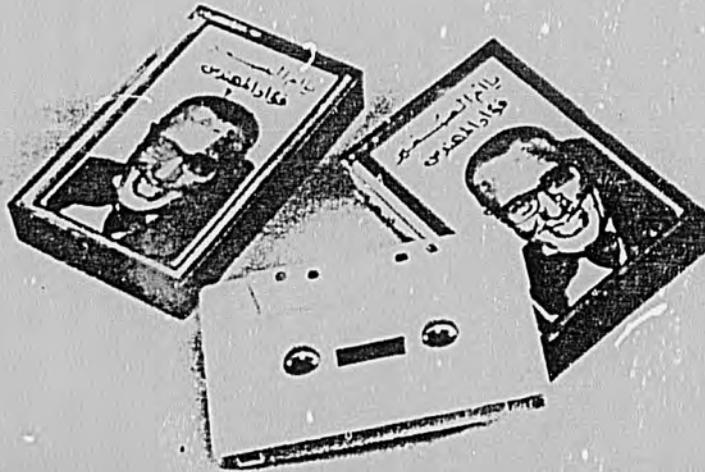
In all your group work you have to choose the appropriate time and you have to consider the local culture. Make sure that the topic meets the needs and interests of the group. It should be a subject that every one is interested in.

First you should establish a relationship with mothers and have a friendly atmosphere. This means taking a few minutes to talk with mothers in order to make mothers relaxed. This is essential for successful communication.

When you feel the group is ready begin with the general knowledge. Let people see your health message. Use real objects, posters, pictures...etc. Use a simple object, poster or picture that has just one idea "at a time". Encourage mothers to talk. Do not do a lot of talking yourself. Mothers will lose interest. Ask questions, praise ideas, make sure that communication is clear. Encourage participation. In

your group work you should also check for satisfaction, and you should summarize.

In your group work you can use demonstrations, talks, group discussion, role playing, stories, case histories, songs and other methods to open the discussion. You can use educational aids as pictures, real objects, or posters. You can also refer to the mass media. The National Control of Diarrhoeal Diseases Project has launched very successful series of commercials with Karima Mokhtar. There are several songs that you can discuss.



هل الإسهال خطير؟
 إذا حدث إسهال لطفلك يجب أن تتحقق من أسبابه فبذلك يمكنك تجنبه
 أو إن شاء الله لا يضره ذلك جفافاً
 عند ما يشتد الجسم الموهن الموجود فيه فذلك هذا يدل على
 السبروتقال
 إذا أصيب به
 هذا الدواء

ما هو الجفاف؟
 الجفاف يحدث عندما لا يكون لدى طفلك ما يحتاجه من السوائل
 وإذا لم يمتدح هذه
 الأعراض فربما
 طفلك مصاب
 بالجفاف
 إذا أصبح طفلك
 إلى أكثر من
 أو وحدة صلبة
 ففتنك

دليل الأم الواعية

محلولة معالجة الجفاف
 وتعمل طريقة الترويض الطفل من السوائل التي
 هي بمثابة محلول معالجة الجفاف
 محلول معالجة الجفاف
 يوجد في الصيدليات والمخيمات الم

المول
 الحجة
 ناف
 سارة الوكيدة
 لطيفة
 خطم الجفاف

You should also be ready to demonstrate a skill.
In holding a demonstration you should :

- o First explain the ideas and skills that you will be demonstrating-use real objects, or pictures or posters.
- o Encourage questions from the group to make sure people understood.
- o Do the demonstration. Do each step slowly one at a time. Make sure that every mother sees these steps.
- o Ask one mother to repeat the demonstration.
- o Ask the rest of the group to comment.
- o Give feedback.



THE NURSE IS DEMONSTRATING HOW TO MIX ORS

Dear doctor, a health educator is a person who cares. He also uses many ideas in his work. By practicing you will find other methods that you can use that will be appropriate for women you work with.



POSTERS COULD BE USED IN HEALTH EDUCATION

INFORMATION SECTION 3

PRACTICE QUESTIONS

1- Give three advantages of group approach

a-

b-

c-

Read the following and then respond to the questions.

Dr. Kamel demonstrated to a group of mothers how to mix ORS. He stood up and told mothers that to mix ORS, they have to choose a cup which should be clean- Fill it with clean water till the mark-pour the powder and stir the powder until it is dissolved.

2- Criticise the demonstration carried out stating:

a- what was done well ?

b- What was not done well ?

Dr. Moneer held a group discussion. He used a case history to open his discussion. He greeted his audience. He told mothers about a woman whose child had diarrhoea. This woman stopped all foods and fluids. He asked mothers to state their opinion about the mother's behaviour. He

invited one mother to give her views. The mother "Tahia" appeared interested and intelligent. She responded to his question correctly. Then doctor Moneer gave a short presentation on the importance of feeding during and after diarrhoea. He explained the importance of giving fluids to compensate for fluid loss. At the end of his talk, he asked Tahia to summarize.

3- Criticise the way this group discussion was run:

a- What was done well ?

b- What was not done well ?

INFORMATION SECTION 4

ANSWERS TO PRACTICE QUESTIONS

1-

- a- It provides support and encouragement.
- b- It enables the sharing of experiences and skills.
- c- It encourages individuals to participate.

2-

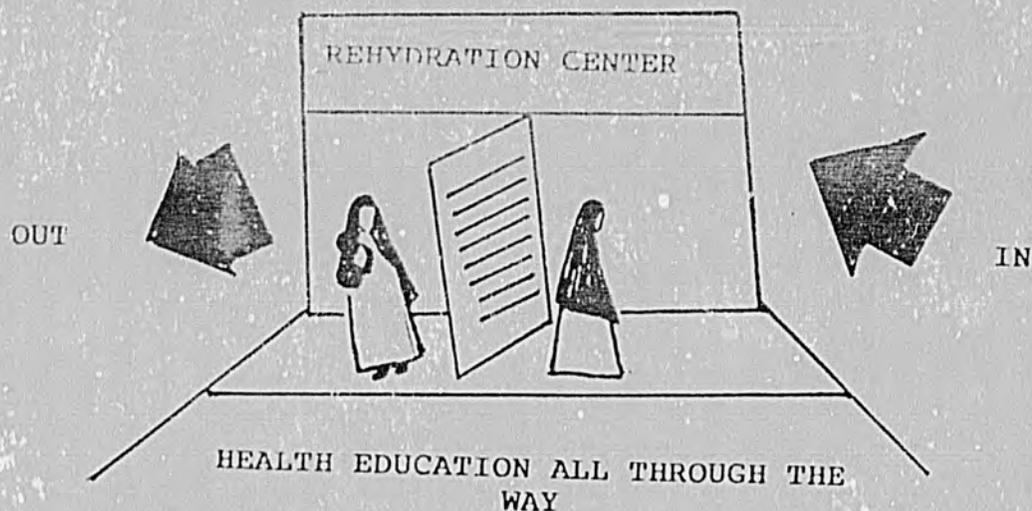
- a- Dr. Kamal explained the purpose of the demonstration
He said the steps of mixing ORS.
- b- He did not show them the steps.
He did not ask mothers to participate.
He did not ask mothers to demonstrate the steps.
He did not give any feedback.

3-

- a- Dr. Moneer used a case history to open his discussion
He asked one mother to participate.
- b- He did most of the talking.
He was biased .He invited only one mother to answer
his questions." because she seemed intelligent".
He did not check if all mothers understood or if they
were all satisfied or not.

INFORMATION SECTION 5

HEALTH EDUCATION : IMMEDIATELY AFTER PRIMARY ASSESSMENT AND EARLY IN INITIAL REHYDRATION PROCESS



During the stay of the mother in the rehydration center, she should be educated in how to prevent and manage diarrhoea. She should be informed about when to come back with the child for routine follow up. She must be convinced about the importance of this return visit. This will involve giving several health education messages. Mothers although they will be highly motivated to listen, and respond to these messages, do not have a medical background. So, you have to give simple and clear messages and you should be patient.

Each health education message should be given to the mother at a time when she is ready for it. It should be given at a teachable moment. That is to say, when the mother will be able to directly apply the information given and make use of it.

So, when should you give your health education messages?

We can list six important teachable moments for educating a mother in the rehydration center.

- 1- Immediately after the primary assessment.
- 2- Early in the initial rehydration process.
- 3- Towards the end of the initial rehydration process.

- 4- At the point of discharge.
- 5- Follow up on the second or a subsequent day of continuing diarrhoea.
- 6- Last follow up when diarrhoea has stopped.

Remember knowledge provided for needs can possibly initiate early actions. Give people knowledge when they feel they need it and will be able to use it.

In this unit we will discuss three teachable moments and the educational messages that should be given at each step. We will discuss:

- o Immediately after primary assessment.
- o Early in initial rehydration process.
- o Towards the end of the initial rehydration process.

- 1- Immediately after primary assessment:

When the primary assessment confirms the diagnosis of watery diarrhoea, the physician should explain the role of ORS. He should give her the following information:

- o Your child has diarrhoea.
- o Diarrhoea is the way the body washes out harmful germs. We shouldn't try to stop this natural cleansing. The diarrhoea will usually stop itself after a few days.
- o Watery diarrhoea causes dehydration and dehydration is very dangerous.
- o ORS will treat dehydration.
- o ORS does not stop diarrhoea.
- o As long as diarrhoea continues, give your child ORS to protect against dehydration.

This information is needed. The mother, while giving ORS, and by observing the good progress of the child, should be convinced about how effective ORS is.

There are also several things that the mother should be taught about before she starts giving oral rehydration. The physician can explain the role of ORS, but the nurse in charge of the dispensing station of the rehydration center should train the mothers about this topic. The physician should guide and train the nurse. He should support her activities. The nurse should instruct the mother about:

- o How to hold the child: The nurse should instruct the mother to hold her baby upright on her lap with the baby's head supported on mother's arm.



- o How to give ORS : The nurse should instruct the mother to give ORS slowly by the spoon: ONE TEASPOON EVERY MINUTE. The mother should understand that if she gives too much too quickly the child may vomit, and that if she gives too little the "Mahloul" will not be effective.

The nurse should explain that this rate is a good rate. If the mother continues giving the child "El Mahloul" at this rate in an hour the child will consume at least one cup or even more.

- o Call me or the doctor if you have a problem : This is an important message. The mother should not be shy to call for help.
- o Come back and refill your cup if it is empty : This is a message that should be given to every mother. The nurse should also count each cup the mother takes.

So, to summarize when the mother arrives at the dispensing station, the nurse should give her the following messages:

- o hold your baby upright on your lap with his head supported.
- o give one teaspoon of ORS slowly every minute.
- o call me or the doctor if you have a problem.
- o come back and refill your cup if it is empty.

The nurse should:

- o Tell the mother what to do.
- o Demonstrate how to do it.
- o Make sure that the mother understands the message by letting her carry out the skill.
- o Ask the mother to summarize.



NURSE SHOWING AND DEMONSTRATING
TO THE MOTHER

Physicians working in a rehydration center must make sure that the nurse is carrying out her educational activities. Physicians should support the nurse and guide her. Both the physician and nurse should work together as a team to support and guide the mother .

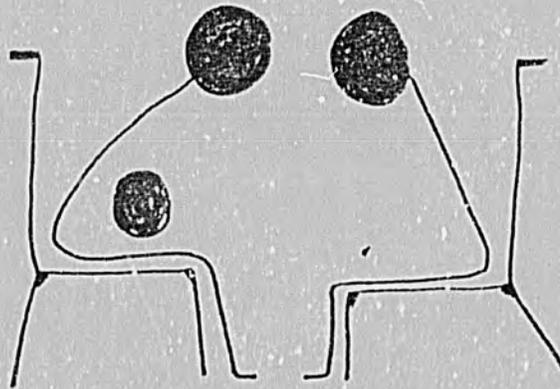
2- Early in the initial rehydration process:

At this point you have to observe the mother's actions, now that she is giving ORS. Is she holding the child properly? Is she giving ORS at the correct rate of one teaspoon per minute?

Well, if she is doing so, you should give her immediate feedback. Praise her. This is important, because if the mother is not sure that she is doing the correct thing, she may copy a wrong behaviour or action from another mother. Your reinforcement will help her learn and continue doing the correct thing.

If the mother is not holding her child properly, or if she is not giving ORS at the correct rate, then you should take the time to correct her. First show her how to administer ORS properly, then let her do the task in front of you. If she succeeds, praise her in a kind voice, smile and tell her she is doing fine. You should use all methods of reinforcement, gesture and tone.

Do not forget her completely. Keep an eye on her. If she is doing fine, then you were a good educator. If not keep correcting her. Remember that the mother at this stage is beginning to acquire the skills she needs to care for her child. Your personal attention and your patience is needed in order that she masters these skills.



WORK WITH THE MOTHER

Your personal attention is needed even more if the mother has any problem. These problems include :

- o The child is vomiting
- o The child is very thirsty
- o The child is too small
- o The child is refusing ORS
- o The child is sleepy

These are some problems that mothers may be facing during initial rehydration of the child. You should be the one who directs the mother and guides her through these problems. Once the problem appears, then take your time and show the mother how to manage these problems. If you succeed, well you have convinced this mother and the mothers around her of your clinical judgement.

So, what should you do if the mother in your center is faced with any of these problems ?

- o You should explain what causes this problem .
- o You should tell the mother what to do about it.
- o You should show the mother how it is done.
- o Let her practice what you have described and demonstrated while you watch.

LET US NOW DISCUSS EACH PROBLEM

The child is vomiting

- 1- Explain to the mother that vomiting may be due to dehydration. Once dehydration is treated vomiting will not occur. Tell her not to worry as long as the child is taking ORS. Explain to the mother that the amount of vomitus is too small. It does not exceed three or four teaspoonful each time.
- 2- Now tell the mother to wait five minutes or so after the child has vomited, then give ORS slowly: one teaspoon every two minutes.

- 3- Show her how to feed at this rate.
- 4- Let her start giving ORS. Stay with the mother to make sure that she understands your instructions and that she is following them.
- 5- Before you leave her, tell her to report to you if the child continues to vomit and to tell you how many times he has vomited. This is a case that you should supervise carefully.

The child is very thirsty

- 1- Explain to the mother that because her child is very thirsty he is demanding more ORS. The best thing is to give few drops at the end of the teaspoon continuously. This will satisfy his thirst. If you have a dropper this might be more easy to use.
- 2- Show her the technique.
- 3- Let her practice in front of you.
- 4- Do not leave the mother until she is carrying out your instructions correctly.

The child is small

- 1- Explain to the mother that because her baby is too small, he will need smaller amounts of ORS, but at a faster rate. This can be done by giving few drops at the end of the teaspoon continuously, or she can use a dropper.
- 2- Show her the technique.
- 3- Let her practice it.
- 4- Do not leave her until she is giving her child ORS properly.

The child is refusing ORS

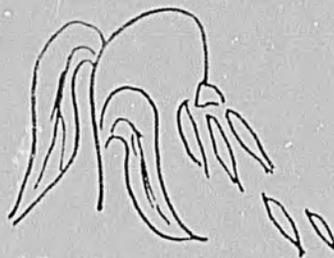
Has he been rehydrated ?



Well, if the child has been initially rehydrated, there

is no point in educating the mother about how to give ORS or how to hold the child. The mother actually has carried out these tasks perfectly. She has to be taught, however, how to mix ORS, how to maintain rehydration and how to carry out the management plan at home. These areas and topics of education should be covered at the discharge station.

Is he still dehydrated?

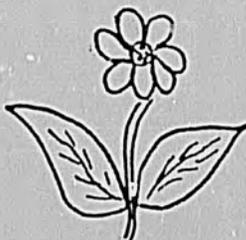


Try and find out if the child can be persuaded to take ORS or not ?

- 1- Explain to the mother that in a few cases the child may refuse ORS. Point out that older children especially those two years or older may refuse ORS.
- 2- Explain to the mother that one way to administer ORS is to use the plastic dropper. She should slip it in between the child's clenched teeth and his cheek.
- 3- Show her the technique. Stay with the mother and child for few minutes.
- 4- If it works, ask the mother to give ORS with the dropper in front of you.
- 5- If she succeeds, and if the child is taking ORS, let her continue. Congratulate her, but do not forget to keep an eye on the child. If she does not succeed and the child still refuses ORS, well this is a case for nasogastric rehydration.

The child is sleepy

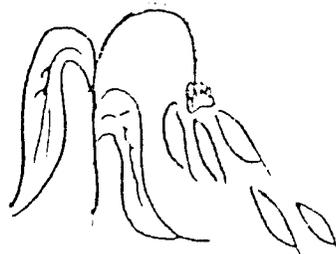
Is he well rehydrated ?



Let the child sleep

Congratulate the mother, she has carried out your instructions well. She no longer needs to be taught how to hold her child or how to administer ORS. Instead you have to prepare her for management to be carried out at home. You will learn about this when you study the tasks that should be carried out when you discharge the patient.

Is he still dehydrated ?



- 1- Explain to the mother that her child is still dehydrated. Explain to that sleeping is a sign of decreased consciousness. The mother has to wake the child up. **THIS IS IMPORTANT.**
- 2- Squeese his ear gently, stroke his cheek. Let the mother try to wake her own child. Then give ORS by cup and spoon.
- 3- If the child is weak, or drowsy but conscious you should tell the mother to use a plastic dropper and to slide it into the mouth to give ORS. Another method that the mother can use is to give ORS in a plastic syringe, but without using the needle of course .
- 4- Sit with the mother , show her how to use it. The mother can easily learn the technique. Allow the mother to practice. If it works, monitor the progress of the child. If it does not work, explain to the mother that she has tried hard, but the child is not coping. In this case you need to change the method of rehydration.

In this phase, in all your educational activities with the mother you are using the individual approach. You are working directly with the mother. You are explaining the technique.

You are stating why it should be done. You are showing how to do it-and you are allowing the mother to practice it. Then you are giving her feedback. This feedback is important and should be given immediately after the mother has carried out the tasks to be learned. It helps the mother to keep her behaviour on target.



INFORMATION SECTION 5

PRACTICE QUESTIONS

1- List the six important teachable moments for educating a mother in a rehydration center.

- 1-
- 2-
- 3-
- 4-
- 5-
- 6-

Read carefully the following situations and respond to the questions.

o Dr. Omar was a very energetic doctor at the reception area. After examining and assessing the child ,he started discussing the importance of rehydration and needs to maintain hydration at home.

2- Did the Dr. choose the correct teachable moment?
Yes [] No []

3- Why or why not ?

o The nurse at the dispensing area showed the mother how to hold the child while giving ORS and instructed her to give it at a rate of one teaspoon per minute.

4- Did she choose the correct teachable moment?

Yes [] No []

5- Why or why not ?

6- What other health messages should she give ?

o Dr. Kamal was in charge of the treatment area. He was talking to one of the doctors when a mother called him. He noticed that the child is vomiting. Dr. Kamal went to the mother. He shouted at her. He told her that she was not giving ORS properly. He told her to wait a while then give ORS again.

7- Did Dr. Kamal choose a correct teachable moment ?

Yes [] No []

8- Why or why not ?

9- Criticise the way Dr. Kamal gave his education stating

a- what was done well ?

b- What was not done well ?

o Dr. Samya was in charge of the treatment area. She noticed that a dehydrated child was very thirsty and very small. She approached the mother with a smile and asked her about her child. The mother explained that her child was demanding more ORS. Dr. Samya explained why the child is asking for more. She told her to use a dropper. Dr. Samya started to give ORS using a dropper. Then she let the mother practice the skill in front of her. After few minutes the mother was able to give ORS using the dropper. The doctor congratulated the mother and told her that she would be around if she needed her.

10- Did Dr. Samya choose the correct teachable moment?

Yes [] No []

11- Why or why not ?

12- Criticise the way Dr. Samya did her education stating:

a- What was done well ?

b- What was not done well ?

o Dr Lyla is a physician in charge of the treatment area. A mother called her. Her child was refusing to take ORS. He was sleeping. Dr. Lyla told the mother that she was pleased that she has called her. She examined the child. She found no clinical signs of dehydration. She told her not to wake the child up and that her child is ready for discharge.

13- Did Dr. Lyla establish a relationship with the mother?

Yes [] No []

14- Was her messages to the mother clear?

Yes [] No []

o Dr. Salma was in charge of the treatment room. She observed a mother with a child who was refusing ORS. She approached the mother. She examined the child. She found that the child was still moderately dehydrated. She tried to give

the child ORS by the spoon. The child did not accept it. She told the mother that it is necessary to change the method of rehydration to nasogastric.

15- Did Dr. Salma choose a teachable moment for education?

Yes []

No []

16- Why or why not ?

17- Criticise the educational activities carried out stating:

a- What was done well ?

b- What was not done well ?

o Dr. Ibrahim was in charge of the treatment area. He noticed that one of the children was asleep. He approached the mother. He asked her how she was getting on. The mother explained that she was facing problems because the child was sleepy. He examined the child. The child was still dehydrated. The doctor sat beside the mother. He started to wake the child up. The child opened his eyes, but he seemed very weak. The doctor explained to the mother that because her child was very weak, she should use a dropper and slide

it into the child's mouth. He showed her how . He told her to try it. The mother started to give ORS with a dropper. The doctor stayed with her for fifteen minutes. He felt that the child could continue taking ORS by the dropper. He asked the mother how she felt about the child's progress. The mother felt the same . Dr. Ibrahim told the mother to call him if he had any problem and that he would be back after attending another woman.

18- Did Dr. Ibrahim choose the correct moment for counselling with the mother?

Yes [] No []

19- Why or why not ?

20- Criticise the educational activities carried out stating:

a- What was done well ?

b- What was not done well ?

INFORMATION SECTION 5

ANSWERS TO PRACTICE QUESTIONS

- 1-
- 1- Immediately after the primary assessment.
- 2- Early in initial rehydration process.
- 3- Towards the end of the initial rehydration process
- 4- At the point of discharge.
- 5- Follow up on the second or subsequent day of continuing diarrhoea.
- 6- Last follow up when diarrhoea has stopped.
- 2- [] No
- 3- Dr. Omar did not choose the correct moment. The mother is not ready to hear about what to do at home. She wants to know how to manage his condition now !
- 4- [] Yes
- 5- The mother needs to know how to hold the child and the rate of administering ORS.. This knowledge will initiate early action from the mother.
- 6- She should also tell her to come back to refill her cup and to call her or the doctor if she had any problem.
- 7- [] Yes
- 8- The mother was facing a problem ,her needs were felt.
- 9-a. He came at once when the mother called him.
- 9-b.
Dr. Kamal did not establish any relationship with the mother.
In fact he embarrassed her.
He did not tell her why the child was vomiting, his messages were not clear.
He did not demonstrate that his message could be effective
He did not allow the mother to practice.
- 10- [] Yes
- 11- The mother was in need of counselling. She was facing a problem.
- 12-a She established a relationship.

She gave her background information.
She told her to use a dropper.
She showed her how.
She asked her to practice in front of her.
She gave her immediate feedback.
She also told her she was present if she needed her.

12-b.

Nothing-She did a fine job

13- [✓] Yes

14- [✓] Yes

15- [✓] Yes

16- The mother was facing a problem Knowledge provided for felt needs can possibly initiate early actions.

17-a. She informed the mother about referring the child for nasogastric rehydration.

17-b.

She did not establish any relationship with the mother.
She did not communicate at all, or share information.
She did not try to use a dropper and see if the child would take ORS with the dropper.

18- [✓] Yes

19- Knowledge provided for perceived needs has the possibility of initiating early actions.

20-a.

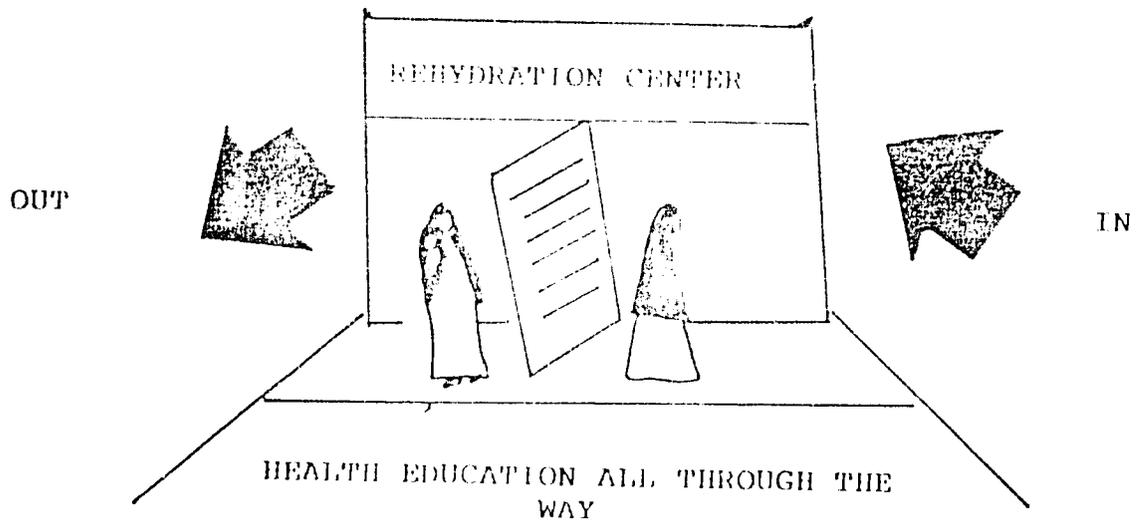
He established a relationship with the mother.
He gave her the necessary information.
He showed her how to give ORS.
He asked her to carry out the task.
He gave her immediate feedback.
He told her he was around.

20-b.

Dr. Ibrahim did not make any mistakes.

INFORMATION SECTION 6

HEALTH EDUCATION TOWARDS THE END OF REHYDRATION



You have been working with the mother all through the process of initial rehydration. Your patient now is temporarily out of danger. The mother is no longer worried. Moreover, you have by now succeeded in building a good relationship with her. You were patient and persistent. You have showed her that you care and that you are really concerned. The mother now trusts you.

She is ready now for the information and ideas which you feel that she needs to have in order to make the correct decisions on managing her child's diarrhoea and to have clearer view of what she has to do when she leaves the center.

Do not underestimate the mother's understanding. Do not think that mothers are totally unaware of the content of the health messages. Remember that the majority of mothers have already heard the messages given by Karima Mokhtar on the T.V.. Research studies and results of current evaluation proved that these commercial spots were not only popular but also effective.

Mothers also receive health education messages from you at the center. They learn a lot from observing the progress of their children and other children. They also practice some of the skills needed to help their children get well. They may face some problems but if you teach them well, they will be able to deal with these problems.

Now remember that mothers stay in the treatment area for 4-6 hours. So, there will be excellent opportunities to educate and train mothers. You can use the group approach where you carry out discussions and demonstrations. These group training sessions should be organized at least once a day and more often if there are many mothers, or if the arrival of the mothers is spread throughout the day.

It is best to begin the teaching when most of the children are nearly rehydrated. At this time, the children are less irritable and the mothers are less worried. The mothers can turn their full attention to the information that will be given. If most patients arrive between 9 A.M. and 10 A.M.; 11 A.M. is usually a good time to hold the first session. Additional sessions may be held at about 1 P.M. and 3 P.M. if necessary.

If any mother misses the group session she should be taught individually. No mother should leave without being taught about ORT.

What are the important health messages that you should give in this phase ?

- 1- What is diarrhoea and dehydration.
- 2- The seriousness of dehydration.
- 3- Signs of dehydration.
- 4- Role of ORS.
- 5- How to mix ORS.
- 6- How to administer ORS.
- 7- Follow up care.
- 8- Nutrition during diarrhoea.
- 9- Prevention of diarrhoea.

Here are examples of questions that you can start your discussion with ,and answers that you can reinforce.

QUESTIONS

- When can we say that a child has diarrhoea ?

-What is dehydration

-How serious is dehydration?

ANSWERS

If stools are looser and more frequently than normal.

It is loss of fluids.The child becomes like a squeezed lemon.

It is very serious. The child may loose his life.

Lead the discussion so that mothers whose children were seriously dehydrated can tell others how weak and seriously ill their children were when they came to the center. Then invite mothers to describe the condition of their children. Let each mother give a description. Use pictures or drawings to reinforce their knowledge and skill in identifying the signs of dehydration. Mothers should mention at least the following signs:

Thirst

Sunken eyes

Depressed fontanelle

Inelastic skin

After showing mothers these signs ,ask them to look for these signs. Teach them how to examine for inelastic skin. Demonstrate how to do so. Pick up a fold of skin from the belly, shoulder neck, or upper leg between your thumb and first finger, then let it go. Explain to mothers that normally the skin springs back like an elastic band and flattens out almost immediately..

Ask mothers, if these signs are detected, what should they do ? Mothers should be convinced that they should seek medical care. However, they should administer ORS until they go to the physician.

The second part of your discussion should cover ORS, its role, how to mix it and how to administer it. Ask a series of questions, but never use leading questions. Invite as many mothers as possible to share their opinions with the group to clarify any remaining points and to summarize the subjects covered. Here is an example:

Question	Answer
- How do you treat dehydration ?	By ORS.
- Why	Well El Mahloul provides fluids to replace what is lost in the stools.

You should enforce the learning by stating the following:

- o You remember how the child looked when you first came and look at him now. See how much better he looks.
- o Diarrhoea may continue, but it will usually stop by itself after a few days.
- o Do not expect the ORS to stop diarrhoea. As long as the diarrhoea continues, continue to give ORS to protect against dehydration. Dehydration is very dangerous.

Once mothers are convinced of the role of ORS, you have to be sure that they are able to mix ORS correctly. You have to show them the steps required. So you have to hold a demonstration.

How to carry out your demonstration ?

Start your demonstration by stating that for ORS to be effective, it should be mixed properly. Mothers should be told that it is not the contents of the powder alone that will save their children, but it is the way they prepare the Mahloul : they should fill the cup with water to exactly where the black mark is, and all the powder in the packet should be poured and dissolved. You can use examples

from their own experience. Remind mothers that in cooking if they put too much water and salt or too little, the food will not be delicious. Well in the case of medicine it will not be effective either.

- o Explain the steps to be carried out.
- o Demonstrate how the mixing steps fit together.
- o Reinforce the learning by making the mothers critical observers.
- o Test mothers' ability to do for herself what she has watched.
- o Test the ability of mothers to mix the solution in a natural way.

Here is an example of a demonstration:

1- The doctor showed the mother the steps in the mixing process, one step at a time. He described each step as he demonstrated it so that mothers could understand its importance. He explained the following steps:

- 1- Choose the correct measure. The plastic cup with the ORT logo is the best. Use a small soft drink bottle with water up to the first ring on the neck if you have not the cup.
- 2- Pour exactly 200 cc of water. If using the cup with ORS logo, this means pouring water up to the line.
- 3- Take the packet of ORS and shake it so that all the powder goes to the bottom of the packet.
- 4- Carefully open the packet so that no powder is lost. Tear open the top straight across.
- 5- Pour all of the powder from the packet into the cup. Tap the packet to make it completely empty.
- 6- Check and make sure that the packet is empty.
- 7- Use the cleanest drinking water available. Tap water is the best.
- 8- Stir the solution well with a spoon until all of the powder is dissolved.

2- Then he demonstrated how the mixing steps fit together. He performed the mixing process at normal speed.

3- He repeated the mixing process but purposely made mistakes at each step and asked the mothers to point out his mistakes.

4- He asked one mother to demonstrate how to mix correctly and asked the others to look for any mistakes.

5- He gave each of the mothers a chance to mix. He gave immediate feedback to each mother.

Once mothers have learned the technique, make sure that mothers knew how to administer ORS.

- o Ask questions.
- o Let mothers demonstrate the technique.
- o Let mothers be critical observers for each other.
- o Reinforce learning by giving feedback.

Here are examples of questions that can be asked:

Questions	Answers
How should the mother hold her child ?	- The baby should be held upright on mother's lap with the baby's head supported on her arm.
How can we administer ORS?	- Slowly ! One teaspoon every minute.
Did any of you try another method? If so, why?	- Well if a child is very small crying, or very thirsty a few drops can be given continuously.
If the child is vomiting, how can we give ORS?	- Wait for a while and give slowly. (one teaspoon every two minutes)

In the large group you have to make sure that mothers understand that ORS should be given as long as diarrhoea is present. Explain to mothers that as long as diarrhoea continues, dehydration can return. Then ask questions related to maintenance of hydration.

Questions

Answers

- Why does dehydration return with diarrhoea ? - Because the child is still losing fluids.
- What should the mother do ? - Keep giving ORS as long as diarrhoea continues.

Explain to mothers the following:

- o Every time the child passes a watery motion, give the amount of ORS the doctor recommends for your child. You should give one spoon per minute.
- o If the child loses his appetite, becomes restless, vomits, continues to pass watery diarrhoea, if any of the signs of dehydration reappear, bring the child back to see the physician.

Ask questions to check if the mothers understood your message or not. The following are examples of questions and answers for reinforcement of learning:

Questions

Answers

- When is ORS needed ? - After passing a watery motion.
- How much ORS should be given after each motion? - The amount recommended by the doctor.
- How long should ORS be given ? - As long as watery diarrhoea continues.
- When should you return to see the physician. - If the child loses appetite has no energy, vomits, watery diarrhoea continues or signs of dehydration reappear.

Explain to mothers that the Mahloul will correct Gafaf. However, the child should be able to defend himself against diarrhoea. To do so, he should be properly fed. Tell mothers that once dehydration is corrected the mothers should start giving him his normal food.

Ask mothers:

- o Which of them breast feed ?
- o Which of them give artificial feeding?
- o Which of them normally give liquids?
- o Which of them giving weaning foods?
- o Which of them normally give solid foods?

Once you identified the pattern of feeding, then you should discuss how to feed the child during diarrhoea. You should explain the following:

Normal diet

Nutritional therapy

Child is breast fed:

- Continue ORS as required.
- Give fluids, juices, soups, rice water.
- Continue breast feeding.

Child is given formula

- Continue ORS as needed.
- Give fluids, juices, soups, rice water.
- First day dilute formula (1/2 strength).
- Second day, full strength.

Child is fed solid foods, or weaning foods

- Continue ORS as needed.
- Give fluids, juices, soups, rice water.
- Feed soft foods, yoghurt, vegetable soup, mahalabia, balouza, mashed potatoes, mashed bananas.

Ask individual mothers what they are going to do when they return home. Let other mothers correct them if needed. Summarize by saying that they should give the child his normal foods.

Explain that when the mother prepares foods all utensils should be clean. Her hands should be thoroughly washed. Explain why. Then start a discussion on how to prevent diarrhoea. Your discussion should cover problems and behaviours that can cause diarrhoea; how these factors lead to diarrhoea and the solutions one can take to prevent diarrhoea.

Consult the following table for content:

Problem	How does it cause diarrhoea	Solution
Early weaning and bottle feeding	<ul style="list-style-type: none">- Dirty bottles, dirty water can carry germs that cause diarrhoea.- If the formula is left in the bottle too long, germs grow quickly.- Milk formula if not correctly prepared do not provide the child with enough nutrition.	<ul style="list-style-type: none">- Breast feed for two years.
Malnutrition	<ul style="list-style-type: none">- Malnutrition makes the child weak. He can not defend himself against disease.	<ul style="list-style-type: none">- Breast feed-- Add other foods to diet (4-6 months) gradually: juices, soups, mashed potatoes, yoghurt, sieved beans, egg yolk.
Measles	<ul style="list-style-type: none">- This is a serious disease. It can lead to diarrhoea. It makes the child weak and can cause malnutrition.	<ul style="list-style-type: none">- Take your child to be immunized against measles-Vaccination at 9 months protects against the disease.
Poor hygiene	<ul style="list-style-type: none">- It exposes the child to the germs, leading to diarrhoea and other diseases.	<ul style="list-style-type: none">- Wash hands before and after using W.C- Wash hands before preparing and eating food and before feeding the child- Choose fresh food- Prepare food in a clean place, using clean pots and plates.

Unclean Water - Water carries germs that can cause diarrhoea as well as other disease.

- . Use the cleanest water available for drinking
- . Keep drinking water separate: don't wash clothes or dishes in it or urinate or pass stool near the place where drinking water is taken

Flies - Flies carry germs which can cause diarrhoea as well as other diseases.

- . Cover food and faces of infants with light cloth.
- . Prevent flies from breeding in garbage dumps and toilet areas
- . Use insecticides-
- . Wrap refuse-Kill flies using fly swatter-
- . Dispose of garbage in sanitary way.

In your educational activities for prevention of diarrhoea, you can also use case histories, stories, quote proverbs and use religious principles.

Well ! Are you ready for your last practice questions?
Fine proceed.

INFORMATION SECTION 6

PRACTICE QUESTIONS

o Dr. Nagwa was responsible for the education and training of mothers in a rehydration center. She was going to give a demonstration. She checked the equipment prepared by nurse. The following was present:

- o A table
- o 10 chairs arranged in a circle
- o Plastic glass with ORT logo

1- Is this list complete?

Yes [] No []

2- If not, state what is missing ?

o Dr. Hady prepared his educational programme. He was discussing with mothers the problem of diarrhoea and dehydration. The following is a sample of the discussion. Comment on each question stated in relation to the activities carried out by the doctor.

Activity carried out by the doctor:

What was the purpose of the activity- Comment on the activities done:

Good morning. I am Dr. Hady-
We will discuss a problem
that many children have.

Q- 3

Can you tell me what was the
problem with your child? Why
did you come to the center?
[A mother answers]

Q- 4

Fine !!

What do you mean by diarrhoea ? Q- 5

[A mother explains correctly]

This is correct-Diarrhoea means that stools are looser and more frequently than normal.

Well what is meant by dehydration (Gafaf) ? Q- 6

[One mother answers correctly]

Why does it occur?

[Another mother explains]

Good: Dehydration is a loss of fluids due to watery diarrhoea.

Do 'nt you think that dehydration is a very serious problem? Q- 7

[Three mothers answer]

Dr. Hady comments that dehydration is serious ;it may lead to death.

Dr. Hady holds four pictures. Q- 8
Each picture show a sign of dehydration.

Dr. Hady asked the mothers to describe the pictures one by one: What do you see in this picture? Q- 9

[SEVERAL MOTHERS RESPOND]

The signs of dehydration are Q- 10
Thirst
Sunken eyes
Depressed fontanelle
Inelastic skin

The doctor asked mothers to Q- 11
examine their children for
these four signs one by one.
He demonstrated how to examine
for skin elasticity.

The doctor observed each mother Q- 12
while examining her own child.
Then he asked each mother to
comment on her finding.

Well all of you did well !! Q- 13
Do you think the condition of
your child has improved, or is
it the same ?

All mothers respond. Q- 14
Yes this is correct, your children
have all improved. Why ?
[Mothers answer and explain]

Correct ! Because you gave ORS. Q- 15
ORS is replacing the fluids that
were lost. It treats dehydration.

If a neighbour's child has diarrhoea and had sunken eyes and inelastic skin. What would be your advice to her ? Q- 16

Correct !!
ORS should be given- Remember that you should advise her as well to come to the rehydration center. Q- 17

Before I leave you, can one tell me what are the signs of dehydration and how can we treat dehydration? Q- 18

o Dr. Magdy held a demonstration on how to mix ORS. He introduced himself. He stated the subject of the demonstration. He described the individual steps that make up the process of mixing. Then he did each step in front of mothers. He thanked mothers and closed the educational session.

19- Explain what was done well ?

20- Explain what was not done well ?

21- Write down four questions for screening mothers' knowledge about how to administer ORS and the problems encountered. Write down the possible answers.

Questions

Answers

1-

2-

3-

4-

22- Write down five questions that one can use to screen mothers' knowledge on maintenance of hydration. Write down possible answers.

Questions

Answers

1-

2

3

4

5

o What are the contents of educational messages on nutrition if the:

23- Child is breast fed?

24- Child is given formula ?

25- Child is given weaning foods or solids ?

INFORMATION SECTION 6

ANSWERS TO PRACTICE QUESTIONS

- 1- [] No- The list is incomplete.
- 2- The following is needed:
 - Containers like those used at home.
 - Empty soft drink bottles (small and large)
 - Spoons of different sizes.
- 3- Starting the discussion.
Establishing a relationship with mothers.
- 4- Asking a general question to encourage mothers to participate
Giving feedback.
- 5- Screening mothers' knowledge and gathering information.
Encouraging participation.
Giving feedback.
Summarizing.
- 6- Gathering information.
Encouraging participation.
Going deeper.
Relating diarrhoea to dehydration.
- 7- Finding out about mothers feelings and opinions.
BUT IT WAS A LEADING QUESTION. SURELY MOTHERS WILL SAY YES !
- 8- Using educational aid- A simple one idea picture.
- 9- Making points clear.
Encouraging learning and participation.
Showing examples of signs.
- 10- Summarizing the signs stated by individual mothers.
- 11- Demonstrating a skill.
Allowing mothers to carry out the activity.

- 12- Testing ability of mothers to examine for signs.
HE SHOULD HAVE GIVEN EACH MOTHER FEEDBACK ON HER PERFORMANCE TO REINFORCE LEARNING.
- 13- Giving feedback to the group as a whole.
- 14- Supporting mothers.
Relating improvement to ORS administration.
- 15- Giving feedback.
Summarizing the points discussed.
- 16- Evaluating and reinforcing learning.
Encouraging mothers to contribute and apply what they have learned.
- 17- Giving feedback.
Reinforcing learning.
- 19- Closing the session.
Asking for a summary from the group.
- 20- He established a relationship.
He explained the steps to be carried out in mixing ORS.
He demonstrated how to mix ORS.
He closed the session.
- 20- He did not try to reinforce learning by any means.
He did not test mothers ability to carry out the process of mixing.
He only told them the steps and showed them the process of mixing.
- 21- **Questions**
 - 1- Tell me how to hold the baby while feeding him ORS?

Answers

Baby should be held upright on mothers' lap with the baby's head supported on her arm.

- | | |
|--|--|
| 2- How should you administer ORS ? | Slowly one teaspoon every one minute. |
| 3- Did any of you try another rate? If so why ? | Giving few drops continuously if the child is thirsty or small. |
| 4- How do you manage vomiting? | One should wait for a while and give ORS slowly. |
| 22- Questions | Answers |
| 1- When is ORS needed ? | After passing a watery motion |
| 2- How much ORS should be given after each motion? | According to what the doctor recommends |
| 3- How quickly should the ORS be given? | one small spoon per minute. |
| 4- How long a time period should you continue to give ORS? | As long as a watery diarrhoea continues. |
| 5- When should you return to see the physician? | If child loses his appetite, becomes weak, restless, vomits, watery diarrhoea continues, or signs of dehydration reappear. |
| 23- Continue ORS as required. Continue breast feeding, Give juices, soups, rice water. | |
| 24- Continue ORS as needed. Ist day half strength formula ,gradually increase strength to full strength in the second day. Give juices, soups, rice water. | |
| 25- Continue ORS as needed. Feed soft foods(Yoghurt, Mahalabia, vegetable soups, mashed potatoes, mashed banana, juices). | |

SUMMARY

Dear doctor

Among your tasks in the rehydration center is to promote healthy behaviours and train mothers to manage diarrhoea and prevent it. In this unit you have learned the principles of health education. You understand that health education is the process by which we are seeking to change individuals, groups and community's knowledge, attitudes, behaviours and practices for positive health. You learned that counselling is one of the most frequently used health education approaches for helping individuals and families. In counselling you have to find out what is the problem, why it is a problem, then to look at many possible solutions and choose the most appropriate one. You learned that you should also educate mothers in a group setting. In group work make sure that the topic meets the needs and interests of the group.

You have learned that in all your health education activities you have to use simple language, avoid scientific terms, respect mothers' traditions and beliefs, be sympathetic and you have to observe and listen carefully.

You now know that health education should be carried out immediately after primary assessment, early in the initial rehydration process and towards the end of rehydration. You learned what messages should be given to mothers and when to give these messages.

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