

ORAL REHYDRATION THERAPY: EXPANDED BIBLIOGRAPHY



BEHAVIORAL ISSUES IN CHILD SURVIVAL PROGRAMS:
Monograph Number Two

Prepared for

**THE OFFICE OF HEALTH
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT**

By Soheir Sukkary-Stolba, Ph.D.

Oral Rehydration Therapy: Expanded Bibliography
Monograph Number Two

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**Behavioral Issues in Child Survival Programs;
A Synthesis of the Literature with Recommendations for Project
Design & Implementation (six monograph series)**

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This bibliography is a companion to Monograph One, Oral Rehydration
Therapy: The Behavioral Issues, also by Dr. Soheir Sukkary-Stolba.
Monograph One, like others in the series, sets forth the major
behavioral issues of the following child survival interventions:
Oral Rehydration Therapy; Immunization; Breastfeeding, Weaning and
Nutrition; and Growth Monitoring and Promotion. Each of these
monographs summarizes research findings and program experience
related to each intervention, presents recommendations, and
includes a bibliography of references cited. This monograph
presents an expanded bibliography, a more comprehensive listing of
major reports and publications that touch on behavioral issues
related to oral rehydration therapy.

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ACKNOWLEDGEMENTS

I am grateful to many people for their contributions to this bibliography. I would like to thank all the researchers who shared their field experiences with me and gave generously of their time to answer my questions. Also, I am greatly indebted to all of those who have mailed copies of their reports to me. I would like to express particular appreciation for the suggestions I have received from Dr. Barbara Pillsbury, Dr. Pamela Johnson, and Dr. Carl Kendall. Also, I would thank Mrs. Beverly Eddy for assisting in the research and compilation of this monograph. While many individuals contributed in different ways to the final product, I alone bear responsibility for errors which might be considered herein.

PREFACE

This bibliography is the second publication in the series **Behavioral Issues in Child Survival Programs: A Synthesis of the Literature with Recommendations for Project Design and Implementation**. The series covers the major child survival interventions with the exception of birth spacing. It thus includes the following: Oral Rehydration Therapy; Immunization; Breastfeeding, Weaning and Nutrition; and Growth Monitoring and Promotion.

This bibliography is a companion volume to Monograph One, Oral Rehydration Therapy: The Behavioral Issues, also by Dr. Soheir Sukkary-Stolba. Monograph One, like others in the series, sets forth the major behavioral issues related to the intervention, summarizes research findings on each issue, presents recommendations, and includes a bibliography of references cited. This expanded bibliography is a more comprehensive effort which identifies reports and publications that touch on behavioral issues related to oral rehydration therapy.

Behavioral Factors in Child Survival

Success in child survival projects and programs depends not only on technical interventions themselves but on their being accepted and used by the millions of mothers and other child caretakers who determine in developing countries whether a child lives or dies. This requires that project designers and implementors understand not only the technical but also the behavioral factors that influence child survival in developing countries.

An enormous volume of research has been carried out during the 1980s on topics related to child survival. In addition to basic biomedical research, much of this has been qualitative research designed to provide answers on how to adapt technology, delivery systems, and promotional approaches to individual countries and cultures. Much of this research has been funded by the Agency for International Development (AID/Washington as well as by USAID bilateral projects). Additional research has been supported by UNICEF, WHO, and other organizations, public and private. Many social scientists have also conducted independent research that provides further valuable descriptive material about beliefs and practices of mothers and others that influence child survival.

The findings and conclusions of this large body of qualitative research can be extremely valuable for improving the

design, implementation, impact, and sustainability of donor-funded projects and host-country programs.

These research results are not easily available, however, to either AID/Washington or mission personnel outside the countries where individual studies were initiated. Many of the studies have not been published. Some of the reports are still in rough form or in languages other than English. There is no central repository of these studies. Nor, prior to this series, was there any comprehensive bibliography of research on behavioral aspects of child survival programs. It was for this reason that A.I.D.'s Office of Health initiated the "Behavioral Issues in Child Survival: Literature Review and Consultations Project" which produced this series of monographs and bibliographies.

Purpose and Audience of This Series

The immediate purpose of this series is to bring together the major findings, conclusions, and recommendations of this far-flung body of qualitative research on behavioral issues in child survival projects and programs. The ultimate purpose of this series is to help project and program personnel:

- o First, to understand better the behavioral factors that influence whether and how well parents and other child caretakers utilize child survival services; and
- o Second, to design and implement projects and programs that achieve higher levels of participation, more effective adoption of the new behaviors being promoted, and more sustainable impacts.

The monographs and bibliographies are to be used in AID/Washington, distributed to USAID missions, and made available to host-country counterparts, A.I.D. contractors, researchers, and others engaged in child survival activities.

Methodology

This series was produced in two stages. First was the task of bringing together the published and unpublished literature. This was done by: interviewing and consulting with researchers and research sponsors in the U.S. and various developing countries; sending cables to all USAID missions and letters to researchers in other countries asking for relevant materials; conducting computerized and other searches of the published and unpublished reports; and, finally, acquiring copies of reports and publications that appeared germane. Computerized searches were performed by or accessed collections of the following organizations: A.I.D., UNICEF, Popline, the APHA Clearinghouse on

Infant Feeding and Maternal Nutrition, Wellstart, and the International Development Research Centre (IDRC).

The second stage was analysis and synthesis of the materials collected. The materials examined for the series include well over a thousand published and unpublished reports of research and studies conducted using qualitative, behavioral science methodologies.

Criteria for Selecting Materials Reviewed

For some of the child survival interventions the literature related to behavioral issues is voluminous. This is true for oral rehydration therapy, birth spacing, and breastfeeding, weaning, and nutrition (in contrast to immunization and growth monitoring and promotion). In deciding what to include from the voluminous literature relating to behavioral aspects of child survival, the following criteria were adopted:

1. Child survival interventions: Concerning ORT and immunization, the goal was to be as comprehensive as possible. Concerning the area of nutrition improvement, on which an enormous amount of research has been conducted, it was decided to concentrate on two areas: (1) breastfeeding, weaning, and nutrition, with the greatest emphasis on breastfeeding; and (2) growth monitoring and promotion. Birth spacing was initially included in the series. Here, given the enormity of the family planning literature, the decision was made to focus on materials that explicitly discuss the use of family planning to increase birth intervals for purposes of maternal and child health. A copy of the initial report, Behavioral Aspects of Child Survival: Birth Spacing, by Soheir Sukkary-Stolba, is available from International Health and Development Associates.

2. Research methodologies: Research and studies included are those characterized as behavioral or behavioral science research, in contrast to biomedical research. Priority was placed on qualitative, as opposed to quantitative, studies. The dividing line is thin, however, as many quantitative studies (e.g. KAP surveys) seek to understand the same types of behavior as do the more clearly qualitative studies. The goal was to seek studies that researched people's motivations and behavior in an in-depth manner; some research on socioeconomic characteristics has been included, but only when it appears to look in depth at related behavior. Priority was placed on project-related studies and studies of intervention-related behavior (in contrast to research focused more exclusively on traditional behavior--e.g., on mothers' knowledge of ORT as opposed to traditional means of treating childhood diarrhea).

Methodologies examined included those identified as:

- * ethnographic research,
- * anthropological research,
- * in-depth interviewing,
- * key-informant interviewing,
- * observation,
- * participant observation,
- * detailed activity studies,
- * focus group studies,
- * household studies,
- * community studies,
- * community diagnosis,
- * participatory research/evaluation,
- * social marketing research,
- * formative research,
- * motivational research,
- * practice studies,
- * audience research studies, and
- * action research.

Also included, especially when they attempted an in-depth examination of beneficiary behavior, were:

- * KAP (knowledge, attitudes and practice) studies,
- * baseline studies,
- * household surveys,
- * case studies,
- * situation analyses,
- * feasibility studies,
- * operations research,
- * pilot studies and surveys,
- * message testing and product preference trials, and
- * evaluation research based on longitudinal or other in-depth studies.

Project evaluations are also a rich source of information about behavior. Evaluations of the "rapid appraisal" type that are most commonly conducted on A.I.D. projects have generally not been included in this review, however, as they are the subject of other ongoing A.I.D.-sponsored activities (e.g., at Johns Hopkins University).

3. Behavior: Whose behavior is included? The focus is primarily on the behavior of mothers and other child caretakers, secondarily on service providers in relationship to the mothers and other child caretakers and, third, some organizational factors that directly affect mothers' behavior (e.g., hospital policies on rooming-in as they influence breastfeeding mothers). Other research on organizational behavior and systems has not been included (e.g., no research on management information systems, health care financing arrangements, or Ministry of Health re-organizations).

4. Research sponsor: Priority was given to studies funded by A.I.D., especially in its 22 child-survival "target countries." Efforts were made to be as comprehensive as possible in finding studies funded by A.I.D. Unfortunately, some were undoubtedly still missed, given the fact that many USAID mission-funded studies never find their way back to Washington. (The same is true of UNICEF-funded field studies which likewise are not all available at headquarters.)

5. Time frame: A time frame of 1980-to-present was adopted at the time the initial draft report was completed in April 1988. Research conducted before 1980 but reported on after 1980 is also included. Some earlier exceptions have been included as judged important for the particular intervention. With a few exceptions, materials produced since April 1988 have not been included.

6. Other: A small number of more general items have also been included. Among these are: literature reviews, policy statements, topical overviews, and methodological materials.

General Conclusions and Recommendations

1. Further research should build on the findings and cumulative experience to date. Much has been learned during the last few years that can be applied to project design and implementation problems cross-nationally. Issues have been identified and general answers are available. The need is for project and program personnel to use these as a guide and point of departure and only then decide what precise questions remain on a country-specific basis.

2. The findings presented in this series should be further developed to assist A.I.D. personnel in designing and implementing more effective, sustainable projects. Other valuable information in the documents collected for this report but not presented here should also be utilized. Further work should focus on:

- o Developing explicit procedural guidelines for project personnel to use in design, implementation, and evaluation. Partial guidance is presented in this report, but recommendations need to be streamlined and more tightly linked to decisions in the project process.
- o Synthesizing the lessons and recommendations about methodologies for learning about behavioral factors in child survival. Mission personnel who are not behavioral scientists need to know, for example, what types of methodologies are appropriate for investigating priority

issues, what research can easily be organized in-house, when to call in behavioral researchers, and what sort of guidance to give them. Again, far more has been written than is regularly being used by most USAID missions. Such information is contained or suggested throughout the literature collected for this project. This is a wealth of instructive information that should be summarized.

- o Analysis of "cross-cutting topics." Important cross-cutting variables (e.g., socioeconomic status, maternal education, and so on) affect acceptance and use of the child survival interventions. A synthesis of information on these cross-cutting variables can also assist project planning and implementation.

About the Bibliographies

Many hundreds of publications and reports discuss behavioral issues related to ORT. The most substantive of those that could be collected have been analyzed and are cited in Monograph One, Oral Rehydration Therapy: The Behavioral Issues. The entire collection of references on ORT is presented here.

Compilation of a bibliography such as this is obviously an extremely time-consuming task -- which no researcher should have to suffer through once it has already been carried out by others. It is also clear that the critical behavioral issues in child survival require much more attention than has been given them to date. It is our hope that policy-makers will realize this and that other researchers and project personnel will find this bibliography a valuable resource in pursuing solutions to the critical behavioral issues in child survival.

Copies of the key documents cited are held in the libraries of International Health and Development Associates. Bibliographies are in Wordperfect 5.0 on floppy discs that could be shared with others. An asterisk (*) appearing in an entry indicates work funded, partially or in full, by A.I.D. (although it has not been possible to identify all A.I.D.-funded reports).

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Dr. Pamela Johnson, of A.I.D.'s Office of Health and Manager of its Child Survival Program, is to be credited for initiating this activity and for her insight into the critical importance for project success of understanding the behavioral issues in child survival.

This series has been a mammoth undertaking. It would not

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Barbara Pillsbury,
International Health &
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