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COMMERCIAL SECTOR ORS PROJECT

KEY RESEARCH FINDINGS AND RECOMMENDATIONS FOR DEVELOPMENT OF A STRATEGY FOR SOCIAL MARKETING OF CHILD SURVIVAL CONCEPTS IN INDONESIA

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I. INTRODUCTION

The Commercial Sector ORS Project represents a collaborative effort of the Ministry of Health R.I. (MOHRI), USAID Indonesia, and PATH to develop a replicable strategy for child survival social marketing in Indonesia. The project has four basic objectives - namely, to:

1. Develop a strategy and test suitable methods for promoting any kind of child survival-related behavioral change, whether it be consuming ORS or breastfeeding infants.

2. Pilot test ways of increasing commercial sector participation in the national ORT program.

3. Develop and test generic ORS mass media advertising messages aimed at increasing awareness of the potential dangers of childhood diarrheal-dehydration and generating demand for ORS products, particularly at mid and lower socio-economic levels in urban areas.

4. Identify ways of increasing the supply of ORS products in urban areas.

The project endeavors to identify obstacles to usage of oral rehydration therapy (ORT) in general, and pre-packaged oral rehydration salts (ORS) in particular, and to pilot test ways to overcome identified obstacles. Jakarta was selected as the first site for research and testing because it represents the largest market in the country, and accounts for some sixty percent of all pharmaceutical sales. It is anticipated that the pilot intervention(s) developed and tested in Jakarta will be generic in nature and, hence, adaptable to other areas of the country.

The Commercial Sector ORS Project builds on the findings of three previous studies conducted by PATH during 1985-1987. These studies[1,2,3] documented low levels of commercial availability of ORS in the seven major urban centers of the country[1] despite adequate domestic production capacity (25 million liter per annum)[2]; a dearth of consumer advertising support for ORS[2], and the false impression of consumers that ORS supposably "stops" diarrhea"[3]. Despite the fact that ORS is classified as a "free drug" by the Indonesian Food and Drug Administration, i.e., available over-the-counter and without prescription, domestic and joint venture manufacturers or ORS products prefer to distribute and promote ORS through ethical channels. Reasons cited by ORS producers for not investing in ORS advertising include (a) high cost of commercial advertising in Indonesia and low ORS profit margins, (b) corporate fear of loosing the respect and patronage of medical professionals, and (c) confusion about regulations that apply to consumer advertising of OTC products.[2]

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1. "Early 1986 Store-Check Report on Oral Rehydration Salts". Prepared for PATH by SRI. Jakarta: January 1986.
2. "Production and Distribution of ORS Products in Indonesia." PATH, Jakarta: August 1987.
3. "Consumer Research Analysis - Oral Rehydration Tablets (Oramex)." Prepared for PATH by SRI. Jakarta: June 1985.

II. BACKGROUND

In January 1989 PATH presented an unsolicited proposal to USAID Indonesia and PRITECH for the first component of a Commercial Sector Oral Rehydration Project in Indonesia. The proposal, entitled "First ORS Activity Proposal: Consumer and Retailer Research in DKI Jakarta" encompassed four types of information gathering:

(1) Consumer attitudes monitoring research,
(2) Consumer attitude research for message development,
(3) Generic ORS message pretesting, and
(4) Retailer research.

On February 24, 1989 PRITECH authorized PATH to proceed with the first three research elements of the proposal, i.e, the consumer research studies and message pretesting. The fourth element, i.e., retailer research, was funded separately in April 1989 by the USAID Mission. The latter contract also provided seed funds for development and pretesting of one graphic logo and two prototype public service advertisements (PSAs) based on key messages derived from the consumer research.

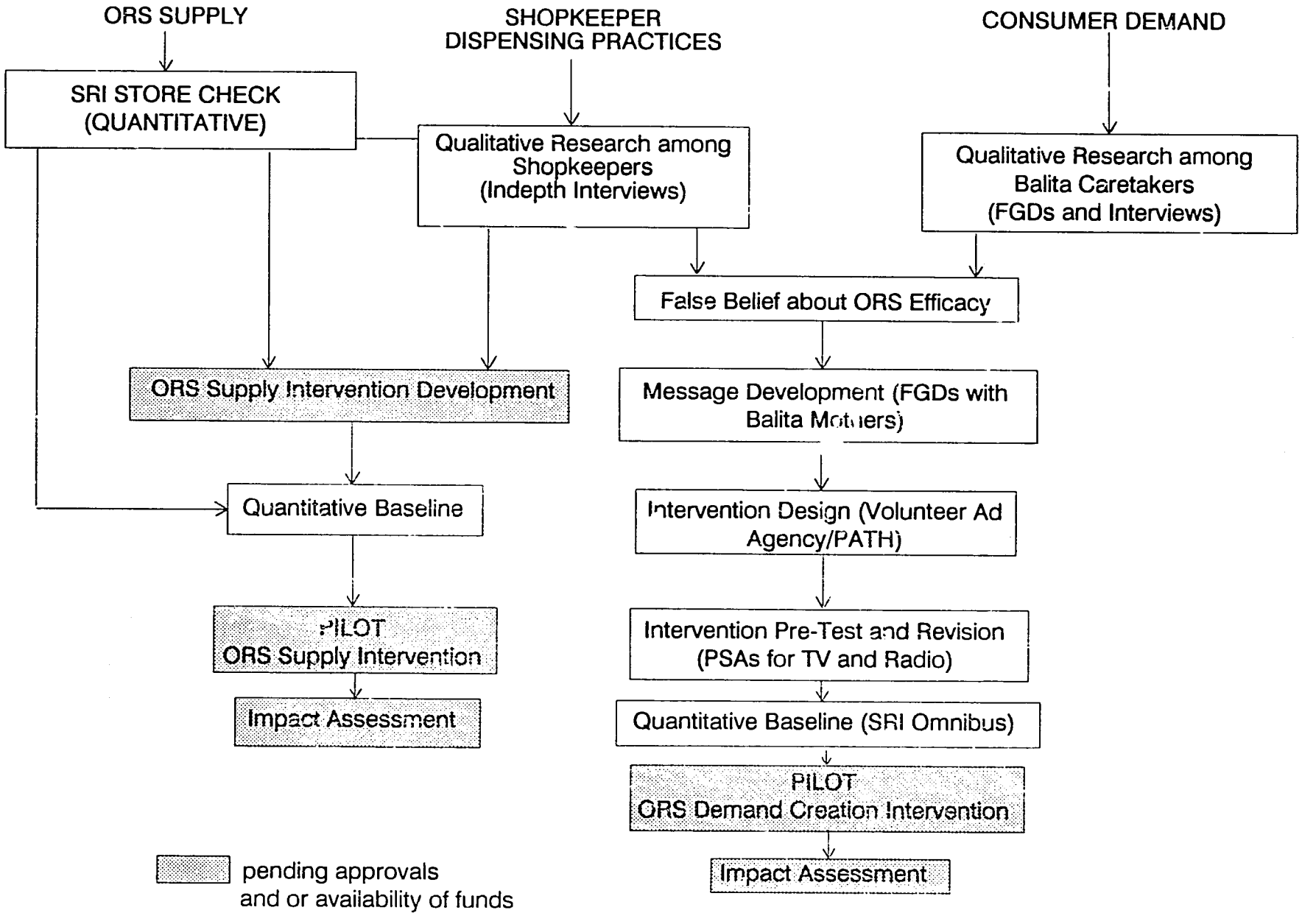
Proposals for consumer and retailer research were solicited by PATH from local firms with prior ORT research experience. Survey Research Indonesia (SRI) was eventually selected to gather and analyze primary data for both the consumer and retailer studies. Secondary data was collected and analyzed by PATH staff and consultants.

Prior to the actual design of the primary data collection instruments, inputs were solicited from a MOH-appointed Technical Advisory Group (TAG) comprised of the following individuals:

Chairperson:	Head of the Directorate of Disease with Direct Transmission Control, MOH
Members:	Head of Sub-Directorate of Diarrhea, Helminthiasis and Intestinal Parasites, MOH
	Chief, Bureau of Planning, MOH
	Chief, Immunization & Epidemiology, MOH
	EPI Consultant, USAID Jakarta

Primary data was collected and analyzed in stages (see Figure 1), starting with several small qualitative consumer studies and building up to a large quantitative KAP study. Key findings from each research step were used to design the next research instrument. This process proved to be particularly useful in exploring consumer attitudes and knowledge about dehydration and rehydration - concepts for which there are no equivalent vocabulary words in the Bahasa Indonesia language. The following sections of this report summarize key findings of the consumer and retailer research studies, and results of generic ORS message development and testing among caretakers of underfives in DKI Jakarta.

Figure 1. **STAGES IN THE COMMERCIAL SECTOR ORS RESEARCH PROCESS**



III. ACTIVITIES REPORT AND KEY FINDINGS

A quantitative baseline ORS knowledge, attitude and practice (KAP) survey[4] was carried out among a random sample of 400 households in the greater metropolitan area of Jakarta (DKI Jakarta). The survey showed that 38% of all housewives (aged 15 and over) have one or more children under the age of five (underfives). The incidence of underfives is highest among lower socio-economic groups (Class CDE), and peaks in the Class D group (52%). These poorer housewives are also less well educated: 40% of Class D and 50% of Class E housewives, respectively, have incomplete or no primary schooling.

Although awareness of ORS is almost universal (97%) among Jakarta housewives, respondents with underfives report low levels of actual usage (13%) during a 30 day period coincident with the peak diarrhea season. Major reasons cited by mothers for low levels of recent ORS usage include (a) no episode of childhood diarrhea or diarrhea not serious enough to warrant ORS usage, and (b) traditional medicine and or anti-diarrhea products sufficient to treat childhood diarrhea. Even though mothers reportedly perceive ORS to be widely available, easy to use, affordable, and effective[4], there is an apparent gap between reported acceptability and actual usage. There is some evidence to suggest that the discrepancy between ORS knowledge/attitude and actual practice may be linked to false expectations about the efficacy of ORS products.

A qualitative study among a sample of low income mothers (Class CDE) of underfives from a spread of areas in Jakarta[5] indicate that ORS is widely believed to be a "cure for loose stools" and or a "cure for stomach ache." Knowledge about dehydration and the rehydration properties of ORS is very low. This is not surprising given that mass media messages currently used in the national ORT program position ORS as a remedy for diarrhea, and do not attempt to differentiate between dehydration and diarrhea.

Although mothers generally recognize some of the signs of dehydration i.e., irritability, weakness, thirst and sunken eyes, their behavior is motivated by an overwhelming concern to reduce stool output (rather than replace body fluids lost) during episodes of childhood diarrhea. Mothers tend to seek products that "stop" diarrhea (i.e., Enterostop) and expect the same results from ORS. Discontinued usage reportedly occurs when ORS does not measure up to mothers' expectations.

False beliefs about the efficacy of ORS are also prevalent among dispensers and retailers of ethical drugs and OTC products in Jakarta. A survey among 71 retail outlets (apotiks, drugstores and ordinary shops) stocking ORS and anti-diarrhea products in Jakarta[6] showed that 87% of dispensers recommend ORS to customers as an effective "cure for loose stools" and or "cure for stomach ache."

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4. See Appendix A: "Quantitative Research Results: Baseline ORS and Media Recall, DKI Jakarta (Nov-Dec 1989)." Prepared for PATH by SRI. February 1990.
5. See Appendix B: "Generic ORS Concept Development Pilot Study." Prepared for PATH by SRI. January 1990.
6. See Appendix C: "ORS Retailer Study." Prepared for PATH by SRI. October 1989.

A review of ORS product package messages suggests that false beliefs about ORS efficacy may have been generated by (or at the very least are being reinforced by) misleading product efficacy claims found on packets of ORS. For example, the front pack of one of the best known brands of ORS (Pharolit 200) carries the following message: "Pharolit menyelamatkan jiwa dengan mengatasi akibat diare," meaning "Pharolit saves lives by overcoming the result of diarrhea." Without prior knowledge about dehydration, consumers may misinterpret this to mean that Pharolit cures diarrhea.[7]

The message content of other product packs,i.e., Kimia Farma Oralit 200, more clearly states "untuk mencegah dan mengobati dehidrasi akibat penyakit muntah berak," meaning "to prevent and treat dehydration caused by diarrhea." However, this message contains words which low income mothers reportedly can not understand. For example, the words "diare" (diarrhea) and "dehidrasi" are direct translations from the English language and have no meaning in Bahasa Indonesia[7].

The baseline survey[4] also found a high incidence of incorrect administration of ORS. Sixty percent (60%) of ever users of ORS reportedly administered only one glass (or less) of ORS per day to a child suffering from diarrhea. Duration of administration of ORS ranged from <1 day - 5 days with 53% of respondents reportedly administering ORS for one day or less. This practice is closely linked to the respondents recall of mass media messages.

Approximately 40% of mothers of underfive in Jakarta recall seeing a public service announcement about ORS on television. Thirty-percent (30%) recall hearing an ORS message on the radio.[4] These levels of media recall are quite high, considering the low level of consumer and public service advertising about ORS. Commercial advertising is banned from the national TV network (TVRI), and confined to a cable network (RCTI) with limited coverage in Jakarta (reaching mostly class AB consumers). Public service advertisements (PSAs) are permitted on TVRI and RCTI but under-utilized.

Presently, only one PSA about ORS appears <u>infrequently</u> on TVRI during a prime time slot (before the evening news). Nevertheless, about 40% of Jakarta housewives recall seeing this PSA[4]. With regard to radio, an ongoing ORT campaign in the neighboring province of West Java is airing four different PSAs daily about ORT and ORS. In the capital city of Jakarta, however, only a few PSAs about ORS are irregularly broadcasted on radio. Although manufacturers are permitted to advertise OTC products on the radio, not one ORS manufacturer is currently using radio or other forms of mass media to advertise ORS to consumers. On the contrary, anti-diarrhea drugs (i.e., Entrostop, Koniform) are heavily advertised on radio and in the print media. Shopkeepers cite heavy advertising support for anti-diarrheal as one reason for consumer preference for anti-diarrheals over ORS.[6]

Mass media data from the baseline survey show that fifty-one percent (51%) of mothers who recall either a television or radio message about ORS interpret the message to mean that one glass or less of ORS should be administered per day to

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7. See Appendix D: "Analysis of Qualitative Research Among Balita Caretakers." PATH, February 1990.

a child suffering from diarrhea.[4] Upon previewing the subject PSA[8] it becomes obvious why mothers come away from the television with this misconception. The television spot dwells on the steps for correctly preparing one 200cc packet of ORS in one 8-ounce glass of water. The spot fails to give clear information about how often or how long ORS should be administered. Hence, the viewer comes away with the impression that one glass of ORS is sufficient to treat the episode of childhood diarrhea dramatized in the 60-second television spot.

Thus, it appears that incomplete mass media messages about ORS administration may be a source of confusion among mothers. The need for clear and simple ORS dosage and administration messages was expressly stated by members of the target audience during focus group discussion (FGDs) carried out under this project[7]. When shown a prototype PSA for television which recommends that mothers give underfives "a minimum of three (3) glasses of ORS a day for as long as the diarrhea last," mothers expressed relief and gratitude that their communication needs were finally being met ("finally we know how much ORS to give"). When asked about the general acceptability and persuasiveness of the PSA, mothers stated that they liked the TV spot because it "taught them something new," with particular reference to the dosage information.

The needs of semi-literate and illiterate target audiences for clear and simple dosage instructions presented a policy dilemma for the project proponents. The age-specific dosage regimen recommended by the MOH/CDD and repeated by ORS manufacturers on 200cc packets of ORS is as follows:

> CHILDREN UNDER 1 YEAR OLD: In the first 2 hours drink 2 glasses, and then ½ glass after every excretion (setiap kali berak).
>
> CHILDREN 1 - 5 YEARS OLD: In the first 2 hours drink 4 glasses, and then 1 glass after every excretion.
>
> CHILDREN OVER 5 YEARS AND ADULTS: In the first 2 hours drink 6 glasses, and then 2 glasses after every excretion.

These messages are far too complicated to incorporate into 60-second broadcast spots. Moreover, the term "setiap kali berak" (literally meaning "after every excretion") does not readily lend itself to use on broadcast media, and there does not appear to be a more polite and comprehensible way of stating "after each loose stool" in the Indonesian language.

Dosage instructions based on minimum/maximum quantities to be administered within 24 hours are commonly used in the herbal medicine (jamu) and OTC trade in Indonesia. Mothers have become accustomed to simplified administration practices, and may be carrying these practices over to ORS. For example, the most popular herbal remedy for diarrhea i.e., Obat Sakit Peroet Cap Koepoe Koepoe (Butterfly Brand of Stomach Medicine) recommends that 1/2 sachet be administered 3 times a day with water to a child. Similarly, the most popular anti-diarrheal (Entrostop) recommends that 1/2 to 1 tablet be given to children 3-4 times a day.

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8. "Penanggulangan Diare." Produced by the Center for Health Information, Ministry of Health R.I.

If ORS is to replace these products, it must be equally convenient to use. Mothers, of course, must also understand that ORS is the only product that effectively treats dehydration - the real threat of diarrhea. When presented with several different benefit statements about ORS, mothers overwhelmingly state a preference for messages that educate them about dehydration and rehydration[7]. Hence, it would appear that current ORT messages that recommend ORS for diarrhea without attempting to address the problem of dehydration, are not meeting the communication needs of mothers.

Social Advertising Intervention

Based on the consumer and retailer research findings discussed above, an ORS social advertising intervention was designed for and with members of the primary target audience. Social advertisement is defined as a public service announcement or advertisement (PSA) that appears in space and time donated by the media for public good. A fundamental difference between social advertising and social marketing in that the latter usually depends on paid forms of non-personal communication (broadcast and print media) to market a social product or service i.e., Dua Lima condoms. Other differences are outlined in Exhibit 1.

While ORS social marketing has proven to be successful in other countries, the costs involved in mounting and sustaining such programs far exceed the budgetary capacities of most developing country ministries of health. Given the myriad of child survival and transitional health problems challenging the MOH in the decade of the '90s, it is highly unlikely that funds can be mobilized to support social marketing initiatives for even a few of the major problems. The social advertising approach of mobilizing volunteer creative assistance and donated media space and time, on the other hand, represents a sustainable strategy that can be applied to many different health problems and solutions.

The social advertising intervention designed and pretested in the Commercial ORS project consists of one graphic rehydration logo, and two broadcast public service advertisements (PSAs) about generic ORS - one for television and one for radio. Samples of the PSAs and logo are provided in Exhibit 2.

The PSAs were developed with creative assistance donated by a local advertising agency, Matari Inc., and with the express aim of repositioning ORS as a preventative and curative agent for dehydration. A classic problem-solution advertising strategy is used in the PSAs to generate demand for generic ORS. Dehydration (not diarrhea) is presented as the life-threatening problem, and fluid replacement with ORS the solution. Through a process of participatory understanding and message building, composite terms such as "kurang cairan tubuh" meaning "lacking body fluid," and "mengembalikan cairan yang hilang" meaning "to replace lost body fluid" were developed and tested with mothers to convey the concepts of dehydration and rehydration.

The radio advertisement is set in a primary school classroom using the characters from a popular children's puppet program produced by TVRI , "Si Unyil." The main character featured in the radio PSA is the antihero Pak Ogah, whose name literally means "can't be bothered". He is a likeable homeless vagrant who is always asking for "cepek" which is Chinese for 100 (100 rupiahs

or 6 cents US). He is also well-known for his laziness to wash his hands before mealtimes and therefore always experiences bouts of diarrhea.

In the radio PSA[9] the teacher quizzes the children about what should be done when a balita (underfive) experiences diarrhea. Pak Ogah, the busy body, interjects with what is a common belief, i.e. that diarrhea is a normal part of growing up and nothing need be done about it. The children know better and correct him as follows:

"No, that's not right..."
"Diarrhea makes our body loose fluids"
"And if untreated (the child) can die."
"So, give oralit to replace the lost body fluid."

The advertisement signs off with the following message:

"Don't forget"
"If your Underfive has diarrhea"
"Give oralit"
"At least three glasses a day"
"For as long as the diarrhea lasts."

"Jangan lupa"
"Bila Balita mencret",
"Berikan oralit"
"Paling sedikit tiga gelas sehari",
"Selama masih mencret."

The television PSA[9] utilizes a low-cost technique called "photo-motion" in which air-brushed drawings are photographed onto slides. From one image to the next, the technique of fade-in-fade-out is used to create a sense of motion and to draw the viewer's attention to key illustrations. The footage shows a young child drawing a series of stick figures of her mother, father, self and younger brother. The sound effects comprise a pleasant, calm background music. Key information is conveyed through a dialogue between the older sister and younger brother, and sequential line drawings with colorful crayons. The sister recalls through illustrations when the brother nearly died during infancy. From Father the older sister learns that her brother was suffering from weakness and lack of body fluid (kurang cairan tubuh) caused by continuous diarrhea. A series of colorful illustrations of a potted plant wilting from lack of water is then shown and an adult voice explains that kurang cairan tubuh (dehydration) is similar to a wilted flower.

Luckily, however, Mother has oralit (generic ORS) on hand, explains Sister, who then illustrates Mother preparing a sachet of ORS in a 200cc glass (gelas belimbing) of water. The wilted potted plant is then shown to be revitalized by water, and the adult voice interjects the comparative message, "just like a wilted flower refreshed by water, ORS replaces body fluid lost as a result of dehydration." The adult voice signs off with the same reminder used in the radio spot i.e., "Don't forget, if your Balita has diarrhea, give at least three glasses of ORS a day, for as long as the diarrhea lasts."

9. See PSA scripts in Exhibit 3.

Intervention Pretesting

The PSAs were pretested for comprehension, acceptability and persuasion among a sample of 51 mothers of underfives from Class CDE groups who had a child suffering from diarrhea in the past six months. After exposure to the PSAs, a measurable increase in maternal awareness of the need to replace lost body fluid during episodes of diarrhea was recorded. Respondents also demonstrated improved understanding of their ability to prevent dehydration-related mortality through the use of oral rehydration therapy. The TV spot proved to be particularly effective in improving mothers' knowledge with regard to dosage and duration of administration of ORS.[10]

Logo preference test results indicated mothers' preference for a fluid replacement logo modeled after the well-known "Blue Circle" logo developed for the self-sufficient family planning program (KB Mandiri). Inside the circle, a child (underfive) is shown robustly drinking a glass of fluid. The manner in which the child is shown grasping the glass with two hand, and the angle of the child's tilted head, reportedly gave mothers' the impression that the child was very thirsty (one of the first signs of dehydration).

Pretest respondents were then gathered into small groups for focused discussions about their overall impression of the PSAs. In general, mothers reportedly found the content of the PSAs to be informative, entertaining (particular the radio spot) and persuasive. Among other reasons, mothers stated that they liked the PSAs because they imparted new information i.e., dehydration and minimum daily dosage.

Mothers were then presented with a variety of ORS and anti-diarrhea products from which they were asked to choose one as a take-home gift. Eighty-two (82%) of respondents chose an ORS product, and 18% an anti-diarrheal. Among those choosing ORS, the majority (31%) chose a generic brand (Kimia Farma Oralit 200) for the stated reason that they were already familiar (and obviously satisfied) with that product. Nearly one in five mothers, however, chose an anti-diarrheal indicating that either the PSAs are lacking in persuasiveness and or that other interventions are needed to change the behaviour of hard core anti-diarrhea product users.

The social advertising intervention was modified based on the pretest results, and presented to the CDD Technical Advisory Group (CDD/TAG) of the Ministry of Health R.I. for final approval before launch in the mass media. The TAG approved the PSAs in principle, but requested that three additional messages be added to the content of the PSAs. These include (a) a spoonfeeding message i.e., that ORS should be slowly administered with a spoon, (b) a continuous feeding message, and (c) a message referring mother to the public health center (puskesmas) in the event the child's condition worsens.

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10. See Appendix E: "ORS - Advertising Pre-testing." Prepared for PATH by SRI. September 1989. Chart 3, 5B, 6, 9A, and 9B.

The project proponents noted that the addition of the three new messages recommended by the TAG would increase the length of the PSAs from 60-seconds to 90-seconds, clutter the PSAs with too much information, and compromise the level of comprehension already achieved. Moreover, media broadcasters prefer 30-second and 60-second spots. Expanding the content of the PSAs, therefore, will also jeapordize their frequency of exposure by volunteer media broadcasters.

The TAG suggested a compromise whereby some of the existing messages are replaced with one or more of the new messages. In particular, it was recommended that a closing social marketing message be replaced with either message (b) or (c) above. The social marketing message states that ORS in inexpensive and can be easily obtained at local shops displaying the project's rehydration logo. PATH agreed to modify the television PSA accordingly, and to conduct further pretests with mothers of underfives to assure acceptibility and comprehension. The PSAs will then be reproduced and disseminated to volunteer media broadcasters with funds made available to PATH under a social advertising project supported by the VHP Office of the U.S.A.I.D. Mission. The estimated launch of broadcasts in DKI Jakarta is June 1990.

CONCLUSION AND RECOMMENDATION

Studies among caretakers of under-fives in Indonesia suggest a wide gap between current levels of awareness and knowledge of pre-packaged oral rehydration salts (ORS) and actual usage during episodes of childhood diarrhea. Several notions have been put forth as possible explanations for the discrepancy between knowledge and behavior. Foremost among these are the notions that pre-packaged ORS products are (a) priced beyond the means of most low income (DE class) households; (b) difficult to find in the marketplace; and (c) difficult to administer to young children because of taste constraints.

Recent qualitative and quantitative research among class CDE caretakers of under-fives and retailers of ORS products in the greater metropolitan area of Jakarta indicate that price, availability and taste are not major obstacles to ORS usage in the capital city. On the contrary, pre-packaged ORS products are perceived by mothers and retailers alike to be cheap, easy to obtain, and practical to use. While some mothers reportedly value ORS as a "first aid" i.e., a convenient product to "have on hand" in case of diarrhea, the majority fail to recognize the true value of ORS i.e., a preventative and curative agent for dehydration.

The research results reported herein suggest that the major obstacles to ORS usage among CDE mothers are (a) false beliefs about ORS product efficacy (b) lack of knowledge and information about how to treat signs of dehydration, and (c) communication obstacles that prevent mothers from adopting ORT practices in general (see Figure 2). Foremost among the latter obstacles are:

1. Lack of awareness among communicators of the obstacles that prevent mothers from adopting ORT methods (a and b above), and faulty assumptions among communicators that illiterates are unable to understand scientific concepts (dehydration) leading to a dearth of communication messages in the national ORT program about the problem of dehydration.

2. Misleading messages on ORS packets suggesting that ORS cures diarrhea, and lack of simple and clear ORS dosage and administration messages.

3. Linguistic and semantic barriers in ORT communications, i.e., many of the terms used in ORS packs and the national ORT program are simply borrowed from Latin (i.e., ad libitum) or translated from English (i.e., diare, disentri, dehidrasi).

4. Disproportionate use of interpersonal forms of communication[11] (i.e., doctor-patient and cadre-mother) with inherent communications constraints. The doctor-patient relationship is clearly unequal and this inequality, in and of itself, inhibits communication. Similarly, in instances where the cadre is the wife of the village headman (lurah) or hamlet chief (dusun), the ORT communication process is inhibited by the inequality in the relationship between the sender and receiver of the ORT message.

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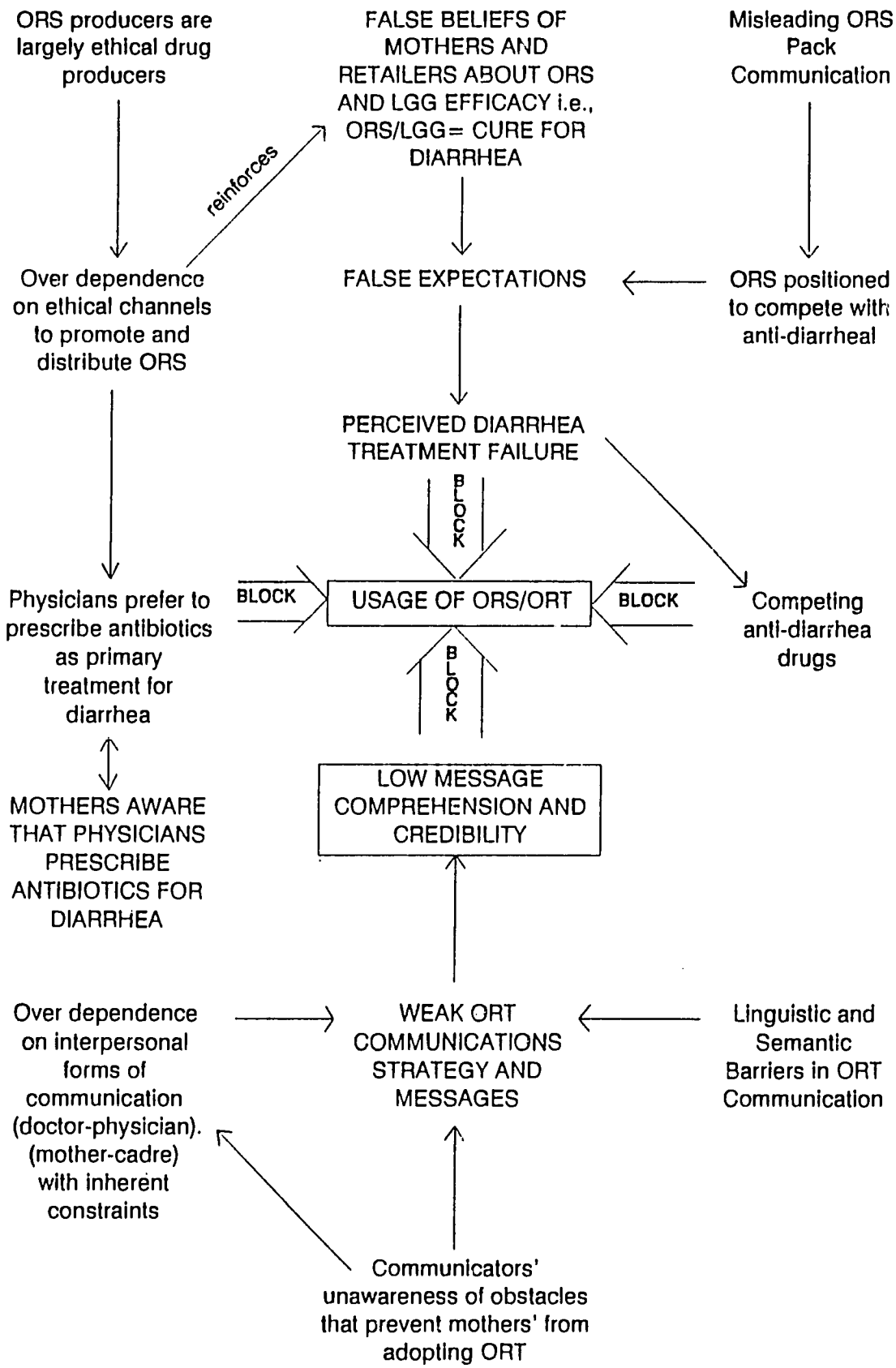
11. "Health Training, Research and Development Project Amendment to Diarrheal Diseases Component." USAID Jakarta, Office of Population and Health. Jakarta: May 1986.

Figure 2
OBSTACLES TO ORS/ORT USAGE IN INDONESIA



Source: PATH Indonesia, February 1990

10a

Recommendations

These findings implicate the need for a more balanced combination of interpersonal and nonpersonal forms of communication in the national ORT program, and the need for development of ORT and ORS messages based on participatory understanding of the problem of dehydration and the ability of mothers to prevent and solve it through oral rehydration therapy.

Media habit data show that audio visual media are almost the only media that reach class DE mothers in DKI Jakarta. Print is much less useful, for example. In targeting ORT and ORS messages to poorer, less well-educated mothers, the use of radio and television is recommended, as are messages which are clear and simple. Such messages are much more likely to be understood, accepted and acted upon.

It appears that mass media messages currently in use in the national ORT program are not meeting the communication needs of semi-literate mothers from lower socio-economic groups, particularly with regard to dosage and administration of ORS. The incidence of misuse of ORS is high among mothers who commonly administer only one glass of ORS during an episode of diarrhea. Public service announcements (PSAs) currently aired on TVRI should be augmented in message content to redress incorrect practices, and or supplemented with other PSAs. The project developed and tested two broadcast PSAs which demonstrated improvements in maternal understanding of ORS dosage and administration knowledge. It is recommended that these PSAs be aired on local television and radio as a supplement to existing PSAs.

Experience from Egypt and other countries shows that mildly dehydrated underfive consume an average of 600 ml of ORS within a period of 24 hours. Given the higher incidence of mild dehydration (compared to moderate or severe dehydration), and the low literacy level of the caretakers of the majority of underfives in DKI Jakarta, it is recommended that mass media messages recommend a minimum daily intake equivalent to 600 ml of ORS solution, i.e., at least three glasses (200cc each) of ORS solution per day. Although such a statement is not ideal and may conflict with program policies, it is felt that the communication needs of illiterates must take precedent.

The experimental activities carried out in the Commercial Sector Oral Rehydration Project demonstrate the feasibility of mobilizing contributions from private advertising agencies for development of child survival public service announcements. Media broadcasters have also indicated their willingness to donate time and space for the generic ORS social advertisements (PSAs) developed under this project. Based on this experience, it is recommended that social advertising be exploited in the pursuit of a replicable and sustainable strategy for marketing child survival and transitional health issues in Indonesia.

TWO MODELS OF SOCIAL MARKETING

1. DUA LIMA MODEL

Paid-form of nonpersonal communication (advertising) i.e., an advertisement about a social "product" (condoms) that appears in media space and time paid by a sponsor (USAID) for the public good.

2. AD COUNCIL MODEL

Non-paid form of nonpersonal communication (public service announcement) that appears in space and time donated by the media for the public good.

Example = YKB/PATH Breastfeeding Social Marketing Campaign (1984-87)

COMPARISON OF TWO SOCIAL MARKETING MODELS

	DUA LIMA	AD COUNCIL
1.	Paid advertisements	Donated PSAs
2.	Client determines the media plan according to the advertising budget	Utilize whatever media can be mobilized
3.	Client decides when and where the advertisements will be used	Media decide when and where the PSA will be used
4.	One step marketing exercise from the proponent (producer) --> consumer	Two-step marketing exercise from the proponent --> media companies --> public (consumer)
5.	Paid professionals do everything	Depends on private sector participation and contribution
6.	Quick but expensive	Time consuming but low-cost

CONCLUSIONS AND RECOMMENDATION

1. Private advertising agencies have expressed their willingness to volunteer creative assistance for development of generic logo, public service advertisements (PSAs) for TV and radio etc.

2. Media broadcasters have expressed willingness to donate time and space for child survival-related announcements and advertisements, provided tax exceptions can be arranged, and PSAs are suitable for broadcast.

3. ORS producers/distributors have expressed willingness to contribute POS materials carrying the project logo.

4. The spirit of volunteerism should be encouraged and exploited in the pursuit of a replicable and sustainable strategy for marketing child survival concepts and behavioral changes in Indonesia.

5. Appropriate conduits for channeling and utilizing contributions from the private sector need to be developed and tested.

6. The Ad Council model of social advertising (marketing) is most appropriate for the advancement of ORT/ORS in Indonesia.

PUBLIC SERVICE ANNOUNCEMENT (PSA) - TELEVISION

A/V SCRIPT "ADIK SAYA" (SI BUDI)

F1. OPEN ON CU TANGAN ANAK UMUR 5 TAHUN, ZOOM OUT KELIHATAN TANGAN TSB. SEDANG MENGGAMBAR PRIA DEWASA. DISSOLVE TO

MUSIC: (SIMPLE DAN KALM (CALM/ SOMBRE), ESTABLISH AND DOWN UNDER AS B.G.)

F1.1. Ini Ayah .....

F2. TANGAN TSB. MENGGAMBAR WANITA DEWASA. DISSOLVE TO

F2.1. ini Ibu .....

F3. TANGAN TSB. MENGGAMBAR ANAK PEREMPUAN UMUR 5 TAHUN.

F3.1. Ini saya .....

F3.2. Saya mana dong, kak Tuti?

F4. TANGAN TSB. MENGGAMBAR ANAK LAKI-LAKI USIA 3 TAHUN. DISSOLVE TO

F4.1. Ini kamu, Bud .....

F5. GAMBAR BAYI TERBARING, FULL FRAME, TANGAN ANAK MULAI MENGGAMBAR CAIRAN DI SEKITAR CELANANYA.

F5.1. Dulu waktu kamu masih bayi, kamu pernah sakit. Kata Ayah, kamu "kurang cairan".

F5.2. Kurang cairan itu apa sih, Kak?

F6. GAMBAR ADIK POSISI TERBARING, TERLIHAT KERINGAT DI SEKITAR KEPALA DAN BADAN, JUGA CAIRAN DI SEKITAR CELANANYA.
TANGAN MEMEGANG PENSIL TAMPAK DI SAMPING GAMBAR.

F6.1. Kalau kita mencret, badan kita kehilangan cairan ...

F7. DISSOLV TO DISSLOVE:
GAMBAR:
- TANAMAN SEGAR DALAM POT
- TANAMAN TERSEBUT LAYU

F8.1. ... hingga menjadi lemas dan kering seperti tanaman yang tidak disiram.

F8.2. Apakah kita bisa mati kalau kurang cairan?

F9. ORALIT SEDANG DITUANGKAN KE SEGELAS AIR.
DISSOLVE TO

F9.1. Tentu saja bisa, tapi untung Ibu segera memberi oralit.

F10. ZOOM/C.U. GAMBAR BUDI DIPANGKU IBU, DISUAPI ORALIT PAKAI SENDOK

F10.1. Ibu menyuapi oralit kepada Budi sampai habis lebih dari 3 gelas sehari.

F11. DISSOLVE TO
- GAMBAR TANAMAN LAYU
DISSOLVE TO

F11.2. Lebih dari 3 gelas sehari?

F11.1. Iya, memang Oralit harus diberikan berulang kali.

F12. - GAMBAR TANAMAN SEGAR

MVO: Seperti tanaman yang segar karena cukup sering disiram...

F13. C.U. GAMBAR SI BAYI (BUDI) YANG TERTAWA GEMBIRA, TANGAN TUTI DI POJOK KANAN, BAWAH.

MVO:
... oralit mengembalikan cairan tubuh hingga badan menjadi segar kembali.

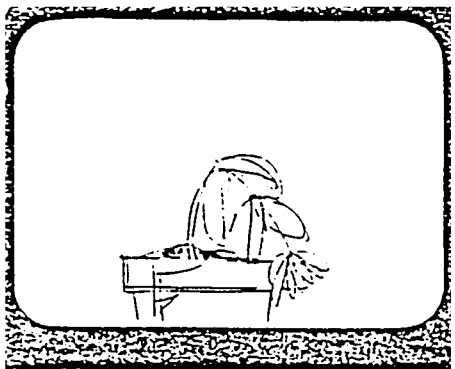
F14. KEMBALI GAMBAR F10 BUDI DISUAPI PAKAI SENDOK.

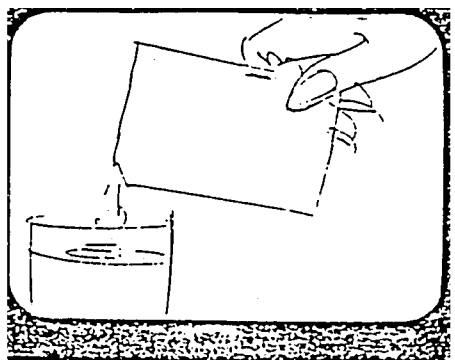
MVO:
Selain oralit, juga berikan makanan lunak, seperti bubur.

F15. TEXT: (DILAYAR TV)
BERIKAN MINUMAN ORALIT PALING SEDIKIT 3 GELAS SEHARI SELAMA MASIH MENCRET.
PESAN LAYANAN MASYARAKAT INI DIPERSEMBAHKAN OLEH DEPARTEMEN KESEHATAN BEKERJA SAMA DGN PATH, TV-RI DAN MATARI INC.

F15. MVO:
Jangan lupa, bila Balita mencret, berikan minuman oralit paling sedikit 3 gelas sehari, selama masih mencret.

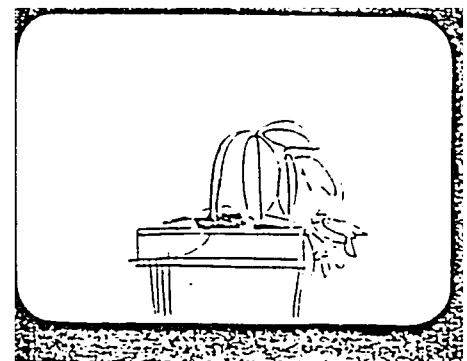
Date of Revision: March 30, 1990





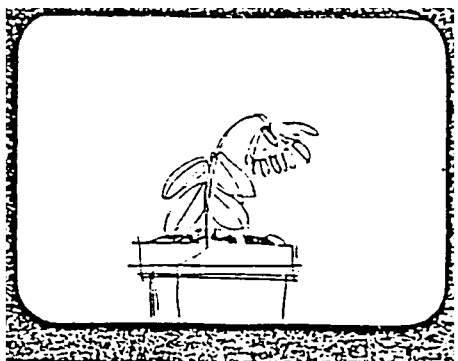
08.ORALIT SEDANG DITUANGKAN KE
SEGELAS AIR.
DISSOLVE TO

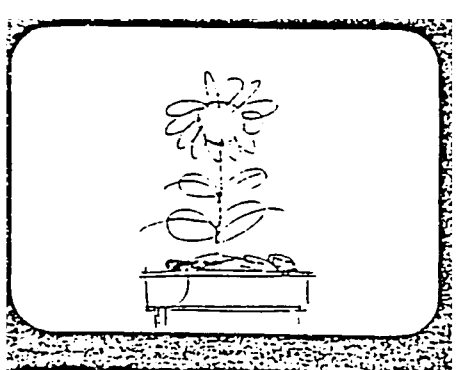
Kalau Diare, Dokter bilang, harus
segera diberi cairan Oralit.

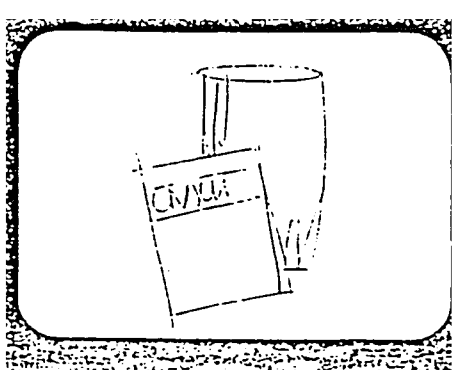


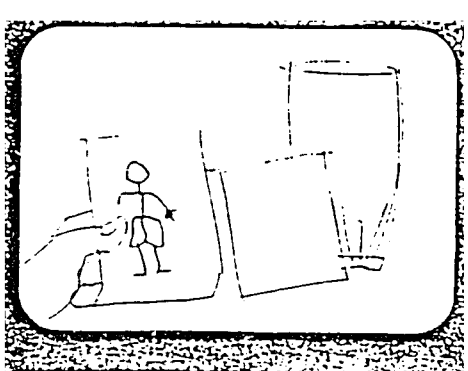
09.DISSOLVE TO DISSOLVE
-GAMBAR BUNGA LAYU
-GAMBAR BUNGA AGAK LAYU
-GAMBAR BUNGA SEGAR
DISSOLVE TO

Hingga badan tidak kekurangan
cairan. Tetap segar, seperti
bunga yang sering disiram.









10.SEGELAS AIR, SEBUNGKUS ORALIT
DISSOLVE TO DI SEBELAH GELAS
TANGAN ANAK MELETAKKAN GAMBAR
ADIK DI SEBELAH PACK ORALIT.

Memang betul pak Dokter,
karena Oralit maka Adik sekarang
sudah sembuh.

11.SIMBOL DIARE DAN SUPER TEXT.
PESAN LAYANAN MASYARAKAT INI
DISAMPAIKAN OLEH
DEPARTEMEN KESEHATAN
BEKERJA SAMA DENGAN
PATH, TV-RI DAN MATARI INC.
03.MVO.
Bila anak Diare segera beri cair-
an Oralit.
04.MUSIC : (SMASH AND OUT)

Public Service Announcement (PSA)

Client : PATH/DepKes
Product : "Kekurangan cairan tubuh"
Version : "Pak Ogah"

Medium : TV and Radio
Time : 60 secs
Date : March 20, 1990 (Revised)

01. SINGING : (ANAK-ANAK Gembira fades in fades out under)

JIKA AKU DIARE, IBU SLALU WASPADA
PERTOLONGAN ORALIT SLALU SIAP SEDIA ...

02. IBU GURU : Anak-anak kalau kalian mencret-mencret terus apa yang dilakukan ibumu?

03. ANAK PRP : Kami segra diberi Oralit, Bu!

04. PAK OGAH : (MENYELA) Itu salah bu Guru!

05. IBU GURU : Yang betul bagaimana pak Ogah?!

06. PAK OGAH : Ah itu gampang Bu, tapi ... cepek dulu dong!

07. ANAK-ANAK : (BERSAMA) Huuuu!

08. ANAK LAKI2 : Pasti salah, minta cepek!

09. PAK OGAH : Awas ya Den, kalau pak Ogah betul minta sepuluh cepek!

Begini ya, anak kecil mencret-mencret itu biasa. Paling mau pinter ... biarkan saja, nanti kan sembuh sendiri!

10. IBU GURU : Nah, itu salah anak-anak, yang betul bagaimana?

11. ANAK PRP : Kalau mencret-mencret terus, tubuh jadi lemas karena kurang cairan.

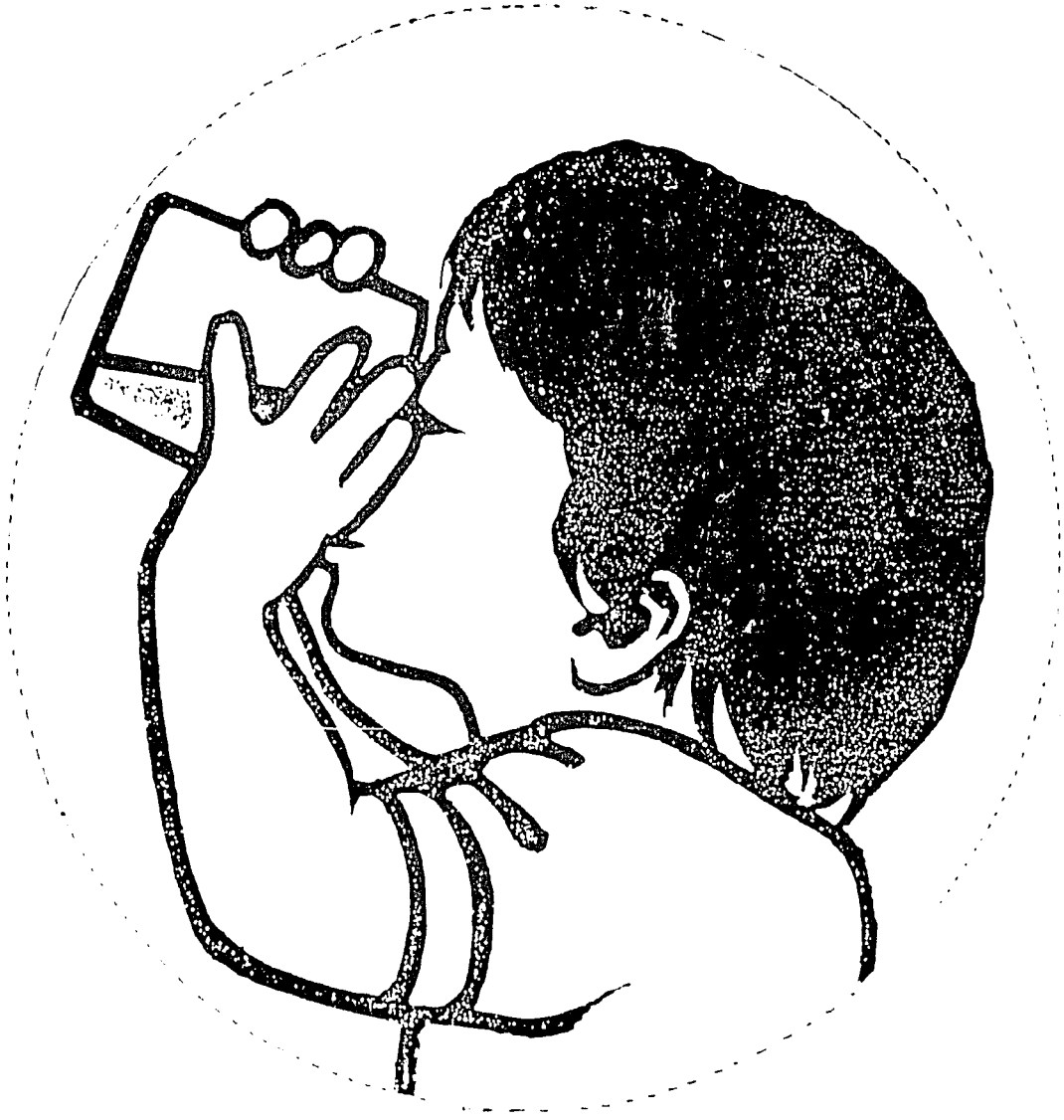
12. ANAK LAKI2 : Kalau dibiarkan sangat berbahaya, bisa meninggal!

13. IBU GURU : Karena itu harus segera diberi Oralit pakai sendok, paling sedikit 3 gelas sehari, selama masih mencret, untuk menggantikan cairan tubuh yang hilang.

14. PAK OGAH : Iya, iya sekarang pak Ogah tahu, kalau mencret-mencret terus harus diberi Oralit supaya jangan sampai lemas karena kurang cairan tubuh. ... Tapi mana cepeknya?

15. ANAK-ANAK : Huuuu!!!!!

Note: New changes are underlined.



QUANTITATIVE RESEARCH RESULTS
BASELINE ORS KAP AND
MEDIA RECALL
DKI JAKARTA

- PRESENTATION -

Prepared for:

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Jakarta Selatan

By:

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Jl. K.H. Wahid Hasyim No. 31 A-B,
Jakarta Pusat

SRI-985

FEBRUARY 1990

THE SRI OMNIBUS

- THE OMNIBUS CONCEPT IS FOR CLIENTS TO SHARE COSTS OF FIELDWORK AND DATA PROCESSING, WHILE GETTING ANSWERS TO THEIR OWN QUESTIONS.

- JAKARTA, SURABAYA, MEDAN, BANDUNG.

- OVER 400 HOUSEWIVES PER CITY OF ALL EXPENDITURE/EDUCATION LEVELS.

- SYSTEMATIC RAMDOM SAMPLING, USING RANDOMLY SELECTED RTs, RANDOMLY SELECTED HOUSEHOLDS.

- THIS MEANS THAT RESULTS ARE REPRESENTATIVE OF ALL HOUSEHOLDS IN JAKARTA. RESULTS ARE TYPICAL OF VIEWS OF JAKARTA HOUSEWIVES/MOTHERS.

- FIELDWORK NOVEMBER 24 - DECEMBER 21, 1989.

- THIS IS A BASELINE MEASURE, TO BE COMPARED WITH LATER SURVEYS, AFTER MESSAGES HAVE BEEN BROADCAST.

SRI EXPENDITURE CATEGORIES SOCIO-ECONOMIC STATUS

- SRI SOCIO-ECONOMIC STATUS CATEGORIES DERIDED BY ASKING AVERAGE MONTHLY HOUSEHOLD EXPENDITURE ON DAY-TO-DAY GOODS AND SERVICES.

- THIS IS A GOOD MEASURE OF SOCIO-ECONOMIC STATUS (OWNERSHIP OF DURABLES).

- EXPENDITURE IS ALSO CORRELATED WITH EDUCATION.

- IN JAKARTA THE OMNIBUS SHOWS THE FOLLOWING EXPENDITURE LEVELS:

	%	S.E.S.
RP. 300,001+	9	A
RP. 200,000 - RP. 300,000	11	B
RP. 150,000 - RP. 200,000	20	C1
RP. 100,000 - RP. 150,000	25	C2
RP. 75,000 - RP. 100,000	19	D
LESS THAN RP. 75,000	16	E

72

RESPONDENTS IN THIS SURVEY

- HOUSEWIVES AGED 15 AND OVER.

	%
15 - 24	13
25 - 34	36
35 - 50	36
40+	15

- ORALIT AND 'KEKURANGAN CAIRAN TUBUH' QUESTIONS ASKED OF MOTHERS OF BALITA.

- INCIDENCE OF BALITA CHILDREN IS AS FOLLOWS, IN HOUSEHOLDS IN JAKARTA:

	TOTAL	EXPENDITURE				
		A	B	C	D	E
	%	%	%	%	%	%
HAVE BALITA	38	26	29	37	52	37
NO BALITA	62	74	71	63	48	62

- PEAKS IN THE D GROUP, LESS WELL OFF AND LESS WELL EDUCATED.

- DISTRIBUTION OF AGES OF BALITA AS FOLLOWS:

	ALL HOUSEHOLD WITH BALITA	ALL HOUSEHOLD IN JAKARTA
	%	%
1	29	11
2	33	12
3	31	12
4	29	11

CONCLUSIONS

- THE DATA SHOW THAT POORER MOTHERS (CDE EXPENDITURE GROUPS) WHO ARE ALSO LESS WELL-EDUCATED ARE MORE LIKELY TO HAVE A BALITA THAN THE AB'S.

- THIS MEANS THAT MOST BALITA (AND YOUNGER) CHILDREN IN JAKARTA ARE IN THESE EXPENDITURE GROUPS.

- THE MEDIA HABITS DATA SHOW THAT AUDIO VISUAL MEDIA ARE ALMOST THE ONLY MEDIA THAT REACH THESE POORER MOTHERS (PRINT IS MUCH LESS USEFUL, FOR EXAMPLE).

- IN TARGETTING ORT MESSAGES TO POORER, LESS WELL-EDUCATED MOTHERS (WHO ARE THE ONES WHO MOST NEED TO BE CONVINCED OF THE BENEFITS OF ORS) WE WOULD RECOMMEND THEREFORE THE USE OF RADIO AND T.V.

- MESSAGES USED SHOULD ALSO BE CLEAR AND SIMPLE, AS SUCH MESSAGES ARE MUCH MORE LIKELY TO BE UNDERSTOOD, ACCEPTED AND ACTED UPON.

LIST OF CHARTS

QUESTION NO	TITLE	CHART NO
8, 9, 10	ORALIT AWARENESS AND USE	1
11	AMOUNT OF ORALIT USED	2
12	LENGTH OF USE	3
13A, 13B	ANY CHANGE AND CHANGE(S) SEEN	4
14	BENEFITS OF ORALIT	5
15	REASONS NEVER USE	6
16	IMAGE OF ORALIT	7
17, 18	RECALL OF ORALIT PUBLICITY/ADVERTISEMENTS ON RADIO AND T.V.	8
19A	MESSAGES RECALLED	9
19B	WHETHER CHILD CAN DIE FROM DIARRHEA	10
19C	RECOMMENDED AMOUNT OF ORALIT TO BE USED	11
19D	LENGTH OF TIME RECOMMENDED TO ADMINISTER ORALIT	12
20, 22	RADIO AND TV HABITS	13
4	UNDERSTANDING OF KCT	14
5	CAUSE OF KCT	15
6A	WHETHER CHILD CAN DIE BECAUSE OF KCT	16
6B	PREVENTION OF DEATH DUE TO KCT	17
7B	TREATMENT OF KCT	18

CHART 1.

ORALIT AWARENESS AND USE

EVER HEARD OF ORALIT	TOTAL	EXPENDITURE A	B	C	D	E
	%	%	%	%	%	%
BASE: ALL MOTHER OF BABIES						
YES	97	100	100	96	98	96
NO	3	-	-	4	2	4

(REF.: TABLE 17).

EVER USED FOR CHILD WITH DIARRHEA?						
	%	%	%	%	%	%
BASE: ALL MOTHER OF BALITAS						
YES	65	30	79	70	67	50
NO	35	70	21	30	32	50

(REF.: TABLE 19).

LAST OCCASION USED	
BASE: ALL THOSE USED	%
WITHIN LAST LAST 24 HOURS	2
WITHIN LAST WEEK	4
WITHIN LAST MONTH	13
LONGER THAN A MONTH AGO	81

(REF.: TABLE 20).

CHART 2.

AMOUNT OF ORALIT USED

BASE: ALL WHO HAVE USED ORALIT.

	TOTAL %
AS MUCH AS CHILD WANTS	5
AS MUCH AS NEEDED	14
EVERY TIME DIARRHEA	8
LESS THAN 1 GLASS 1 DAY	6
1 GLASS/DAY	54
2 GLASSES/DAY	15
3 GLASSES/DAY	15
4 GLASSES/DAY	7
5 GLASSES/MORE PER DAY	4

(REF.: TABLE 21).

CHART 3.

LENGTH OF USE

BASE: ALL EVER USED ORALIT.

	TOTAL %
LESS THAN ONE DAY	1
ONE DAY	52
2 DAYS	25
3 DAYS	11
4 DAYS	6
5 DAYS	5
AS LONG AS DIARRHEA LASTED	11
UNTIL THE DIARRHEA STOPPED	7
UNTIL THE CHILD IS BETTER	3
UNTIL DIARRHEA SUBSIDED	1

(REF.: TABLE 22).

CHART 4.

CHANGES SEEN AFTER GIVING ORALIT

ANY CHANGES AFTER GIVING ORALIT	TOTAL %
BASE: ALL EVER USE ORALIT	
YES	81
NO	19

CHANGES SEEN AFTER USING ORALIT	TOTAL %
BASE: ALL SEE CHANGES	
STOMACH AILMENT	74
LESSENS DIARRHEA	70

	%
OTHER CHANGES	66
BODY BECOMES STRONG AGAIN/NOT WEAK	55
APPETITE INCREASES	10
BRIGHT FACE	10
FEVER GOES DOWN	2

(REF.: TABLES 23-24).

CHART 5.

BENEFITS OF ORALIT

BASE: ALL HEARD ORALIT.

	TOTAL %
BODY FLUID	**35**
TO ADD FLUID	30
SO NOT SUFFER DEHYDRATION	5
STOMACH AILMENT	**81**
PREVENTS CONTINUOUS DIARRHEA/LESSENS DIARRHEA	64
CURES VOMITING DIARRHEA DISEASE	19
STRENGTHENS BODY AFTER DIARRHEA	10
DON'T KNOW	1

(REF.: TABLE 26).

CHART 6.

REASONS NEVER USE

BASE: ALL NEVER USE ORALIT.

	TOTAL %
CHILD NEVER SUFFERS DIARRHEA THOUGHT SERIOUS ENOUGH TO WARRANT TREATMENT	77
MEDICINE	11
TRADITIONAL MEDICINE IS ENOUGH	2
USE ANTI DIARRHEA MEDICINE IS ENOUGH	6
OTHERS ON MEDICINE	4
TASTE	4
AFRAID CHILD WILL VOMIT BECAUSE OF 'QUEASY' TASTE	2
CHILD DOES NOT LIKE BECAUSE OF SALTY TASTE	2
GO TO DOCTOR	6
IF CHILD SUFFERS DIARRHEA GO TO DOCTOR	6
DON'T KNOW	2

(REF.: TABLE 27).

CHART 7.

IMAGE OF ORALIT

BASE: ALL HEARD ORALIT.

	TOTAL %
AVAILABILITY	
EASY TO FIND	75
NOT EASY TO FIND	15
DON'T KNOW	7
NONE	3
EFFICACY	
NOT EFFECTIVE	7
EFFECTIVE	81
DON'T KNOW	9
NONE	3
TASTE	
CHILDREN LIKE	57
NOT LIKE	28
DON'T KNOW	12
NONE	3
USE & ADMINISTRATION	
DIFFICULT/INCONVENIENT	16
EASY/CONVENIENT	75
DON'T KNOW	6
NONE	5
PRICE	
AFFORDABLE PRICE	85
EXPENSIVE	4
DON'T KNOW	8
NONE	3

(REF.: TABLES 29-33).

CHART 8.

ADVERTISEMENTS

BASE: ALL HAVE CHILDREN 5 YEARS/YOUNGER.

	TOTAL	EXPENDITURE A	B	C	D	E
	%	%	%	%	%	%
RECALL OF ORALIT PUBLICITY/ ADVERTISEMENT ON TV.						
YES	38	50	64	39	35	21
NO	62	50	36	61	65	79
RECALL OF ORALIT PUBLICITY/ ADVERTISEMENT ON RADIO.						
YES	30	25	33	48	31	21
NO	70	75	67	52	69	79

(REF.: TABLES 34& 36).

CHART 9.

MESSAGES RECALLED

BASE: ALL HEARD/SEEN ORALIT AD IN TV/RADIO.

	TOTAL %	T.V. %	RADIO %
GIVE ORALIT	80	77	82
IF CHILD SUFFERS DIARRHEA GIVE ORALIT AS QUICKLY AS POSSIBLE	37	36	37
ORALIT ADDS BODY FLUID SUBSTITUTES LOST BODY FLUID	9	10	10
ORALIT MUST ALWAYS BE AVAILABLE AT HOME IN CASE OF DIARRHEA	3	3	2
GIVE ORALIT SO CHILD WILL NOT DIE	4	5	2
ORALIT MAKES CHILD SUFFERING FROM DIARRHEA HEALTHY AGAIN	1	2	-
ORALIT IS SUITABLE FOR DIARRHEA	3	3	4
DON'T KNOW	20	23	18
ORALIT PREVENTS DIARRHEA	16	13	18
ORALIT PREVENTS VOMITING DIARRHEA	11	7	12

(REF.: TABLE 38).

CHART 10.

WHETHER CHILD CAN DIE FROM DIARRHEA

BASE: ALL HEARD/SEEN ORALIT AD IN T.V./RADIO.

	TOTAL %
YES	87
NO	7
DON'T KNOW	7

(REF.: TABLE 39).

CHART 11.

RECOMMENDED AMOUNT OF ORALIT TO BE USED

BASE: ALL HEARD/SEEN ORALIT AD IN T.V./RADIO.

	TOTAL %
AS MUCH AS CHILD WANTS	13
AS MUCH AS NEEDED	9
EVERY TIME DIARRHEA	17
LESS THAN 1 GLASS 1 DAY	5
1 GLASS/DAY	46
2 GLASSES/DAY	16
3 GLASSES/DAY	13
4 GLASSES/DAY	5
5 GLASSES/MORE PER DAY	12
NONE	3

(REF.: TABLE 40).

36

CHART 12.

LENGTH OF TIME RECOMMENDED TO ADMINISTER ORALIT

BASE: ALL HEARD/SEEN ORALIT AD IN T.V./RADIO.

	TOTAL %
ONE DAY	39
2 DAYS	26
3 DAYS	14
4 DAYS	5
5 DAYS	11
AS LONG AS DIARRHEA LASTED	26
UNTIL THE DIARRHEA STOPPED	20
UNTIL THE CHILD IS BETTER	7
UNTIL DIARRHEA SUBSIDED	1
NONE	1

(REF.: TABLE 41).

CHART 13.

RADIO AND T.V. HABITS

BASE: ALL HAVE CHILDREN 5 YEARS/YOUNGER.

	TOTAL	EXPENDITURE A	B	C	D	E
	%	%	%	%	%	%
RADIO LISTENERSHIP						
YES	83	80	67	82	91	79
NO	17	20	33	18	9	21
T.V. WATCHING						
YES	90	90	93	91	91	88
NO	9	10	7	8	9	13

(REF.: TABLES 42 & 44).

KEKURANGAN CAIRAN TUBUH

- THIS TERM WAS DEVELOPED AFTER IN-DEPTH QUALITATIVE RESEARCH AMONG MEDIUM TO LESS WELL-EDUCATED MOTHERS IN JAKARTA.

- THE RESEARCH WAS CONDUCTED IN JULY, 1989.

- THE RESEARCH SHOWS THAT DIARRHEA ('MENCRET') IS ONE OF THE COMMONEST, AND POTENTIALLY SERIOUS, ILLNESSES SUFFERED BY CHILDREN. THIS IS THE PERCEPTION OF MOTHERS.

- THE EFFECTS OF PROLONGED DIARRHEA ARE SEEN TO BE WEAKNESS, PALENESS AND THIRST.

- THERE IS GENERAL AWARENESS AMONG MOTHERS THAT PROLONGED DIARRHEA CAN CAUSE DEHYDRATION.

- AN ILLUSTRATION OF A POTTED PLANT WILTING THROUGH LACK OF WATER AND THAN GROWING STRONG AGAIN WHEN GIVEN WATER WAS THOUGHT TO BE A GOOD WAY OF TELLING MOTHERS ABOUT REHYDRATION.

- THE BEST WAY TO DESCRIBE <u>DEHYDRATION</u> WAS THOUGHT TO BE 'KURANG CAIRAN TUBUH'.

- AND THE BEST WAY TO DESCRIBE REHYDRATION WAS THOUGHT TO BE 'MENGEMBALIKAN CAIRAN TUBUH YANG HILANG'.

- THE FLOWER ILLUSTRATION AND THE TERM 'KEKURANGAN CAIRAN TUBUH' WERE THUS INCORPORATED INTO PROPOSED PST MESSAGERS.

CHART 14.

UNDERSTANDING OF KEKURANGAN CAIRAN TUBUH

BASE: ALL MOTHERS OF BALITAS.

	TOTAL %	EXPENDITURE A %	B %	C %	D %	E %
STOMACH AILMENT	4	20	7	4	-	4
PERSON SUFFERING STOMACH-ACHE	1	-	-	1	-	-
PERSON SUFFERING DIARRHEA	4	20	7	3	-	4
BODY	3	-	7	1	7	-
CAUSE BODY TO BECOME WEAK/ WEAK BODY	3	-	7	1	7	-
DEFICIENCY	9	20	21	4	9	8
MALNUTRITION	1	-	-	-	-	4
VITAMIN DEFICIENCY	1	-	-	-	2	4
LACKING OF FOOD	1	-	-	-	2	-
LITTLE AMOUNT OF BODY FLUID	5	20	21	3	2	-
OTHERS ON DEFICIENCY	1	-	-	1	2	-
DON'T KNOW	84	60	64	91	84	87

(REF.: TABLE 8).

CHART 15.

CAUSE OF KEKURANGAN CAIRAN TUBUH

BASE: ALL KNOW THE MEANING OF KCT.

	TOTAL %	EXPENDITURE A %	B %	C %	D %	E %
STOMACH AILMENTS	81	100	80	71	86	67
DYSENTRY DISEASE	8	-	20	14	-	-
DIARRHEA SEVERAL TIMES	42	75	60	29	29	33
VOMITING DIARRHEA DISEASE	42	25	40	43	57	33
LESS ATTENTION	42	50	20	29	71	33
PAY LESS ATTENTION TO NUTRITION	19	-	20	14	29	33
NOT ENOUGH ATTENTION TO HEALTH	8	-	-	-	29	-
LESS ATTENTION TO CLEANLINESS OF FOOD	19	50	-	29	14	-
OTHERS	4	-	-	-	14	-
FEVER	4	-	-	-	14	-

(REF.: TABLE 9).

CHART 16.

WHETHER CHILD CAN DIE BECAUSE OF KCT

BASE: ALL KNOW MEANING OF KCT.

	TOTAL	EXPENDITURE				
		A	B	C	D	E
	%	%	%	%	%	%
YES, CAN	100	100	100	100	100	100

(REF.: TABLE 12).

47

CHART 17.

PREVENTION OF DEATH DUE TO KCT

BASE: ALL THINK CHILD CAN DIE.

	TOTAL %	EXPENDITURE A %	B %	C %	D %	E %
GIVE ORALIT	69	75	100	71	57	33
GIVE ORALIT	65	75	100	57	57	33
GIVE SUGAR-SALT SOLUTION	12	-	20	14	-	33
OTHERS GIVEN	35	25	20	29	57	33
PLENTY OF BOILED WATER	12	-	-	14	29	-
WELL-BALANCED FOOD/GOOD NUTRITION	8	-	-	-	29	-
GIVE STRONG BITTER TEA	8	-	20	14	-	-
GIVE VITAMIN	12	-	-	14	14	33
OTHERS GIVEN	4	25	-	-	-	-
MEDICAL HELP	15	25	20	-	14	33
GO TO DOCTOR	12	-	20	-	14	33
GO TO PUSKESMAS	8	25	-	-	14	-

(REF.: TABLE 13).

CHART 18.

TREATMENT OF KEKURANGAN CAIRAN TUBUH

BASE: ALL KNOW MEANING OF KCT.

	TOTAL %	EXPENDITURE A %	B %	C %	D %	E %
GIVE ORALIT	58	75	-	71	71	67
GIVE ORALIT	50	75	-	43	71	67
GIVE SUGAR-SALT SOLUTION	15	25	-	29	14	-
OTHERS GIVEN	31	50	20	43	14	33
PLENTY OF BOILED WATER						
WELL-BALANCED FOOD	8	25	-	14	-	-
GOOD NUTRITION	4	-	-	14	-	-
GIVE STRONG BITTER TEA	12	25	20	14	-	-
GIVE VITAMIN	8	-	-	-	14	33
MEDICAL HELP	50	25	80	29	71	33
GO TO DOCTOR	42	25	60	14	71	33
GO TO PUSKESMAS	8	-	20	14	-	-
DON'T KNOW	4	-	-	-	14	-

(REF.: TABLE 15).

CHART 19.

EDUCATION SUMMARY BY S.E.S.

BASE: ALL JAKARTA FEMALE RESPONDENTS.

	TOTAL (2868) %	A1 (269) %	A2 (321) %	B (532) %	C1 (421) %	C2 (581) %	D (379) %	E (365) %
NO FORMAL SCHOOLING	14	4	6	8	10	16	20	31
SD NOT FINISHED	15	5	7	12	12	22	20	19
SD	23	17	10	24	16	26	28	33
SLP	22	22	18	21	32	22	25	10
SLA	22	30	48	29	27	14	7	7
ACADEMY	3	12	8	4	1	-	-	-
UNIVERSITY	2	10	2	2	1	1	-	-

CHART 20.

MEDIA SUMMARY BY S.E.S.

BASE: ALL JAKARTA FEMALE RESPONDENTS.

	TOTAL	A1	A2	B	C1	C2	D	E
	(2868)	(269)	(321)	(532)	(421)	(581)	(379)	(365)
	%	%	%	%	%	%	%	%
READ DAILY NEWSPAPERS YESTERDAY	49	79	64	61	51	38	30	28
READ SUNDAY PAPERS IN PAST WEEK	44	71	69	53	50	34	23	23
READ ANY NEWSPAPERS	57	85	78	68	62	45	40	34
READ WEEKLY MAGAZINES IN PAST WEEK	31	61	51	37	35	19	13	12
READ FORTNIGHTLY MAGAZINES IN PAST 2 WEEKS	27	49	44	33	28	18	16	12
READ MONTHLY MAGAZINES IN PAST MONTH	13	28	27	17	9	8	5	4
READ ANY MAGAZINES	40	70	62	50	46	27	21	17
ANY PRINTED MEDIA	62	87	81	74	70	49	43	38
CINEMA ATTENDED IN PAST WEEK	5	8	4	2	6	4	5	5
TELEVISION VIEWED YESTERDAY	60	74	73	69	68	58	43	40
RADIO LISTENED TO YESTERDAY	56	53	55	57	67	59	49	45

APPENDIX A

COMPUTER TABULATIONS

Quantitative Research Results:
Baseline ORS KAP and Media Recall
DKI Jakarta

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HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q1. CURRENT MARITAL STATUS

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	443	443	-	-	-	38	51	201	86	67	59	80	138	99	67
ALL HOUSEHOLDS	1713	1713	-	-	-	147	197	777	333	259	228	309	534	383	259
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
MARRIED	1485	1485	-	-	-	139	178	677	294	197	201	298	499	325	162
	87%	87%	-%	-%	-%	95%	90%	87%	88%	76%	88%	96%	93%	85%	63%
DIVORCED/WIDOWER	193	193	-	-	-	8	15	85	35	50	4	8	31	58	93
	11%	11%	-%	-%	-%	5%	8%	11%	10%	19%	2%	2%	6%	15%	36%
NOT YET MARRIED	35	35	-	-	-	-	4	15	4	12	23	4	4	-	4
	2%	2%	-%	-%	-%	-%	2%	2%	1%	4%	10%	1%	1%	-%	1%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
QRS - Q2 WHETHER HAVE CHILDREN 5 YEARS OR YOUNGER

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO OF INTERVIEWS	426	426	-	-	-	38	49	191	83	64	52	77	134	98	65
ALL MARRIED/ SEPERATED/DIVORCE	1681 100%	1681 100%	- -%	- -%	- -%	150 100%	193 100%	754 100%	328 100%	250 100%	205 100%	304 100%	529 100%	387 100%	257 100%
YES	635 38%	635 38%	- -%	- -%	- -%	39 26%	55 29%	276 37%	170 52%	95 37%	142 69%	229 75%	249 47%	16 4%	- -%
NO	1046 62%	1046 62%	- -%	- -%	- -%	111 74%	138 71%	478 63%	158 48%	158 62%	63 31%	75 25%	280 53%	371 96%	257 100%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
QR3 - Q3. AGE OF YOUNGEST CHILD

		CITY				SES (RP'000)						AGE			
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN 5 YEARS/YOUNGER	642	642	-	-	-	39	58	286	166	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
UNDER 1 YESR	186	186	-	-	-	4	12	97	50	23	77	66	43	-	-
	29%	29%	-%	-%	-%	10%	20%	34%	30%	25%	54%	29%	17%	-%	-%
2 YEARS	186	186	-	-	-	12	27	66	39	43	43	85	58	-	-
	29%	29%	-%	-%	-%	30%	47%	23%	23%	46%	30%	37%	23%	-%	-%
3 YEARS	151	151	-	-	-	12	8	77	43	12	15	46	81	8	-
	23%	23%	-%	-%	-%	30%	13%	27%	26%	13%	11%	20%	32%	40%	-%
4 YEARS	85	85	-	-	-	12	12	15	31	15	4	27	46	8	-
	13%	13%	-%	-%	-%	30%	20%	5%	19%	17%	3%	12%	18%	40%	-%
5 YEARS	35	35	-	-	-	-	-	31	4	-	4	4	23	4	-
	5%	5%	-%	-%	-%	-%	-%	11%	2%	-%	3%	2%	9%	20%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q3. AGE OF SECOND CHILD

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA-BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN	642	642	-	-	-	39	58	286	166	93	143	228	251	19	-
5 YEARS/YOUNGER	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
2 YEARS	23	23	-	-	-	-	-	19	-	4	8	8	8	-	-
	4%	4%	-%	-%	-%	-%	-%	7%	-%	4%	5%	3%	3%	-%	-%
3 YEARS	43	43	-	-	-	-	8	23	4	8	8	31	4	-	-
	7%	7%	-%	-%	-%	-%	13%	8%	2%	8%	5%	14%	2%	-%	-%
4 YEARS	89	89	-	-	-	8	15	31	31	4	12	35	39	4	-
	14%	14%	-%	-%	-%	20%	27%	11%	19%	4%	8%	15%	15%	20%	-%
5 YEARS	39	39	-	-	-	-	4	12	15	8	4	12	23	-	-
	6%	6%	-%	-%	-%	-%	7%	4%	9%	8%	3%	5%	9%	-%	-%
NONE	449	449	-	-	-	31	31	201	116	70	112	143	178	15	-
	70%	70%	-%	-%	-%	80%	53%	70%	70%	75%	78%	63%	71%	80%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q3. AGE OF THIRD CHILD

TABLE 5C

		CITY				SES (RP'000)						AGE			
	Total	JAKARTA	SURABAYA	BANDUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN 5 YEARS/YOUNGER	642	642	-	-	-	39	58	286	166	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
3 YEARS	4	4	-	-	-	-	-	4	-	-	-	4	-	-	-
	1%	1%	-%	-%	-%	-%	-%	1%	-%	-%	-%	2%	-%	-%	-%
4 YEARS	8	8	-	-	-	-	-	8	-	-	-	8	-	-	-
	1%	1%	-%	-%	-%	-%	-%	3%	-%	-%	-%	3%	-%	-%	-%
5 YEARS	8	8	-	-	-	-	-	8	-	-	-	8	-	-	-
	1%	1%	-%	-%	-%	-%	-%	3%	-%	-%	-%	3%	-%	-%	-%
NONE	623	623	-	-	-	39	58	267	166	93	143	209	251	19	-
	97%	97%	-%	-%	-%	100%	100%	93%	100%	100%	100%	92%	100%	100%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q3. AGE OF FOURTH CHILD

		CITY				SES (RP'000)						AGE			
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN 5 YEARS/YOUNGER	642	642	-	-	-	39	58	286	166	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
4 YEARS	4	4	-	-	-	-	-	4	-	-	-	4	-	-	-
	1%	1%	-%	-%	-%	-%	-%	1%	-%	-%	-%	2%	-%	-%	-%
NONE	638	638	-	-	-	39	58	282	166	93	143	224	251	19	-
	99%	99%	-%	-%	-%	100%	100%	99%	100%	100%	100%	98%	100%	100%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q3. AGE OF FIFTH CHILD

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA-BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN 5 YEARS/YOUNGER	642	642	-	-	-	39	58	286	166	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
NONE	642	642	-	-	-	39	58	286	166	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q4 MEANING OF KEKURANGAN CAIRAN TUBUH

		CITY				SES (RP'000)						AGE			
	Total	JA-KARTA	SURA-BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN 5 YEARS/YOUNGER	642	642	-	-	-	39	58	286	166	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
STOMACH AILMENT	27	27	-	-	-	8	4	12	-	4	4	4	19	-	-
	4%	4%	-%	-%	-%	20%	7%	4%	-%	4%	3%	2%	8%	-%	-%
PERSON SUFFERING STOMACH-ACHE	4	4	-	-	-	-	-	4	-	-	-	-	4	-	-
	1%	1%	-%	-%	-%	-%	-%	1%	-%	-%	-%	-%	2%	-%	-%
PERSON SUFFERING DIARRHEA	23	23	-	-	-	8	4	8	-	4	4	4	15	-	-
	4%	4%	-%	-%	-%	20%	7%	3%	-%	4%	3%	2%	6%	-%	-%
BODY	19	19	-	-	-	-	4	4	12	-	8	8	4	-	-
	3%	3%	-%	-%	-%	-%	7%	1%	7%	-%	5%	3%	2%	-%	-%
CAUSE BODY TO BECOME WEAK/WEAK BODY	19	19	-	-	-	-	4	4	12	-	8	8	4	-	-
	3%	3%	-%	-%	-%	-%	7%	1%	7%	-%	5%	3%	2%	-%	-%
DEFICIENCY	58	58	-	-	-	8	12	15	15	8	19	15	15	8	-
	9%	9%	-%	-%	-%	20%	20%	5%	9%	8%	14%	7%	6%	40%	-%
MALNUTRITION	4	4	-	-	-	-	-	-	-	4	-	4	-	-	-
	1%	1%	-%	-%	-%	-%	-%	-%	-%	4%	-%	2%	-%	-%	-%
VITAMIN DEFICIENCY	8	8	-	-	-	-	-	-	4	4	8	-	-	-	-
	1%	1%	-%	-%	-%	-%	-%	-%	2%	4%	5%	-%	-%	-%	-%
LACKING OF FOOD	4	4	-	-	-	-	-	-	4	-	4	-	-	-	-
	1%	1%	-%	-%	-%	-%	-%	-%	2%	-%	3%	-%	-%	-%	-%
LITTLE AMOUNT OF BODY FLUID	35	35	-	-	-	8	12	12	4	-	4	12	12	8	-
	5%	5%	-%	-%	-%	20%	20%	4%	2%	-%	3%	5%	5%	40%	-%
OTHERS ON DEFICIENCY	8	8	-	-	-	-	-	4	4	-	4	-	4	-	-
	1%	1%	-%	-%	-%	-%	-%	1%	2%	-%	3%	-%	2%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q4. MEANING OF KEKURANGAN CAIRAN TUBUH

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN 5 YEARS/YOUNGER	642	642	-	-	-	39	59	286	166	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
DON'T KNOW	541	541	-	-	-	23	39	259	139	81	112	201	217	12	-
	84%	84%	-%	-%	-%	60%	67%	91%	84%	88%	78%	88%	86%	60%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q5. CAUSE OF KEKURANGAN CAIRAN TUBUH

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	26	26	-	-	-	4	5	7	7	3	8	7	9	2	-
ALL KNOW MEANING OK KCT	101	101	-	-	-	15	19	27	27	12	31	27	35	8	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
STOMACH AILMENT	81	81	-	-	-	15	15	19	23	8	27	19	27	8	-
	81%	81%	-%	-%	-%	100%	80%	71%	86%	67%	87%	71%	78%	100%	-%
DYSENTRY DISEASE	8	8	-	-	-	-	4	4	-	-	-	4	4	-	-
	8%	8%	-%	-%	-%	-%	20%	14%	-%	-%	-%	14%	11%	-%	-%
DIARRHEA SEVERAL TIMES	43	43	-	-	-	12	12	8	8	4	12	15	12	4	-
	42%	42%	-%	-%	-%	75%	60%	29%	29%	33%	37%	57%	33%	50%	-%
VOMITING DIARRHEA DISEASE	43	43	-	-	-	4	8	12	15	4	15	12	12	4	-
	42%	42%	-%	-%	-%	25%	40%	43%	57%	33%	50%	43%	33%	50%	-%
LESS ATTENTION	43	43	-	-	-	8	4	8	19	4	15	12	15	-	-
	42%	42%	-%	-%	-%	50%	20%	29%	71%	33%	50%	43%	44%	-%	-%
PAY LESS ATTENTION TO NUTRITION	19	19	-	-	-	-	4	4	8	4	8	8	4	-	-
	19%	19%	-%	-%	-%	-%	20%	14%	29%	33%	25%	29%	11%	-%	-%
PAY LESS ATTENTION TO HEALTH	8	8	-	-	-	-	-	-	8	-	4	4	-	-	-
	8%	8%	-%	-%	-%	-%	-%	-%	29%	-%	13%	14%	-%	-%	-%
LESS ATTENTION TO CLEANLINESS OF FOOD	19	19	-	-	-	8	-	8	4	-	4	-	15	-	-
	19%	19%	-%	-%	-%	50%	-%	29%	14%	-%	13%	-%	44%	-%	-%
OTHERS	4	4	-	-	-	-	-	-	4	-	4	-	-	-	-
	4%	4%	-%	-%	-%	-%	-%	-%	14%	-%	13%	-%	-%	-%	-%
FEVER	4	4	-	-	-	-	-	-	1	-	4	-	-	-	-
	4%	4%	-%	-%	-%	-%	-%	-%	14%	-%	13%	-%	-%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q5. CAUSE OF KEKURANGAN CAIRAN TUBUH

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN 5 YEARS/YOUNGER	642	642	-	-	-	39	58	286	166	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
STOMACH AILMENT	81	81	-	-	-	15	15	19	23	8	27	19	27	8	-
	13%	13%	-%	-%	-%	40%	27%	7%	14%	8%	19%	8%	11%	40%	-%
DYSENTRY DISEASE	8	8	-	-	-	-	4	4	-	-	-	4	4	-	-
	1%	1%	-%	-%	-%	-%	7%	1%	-%	-%	-%	2%	2%	-%	-%
DIARRHEA SEVERAL TIMES	43	43	-	-	-	12	12	8	8	4	12	15	12	4	-
	7%	7%	-%	-%	-%	30%	20%	3%	5%	4%	8%	7%	5%	20%	-%
VOMITING DIARRHEA DISEASE	43	43	-	-	-	4	8	12	15	4	15	12	12	4	-
	7%	7%	-%	-%	-%	10%	13%	4%	9%	4%	11%	5%	5%	20%	-%
LESS ATTENTION	43	43	-	-	-	8	4	8	19	4	15	12	15	-	-
	7%	7%	-%	-%	-%	20%	7%	3%	12%	4%	11%	5%	6%	-%	-%
PAY LESS ATTENTION TO NUTRITION	19	19	-	-	-	-	4	4	8	4	8	8	4	-	-
	3%	3%	-%	-%	-%	-%	7%	1%	5%	4%	5%	3%	2%	-%	-%
PAY LESS ATTENTION TO HEALTH	8	8	-	-	-	-	-	-	8	-	4	4	-	-	-
	1%	1%	-%	-%	-%	-%	-%	-%	5%	-%	3%	2%	-%	-%	-%
LESS ATTENTION TO CLEANLINESS OF FOOD	19	19	-	-	-	8	-	8	4	-	4	-	15	-	-
	3%	3%	-%	-%	-%	20%	-%	3%	2%	-%	3%	-%	6%	-%	-%
OTHERS	4	4	-	-	-	-	-	-	4	-	4	-	-	-	-
	1%	1%	-%	-%	-%	-%	-%	-%	2%	-%	3%	-%	-%	-%	-%
FEVER	4	4	-	-	-	-	-	-	4	-	4	-	-	-	-
	1%	1%	-%	-%	-%	-%	-%	-%	2%	-%	3%	-%	-%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q6A. WHETHER THINK CHILD CAN DIE BECAUSE OF K C T

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS.	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN 5 YEARS/YOUNGER	642	642	-	-	-	39	58	286	165	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
YES,CAN	101	101	-	-	-	15	19	27	27	12	31	27	35	8	-
	16%	16%	-%	-%	-%	40%	33%	9%	16%	13%	22%	12%	14%	40%	-%
NONE	541	541	-	-	-	23	39	259	139	81	112	201	217	12	-
	84%	84%	-%	-%	-%	60%	67%	91%	84%	88%	78%	88%	86%	60%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q6A. WHETHER THINK CHILD CAN DIE BECAUSE OF K C T

		CITY				SES (RP'000)					AGE			
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	26	26	-	-	-	4	5	7	7	3	8	7	9	2	-
ALL KNOW MEANING OF KCT	101	101	-	-	-	15	19	27	27	12	31	27	35	8	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
YES,CAN	101	101	-	-	-	15	19	27	27	12	31	27	35	8	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q6B. PREVENTION OF DEATH DUE TO K C T

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	26	26	-	-	-	4	5	7	7	3	8	7	9	2	-
ALL THINK CHILD CAN DIE	101	101	-	-	-	15	19	27	27	12	31	27	35	8	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
GIVE ORALIT	70	70	-	-	-	12	19	19	15	4	15	23	23	8	-
----------	69%	69%	-%	-%	-%	75%	100%	71%	57%	33%	50%	86%	67%	100%	-%
GIVE ORALIT	66	66	-	-	-	12	19	15	15	4	15	23	19	8	-
	65%	65%	-%	-%	-%	75%	100%	57%	57%	33%	50%	86%	56%	100%	-%
GIVE SUGAR-SALT SOLUTION	12	12	-	-	-	-	4	4	-	4	4	4	4	-	-
	12%	12%	-%	-%	-%	-%	20%	14%	-%	33%	13%	14%	11%	-%	-%
OTHERS GIVEN	35	35	-	-	-	4	4	8	15	4	19	4	12	-	-
----------	35%	35%	-%	-%	-%	25%	20%	29%	57%	33%	62%	14%	33%	-%	-%
PLENTY OF BOILED WATER	12	12	-	-	-	-	-	4	8	-	8	-	4	-	-
	12%	12%	-%	-%	-%	-%	-%	14%	29%	-%	25%	-%	11%	-%	-%
WELL BALANCED	8	8	-	-	-	-	-	-	8	-	8	-	-	-	-
FOOD/GOOD NUTRITION	8%	8%	-%	-%	-%	-%	-%	-%	29%	-%	25%	-%	-%	-%	-%
GIVE STRONG BITTER TEA	8	8	-	-	-	-	4	4	-	-	-	4	4	-	-
	8%	8%	-%	-%	-%	-%	20%	14%	-%	-%	-%	14%	11%	-%	-%
GIVE VITAMIN	12	12	-	-	-	-	-	4	4	4	8	-	4	-	-
	12%	12%	-%	-%	-%	-%	-%	14%	14%	33%	25%	-%	11%	-%	-%
OTHERS GIVEN	4	4	-	-	-	4	-	-	-	-	-	-	4	-	-
	4%	4%	-%	-%	-%	25%	-%	-%	-%	-%	-%	-%	11%	-%	-%
MEDICAL HELP	15	15	-	-	-	4	4	-	4	4	4	8	4	-	-
----------	15%	15%	-%	-%	-%	25%	20%	-%	14%	33%	13%	29%	11%	-%	-%
GO TO DOCTOR	12	12	-	-	-	-	4	-	4	4	4	8	-	-	-
	12%	12%	-%	-%	-%	-%	20%	-%	14%	33%	13%	29%	-%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q6B. PREVENTION OF DEATH DUE TO K C T

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	26	26	-	-	-	4	5	7	7	3	8	7	9	2	-
ALL THINK CHILD CAN DIE	101	101	-	-	-	15	19	27	27	12	31	27	35	8	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
GO TO PUSKESMAS	8	8	-	-	-	4	-	-	4	-	4	-	4	-	-
	8%	8%	-%	-%	-%	25%	-%	-%	14%	-%	13%	-%	11%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q68. PREVENTION OF DEATH DUE TO K C T

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN 5 YEARS/YOUNGER	642	642	-	-	-	35	58	286	166	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
GIVE ORALIT	70	70	-	-	-	12	19	19	15	4	15	23	23	8	-
	11%	11%	-%	-%	-%	30%	33%	7%	9%	4%	11%	10%	9%	40%	-%
GIVE ORALIT	66	66	-	-	-	12	19	15	15	4	15	23	19	8	-
	10%	10%	-%	-%	-%	30%	33%	5%	9%	4%	11%	10%	8%	40%	-%
GIVE SUGAR-SALT SOLUTION	12	12	-	-	-	-	4	4	-	4	4	4	4	-	-
	2%	2%	-%	-%	-%	-%	7%	1%	-%	4%	3%	2%	2%	-%	-%
OTHERS GIVEN	35	35	-	-	-	4	4	8	15	4	19	4	12	-	-
	5%	5%	-%	-%	-%	10%	7%	3%	9%	4%	14%	2%	5%	-%	-%
PLENTY OF BOILED WATER	12	12	-	-	-	-	-	4	8	-	8	-	4	-	-
	2%	2%	-%	-%	-%	-%	-%	1%	5%	-%	5%	-%	2%	-%	-%
WELL BALANCED FOOD/GOOD NUTRITION	8	8	-	-	-	-	-	-	8	-	8	-	-	-	-
	1%	1%	-%	-%	-%	-%	-%	-%	5%	-%	5%	-%	-%	-%	-%
GIVE STRONG BITTER TEA	8	8	-	-	-	-	4	4	-	-	-	4	4	-	-
	1%	1%	-%	-%	-%	-%	7%	1%	-%	-%	-%	2%	2%	-%	-%
GIVE VITAMIN	12	12	-	-	-	-	-	4	4	4	8	-	4	-	-
	2%	2%	-%	-%	-%	-%	-%	1%	2%	4%	5%	-%	2%	-%	-%
OTHERS GIVEN	4	4	-	-	-	4	-	-	-	-	-	-	4	-	-
	1%	1%	-%	-%	-%	10%	-%	-%	-%	-%	-%	-%	2%	-%	-%
MEDICAL HELP	15	15	-	-	-	4	4	-	4	4	4	8	4	-	-
	2%	2%	-%	-%	-%	10%	7%	-%	2%	4%	3%	3%	2%	-%	-%
GO TO DOCTOR	12	12	-	-	-	-	4	-	4	4	4	8	-	-	-
	2%	2%	-%	-%	-%	-%	7%	-%	2%	4%	3%	3%	-%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q6B. PREVENTION OF DEATH DUE TO K C T

		CITY				SES (RP'000)					AGE			
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN 5 YEARS/YOUNGER	642	642	-	-	-	39	58	286	166	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
GO TO PUSKESMAS	8	8	-	-	-	4	-	-	4	-	4	-	4	-	-
	1%	1%	-%	-%	-%	10%	-%	-%	2%	-%	3%	-%	2%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q7B. TREATMENT OF KEKURANGAN CAIRAN TUBUH

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	26	26	-	-	-	4	5	7	7	3	8	7	9	2	-
ALL KNOW MEANING OF KCT	101	101	-	-	-	15	19	27	27	12	31	27	35	8	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
GIVE ORALIT	58	58	-	-	-	12	-	19	19	8	19	12	23	4	-
	58%	58%	-%	-%	-%	75%	-%	71%	71%	67%	62%	43%	67%	50%	-%
GIVE ORALIT	50	50	-	-	-	12	-	12	19	8	19	12	19	-	-
	50%	50%	-%	-%	-%	75%	-%	43%	71%	67%	62%	43%	56%	-%	-%
GIVE SUGAR-SALT SOLUTION	15	15	-	-	-	4	-	8	4	-	4	-	8	4	-
	15%	15%	-%	-%	-%	25%	-%	29%	14%	-%	13%	-%	22%	50%	-%
OTHERS GIVEN	31	31	-	-	-	8	4	12	4	4	4	8	19	-	-
	31%	31%	-%	-%	-%	50%	20%	43%	14%	33%	13%	29%	56%	-%	-%
PLENTY OF BOILED WATER	8	8	-	-	-	4	-	4	-	-	-	-	8	-	-
	8%	8%	-%	-%	-%	25%	-%	14%	-%	-%	-%	-%	22%	-%	-%
WELL BALANCED FOOD/GOOD NUTRITION	4	4	-	-	-	-	-	4	-	-	-	-	4	-	-
	4%	4%	-%	-%	-%	-%	-%	14%	-%	-%	-%	-%	11%	-%	-%
GIVE STRONG BITTER TEA	12	12	-	-	-	4	4	4	-	-	-	4	8	-	-
	12%	12%	-%	-%	-%	25%	20%	14%	-%	-%	-%	14%	22%	-%	-%
GIVE VITAMIN	8	8	-	-	-	-	-	-	4	4	4	4	-	-	-
	8%	8%	-%	-%	-%	-%	-%	-%	14%	33%	13%	14%	-%	-%	-%
MEDICAL HELP	50	50	-	-	-	4	15	8	19	4	19	15	12	4	-
	50%	50%	-%	-%	-%	25%	80%	29%	71%	33%	62%	57%	33%	50%	-%
GO TO DOCTOR	43	43	-	-	-	4	12	4	19	4	19	12	12	-	-
	42%	42%	-%	-%	-%	25%	60%	14%	71%	33%	62%	43%	33%	-%	-%
GO TO PUSKESMAS	8	8	-	-	-	-	4	4	-	-	-	4	-	4	-
	8%	8%	-%	-%	-%	-%	20%	14%	-%	-%	-%	14%	-%	50%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q7B. TREATMENT OF KEKURANGAN CAIRAN TUBUH

		CITY				SES (RP'000)					AGE			
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	26	26	-	-	-	4	5	7	7	3	8	7	9	2	-
ALL KNOW MEANING OF KCT	101	101	-	-	-	15	19	27	27	12	31	27	35	8	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
DON'T KNOW	4	4	-	-	-	-	-	-	4	-	4	-	-	-	-
	4%	4%	-%	-%	-%	-%	-%	-%	14%	-%	13%	-%	-%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q7B. TREATMENT OF KEKURANGAN CAIRAN TUBUH

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN 5 YEARS/YOUNGER	642	642	-	-	-	39	58	286	166	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
GIVE ORALIT	58	58	-	-	-	12	-	19	19	8	19	12	23	4	-
	9%	9%	-%	-%	-%	30%	-%	7%	12%	8%	14%	5%	9%	20%	-%
GIVE ORALIT	50	50	-	-	-	12	-	12	19	8	19	12	19	-	-
	8%	8%	-%	-%	-%	30%	-%	4%	12%	8%	14%	5%	8%	-%	-%
GIVE SUGAR-SALT SOLUTION	15	15	-	-	-	4	-	8	4	-	4	-	8	4	-
	2%	2%	-%	-%	-%	10%	-%	3%	2%	-%	3%	-%	3%	20%	-%
OTHERS GIVEN	31	31	-	-	-	8	4	12	4	4	4	8	19	-	-
	5%	5%	-%	-%	-%	20%	7%	4%	2%	4%	3%	3%	8%	-%	-%
PLENTY OF BOILED WATER	8	8	-	-	-	4	-	4	-	-	-	-	8	-	-
	1%	1%	-%	-%	-%	10%	-%	1%	-%	-%	-%	-%	3%	-%	-%
WELL BALANCED FOOD/GOOD NUTRITION	4	4	-	-	-	-	-	4	-	-	-	-	4	-	-
	1%	1%	-%	-%	-%	-%	-%	1%	-%	-%	-%	-%	2%	-%	-%
GIVE STRONG BITTER TEA	12	12	-	-	-	4	4	4	-	-	-	4	8	-	-
	2%	2%	-%	-%	-%	10%	7%	1%	-%	-%	-%	2%	3%	-%	-%
GIVE VITAMIN	8	8	-	-	-	-	-	-	4	4	4	4	-	-	-
	1%	1%	-%	-%	-%	-%	-%	-%	2%	4%	3%	2%	-%	-%	-%
MEDICAL HELP	50	50	-	-	-	4	15	8	19	4	19	15	12	4	-
	8%	8%	-%	-%	-%	10%	27%	3%	12%	4%	14%	7%	5%	20%	-%
GO TO DOCTOR	43	43	-	-	-	4	12	4	19	4	19	12	12	-	-
	7%	7%	-%	-%	-%	10%	20%	1%	12%	4%	14%	5%	5%	-%	-%
GO TO PUSKESMAS	8	8	-	-	-	-	4	4	-	-	-	4	-	4	-
	1%	1%	-%	-%	-%	-%	7%	1%	-%	-%	-%	2%	-%	20%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q7B. TREATMENT OF KEKURANGAN CAIRAN TUBUH

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN 5 YEARS/YOUNGER	642	642	-	-	-	39	58	286	166	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
DON'T KNOW	4	4	-	-	-	-	-	-	4	-	4	-	-	-	-
	1%	1%	-%	-%	-%	-%	-%	-%	2%	-%	3%	-%	-%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q8. WHETHER EVER HEARD/KNOW OF ORALIT

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA-BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN 5 YEARS/YOUNGER	642	642	-	-	-	39	58	286	166	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
YES	619	619	-	-	-	39	58	271	162	89	135	220	244	19	-
	96%	96%	-%	-%	-%	100%	100%	95%	98%	96%	95%	97%	97%	100%	-%
NO	23	23	-	-	-	-	-	15	4	4	8	8	8	-	-
	4%	4%	-%	-%	-%	-%	-%	5%	2%	4%	5%	3%	3%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q9. WHETHER EVER USE ON CHILD SUFFERING DIARRHEA/KCT

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	160	160	-	-	-	10	15	70	42	23	35	57	63	5	-
ALL EVER HEARD ORALIT	619	619	-	-	-	39	58	271	162	89	135	220	244	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
YES	414	414	-	-	-	12	46	197	112	46	62	178	166	8	-
	67%	67%	-%	-%	-%	30%	80%	73%	69%	52%	46%	81%	68%	40%	-%
NO	205	205	-	-	-	27	12	73	50	43	73	43	77	12	-
	33%	33%	-%	-%	-%	70%	20%	27%	31%	48%	54%	19%	32%	60%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q9. WHETHER EVER USE ON CHILD SUFFERING DIARRHEA/KCT

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN 5 YEARS/YOUNGER	642	642	-	-	-	39	58	286	166	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
YES	414	414	-	-	-	12	46	197	112	46	62	178	166	8	-
	64%	64%	-%	-%	-%	30%	80%	69%	67%	50%	43%	78%	66%	40%	-%
NO	205	205	-	-	-	27	12	73	50	43	73	43	77	12	-
	32%	32%	-%	-%	-%	70%	20%	26%	30%	46%	51%	19%	31%	60%	-%
NONE	23	23	-	-	-	-	-	15	4	4	8	8	8	-	-
	4%	4%	-%	-%	-%	-%	-%	5%	2%	4%	5%	3%	3%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q10. LAST OCCASION OF USING ORALIT

TABLE 20C

		CITY				SES (RP'000)					AGE				
	Total	JAKARTA	SURABAYA	BANDUNG	MEDAN	A 300 +	B 200-300	C 100-200	D 75-100	E UP TO 75	15-24 YRS	25-29 YRS	30-39 YRS	40-49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	107	107	-	-	-	3	12	51	29	12	16	46	43	2	-
ALL EVER USE ORALIT	414	414	-	-	-	12	46	197	112	46	62	178	166	8	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
WITHIN LAST 24 HOURS	8	8	-	-	-	-	4	4	-	-	-	4	4	-	-
	2%	2%	-%	-%	-%	-%	8%	2%	-%	-%	-%	2%	2%	-%	-%
WITHIN LAST WEEK	15	15	-	-	-	-	-	12	-	4	4	-	8	4	-
	4%	4%	-%	-%	-%	-%	-%	6%	-%	8%	6%	-%	5%	50%	-%
WITHIN LAST MONTH	54	54	-	-	-	-	8	23	19	4	19	23	12	-	-
	13%	13%	-%	-%	-%	-%	17%	12%	17%	8%	31%	13%	7%	-%	-%
LONGER THAN 2 MONTH AGO	336	336	-	-	-	12	35	159	93	39	39	151	143	4	-
	81%	81%	-%	-%	-%	100%	75%	80%	83%	83%	62%	85%	86%	50%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q11. AMOUNT OF ORALIT USED

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA-BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	107	107	-	-	-	3	12	51	29	12	16	46	43	2	-
ALL EVER USE ORALIT	414	414	-	-	-	12	46	197	112	46	62	178	166	8	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
AS MUCH AS CHILD WANTS	19	19	-	-	-	-	8	8	-	4	-	8	12	-	-
	5%	5%	-%	-%	-%	-%	17%	4%	-%	8%	-%	4%	7%	-%	-%
AS MUCH AS NEEDED	58	58	-	-	-	-	8	39	12	-	-	31	23	4	-
	14%	14%	-%	-%	-%	-%	17%	20%	10%	-%	-%	17%	14%	50%	-%
EVERY TIME DIARRHEA	35	35	-	-	-	4	-	12	8	12	8	15	12	-	-
	8%	8%	-%	-%	-%	33%	-%	6%	7%	25%	13%	9%	7%	-%	-%
LESS THAN 1 GLASS 1 DAY	23	23	-	-	-	-	-	12	8	4	8	8	8	-	-
	6%	6%	-%	-%	-%	-%	-%	6%	7%	8%	13%	4%	5%	-%	-%
1 GLASS/DAY	224	224	-	-	-	4	23	108	62	27	39	101	85	-	-
	54%	54%	-%	-%	-%	33%	50%	55%	55%	58%	62%	57%	51%	-%	-%
2 GLASSES/DAY	62	62	-	-	-	4	4	35	12	8	12	31	15	4	-
	15%	15%	-%	-%	-%	33%	8%	18%	10%	17%	19%	17%	9%	50%	-%
3 GLASSES/DAY	62	62	-	-	-	-	8	27	19	8	4	19	35	4	-
	15%	15%	-%	-%	-%	-%	17%	14%	17%	17%	6%	11%	21%	50%	-%
4 GLASSES/DAY	27	27	-	-	-	-	8	12	8	-	-	12	15	-	-
	7%	7%	-%	-%	-%	-%	17%	6%	7%	-%	-%	7%	9%	-%	-%
5 GLASSES/MORE PER DAY	15	15	-	-	-	4	4	4	4	-	-	8	8	-	-
	4%	4%	-%	-%	-%	33%	8%	2%	3%	-%	-%	4%	5%	-%	-%

.75'

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q11. LENGTH OF TIME GIVE ORALIT

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	107	107	-	-	-	3	12	51	29	12	15	46	43	2	-
ALL EVER USE ORALIT	414	414	-	-	-	12	46	197	112	46	62	178	166	8	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
LESS THAN ONE DAY(0)	4	4	-	-	-	-	-	4	-	-	-	-	4	-	-
	1%	1%	-%	-%	-%	-%	-%	2%	-%	-%	-%	-%	2%	-%	-%
ONE DAY(1)	217	217	-	-	-	4	27	112	66	8	31	85	101	-	-
	52%	52%	-%	-%	-%	33%	58%	57%	59%	17%	50%	48%	60%	-%	-%
2 DAYS(2)	104	104	-	-	-	-	12	46	27	19	12	66	23	4	-
	25%	25%	-%	-%	-%	-%	25%	24%	24%	42%	19%	37%	14%	50%	-%
3 DAYS(3)	46	46	-	-	-	4	8	23	4	8	15	12	15	4	-
	11%	11%	-%	-%	-%	33%	17%	12%	3%	17%	25%	7%	9%	50%	-%
4 DAYS(4)	23	23	-	-	-	4	-	8	8	4	-	8	15	-	-
	6%	6%	-%	-%	-%	33%	-%	4%	7%	8%	-%	4%	9%	-%	-%
5 DAYS(5)	19	19	-	-	-	-	-	4	8	8	4	8	8	-	-
	5%	5%	-%	-%	-%	-%	-%	2%	7%	17%	6%	4%	5%	-%	-%
AS LONG AS DIARRHEA LASTED	46	46	-	-	-	4	4	27	4	8	8	12	23	4	-
	11%	11%	-%	-%	-%	33%	8%	14%	3%	17%	13%	7%	14%	50%	-%
UNTIL THE DIARRHEA STOPPED	31	31	-	-	-	4	4	4	15	4	4	15	12	-	-
	7%	7%	-%	-%	-%	33%	8%	2%	14%	8%	6%	9%	7%	-%	-%
UNTIL THE CHILD IS BETTER	12	12	-	-	-	-	-	4	-	8	-	4	8	-	-
	3%	3%	-%	-%	-%	-%	-%	2%	-%	17%	-%	2%	5%	-%	-%
UNTIL DIARRHEA SUBSIDED	4	4	-	-	-	-	-	-	4	-	4	-	-	-	-
	1%	1%	-%	-%	-%	-%	-%	-%	3%	-%	6%	-%	-%	-%	-%
Mean score	1.8	1.8	-	-	-	2.7	1.6	1.6	1.8	2.7	1.9	1.8	1.8	2.5	-

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q13A. WHETHER SEE CHANGE AFTER GIVE ORALIT

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	107	107	-	-	-	3	12	51	29	12	16	46	43	2	-
ALL EVER USE ORALIT	414	414	-	-	-	12	46	197	112	46	62	178	166	8	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
YES	336	336	-	-	-	4	35	151	101	46	54	139	135	8	-
	81%	81%	-%	-%	-%	33%	75%	76%	90%	100%	87%	78%	81%	100%	-%
NO	77	77	-	-	-	8	12	46	12	-	8	39	31	-	-
	19%	19%	-%	-%	-%	67%	25%	24%	10%	-%	13%	22%	19%	-%	-%

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HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q13B. CHANGE AFTER USE ORALIT

TABLE 24C

		CITY					SES (RP'000)				AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	87	87	-	-	-	1	9	39	26	12	14	36	35	2	-
ALL SEE CHANGE	336	336	-	-	-	4	35	151	101	46	54	139	135	8	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
STOMACH AILMENT	247	247	-	-	-	-	27	108	77	35	39	108	97	4	-
	74%	74%	-%	-%	-%	-%	78%	72%	77%	75%	71%	78%	71%	50%	-%
LESSEN DIARRHEA	236	236	-	-	-	-	27	101	77	31	39	101	93	4	-
	70%	70%	-%	-%	-%	-%	78%	67%	77%	67%	71%	72%	69%	50%	-%
STOMACH IS SLIGHTLY COOL	4	4	-	-	-	-	-	-	-	4	-	4	-	-	-
	1%	1%	-%	-%	-%	-%	-%	-%	-%	8%	-%	3%	-%	-%	-%
OTHERS ON STOMACH AILMENT	8	8	-	-	-	-	-	8	-	-	-	4	4	-	-
	2%	2%	-%	-%	-%	-%	-%	5%	-%	-%	-%	3%	3%	-%	-%
OTHER CHANGES	220	220	-	-	-	4	27	101	58	31	35	85	97	4	-
	66%	66%	-%	-%	-%	100%	78%	67%	58%	67%	64%	61%	71%	50%	-%
BODY BECOMES STRONG AGAIN/NOT WEAK	186	186	-	-	-	4	27	81	50	23	27	81	73	4	-
	55%	55%	-%	-%	-%	100%	78%	54%	50%	50%	50%	58%	54%	50%	-%
APPETITE INCREASES	35	35	-	-	-	-	4	15	8	8	4	15	15	-	-
	10%	10%	-%	-%	-%	-%	11%	10%	8%	17%	7%	11%	11%	-%	-%
BRIGHT FACE	35	35	-	-	-	-	4	12	19	-	8	8	19	-	-
	10%	10%	-%	-%	-%	-%	11%	8%	19%	-%	14%	6%	14%	-%	-%
FEVER GOES DOWN	8	8	-	-	-	-	-	8	-	-	4	-	4	-	-
	2%	2%	-%	-%	-%	-%	-%	5%	-%	-%	7%	-%	3%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q13B. CHANGE AFTER USE ORALIT

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	107	107	-	-	-	3	12	51	29	12	16	46	43	2	-
ALL EVER USE ORALIT	414	414	-	-	-	12	46	197	112	46	62	178	166	8	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
STOMACH AILMENT	247	247	-	-	-	-	27	108	77	35	39	108	97	4	-
	60%	60%	-%	-%	-%	-%	58%	55%	69%	75%	62%	61%	58%	50%	-%
LESSEN DIARRHEA	236	236	-	-	-	-	27	101	77	31	39	101	93	4	-
	57%	57%	-%	-%	-%	-%	58%	51%	69%	67%	62%	57%	56%	50%	-%
STOMACH IS SLIGHTLY COOL	4	4	-	-	-	-	-	-	-	4	-	4	-	-	-
	1%	1%	-%	-%	-%	-%	-%	-%	-%	8%	-%	2%	-%	-%	-%
OTHERS ON STOMACH AILMENT	8	8	-	-	-	-	-	8	-	-	-	4	4	-	-
	2%	2%	-%	-%	-%	-%	-%	4%	-%	-%	-%	2%	2%	-%	-%
OTHER CHANGES	220	220	-	-	-	4	27	101	58	31	35	85	97	4	-
	53%	53%	-%	-%	-%	33%	58%	51%	52%	67%	56%	48%	58%	50%	-%
BODY BECOMES STRONG AGAIN/NOT WEAK	186	186	-	-	-	4	27	81	50	23	27	81	73	4	-
	45%	45%	-%	-%	-%	33%	58%	41%	45%	50%	44%	46%	44%	50%	-%
APPETITE INCREASES	35	35	-	-	-	-	4	15	8	8	4	15	15	-	-
	8%	8%	-%	-%	-%	-%	8%	8%	7%	17%	6%	9%	9%	-%	-%
BRIGHT FACE	35	35	-	-	-	-	4	12	19	-	8	8	19	-	-
	8%	8%	-%	-%	-%	-%	8%	6%	17%	-%	13%	4%	12%	-%	-%
FEVER GOES DOWN	8	8	-	-	-	-	-	8	-	-	4	-	4	-	-
	2%	2%	-%	-%	-%	-%	-%	4%	-%	-%	6%	-%	2%	-%	-%
DON'T KNOW	77	77	-	-	-	8	12	46	12	-	8	39	31	-	-
	19%	19%	-%	-%	-%	67%	25%	24%	10%	-%	13%	22%	19%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q14. BENEFITS OF ORALIT FOR CHILD SOFTERING DIARRHEA/KCT

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	160	160	-	-	-	10	15	70	42	23	35	57	63	5	-
ALL HEARD ORALIT	619	619	-	-	-	39	58	271	162	89	135	220	244	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
BODY FLUID	217	217	-	-	-	19	27	89	70	12	31	97	85	4	-
	35%	35%	-%	-%	-%	50%	47%	33%	43%	13%	23%	44%	35%	20%	-%
TO ADD FLUID	186	186	-	-	-	8	27	81	58	12	27	85	70	4	-
	30%	30%	-%	-%	-%	20%	47%	30%	36%	13%	20%	39%	29%	20%	-%
SO NOT SOFTER DEHIDRATION	31	31	-	-	-	12	-	8	12	-	4	12	15	-	-
	5%	5%	-%	-%	-%	30%	-%	3%	7%	-%	3%	5%	6%	-%	-%
STOMACH AILMENT	503	503	-	-	-	27	35	224	131	85	128	166	189	19	-
	81%	81%	-%	-%	-%	70%	60%	83%	81%	96%	94%	75%	78%	100%	-%
PREVENTS CONTINOUS DIARRHEA/LESSENS DIARRHEA	398	398	-	-	-	23	23	186	104	62	108	131	139	19	-
	64%	64%	-%	-%	-%	60%	40%	69%	64%	70%	80%	60%	57%	100%	-%
CURES VOMITING DIARRHEA DISEASE	116	116	-	-	-	-	4	54	31	27	23	35	58	-	-
	19%	19%	-%	-%	-%	-%	7%	20%	19%	30%	17%	16%	24%	-%	-%
STRENGTH AS BODY AFTER DIARRHEA	62	62	-	-	-	4	15	19	12	12	12	23	27	-	-
	10%	10%	-%	-%	-%	10%	27%	7%	7%	13%	9%	11%	11%	-%	-%
DON'T KNOW	4	4	-	-	-	-	-	4	-	-	4	-	-	-	-
	1%	1%	-%	-%	-%	-%	-%	1%	-%	-%	3%	-%	-%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q15. REASONS NEVER USE ORALIT

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	53	53	-	-	-	7	3	19	13	11	19	11	20	3	-
ALL NEVER USE ORALIT	205	205	-	-	-	27	12	73	50	43	73	43	77	12	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
STOMACH AILMENT	159	159	-	-	-	19	8	62	46	23	58	35	58	8	-
	77%	77%	-%	-%	-%	71%	67%	84%	92%	55%	79%	82%	75%	67%	-%
CHILD NEVER SUFFERS DIARRHEA	159	159	-	-	-	19	8	62	46	23	58	35	58	8	-
	77%	77%	-%	-%	-%	71%	67%	84%	92%	55%	79%	82%	75%	67%	-%
MEDICINE	23	23	-	-	-	4	-	8	4	8	12	-	8	4	-
	11%	11%	-%	-%	-%	14%	-%	11%	8%	18%	16%	-%	10%	33%	-%
TRADITIONAL MEDICINE IS ENOUGH	4	4	-	-	-	-	-	4	-	-	4	-	-	-	-
	2%	2%	-%	-%	-%	-%	-%	5%	-%	-%	5%	-%	-%	-%	-%
USE ANTI DIARRHEA MEDICINE IS ENOUGH	12	12	-	-	-	-	-	-	4	8	4	-	4	4	-
	6%	6%	-%	-%	-%	-%	-%	-%	8%	18%	5%	-%	5%	33%	-%
OTHERS ON MEDICINE	8	8	-	-	-	4	-	4	-	-	4	-	4	-	-
	4%	4%	-%	-%	-%	14%	-%	5%	-%	-%	5%	-%	5%	-%	-%
TASTE	8	8	-	-	-	-	-	4	-	4	-	8	-	-	-
	4%	4%	-%	-%	-%	-%	-%	5%	-%	9%	-%	18%	-%	-%	-%
AFRAID CHILD WILL VOMIT BECAUSE OF "QUEASY" TASTE	4	4	-	-	-	-	-	-	-	4	-	4	-	-	-
	2%	2%	-%	-%	-%	-%	-%	-%	-%	9%	-%	9%	-%	-%	-%
CHILD DOES NOT LIKE BECAUSE OF SALTY TASTE	4	4	-	-	-	-	-	4	-	-	-	4	-	-	-
	2%	2%	-%	-%	-%	-%	-%	5%	-	-%	-%	9%	-%	-%	-%
GO TO DOCTOR	12	12	-	-	-	4	-	-	-	8	4	-	8	-	-
	6%	6%	-%	-%	-%	14%	-%	-%	-%	18%	5%	-%	10%	-%	-%
IF CHILD SUFFERS DIARRHEA GO TO DOCTOR	12	12	-	-	-	4	-	-	-	8	4	-	8	-	-
	6%	6%	-%	-%	-%	14%	-%	-%	-%	10%	5%	-%	10%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q15. REASONS NEVER USE ORALIT

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	53	53	-	-	-	7	3	19	13	11	19	11	20	3	-
ALL NEVER USE ORALIT	205	205	-	-	-	27	12	73	50	43	73	43	77	12	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
DON'T KNOW	4	4	-	-	-	-	4	-	-	-	-	-	4	-	-
	2%	2%	-%	-%	-%	-%	33%	-%	-%	-%	-%	-%	5%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q15. REASONS NEVER USE ORALIT

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA-BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	160	160	-	-	-	10	15	70	42	23	35	57	63	5	-
ALL HEARD ORALIT	619	619	-	-	-	39	58	271	162	89	135	220	244	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
STOMACH AILMENT	159	159	-	-	-	19	8	62	46	23	58	35	58	8	-
	26%	26%	-%	-%	-%	50%	13%	23%	29%	26%	43%	16%	24%	40%	-%
CHILD NEVER SUFFERS DIARRHEA	159	159	-	-	-	19	8	62	46	23	58	35	58	8	-
	26%	26%	-%	-%	-%	50%	13%	23%	29%	26%	43%	16%	24%	40%	-%
MEDICINE	23	23	-	-	-	4	-	8	4	8	12	-	8	4	-
	4%	4%	-%	-%	-%	10%	-%	3%	2%	9%	9%	-%	3%	20%	-%
TRADITIONAL MEDICINE IS ENOUGH	4	4	-	-	-	-	-	4	-	-	4	-	-	-	-
	1%	1%	-%	-%	-%	-%	-%	1%	-%	-%	3%	-%	-%	-%	-%
USE ANTI DIARRHEA MEDICINE IS ENOUGH	12	12	-	-	-	-	-	-	4	8	4	-	4	4	-
	2%	2%	-%	-%	-%	-%	-%	-%	2%	9%	3%	-%	2%	20%	-%
OTHERS ON MEDICINE	8	8	-	-	-	4	-	4	-	-	4	-	4	-	-
	1%	1%	-%	-%	-%	10%	-%	1%	-%	-%	3%	-%	2%	-%	-%
TASTE	8	8	-	-	-	-	-	4	-	4	-	8	-	-	-
	1%	1%	-%	-%	-%	-%	-%	1%	-%	4%	-%	4%	-%	-%	-%
AFRAID CHILD WILL VOMIT BECAUSE OF 'QUEASY' TASTE	4	4	-	-	-	-	-	-	-	4	-	4	-	-	-
	1%	1%	-%	-%	-%	-%	-%	-%	-%	4%	-%	2%	-%	-%	-%
CHILD DOES NOT LIKE BECAUSE OF SALTY TASTE	4	4	-	-	-	-	-	4	-	-	-	4	-	-	-
	1%	1%	-%	-%	-%	-%	-%	1%	-%	-%	-%	2%	-%	-%	-%
GO TO DOCTOR	12	12	-	-	-	4	-	-	-	8	4	-	8	-	-
	2%	2%	-%	-%	-%	10%	-%	-%	-%	9%	3%	-%	3%	-%	-%
IF CHILD SUFFERS DIARRHEA GO TO DOCTOR	12	12	-	-	-	4	-	-	-	8	4	-	8	-	-
	2%	2%	-%	-%	-%	10%	-%	-%	-%	9%	3%	-%	3%	-%	-%

HOUSEHOLD : WAVE 21-22 '85 OMNIBUS JAKARTA
ORS - Q15. REASONS NEVER USE ORALIT

TABLE 28C(continuation)

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA-BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	160	160	-	-	-	10	15	70	42	23	35	57	63	5	-
ALL HEARD ORALIT	619	619	-	-	-	39	58	271	162	89	135	220	244	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
DON'T KNOW	4	4	-	-	-	-	4	-	-	-	-	-	4	-	-
	1%	1%	-%	-%	-%	-%	7%	-%	-%	-%	-%	-%	2%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q16 - ASPECTS OF ORALIT PRODUCT : AVAILABILITY

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA-BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	160	160	-	-	-	10	15	70	42	23	35	57	63	5	-
ALL HEARD ORALIT	619	619	-	-	-	39	58	271	162	89	135	220	244	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
EASY TO FIND	479	479	-	-	-	27	58	217	112	66	93	170	197	19	-
	77%	77%	-%	-%	-%	70%	100%	80%	69%	74%	69%	77%	81%	100%	-%
NOT EASY TO FIND	93	93	-	-	-	4	-	23	46	19	35	31	27	-	-
	15%	15%	-%	-%	-%	10%	-%	9%	29%	22%	26%	14%	11%	-%	-%
DON'T KNOW	46	46	-	-	-	8	-	31	4	4	8	19	19	-	-
	7%	7%	-%	-%	-%	20%	-%	11%	2%	4%	6%	9%	8%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q16 - ASPECTS OF ORALIT PRODUCT : EFFICACY

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	160	160	-	-	-	10	15	70	42	23	35	57	63	5	-
ALL HEARD ORALIT	619	619	-	-	-	39	58	271	162	89	135	220	244	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
NOT EFFECTIVE	54	54	-	-	-	-	12	43	-	-	12	23	19	-	-
	9%	9%	-%	-%	-%	-%	20%	16%	-%	-%	9%	11%	8%	-%	-%
EFFECTIVE	510	510	-	-	-	31	39	209	151	81	116	178	201	15	-
	82%	82%	-%	-%	-%	80%	67%	77%	93%	91%	86%	81%	83%	80%	-%
DON'T KNOW	54	54	-	-	-	8	8	19	12	8	8	19	23	4	-
	9%	9%	-%	-%	-%	20%	13%	7%	7%	9%	6%	9%	10%	20%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q16 - ASPECTS OF ORALIT PRODUCT : TASTE

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	160	160	-	-	-	10	15	70	42	23	35	57	63	5	-
ALL HEARD ORALIT	619	619	-	-	-	39	58	271	162	89	135	220	244	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
CHILDREN LIKE	363	363	-	-	-	19	46	166	93	39	66	135	155	8	-
	59%	59%	-%	-%	-%	50%	80%	61%	57%	43%	49%	61%	63%	40%	-%
NOT LIKE	182	182	-	-	-	8	4	89	50	31	46	70	58	8	-
	29%	29%	-%	-%	-%	20%	7%	33%	31%	35%	34%	32%	24%	40%	-%
DON'T KNOW	73	73	-	-	-	12	8	15	19	19	23	15	31	4	-
	12%	12%	-%	-%	-%	30%	13%	6%	12%	22%	17%	7%	13%	20%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q16 - ASPECTS OF ORALIT PRODUCT : USE ADMINISTRATION

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	160	160	-	-	-	10	15	70	42	23	35	57	63	5	-
ALL HEARD ORALIT	619	619	-	-	-	39	58	271	162	89	135	220	244	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
DIFFICULT/IN CONVENIENT	108	108	-	-	-	-	8	58	31	12	15	50	35	8	-
	17%	17%	-%	-%	-%	-%	13%	21%	19%	13%	11%	23%	14%	40%	-%
EASY IN CONVENIENT	476	476	-	-	-	31	46	209	120	70	108	162	197	8	-
	77%	77%	-%	-%	-%	80%	80%	77%	74%	78%	80%	74%	81%	40%	-%
DON'T KNOW	35	35	-	-	-	8	4	4	12	8	12	8	12	4	-
	6%	6%	-%	-%	-%	20%	7%	1%	7%	9%	9%	4%	5%	20%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q16 - ASPECTS OF ORALIT PRODUCT : PRICE

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	160	160	-	-	-	10	15	70	42	23	35	57	63	5	-
ALL HEARD ORALIT	619	619	-	-	-	39	58	271	162	89	135	220	248	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
DIFFICULT/IN CONVENIENT	541	541	-	-	-	35	54	240	143	70	112	193	220	15	-
	87%	87%	-%	-%	-%	90%	93%	89%	88%	78%	83%	88%	90%	80%	-%
EASY IN CONVENIENT	23	23	-	-	-	-	4	12	8	-	8	12	4	-	-
	4%	4%	-%	-%	-%	-%	7%	4%	5%	-%	6%	5%	2%	-%	-%
DON'T KNOW	54	54	-	-	-	4	-	19	12	19	15	15	19	4	-
	9%	9%	-%	-%	-%	10%	-%	7%	7%	22%	11%	7%	8%	20%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q17 - WHETHER EVER HEARD/SEE ORALIT AD IN TV RECENTLY

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	160	160	-	-	-	10	15	70	42	23	35	57	63	5	-
ALL HEARD ORALIT	619	619	-	-	-	39	58	271	162	89	135	220	244	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
YES	244	244	-	-	-	19	35	112	58	19	43	101	93	8	-
	39%	39%	-%	-%	-%	50%	60%	41%	36%	22%	31%	46%	38%	40%	-%
NO	375	375	-	-	-	19	23	159	104	70	93	120	151	12	-
	61%	61%	-%	-%	-%	50%	40%	59%	64%	78%	69%	54%	62%	60%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q17 - WHETHER EVER HEARD/SEE DRALIT AD IN TV RECENTLY

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	150	150	-	-	-	9	14	67	39	21	35	54	56	5	-
ALL SOMETIMES WATCH TV	580	580	-	-	-	35	54	259	151	81	135	209	217	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
YES	240	240	-	-	-	19	35	108	58	19	43	101	89	8	-
	41%	41%	-%	-%	-%	56%	64%	42%	38%	24%	31%	48%	41%	40%	-%
NO	340	340	-	-	-	15	19	151	93	62	93	108	128	12	-
	59%	59%	-%	-%	-%	44%	36%	58%	62%	76%	69%	52%	59%	60%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q18 - WHETHER EVER HEARD ORALIT AD IN RADIO RECENTLY

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN 5 YEARS/YOUNGER	642	642	-	-	-	39	58	286	166	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
YES	197	197	-	-	-	8	12	116	46	15	50	77	62	8	-
	31%	31%	-%	-%	-%	20%	20%	41%	28%	17%	35%	34%	25%	40%	-%
NO	445	445	-	-	-	31	46	170	120	77	93	151	189	12	-
	69%	69%	-%	-%	-%	80%	80%	59%	72%	83%	65%	66%	75%	60%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q18 - WHETHER EVER HEARD ORALIT AD IN RADIO RECENTLY

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA-BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	137	137	-	-	-	8	10	61	39	19	34	44	55	4	-
ALL SOMETIMES LISTEN TO RADIO	530	530	-	-	-	31	39	236	151	73	131	170	213	15	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
YES	197	197	-	-	-	8	12	116	46	15	50	77	62	8	-
	37%	37%	-%	-%	-%	25%	30%	49%	31%	21%	38%	45%	29%	50%	-%
NO	333	333	-	-	-	23	27	120	104	58	81	93	151	8	-
	63%	63%	-%	-%	-%	75%	70%	51%	69%	79%	62%	55%	71%	50%	-%

Q27

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q19A FROM AD : WHETHER CAN DIE FROM DIARRHEA/KCT

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	RAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	51	51	-	-	-	2	3	30	12	4	13	20	16	2	-
ALL HEARD/SEE ORALIT AD IN TV/RADIO	197	197	-	-	-	8	12	116	46	15	50	77	62	8	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
YES	178	178	-	-	-	4	12	104	43	15	50	66	58	4	-
	90%	90%	-%	-%	-%	50%	100%	90%	92%	100%	100%	85%	94%	50%	-%
NO	12	12	-	-	-	-	-	8	4	-	-	8	-	4	-
	6%	6%	-%	-%	-%	-%	-%	7%	8%	-%	-%	10%	-%	50%	-%
DON'T KNOW	8	8	-	-	-	4	-	4	-	-	-	4	4	-	-
	4%	4%	-%	-%	-%	50%	-%	3%	-%	-%	-%	5%	6%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q19C. FROM AD : AMOUNT OF ORALITT TO BE USED

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	51	51	-	-	-	2	3	30	12	4	13	20	16	2	-
ALL HEARD/SEE ORALIT AD IN TV/RADIO	197	197	-	-	-	8	12	116	46	15	50	77	62	8	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
AS MUCH AS CHILD WANTS	31	31	-	-	-	4	4	23	-	-	-	19	12	-	-
	16%	16%	-%	-%	-%	50%	33%	20%	-%	-%	-%	25%	19%	-%	-%
AS MUCH AS NEEDED	15	15	-	-	-	-	4	12	-	-	-	8	4	4	-
	8%	8%	-%	-%	-%	-%	33%	10%	-%	-%	-%	10%	6%	50%	-%
EVERY TIME DIARRHEA	31	31	-	-	-	4	-	15	12	-	8	15	8	-	-
	16%	16%	-%	-%	-%	50%	-%	13%	25%	-%	15%	20%	13%	-%	-%
LESS THAN 1 GLASS 1 DAY	15	15	-	-	-	-	-	12	4	-	12	4	-	-	-
	8%	8%	-%	-%	-%	-%	-%	10%	8%	-%	23%	5%	-%	-%	-%
1 GLASS/DAY	81	81	-	-	-	-	4	43	23	12	19	19	43	-	-
	41%	41%	-%	-%	-%	-%	33%	37%	50%	75%	38%	25%	69%	-%	-%
2 GLASSES/DAY	39	39	-	-	-	4	-	23	8	4	12	15	12	-	-
	20%	20%	-%	-%	-%	50%	-%	20%	17%	25%	23%	20%	19%	-%	-%
3 GLASSES/DAY	27	27	-	-	-	4	-	23	-	-	8	8	4	8	-
	14%	14%	-%	-%	-%	50%	-%	20%	-%	-%	15%	10%	6%	100%	-%
4 GLASSES/DAY	4	4	-	-	-	-	-	4	-	-	-	4	-	-	-
	2%	2%	-%	-%	-%	-%	-%	3%	-%	-%	-%	5%	-%	-%	-%
5 GLASSES/MORE PER DAY	27	27	-	-	-	-	8	8	12	-	-	23	4	-	-
	14%	14%	-%	-%	-%	-%	67%	7%	25%	-%	-%	30%	6%	-%	-%

TABLE 41C

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q19D. FROM AD : LENGTH OF TIME GIVE ORALIT

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	51	51	-	-	-	2	3	30	12	4	13	20	16	2	-
ALL HEARD/SEE ORALIT AD IN TV/RADIO	197 100%	197 100%	- -%	- -%	- -%	8 100%	12 100%	116 100%	46 100%	15 100%	50 100%	77 100%	62 100%	8 100%	- -%
ONE DAY(1)	73 37%	73 37%	- -%	- -%	- -%	- -%	8 67%	39 33%	23 50%	4 25%	12 23%	23 30%	35 56%	4 50%	- -%
2 DAYS(2)	46 24%	46 24%	- -%	- -%	- -%	8 100%	- -%	31 27%	4 8%	4 25%	12 23%	19 25%	12 19%	4 50%	- -%
3 DAYS(3)	43 22%	43 22%	- -%	- -%	- -%	- -%	- -%	31 27%	12 25%	- -%	19 38%	12 15%	12 19%	- -%	- -%
4 DAYS(4)	8 4%	8 4%	- -%	- -%	- -%	- -%	- -%	4 3%	- -%	4 25%	4 8%	4 5%	- -%	- -%	- -%
5 DAYS(5)	23 12%	23 12%	- -%	- -%	- -%	- -%	4 33%	12 10%	4 8%	4 25%	4 8%	15 20%	4 6%	- -%	- -%
AS LONG AS DIARRHEA LASTED	54 27%	54 27%	- -%	- -%	- -%	- -%	8 67%	27 23%	15 33%	4 25%	4 8%	31 40%	15 25%	4 50%	- -%
UNTIL THE DIARRHEA STOPPED	39 20%	39 20%	- -%	- -%	- -%	- -%	4 33%	23 20%	8 17%	4 25%	15 31%	19 25%	4 6%	- -%	- -%
UNTIL THE CHILD IS BETTER	4 2%	4 2%	- -%	- -%	- -%	4 50%	- -%	- -%	- -%	- -%	- -%	- -%	4 6%	- -%	- -%
UNTIL DIARRHEA SUBSIDED	4 2%	4 2%	- -%	- -%	- -%	- -%	- -%	- -%	- -%	4 25%	4 8%	- -%	- -%	- -%	- -%
Mean score	2.3	2.3	-	-	-	2.0	2.3	2.3	2.0	3.0	2.5	2.6	1.8	1.5	-

TABLE 42C

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q20. WHETHER SOMETIME LISTEN TO RADIO

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	300 + A	200 -300 B	100 -200 C	75 -100 D	UP TO 75 E	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN 5 YEARS/YOUNGER	642	642	-	-	-	39	58	286	166	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
YES	530	530	-	-	-	31	39	236	151	73	131	170	213	15	-
	83%	83%	-%	-%	-%	80%	67%	82%	91%	79%	92%	75%	85%	80%	-%
NO	112	112	-	-	-	8	19	50	15	19	12	58	39	4	-
	17%	17%	-%	-%	-%	20%	33%	18%	9%	21%	8%	25%	15%	20%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q20. WHETHER SOMETIME LISTEN TO RADIO

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN 5 YEARS/YOUNGER	642	642	-	-	-	39	58	286	166	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
YES	530	530	-	-	-	31	39	236	151	73	131	170	213	15	-
	83%	83%	-%	-%	-%	80%	67%	82%	91%	79%	92%	75%	85%	80%	-%
NO	112	112	-	-	-	8	19	50	15	19	12	58	39	4	-
	17%	17%	-%	-%	-%	20%	33%	18%	9%	21%	8%	25%	15%	20%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q21. LISTEN TO RADIO LAST TIME

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	137	137	-	-	-	8	10	61	39	19	34	44	55	4	-
ALL SOMETIME LISTEN TO RADIO	530	530	-	-	-	31	39	236	151	73	131	170	213	15	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
TODAY/YESTERDAY	305	305	-	-	-	23	27	139	89	27	73	89	131	12	-
	58%	58%	-%	-%	-%	75%	70%	59%	59%	37%	56%	52%	62%	75%	-%
WITHIN 1 WEEK	170	170	-	-	-	8	12	58	54	39	46	58	66	-	-
	32%	32%	-%	-%	-%	25%	30%	25%	36%	53%	35%	34%	31%	-%	-%
WITHIN 2 WEEKS	19	19	-	-	-	-	-	15	-	4	4	8	8	-	-
	4%	4%	-%	-%	-%	-%	-%	7%	-%	5%	3%	5%	4%	-%	-%
WITHIN 4 WEEKS	15	15	-	-	-	-	-	12	-	4	4	8	-	4	-
	3%	3%	-%	-%	-%	-%	-%	5%	-%	5%	3%	5%	-%	25%	-%
LONGER AGO	19	19	-	-	-	-	-	12	8	-	4	8	8	-	-
	4%	4%	-%	-%	-%	-%	-%	5%	5%	-%	3%	5%	4%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q22. WHETHER SOMETIME WATCH TV

TABLE 44C

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	166	166	-	-	-	10	15	74	43	24	37	59	65	5	-
ALL HAVE CHILDREN 5 YEARS/YOUNGER	642	642	-	-	-	39	58	286	166	93	143	228	251	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
YES	580	580	-	-	-	35	54	259	151	81	135	209	217	19	-
	90%	90%	-%	-%	-%	90%	93%	91%	91%	88%	95%	92%	86%	100%	-%
NO	58	58	-	-	-	4	4	23	15	12	8	19	31	-	-
	9%	9%	-%	-%	-%	10%	7%	8%	9%	13%	5%	8%	12%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
ORS - Q23. WATCH TV LAST TIME

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	150	150	-	-	-	9	14	67	39	21	35	54	56	5	-
ALL SOMETIME SEE TV	580	580	-	-	-	35	54	259	151	81	135	209	217	19	-
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-%
TODAY/YESTERDAY	352	352	-	-	-	23	54	135	108	31	73	124	139	15	-
	61%	61%	-%	-%	-%	67%	100%	52%	72%	38%	54%	59%	64%	80%	-%
WITHIN 1 WEEK	174	174	-	-	-	4	-	97	39	35	58	73	43	-	-
	30%	30%	-%	-%	-%	11%	-%	37%	26%	43%	43%	35%	20%	-%	-%
WITHIN 2 WEEKS	23	23	-	-	-	-	-	15	-	8	4	8	12	-	-
	4%	4%	-%	-%	-%	-%	-%	6%	-%	10%	3%	4%	5%	-%	-%
WITHIN 3 WEEKS	12	12	-	-	-	8	-	4	-	-	-	4	8	-	-
	2%	2%	-%	-%	-%	22%	-%	1%	-%	-%	-%	2%	4%	-%	-%
WITHIN 4 WEEKS	8	8	-	-	-	-	-	-	-	8	-	-	4	4	-
	1%	1%	-%	-%	-%	-%	-%	-%	-%	10%	-%	-%	2%	20%	-%
LONGER AGO	12	12	-	-	-	-	-	8	4	-	-	-	12	-	-
	2%	2%	-%	-%	-%	-%	-%	3%	3%	-%	-%	-%	5%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
Q1. AGE GROUP

TABLE 3

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	434	434	-	-	-	38	49	195	84	67	57	78	135	98	66
ALL HOUSEWIVE	1713	1713	-	-	-	150	193	770	332	264	225	308	533	387	261
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
55 + YEARS	150	150	-	-	-	8	16	67	20	39	-	-	-	-	150
	9%	9%	-%	-%	-%	5%	8%	9%	6%	15%	-%	-%	-%	-%	58%
51 - 54 YEARS	111	111	-	-	-	8	12	51	12	28	-	-	-	-	111
	6%	6%	-%	-%	-%	5%	6%	7%	4%	10%	-%	-%	-%	-%	42%
40 - 50 YEARS	387	387	-	-	-	51	51	197	51	32	-	-	-	387	-
	23%	23%	-%	-%	-%	34%	27%	26%	15%	12%	-%	-%	-%	100%	-%
35 - 39 YEARS	225	225	-	-	-	39	36	99	32	20	-	-	225	-	-
	13%	13%	-%	-%	-%	26%	18%	13%	10%	7%	-%	-%	42%	-%	-%
30 - 34 YEARS	308	308	-	-	-	36	43	126	59	43	-	-	308	-	-
	18%	18%	-%	-%	-%	24%	22%	16%	18%	16%	-%	-%	58%	-%	-%
25 - 29 YEARS	308	308	-	-	-	4	32	150	79	43	-	308	-	-	-
	18%	18%	-%	-%	-%	3%	16%	19%	24%	16%	-%	100%	-%	-%	-%
20 - 24 YEARS	186	186	-	-	-	4	4	67	63	47	186	-	-	-	-
	11%	11%	-%	-%	-%	3%	2%	9%	19%	18%	82%	-%	-%	-%	-%
18 - 19 YEARS	32	32	-	-	-	-	-	12	12	8	32	-	-	-	-
	2%	2%	-%	-%	-%	-%	-%	2%	4%	3%	14%	-%	-%	-%	-%
15 - 17 YEARS	8	8	-	-	-	-	-	-	4	4	8	-	-	-	-
	‡%	‡%	-%	-%	-%	-%	-%	-%	1%	1%	4%	-%	-%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
Q2. MONTHLY HOUSEHOLD EXPENDITURE

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	434	434	-	-	-	38	49	195	84	67	57	78	135	98	66
ALL HOUSEWIVE	1713	1713	-	-	-	150	193	770	332	264	225	308	533	387	261
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
RP 500.000 +	51	51	-	-	-	51	-	-	-	-	-	-	24	20	8
	3%	3%	-%	-%	-%	34%	-%	-%	-%	-%	-%	-%	4%	5%	3%
RP 400.001 - RP 500.000	43	43	-	-	-	43	-	-	-	-	4	-	24	16	-
	3%	3%	-%	-%	-%	29%	-%	-%	-%	-%	2%	-%	4%	4%	-%
RP 300.001 - RP 400.000	55	55	-	-	-	55	-	-	-	-	-	4	28	16	8
	3%	3%	-%	-%	-%	37%	-%	-%	-%	-%	-%	1%	5%	4%	3%
RP 200.001 - RP 300.000	193	193	-	-	-	-	193	-	-	-	4	32	79	51	28
	11%	11%	-%	-%	-%	-%	100%	-%	-%	-%	2%	10%	15%	13%	11%
RP 150.001 - RP 200.000	343	343	-	-	-	-	-	343	-	-	28	51	130	75	59
	20%	20%	-%	-%	-%	-%	-%	45%	-%	-%	12%	17%	24%	19%	23%
RP 100.001 - RP 150.000	426	426	-	-	-	-	-	426	-	-	51	99	95	122	59
	25%	25%	-%	-%	-%	-%	-%	55%	-%	-%	23%	32%	18%	32%	23%
RP 75.000 - RP 100.000	332	332	-	-	-	-	-	-	332	-	79	79	91	51	32
	19%	19%	-%	-%	-%	-%	-%	-%	100%	-%	35%	26%	17%	13%	12%
RP 50.001 - RP 75.000	205	205	-	-	-	-	-	-	-	205	39	36	43	24	63
	12%	12%	-	-%	-%	-%	-%	-%	-%	78%	18%	12%	8%	6%	24%
RP 50.000 OR LESS	59	59	-	-	-	-	-	-	-	59	20	8	20	8	4
	3%	3%	-%	-%	-%	-%	-%	-%	-%	22%	9%	3%	4%	2%	2%
NO ANSWER	4	4	-	-	-	-	-	-	-	-	-	-	-	4	-
	*%	*%	-%	-%	-%	-%	-%	-%	-%	-%	-%	-%	-%	1%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
Q5. EDUCATION

TABLE 6

		CITY				SES (RP'000)						AGE			
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	434	434	-	-	-	38	49	195	84	67	57	78	135	96	66
ALL HOUSEWIVE	1713	1713	-	-	-	150	193	770	332	264	225	308	533	387	261
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
ACADEMY	75	75	-	-	-	36	24	12	-	4	-	20	32	24	-
	4%	4%	-%	-%	-%	24%	12%	2%	-%	1%	-%	6%	6%	6%	-%
HIGH SCHOOL	308	308	-	-	-	71	63	111	39	20	55	63	118	43	28
	18%	18%	-%	-%	-%	47%	33%	14%	12%	7%	25%	21%	22%	11%	11%
YUNIOR SCHOOL	237	237	-	-	-	24	32	134	24	24	36	51	71	55	24
	14%	14%	-%	-%	-%	16%	16%	17%	7%	9%	16%	17%	13%	14%	9%
ELEMENTARY SCHOOL	399	399	-	-	-	16	36	193	114	39	59	99	138	71	32
	23%	23%	-%	-%	-%	11%	18%	25%	35%	15%	26%	32%	26%	18%	12%
ELEMENTARY NOT COMPLETED	383	383	-	-	-	4	32	170	103	75	59	63	126	91	43
	22%	22%	-%	-%	-%	3%	16%	22%	31%	28%	26%	21%	24%	23%	17%
NO FORMAL EDUCATION	312	312	-	-	-	-	8	150	51	103	16	12	47	103	134
	18%	18%	-%	-%	-%	-%	4%	19%	15%	39%	7%	4%	9%	27%	52%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
(%. AGE GROUP

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	434	434	-	-	-	38	49	195	84	67	57	78	135	98	66
ALL HOUSEWIVE	1713	1713	-	-	-	150	193	770	332	264	225	308	533	387	261
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
55 + YEARS	150	150	-	-	-	8	16	67	20	39	-	-	-	-	150
	9%	9%	-%	-%	-%	5%	8%	9%	6%	15%	-%	-%	-%	-%	58%
51 - 54 YEARS	111	111	-	-	-	8	12	51	12	28	-	-	-	-	111
	6%	6%	-%	-%	-%	5%	6%	7%	4%	10%	-%	-%	-%	-%	42%
40 - 50 YEARS	387	387	-	-	-	51	51	197	51	32	-	-	-	387	-
	23%	23%	-%	-%	-%	34%	27%	26%	15%	12%	-%	-%	-%	100%	-%
35 - 39 YEARS	225	225	-	-	-	39	36	99	32	20	-	-	225	-	-
	13%	13%	-%	-%	-%	26%	18%	13%	10%	7%	-%	-%	42%	-%	-%
30 - 34 YEARS	308	308	-	-	-	36	43	126	59	43	-	-	308	-	-
	18%	18%	-%	-%	-%	24%	22%	16%	18%	16%	-%	-%	58%	-%	-%
25 - 29 YEARS	308	308	-	-	-	4	32	150	79	43	-	308	-	-	-
	18%	18%	-%	-%	-%	3%	16%	19%	24%	16%	-%	100%	-%	-%	-%
20 - 24 YEARS	186	186	-	-	-	4	4	67	63	47	186	-	-	-	-
	11%	11%	-%	-%	-%	3%	2%	9%	19%	18%	82%	-%	-%	-%	-%
18 - 19 YEARS	32	32	-	-	-	-	-	12	12	8	32	-	-	-	-
	2%	2%	-%	-%	-%	-%	-%	2%	4%	3%	14%	-%	-%	-%	-%
15 - 17 YEARS	8	8	-	-	-	-	-	-	4	4	8	-	-	-	-
	1%	1%	-%	-%	-%	-%	-%	-%	1%	1%	4%	-%	-%	-%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
Q2 MONTHLY HOUSEHOLD EXPENDITURE

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO. OF INTERVIEWS	434	434	-	-	-	38	49	195	84	67	57	78	135	98	66
ALL HOUSEVIVE	1713	1713	-	-	-	150	193	770	332	264	225	308	533	387	261
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
RP 500.000 +	51	51	-	-	-	51	-	-	-	-	-	-	24	20	8
	3%	3%	-%	-%	-%	34%	-%	-%	-%	-%	-%	-%	4%	5%	3%
RP 400.001 - RP 500.000	43	43	-	-	-	43	-	-	-	-	4	-	24	16	-
	3%	3%	-%	-%	-%	29%	-%	-%	-%	-%	2%	-%	4%	4%	-%
RP 300.001 - RP 400.000	55	55	-	-	-	55	-	-	-	-	-	4	28	16	8
	3%	3%	-%	-%	-%	37%	-%	-%	-%	-%	-%	1%	5%	4%	3%
RP 200.001 - RP 300.000	193	193	-	-	-	-	193	-	-	-	4	32	79	51	28
	11%	11%	-%	-%	-%	-%	100%	-%	-%	-%	2%	10%	15%	13%	11%
RP 150.001 - RP 200.000	343	343	-	-	-	-	-	343	-	-	28	51	130	75	59
	20%	20%	-%	-%	-%	-%	-%	45%	-%	-%	12%	17%	24%	19%	23%
RP 100.001 - RP 150.000	426	426	-	-	-	-	-	426	-	-	51	99	95	122	59
	25%	25%	-%	-%	-%	-%	-%	55%	-%	-%	23%	32%	18%	32%	23%
RP 75 000 - RP 100.000	332	332	-	-	-	-	-	-	332	-	79	79	91	51	32
	19%	19%	-%	-%	-%	-%	-%	-%	100%	-%	35%	26%	17%	13%	12%
RP 50.001 - RP 75.000	205	205	-	-	-	-	-	-	-	205	39	36	43	24	63
	12%	12%	-%	-%	-%	-%	-%	-%	-%	78%	18%	12%	8%	6%	24%
RP 50.000 OR LESS	59	59	-	-	-	-	-	-	-	59	20	8	20	8	4
	3%	3%	-%	-%	-%	-%	-%	-%	-%	22%	9%	3%	4%	2%	2%
NO ANSWER	4	4	-	-	-	-	-	-	-	-	-	-	-	4	-
	2%	2%	-%	-%	-%	-%	-%	-%	-%	-%	-%	-%	-%	1%	-%

HOUSEHOLD : WAVE 21-22 '89 OMNIBUS JAKARTA
Q5. EDUCATION

		CITY				SES (RP'000)					AGE				
	Total	JA-KARTA	SURA BAYA	BAN-DUNG	MEDAN	A 300 +	B 200 -300	C 100 -200	D 75 -100	E UP TO 75	15 -24 YRS	25 -29 YRS	30 -39 YRS	40 -49 YRS	50 + YRS
ACTUAL NO OF INTERVIEWS	434	434	-	-	-	38	49	195	84	67	57	78	135	98	66
ALL HOUSEWIVE	1713	1713	-	-	-	150	193	770	332	264	225	308	533	387	261
	100%	100%	-%	-%	-%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
ACADEMY	75	75	-	-	-	36	24	12	-	4	-	20	32	24	-
	4%	4%	-%	-%	-%	24%	12%	2%	-%	1%	-%	6%	6%	6%	-%
HIGH SCHOOL	308	308	-	-	-	71	63	111	39	20	55	63	118	43	28
	18%	18%	-%	-%	-%	47%	33%	14%	12%	7%	25%	21%	22%	11%	11%
YUNIOR SCHOOL	237	237	-	-	-	24	32	134	24	24	36	51	71	55	24
	14%	14%	-%	-%	-%	16%	16%	17%	7%	9%	16%	17%	13%	14%	9%
ELEMENTARY SCHOOL	399	399	-	-	-	16	36	193	114	39	59	99	138	71	32
	23%	23%	-%	-%	-%	11%	18%	25%	35%	15%	26%	32%	26%	18%	12%
ELEMENTARY NOT COMPLETED	383	383	-	-	-	4	32	170	103	75	59	63	125	91	43
	22%	22%	-%	-%	-%	3%	16%	22%	31%	28%	26%	21%	24%	23%	17%
NO FORMAL EDUCATION	312	312	-	-	-	-	8	150	51	103	16	12	47	103	134
	18%	18%	-%	-%	-%	-%	4%	19%	15%	39%	7%	4%	9%	27%	52%

APPENDIX B

GENERIC ORS CONCEPT DEVELOPMENT PILOT STUDY

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RESEARCH AMONG CARETAKERS

ORS CONCEPT DEVELOPMENT PILOT RESEARCH

1. This small-scale pilot study in Jakarta among 47 mothers of Balita (under 5) children was conducted primarily with the objective of determining who are primary and secondary caretakers of small children, and who is influential in deciding on medication and consultation, if any, with health-care professionals.

2. Questions on other aspects of diarrheal disease treatment and attitudes were included (reactions to an Oralit "message", for example), and, while the sample is not intended to be statistically representative, the findings of these questions are also of interest as indicative of reactions among an important target audience.

CHILD CARETAKERS (Chart 1)

3. This pilot study suggests that, while the mother is the major primary caretaker and decision-maker with regard to the child's health, there are other important, concerned actors in Balita caretaking.

4. The most important of these is the father. His level of involvement varies in different situations. He is most involved in :
   - deciding if a health-care professional is needed (43% report this)
   - deciding on the type of medicine to purchase (43%)
   - deciding if medicine is needed (38%).

   This may be due to the father's role in economic decision-making in the household.

5. To a lesser extent fathers are involved in :
   - looking after a child who is ill (32%)
   - looking after the child in a normal day-to-day situation (32%)
   - going to buy medicine (23%)

6. Fathers also spend time with the children each day, playing or helping. (Chart 2).

7. Other caretakers are grandmother, particularly it would seem in cases of child illness (17%), older siblings, particularly in going to buy medicine (23%), and "other relatives".

8. It is interesting also to note that in about 20% of cases there is no caretaker in a normal day to day situation other than the mother. This again emphasizes the importance of the mother as the child's primary caretaker.

9. The implication, from the point of view of developing a communication strategy for Oralit, is that mothers should be viewed as the key primary audience, but that fathers are the key secondary audience, particularly in considering a financial outlay.

ORALIT AWARENESS AND USE (Chart 3)

10. The research also shows relatively high Oralit awareness and experience. Around a third (36%) of respondents say they would give Oralit if their child had diarrhea, with the reason that Oralit is good/effective in cases of diarrhea, or because Oralit "cures" diarrhea.

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11. Most (85%) respondents know Oralit, and 60% of those aware have used it. 88% of those using Oralit were satisfied with Oralit, and again the reason given relates to its effectiveness in "curing" diarrhea. Two-thirds of those having used Oralit would use it again.

12. These proportions seem high, but it should be borne in mind that this was a sample of urban mothers, where exposure to Oralit, through doctors/Puskesmas etc. is likely to be higher.

13. Previous research in rural areas of West Java, conducted by SRI for the Department of Health, indicates high awareness of Oralit, but low interest in use. They prefer the "anti-diarrheal drugs" such as Pil Ciba, Sulfaplus, and so on.

14. Recent testing of print-media material by SRI in urban/rural areas of West Java also indicates high claimed intention to use Oralit. Whether this translates into actual usage is debatable.

15. The next stages of this research project (focus groups and depth-interviews) should explore carefully caretakers' behaviour with regard to Oralit. When was it administered? Where was it bought/acquired? Were there problems with child acceptance? How long was it given for? When was it deemed to have been effective? Was it seen to be a "cure", or a therapy? Is dehydration seen to be a problem with diarrhea, or is the diarrhea itself and the "stomach ache" considered the main problem? To what extent is fluid-replacement seen to be an Oralit benefit? And to what extent is fluid-replacement seen to be important?

ORS CONCEPT DEVELOPMENT FOCUS-GROUP DISCUSSIONS

1. Two groups were conducted on the 20th and 21st of July, 1989 among mid and down-market mothers of Balitas in the SRI office.

2. About half of the women in each group were required to have used or are current users of any ORS product in the past year, while about a half were non-users or lapsed users (have used last longer than 1 year ago). All of these non-users were however required to be aware of ORS.

3. The groups started off by exploring what mothers feel are the most common ailments suffered by children below five, and which of them they find most serious.

4. In the first part of the discussion mothers' vocabulary for diarhea was explored, what treatment was given and the terms used to describe the physical symptoms, before exploring more deeply their understanding of dehydration as a result of loss of body fluid.

5. The research also seek to find out the resistance towards ORS.

6. To determine which terms are felt most commonly used to describe diarhea, the effect it has on Balitas and the result of using ORS, a number of terms and illustrations (of potted plants) were introduced and evaluated i.e. :

   Diarrhea - Mencret
   - Diare
   - Disentri

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METHODOLOGY

* 47 depth interviews were conducted in a spread of areas in Jakarta, which was divided into 5 areas i.e.: North, East, West and Central of Jakarta.

* The respondents were mothers of children under 5 years old, from CDE SES group, i.e.: with a monthly expenditure of up to Rp. 200.000,-

* The research covered the following issues:

  a. Who is the main caretaker of Balita,
  b. Who decides when and what diarrhea drug to buy,
  c. Awareness and trial of Oralit,
  d. Message in the Oralit concept in terms of:
     - comprehension
     - generating interest to buy

LIST OF CHART

T I T L E	CHART NO.
CARETAKERS OF CHILDREN UNDER 5 YEARS	1
TIME SPENT BY HUSBAND FOR CHILDREN WHAT THE HUSBANDS DO FOR CHILDREN	2
ANTICIPATED DIARRHEA TREATMENT FOR CHILDREN	3
TYPE OF MEDICINE WILL BE BOUGHT FOR DIARRHEA REASONS FOR BUYING	4
CONSEQUENCES OF CONTINOUS DIARRHEA	5
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Chart 1.

CARETAKERS OF CHILDREN UNDER 5 YEARS

(%)

Q. No.: 4,5,11,13,14a,14b,15.

Base: All resp.	MAIN CARE-TAKER (47)	OTHER CARE-TAKER (47)	CARE-TAKER IF CHILD SICK (47)	DECISION MAKER IF CONSLTN WITH EXPERT NEEDED (47)	DECISION MAKER IF MEDICINE NEEDED (47)	DECISION MAKER FOR TYPE OF MEDICINE (47)	PERSON WHO BUY THE MEDICINE (47)
Mother	91	4	98	81	79	83	49
Father	-	23	32	43	38	43	23
Grandmother	-	13	17	4	4	6	-
Grandfather	-	6	-	6	-	-	-
Older sibling	9	15	4	-	2	-	23
Relative	-	15	4	-	-	-	6
Neighbour	-	2	-	4	4	4	-
None	-	21	-	-	2	2	2

(Ref.: Table 4,5,13,15,16,17).

Chart 2.

Chart 2.

TIME SPENT BY HUSBAND FOR CHILDREN (%)	
Q.No.: 9a & 9b.	
Base: All resp.	47
Less than 1 hour	11
1 hour	6
2 hours	23
3 hours	17
4 hours	32
More than 4 hours	11

WHAT THE HUSBAND DO FOR CHILDREN (%)	
Base: All respondents	47
Play with the child	47
Carry the child	43
Take a walk	36
Make a joke with the child	19
Feed the child	17
Bath the child	15
Sing with the child	11
Put the child to sleep	11
Teach the child how to talk/read/about religion	11
Put the child's clothes on	9

(Ref.: Table 10,11).

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Chart 3.

ANTICIPATED DIARRHEA TREATMENT FOR CHILDREN

(%)

Q.No.: 12.

Base:	TOTAL (47)	EVER USED ORALIT (24)	NEVER USED ORALIT (16)	S.E.S. C 100-200 (16)	S.E.S. D/E THAN 100 (31)
Give Oralit/diarrhea salt	36	42	31	38	35
Take the child to the Puskesmas/doctor	23	33	13	13	29
Give bitter tea	15	21	13	25	10
Give traditional herbal medicine	15	8	19	19	13
Give Koniform	13	17	13	19	10
Give Sulfaplus	11	4	19	6	13

(Ref.: Table 14).

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Chart 4.

TYPE OF MEDICINE WILL BE BOUGHT FOR DIARRHEA

(%)

Q. No.: 16.

	TOTAL
Base: Number of response	52
Oralit	38
Enterostop	12
Pil Ciba	12
Sulfaplus	13
Koniform	17
Jamu Cap Kupu-Kupu	6

REASONS FOR BUYING

(%)

Q.No.: 17a, 17c.

Base: Who buy medicine	ORA -LIT (20)	SULFA PLUS (6)	ENTRO STOP (6)	KONI FORM (6)	PIL CIBA (4)
Effective for diarrhea/ cure diarrhea	70	100	50	100	75
Informed by neighbour/other people to use it	10	-	17	-	-
Prevent diarrhea	10	17	-	-	-
As a first aid if having diar.	15	-	-	-	-
EXPERIENCES WITH THE MEDICINE					
Base: Who have used	14	6	6	6	4
Cure diarrhea fast	79	83	67	100	75

(Ref.: Table 19-24).

Chart 5.

CONSEQUENCES OF CONTINUOUS DIARRHEA

(%)

Q.No.: 19.

				S.E.S.	
Base:	TOTAL (47)	EVER USED ORALIT (24)	NEVER USED ORALIT (16)	C 100 -200 (16)	D/E THAN 100 (31)
Lack of energy	77	83	69	81	74
No appetite	62	63	56	75	55
Become pale	49	58	44	69	39
Become thin/lose weight	26	13	50	25	26
Always cry	36	46	25	38	35
Drawn eyes	15	4	38	25	10
Has temperature	17	21	13	6	23
Always thirsty	6	4	6	6	6

(Ref.: Table 28).

Chart 6.

ORALIT AWARENESS AND EXPERIENCE I

(%)

AWARENESS OF ORALIT

Q.20.	TOTAL
Base: All resp.	47
Yes	85
No	15

ORALIT USAGE (WHAT FOR?)

Q.21.

	TOTAL
Base: Aware of Oralit	40
Diarrhea medication	75
To cure muntaber	30
To prevent diarrhea	5
Stomach ache medication	5

WHETHER EVER USED ORALIT

	TOTAL
Base: Aware of Oralit	40
Ever used	60
Never used	40

SATISFIED/DISSATISFIED WITH ORALIT Q.23a.

	TOTAL
Base: Ever used Oralit	24
Satisfied	88
Dissatisfied	13

REASONS FOR SATISFIED

Q.23b.

	TOTAL
Base: All satisfied	21
Diarrhea can be cured	90
Cheap	5
Good as first aid	5
Can cure muntaber	5
Relieves feeling of weakness	5

REASONS FOR NOT SATISFIED

	TOTAL
Base: All not satisfied	5
Does not cure diarrhea fast	100

(Ref.: Table 29-34).

Chart 7.

ORALIT AWARENESS AND EXPERIENCE II

(%)

REASONS FOR NEVER USED ORALIT

Q.24.	TOTAL
Base: Not aware of Oralit/ never used	23
Don't know the brand/ never seen it	35
Used to other brand	35
Never had stomach ache/ muntaber	13
Don't know that Oralit is for stomach ache	9

WHETHER STILL USE ORALIT OR NOT

Q.25.	TOTAL
Base: Ever used Oralit	24
Yes	63
No	38

BRANDS CURRENTLY USED

Q.26.	TOTAL
Base: Who used Oralit	15
Oralit	93
Eltolit	7

PLACE TO BUY THE BRAND

Q.29	TOTAL
Base: Who used Oralit	15
Pharmacy	47
Warung	27
Posyandu	13
Puskesmas	13

(Ref.: Table 35,36,37,40).

Chart 8.

WHAT THE CONCEPT SAYS

(%)

Q.32.

	TOTAL
Base: All respondents	47
If a child has diarrhea, give Oralit to cure him/her	53
If a child has diarrhea, give Oralit	45

WHAT THE CONCEPT ASK TO DO

(%)

Q.33.

If a child has diarrhea, give Oralit	87
We must have Oralit as a reserve	11
We must look after Balita's health to avoid diarrhea	2

PARTS DIFFICULT TO UNDERSTAND IN THE CONCEPT

(%)

Q.34.

None	100

WHETHER THE MESSAGE CREATES INTEREST TO TRY ORALIT

Q.35.

Yes	100

(Ref.: Table 43-46).

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TITLE	NUMBER
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SURVEY RESEARCH INDONESIA — TABLE 1
O.R.S. CONCEPT DEVELOPMENT - 1989 — SHEET 1

ALL RESPONDENTS
Q1.NUMBER OF CHILDREN IN HOUSEHOLD

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
1 CHILD	11	5	5	2	9	5	6
	23%	21%	31%	13%	29%	15%	46%
2 CHILDREN	9	5	3	3	6	8	1
	19%	21%	19%	19%	19%	24%	8%
3 CHILDREN	11	6	5	3	8	8	3
	23%	25%	31%	19%	26%	24%	23%
4 CHILDREN	7	2	2	4	3	6	1
	15%	8%	13%	25%	10%	18%	8%
5 CHILDREN	4	2	-	1	3	2	2
	9%	8%		6%	10%	6%	15%
MORE THAN 6 CHILDREN	5	4	1	3	2	5	-
	11%	17%	6%	19%	6%	15%	

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 2
SHEET 1

ALL RESPONDENTS
Q2. NUMBER OF CHILDREN UNDER 1 YEAR IN HOUSEHOLD

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47 100%	24 100%	16 100%	16 100%	31 100%	34 100%	13 100%
1 CHILD	15 32%	6 25%	8 50%	5 31%	10 32%	13 38%	2 15%
NONE	32 68%	18 75%	8 50%	11 69%	21 68%	21 62%	11 85%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 3
SHEET 1

ALL RESPONDENTS
Q3. NUMBER OF CHILDREN 1-5 YEARS IN HOUSEHOLD

				SES		EDUCATION	
	TOT	EVER USED ORALIT	NEVER USED ORALIT	C 100 - 200	D/E LESS TH 100	PRIMARY	SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
1 CHILD	26	14	8	11	15	16	10
	55%	58%	50%	69%	48%	47%	77%
2 CHILDREN	16	7	6	3	13	15	1
	34%	29%	38%	19%	42%	44%	8%
NONE	5	3	2	2	3	3	2
	11%	13%	13%	13%	10%	9%	15%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 4
SHEET 1

ALL RESPONDENTS
Q4. MAIN CHILDREN CARETAKER

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
MOTHER/RESP. HERSELF	43	22	15	14	29	31	12
	91%	92%	94%	88%	94%	91%	92%
OLDER SIBLING	4	2	1	2	2	3	1
	9%	8%	6%	13%	6%	9%	8%

SURVEY RESEARCH INDONESIA — TABLE 5
O.R.S. CONCEPT DEVELOPMENT - 1989 — SHEET 1

ALL RESPONDENTS
Q5. OTHER CHILDREN CARETAKER

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
MOTHER/RESP. HERSELF	2	1	1	-	2	1	1
	4%	4%	6%		6%	3%	8%
FATHER	11	3	7	4	7	9	2
	23%	13%	44%	25%	23%	26%	15%
GRAND MOTHER	6	3	1	2	4	3	3
	13%	13%	6%	13%	13%	9%	23%
GRAND FATHER	3	2	1	1	2	2	1
	6%	8%	6%	6%	6%	6%	8%
OLDER SIBLING	7	4	1	4	3	7	-
	15%	17%	6%	25%	10%	21%	
RELATIVE	7	4	3	2	5	3	4
	15%	17%	19%	13%	16%	9%	31%
NEIGHBOUR	1	1	-	1	-	1	-
	2%	4%		6%		3%	
NONE	10	6	2	2	8	8	2
	21%	25%	13%	13%	26%	24%	15%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 6
SHEET 1

ALL RESPONDENTS
Q6. WHETHER WORKING OR NOT

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47 100%	24 100%	16 100%	16 100%	31 100%	34 100%	13 100%
YES	2 4%	-	2 13%	1 6%	1 3%	-	2 15%
NO	45 96%	24 100%	14 88%	15 94%	30 97%	34 100%	11 85%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 7
SHEET 1

WORKING MOTHER
Q6B. DAILY WORKING HOURS

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LES TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	2	-	2	1	1	-	2
	100%		100%	100%	100%		100%
4	1	-	1	1	-	-	1
	50%		50%	100%			50%
8	1	-	1	-	1	-	1
	50%		50%		100%		50%
BASE :	2	-	2	1	1	-	2
MEAN SCORE :	6.00	-	6.00	4.00	8.00	-	6.00

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 8
SHEET 1

WORKING MOTHER
Q7. WHETHER THE JOB IS AT HOME OR OUTSIDE

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	2 100%	-	2 100%	1 100%	1 100%	-	2 100%
AT HOME	1 50%	-	1 50%	1 100%	-	-	1 50%
OUTSIDE THE HOME	1 50%	-	1 50%	-	1 100%	-	1 50%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 9
SHEET 1

WORKING MOTHER
08. CHILDREN CARETAKER IF MOTHER IS WORKING

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	2 100%	-	2 100%	1 100%	1 100%	-	2 100%
GRANDMOTHER	1 50%	-	1 50%	-	1 100%	-	1 50%
RELATIVE	1 50%	-	1 50%	1 100%	-	-	1 50%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 10
SHEET 1

ALL RESPONDENTS
Q9A. TIME SPENT BY HUSBANDS FOR CHILDREN

	TOT	EVER USED ORALIT	NEVER USED ORALIT	S·E S C 100 - 200	S·E S D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
LESS THAN 1 HR	5	2	1	1	4	5	-
	11%	8%	6%	6%	13%	15%	
1 HR	3	1	2	2	1	2	1
	6%	4%	13%	13%	3%	6%	8%
2 HRS	11	7	4	3	8	7	4
	23%	29%	25%	19%	26%	21%	31%
3 HRS	8	4	3	3	5	6	2
	17%	17%	19%	19%	16%	18%	15%
4 HRS	15	7	5	4	11	10	5
	32%	29%	31%	25%	35%	29%	38%
MORE THAN 4 HOURS	4	3	-	2	2	3	1
	9%	13%		13%	6%	9%	8%
6 HOURS	1	-	1	1	-	1	-
	2%		6%	6%		3%	

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SURVEY RESEARCH INDONESIA — TABLE 11
O.R.S. CONCEPT DEVELOPMENT - 1989 — SHEET 1

ALL RESPONDENTS
Q9B. THINGS THE HUSBANDS DO FOR CHILDREN

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
PLAY WITH THE CHILD	22	12	7	7	15	16	6
	47%	50%	44%	44%	48%	47%	46%
CARRY THE CHILD	20	10	6	7	13	14	6
	43%	42%	38%	44%	42%	41%	46%
MAKE A JOKE WITH THE CHILD	9	5	3	6	3	5	4
	19%	21%	19%	38%	10%	15%	31%
SING WITH THE CHILD	5	4	1	3	2	3	2
	11%	17%	6%	19%	6%	9%	15%
TAKE A WALK	17	8	8	4	13	10	7
	36%	33%	50%	25%	42%	29%	54%
BATH THE CHILD	7	5	2	2	5	6	1
	15%	21%	13%	13%	16%	18%	8%
FEED THE CHILD	8	4	3	-	8	6	2
	17%	17%	19%		26%	18%	15%
PUT THE CHILD TO SLEEP	5	2	3	3	2	4	1
	11%	8%	19%	19%	6%	12%	8%
PUT HIS/HER CLOTHES ON	4	1	1	-	4	2	2
	9%	4%	6%		13%	6%	15%
TEACH HOW TO TALK / READ /ABOUT RELIGION/SCHOOL	5	4	-	3	2	5	-
	11%	17%		19%	6%	15%	

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 12
SHEET 1

ALL RESPONDENTS
Q10. WHO WILL BE ASKED FOR ADVICE IF A CHILD IS SICK

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47 100%	24 100%	16 100%	16 100%	31 100%	34 100%	13 100%
HUSBAND/CHILD'S FATHER	23 49%	14 58%	8 50%	8 50%	15 48%	16 47%	7 54%
NEIGHBOUR	9 19%	3 13%	5 31%	2 13%	7 23%	8 24%	1 8%
DUKUN (WITCH DOCTOR)	1 2%	-	-	1 6%	-	1 3%	-
PARENT/GRANDFATHER/ GRAND MOTHER	18 38%	8 33%	5 31%	7 44%	11 35%	12 35%	6 46%
RELATIVES	4 9%	2 8%	1 6%	2 13%	2 6%	3 9%	1 8%
DOCTOR/PUSKESMAS/ POSYANDU	4 9%	1 4%	2 13%	1 6%	3 10%	4 12%	-
NONE	1 2%	-	1 6%	-	1 3%	1 3%	-

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 13
SHEET 1

ALL RESPONDENTS
Q11. CHILDREN CARETAKER IF SHE/HE IS SICK

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47 100%	24 100%	16 100%	16 100%	31 100%	34 100%	13 100%
MOTHER/RESP. HERSELF	46 98%	23 96%	16 100%	16 100%	30 97%	33 97%	13 100%
FATHER	15 32%	9 38%	5 31%	2 13%	13 42%	10 29%	5 38%
GRAND MOTHER	8 17%	3 13%	4 25%	3 19%	5 16%	2 6%	6 46%
OLDER SIBLING	2 4%	1 4%	-	2 13%	-	2 6%	-
RELATIVE	2 4%	1 4%	1 6%	-	2 6%	1 3%	1 8%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 14
SHEET 1

ALL RESPONDENTS
Q12. DIARHEA TREATMENT FOR CHILDREN

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47 100%	24 100%	16 100%	16 100%	31 100%	34 100%	13 100%
GIVE ORALIT/DIARHEA SALT	17 36%	10 42%	5 31%	6 38%	11 35%	12 35%	5 38%
TAKE HER/HIM TO THE PUSKESMAS/DOCTOR	11 23%	8 33%	2 13%	2 13%	9 29%	8 24%	3 23%
GIVE KONIFORM	6 13%	4 17%	2 13%	3 19%	3 10%	6 18%	-
GIVE BITTER TEA	7 15%	5 21%	2 13%	4 25%	3 10%	4 12%	3 23%
GIVE SULFA PLUS	5 11%	1 4%	3 19%	1 6%	4 13%	3 9%	2 15%
GIVE ENTROSTOP	4 9%	3 13%	-	2 13%	2 6%	3 9%	1 8%
GIVE TRADITIONAL HERBAL MEDICINE	7 15%	2 8%	3 19%	3 19%	4 13%	6 18%	1 8%
GIVE SALT + SUGAR DRINK	3 6%	1 4%	1 6%	-	3 10%	2 6%	1 8%
GIVE CIBA	3 6%	2 8%	-	2 13%	1 3%	3 9%	-
GIVE TRADITIONAL HERBAL RUB	3 6%	-	3 19%	-	3 10%	2 6%	1 8%
GIVE IN FECTIN	1 2%	1 4%	-	-	1 3%	-	1 8%
GIVE STOPCRET	1 2%	-	1 6%	-	1 3%	1 3%	-

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 15
SHEET 1

ALL RESPONDENTS
Q13. DECISIAN MAKER FOR CONSULTATION

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES D/E 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
MOTHER/RESP. HERSELF	38	17	15	10	28	26	12
	81%	71%	94%	63%	90%	76%	92%
FATHER	20	16	4	9	11	12	8
	43%	67%	25%	56%	35%	35%	62%
GRANDMOTHER	2	-	2	-	2	1	1
	4%		13%		6%	3%	8%
GRANDFATHER	3	1	1	2	1	3	-
	6%	4%	6%	13%	3%	9%	
NEIGHBOR	2	-	1	1	1	2	-
	4%		6%	6%	3%	6%	

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SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 16
SHEET 1

ALL RESPONDENTS
Q14A. DECISION MAKER FOR MEDICINE IF NEEDED

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47 100%	24 100%	16 100%	16 100%	31 100%	34 100%	13 100%
MOTHER/RESP. HERSELF	37 79%	18 75%	15 94%	13 81%	24 77%	26 76%	11 85%
FATHER	18 38%	13 54%	4 25%	7 44%	11 35%	11 32%	7 54%
GRANDMOTHER	2 4%	-	1 6%	-	2 6%	1 3%	1 8%
OLDER SIBLING	1 2%	1 4%	-	1 6%	-	1 3%	-
NEIGHBOR	2 4%	-	2 13%	-	2 6%	1 3%	1 8%
NONE	1 2%	-	-	1 6%	-	1 3%	-

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 17
SHEET 1

ALL RESPONDENTS
Q14B. DECISION MAKER FOR TYPE OF MEDICINE NEEDED

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
MOTHER/RESP. HERSELF	39	21	14	14	25	27	12
	83%	88%	88%	88%	81%	79%	92%
FATHER	20	13	5	7	13	12	8
	43%	54%	31%	44%	42%	35%	62%
GRANDMOTHER	3	-	2	-	3	2	1
	6%		13%		10%	6%	8%
NEIGHBOR	2	-	2	-	2	2	-
	4%		13%		6%	6%	
NONE	1	-	-	1	-	1	-
	2%			6%		3%	

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 18
SHEET 1

ALL RESPONDENTS
Q15. PERSON WHO BUY THE MEDICINE

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47 100%	24 100%	16 100%	16 100%	31 100%	34 100%	13 100%
OLDER SIBLING	11 23%	6 25%	3 19%	5 31%	6 19%	9 26%	2 15%
CHILD'S FATHER	11 23%	8 33%	2 13%	4 25%	7 23%	5 15%	6 46%
MY SELF/RESPONDENT	23 49%	11 46%	9 56%	6 38%	17 55%	18 53%	5 38%
RELATIVES	3 6%	-	2 13%	1 6%	2 6%	2 6%	1 8%
NONE	1 2%	-	-	1 6%	-	1 3%	-

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 19
SHEET 1

ALL RESPONDENTS
Q16. TYPE OF MEDICINE BOUGHT (FIRST MENTION)

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47 100%	24 100%	16 100%	16 100%	31 100%	34 100%	13 100%
SULFAPLUS	6 13%	2 8%	3 19%	2 13%	4 13%	4 12%	2 15%
ENTERESTOP	6 13%	3 13%	2 13%	3 19%	3 10%	5 15%	1 8%
KONIFORM	6 13%	4 17%	2 13%	3 19%	3 10%	5 15%	1 8%
PIL CIBA	4 9%	1 4%	2 13%	-	4 13%	3 9%	1 8%
JAMU CAP KUPU-KUPU	1 2%	1 4%	-	-	1 3%	1 3%	-
ORALIT	20 43%	11 46%	6 38%	6 38%	14 45%	15 44%	5 38%
INFECTIN	1 2%	1 4%	-	-	1 3%	-	1 8%
NONE	1 2%	-	-	1 6%	-	1 3%	-
DON'T KNOW	2 4%	1 4%	1 6%	1 6%	1 3%	-	2 15%

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SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 20
SHEET 1

ALL RESPONDENTS
Q16. TYPE OF MEDICINE BOUGHT (SECOND MENTION)

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
KONIFORM	3	3	-	2	1	3	-
	6%	13%		13%	3%	9%	
PIL CIBA	2	2	-	2	-	2	-
	4%	8%		13%		6%	
JAMU CAP KUPU-KUPU	2	2	-	1	1	2	-
	4%	8%		6%	3%	6%	
NONE	40	17	16	11	29	27	13
	85%	71%	100%	69%	94%	79%	100%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 21
SHEET 1

ALL RESPONDENTS
Q16. TYPE OF MEDICINE BOUGHT (OTHERS)

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
SULFAPLUS	1	1	-	-	1	1	-
	2%	4%			3%	3%	
NONE	46	23	16	16	30	33	13
	98%	96%	100%	100%	97%	97%	100%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 22
SHEET 1

ALL RESPONDENTS
Q17A. REASONS FOR BUYING FIRST MEDICINE

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47 100%	24 100%	16 100%	16 100%	31 100%	34 100%	13 100%
EFFECTIVE FOR DIARRHEA/ CURE DIARRHEA	36 77%	20 83%	11 69%	13 81%	23 74%	25 74%	11 85%
PREVENT DIARRHEA	3 6%	2 8%	-	-	3 10%	3 9%	-
RELIEVES DIARRHEA	3 6%	1 4%	2 13%	-	3 10%	2 6%	1 8%
INFORMED BY NEIGHBOUR /OTHER PEOPLE	3 6%	-	2 13%	-	3 10%	2 6%	1 8%
TO PREV.LOOSING TOO MUCH WATER FROM THE STOMACH	1 2%	-	1 6%	1 6%	-	-	1 8%
TO CURE FRETFULLNESS	2 4%	1 4%	1 6%	-	2 6%	1 3%	1 8%
AS A FIRST AID IF HAVING DIARRHEA	3 6%	2 8%	1 6%	1 6%	2 6%	3 9%	-
KNOW IT FROM THE AD	1 2%	-	-	1 6%	-	1 3%	-
RELIEVES STOMACH ACHE	1 2%	1 4%	-	-	1 3%	1 3%	-
NONE	1 2%	-	-	1 6%	-	1 3%	-

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 22
SHEET 1

ALL RESPONDENTS
Q17A. REASONS FOR BUYING FIRST MEDICINE

	TOT	TYPE OF MEDICINE BOUGHT - FIRST MENTIONED						
		SULFAPLUS	ENTERE STOP	KONIFORM	PIL CIBA	ORALIT	JAMU CAP KUPU-KUPU	INFECTIN
TOTAL	47 100%	6 100%	6 100%	6 100%	4 100%	20 100%	1 100%	1 100%
EFFECTIVE FOR DIARRHEA/ CURE DIARRHEA	36 77%	6 100%	3 50%	6 100%	3 75%	14 70%	1 100%	1 100%
PREVENT DIARRHEA	3 6%	1 17%	-	-	-	2 10%	-	-
RELIEVES DIARRHEA	3 6%	-	1 17%	-	1 25%	1 5%	-	-
INFORMED BY NEIGHBOUR /OTHER PEOPLE	3 6%	-	1 17%	-	-	2 10%	-	-
TO PREV.LOOSING TOO MUCH WATER FROM THE STOMACH	1 2%	-	-	-	-	1 5%	-	-
TO CURE FRETFULLNESS	2 4%	-	-	-	1 25%	-	-	1 100%
AS A FIRST AID IF HAVING DIARRHEA	3 6%	-	-	-	-	3 15%	-	-
KNOW IT FROM THE AD	1 2%	-	1 17%	-	-	-	-	-
RELIEVES STOMACH ACHE	1 2%	-	-	-	-	-	1 100%	-
NONE	1 2%	-	-	-	-	-	-	-

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SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 23
SHEET 1

ALL RESPONDENTS
Q17B. WHETHER HAVE USED FIRST MEDICINE

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47 100%	24 100%	16 100%	16 100%	31 100%	34 100%	13 100%
YES	39 83%	21 88%	12 75%	12 75%	27 87%	30 88%	9 69%
NO	8 17%	3 13%	4 25%	4 25%	4 13%	4 12%	4 31%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 23
SHEET 1

ALL RESPONDENTS
Q17B. WHETHER HAVE USED FIRST MEDICINE

	TOT	TYPE OF MEDICINE BOUGHT - FIRST MENTIONED						
		SULFAPLUS	ENTERE STOP	KONIFORM	PIL CIBA	ORALIT	JAMU CAP KUPU-KUPU	INFECTIN
TOTAL	47 100%	6 100%	6 100%	6 100%	4 100%	20 100%	1 100%	1 100%
YES	39 83%	6 100%	6 100%	6 100%	4 100%	14 70%	1 100%	1 100%
NO	8 17%	-	-	-	-	6 30%	-	-

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 24
SHEET 1

HAVE USED THE MEDICINE
Q17C. EXPERIENCE ON FIRST MEDICINE

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	39 100%	21 100%	12 100%	12 100%	27 100%	30 100%	9 100%
CURE CHILDREN WHO HAVE DIARRHEA; FAST	31 79%	18 86%	10 83%	11 92%	20 74%	23 77%	8 89%
INFORMED BY NEIGHBOUR TO USE THE MEDICINE	8 21%	3 14%	2 17%	1 8%	7 26%	8 27%	-
GIVEN ORALIT BY POSYANDU/HOSPITAL	2 5%	1 5%	-	-	2 7%	1 3%	1 11%
THE MEDICINE COULD MAKE SLEEPING WEEL	1 3%	1 5%	-	-	1 4%	-	1 11%
ORALIT IS A GOOD BRAND	1 3%	-	1 8%	1 8%	-	-	1 11%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 24
SHEET 1

HAVE USED MEDICINE
Q17C. EXPERIENCE ON FIRST MEDICINE

		TYPE OF MEDICINE BOUGHT - FIRST MENTIONED						
	TOT	SULFAPLUS	ENTERE STOP	KONIFORM	PIL CIBA	ORALIT	JAMU CAP KUPU-KUPU	INFECTIN
TOTAL	39 100%	6 100%	6 100%	6 100%	4 100%	14 100%	1 100%	1 100%
CURE CHILDREN WHO HAVE DIARRHEA; FAST	31 79%	5 83%	4 67%	6 100%	3 75%	11 79%	-	1 100%
INFORMED BY NEIGHBOUR TO USE THE MEDICINE	8 21%	1 17%	2 33%	-	1 25%	3 21%	1 100%	-
GIVEN ORALIT BY POSYANDU/HOSPITAL	2 5%	-	-	-	-	2 14%	-	-
THE MEDICINE COULD MAKE SLEEPING WEEL	1 3%	-	-	-	-	-	-	1 100%
ORALIT IS A GOOD BRAND	1 3%	-	-	-	-	1 7%	-	-

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 25
SHEET 1

WHO BUY 2ND MEDICINE
Q18A. REASONS FOR BUYING SECOND MEDICINE

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	7 100%	7 100%	-	5 100%	2 100%	7 100%	-
EFFECTIVE FOR DIARRHEA/ CURE DIARRHEA	3 43%	3 43%	-	2 40%	1 50%	3 43%	-
PREVENT DIARRHEA	1 14%	1 14%	-	1 20%	-	1 14%	-
TO CURE FRETFULLNESS	1 14%	1 14%	-	1 20%	-	1 14%	-
AS A FIRST AID IF HAVING DIARRHEA	2 29%	2 29%	-	2 40%	-	2 29%	-
RELIEVES STOMACH ACHE	1 14%	1 14%	-	-	1 50%	1 14%	-

SURVEY RESEARCH INDONESIA TABLE 26
O.R.S. CONCEPT DEVELOPMENT - 1989 SHEET 1

WHO BUY 2ND MEDICINE
Q18B. WHETHER HAVE USED SECOND MEDICINE

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	7	7	-	5	2	7	-
	100%	100%		100%	100%	100%	
YES	6	6	-	5	1	6	-
	86%	86%		100%	50%	86%	
NO	1	1	-	-	1	1	-
	14%	14%			50%	14%	

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 27
SHEET 1

HAVE USED THE MEDICINE
Q18C. EXPERIENCE ON SECOND MEDICINE

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	6 100%	6 100%	-	5 100%	1 100%	6 100%	-
CURE CHILDREN WHO HAVE DIARRHEA; FAST	6 100%	6 100%	-	5 100%	1 100%	6 100%	-
INFORMED BY NEIGHBOUR TO USE THE MEDICINE	1 17%	1 17%	-	-	1 100%	1 17%	-

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 28
SHEET 1

ALL RESPONDENTS
Q19. RESULTS FROM CONTINUOUS DIARHEA

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47 100%	24 100%	16 100%	16 100%	31 100%	34 100%	13 100%
BECOME THIN/LOSE WEIGHT	12 26%	3 13%	8 50%	4 25%	8 26%	7 21%	5 38%
LACK OF ENERGY	36 77%	20 83%	11 69%	13 81%	23 74%	25 74%	11 85%
NO APPETITE	29 62%	15 63%	9 56%	12 75%	17 55%	20 59%	9 69%
BECOME PALE	23 49%	14 58%	7 44%	11 69%	12 39%	15 44%	8 62%
ALWAYS CRY	17 36%	11 46%	4 25%	6 38%	11 35%	12 35%	5 38%
DRAWN EYES	7 15%	1 4%	6 38%	4 25%	3 10%	4 12%	3 23%
ALWAYS THIRSTY	3 6%	1 4%	1 6%	1 6%	2 6%	1 3%	2 15%
HAS TEMPERATURE	8 17%	5 21%	2 13%	1 6%	7 23%	7 21%	1 8%
VOMITING	1 2%	1 4%	-	-	1 3%	1 3%	-
FEEL DROWSY	2 4%	1 4%	1 6%	-	2 6%	1 3%	1 8%
SUFFERS FROM FLATULENCE	2 4%	-	2 13%	-	2 6%	1 3%	1 8%
RESTLESS, CAN'T SLEEP	1 2%	1 4%	-	1 6%	-	1 3%	-

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 29
SHEET 1

ALL RESPONDENTS
020. WHETHER AWARE OF ORALIT PRODUCT/ORALIT USAGE

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
YES	40	24	16	14	26	28	12
	85%	100%	100%	88%	84%	82%	92%
NO	7	-	-	2	5	6	1
	15%			13%	16%	18%	8%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 30
SHEET 1

AWARE OF ORALIT
Q21. ORALIT USAGE

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	40	24	16	14	26	28	12
	100%	100%	100%	100%	100%	100%	100%
TO PREVENT DIARRHEA	2	2	-	-	2	2	-
	5%	8%			8%	7%	
DIARRHEA MEDICATION	30	17	13	10	20	21	9
	75%	71%	81%	71%	77%	75%	75%
STOMACH ACHE MEDICATION	2	-	2	1	1	1	1
	5%		13%	7%	4%	4%	8%
TO CURE MUNTABER	12	7	5	4	8	8	4
	30%	29%	31%	29%	31%	29%	33%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 31
SHEET 1

AWARE OF ORALIT
Q22. WHETHER EVER USED ORALIT

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	40	24	16	14	26	28	12
	100%	100%	100%	100%	100%	100%	100%
EVER USED	24	24	-	10	14	19	5
	60%	100%		71%	54%	68%	42%
NEVER USED	16	-	16	4	12	9	7
	40%		100%	29%	46%	32%	58%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 32
SHEET 1

EVER USED ORALIT
Q23A. WHETHER SATISFIED WITH THE RESULT OR NOT

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	24	24	-	10	14	19	5
	100%	100%		100%	100%	100%	100%
SATISFIED	21	21	-	8	13	16	5
	88%	88%		80%	93%	84%	100%
NOT SATISFIED	3	3	-	2	1	3	-
	13%	13%		20%	7%	16%	

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 33
SHEET 1

ALL SATISFIED
Q23B. REASONS FOR SAYING SATISFIED/DISSATISFIED

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	21 100%	21 100%	-	8 100%	13 100%	16 100%	5 100%
REASON FOR SATISFIED	19 90%	19 90%	-	6 75%	13 100%	15 94%	4 80%
DIARRHEA CAN BE CURED	19 90%	19 90%	-	6 75%	13 100%	15 94%	4 80%
LESSEN FEELING OF WEAKNESS	1 5%	1 5%	-	-	1 8%	-	1 20%
CHEAP	1 5%	1 5%	-	1 13%	-	1 6%	-
GOOD AS FIRST AID	1 5%	1 5%	-	1 13%	-	1 6%	-
CAN CURE MUNTABER	1 5%	1 5%	-	1 13%	-	-	1 20%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 34
SHEET 1

ALL NOT SATISFIED
Q23B. REASONS FOR SAYING SATISFIED/DISSATISFIED

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	3 100%	3 100%	-	2 100%	1 100%	3 100%	-
REASON FOR NOT SATISFIED	3 100%	3 100%	-	2 100%	1 100%	3 100%	-
DOES NOT CURE DIARRHEA FAST	3 100%	3 100%	-	2 100%	1 100%	3 100%	-

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 35
SHEET 1

NOT AWARE OF ORALIT
924. REASONS FOR NEVER USED ORALIT

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	23 100%	-	16 100%	6 100%	17 100%	15 100%	8 100%
DON'T KNOW THE BRAND, NEVER SEEN IT	8 35%	-	2 13%	1 17%	7 41%	7 47%	1 13%
USED TO OTHER BRAND	7 30%	-	6 38%	1 17%	6 35%	3 20%	4 50%
DON'T KNOW THAT ORALIT IS FOR STOMACH ACHE	2 9%	-	2 13%	-	2 12%	1 7%	1 13%
ORALIT IS NOT EFFECTIVE	1 4%	-	1 6%	1 17%	-	1 7%	-
ORALIT IS ONLY FOR MUNTABER	1 4%	-	1 6%	-	1 6%	1 7%	-
THE CHILD REFUSED TO DRINK IT	1 4%	-	1 6%	-	1 6%	1 7%	-
USED TO OTHER BRAND	1 4%	-	1 6%	1 17%	-	-	1 13%
NEVER HAD STOMACH ACHE /MUNTABER	3 13%	-	3 19%	2 33%	1 6%	1 7%	2 25%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 36
SHEET 1

EVER USED ORALIT
Q25. WHETHER STILL USE ORALIT OR NOT

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	24	24	-	10	14	19	5
	100%	100%		100%	100%	100%	100%
YES	15	15	-	7	8	11	4
	63%	63%		70%	57%	58%	80%	
NO	9	9	-	3	6	8	1
	38%	38%		30%	43%	42%	20%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 37
SHEET 1

WHO USED ORALIT
Q26. BRANDS CURRENTLY USED

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	15	15	-	7	8	11	4
	100%	100%		100%	100%	100%	100%
ORALIT	14	14	-	6	8	11	3
	93%	93%		86%	100%	100%	75%
ELTOLIT	1	1	-	1	-	-	1
	7%	7%		14%			25%

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SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 38
SHEET 1

WHO USED ORALIT
Q27. REASONS FOR USING THAT BRAND

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	15 100%	15 100%	-	7 100%	8 100%	11 100%	4 100%
EFFECTIVE / CURE DIARRHEA FAST	10 67%	10 67%	-	4 57%	6 75%	9 82%	1 25%
TO PREVENT / FIRST AID OF DIARRHEA	1 7%	1 7%	-	1 14%	-	1 9%	-
THE ONLY BRAND AVAILABLE AT WARUNG	2 13%	2 13%	-	1 14%	1 13%	1 9%	1 25%
THE CHILD LIKES IT	1 7%	1 7%	-	1 14%	-	-	1 25%
GIVEN BY PUSKESMAS	1 7%	1 7%	-	-	1 13%	1 9%	-
MAKE THE CHILD LESS WEAK	1 7%	1 7%	-	-	1 13%	-	1 25%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 39
SHEET 1

WHO USED ORALIT
028. RECENCY OF 'NG THAT BRAND

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	15 100%	15 100%	-	7 100%	8 100%	11 100%	4 100%
LESS THAN ONE MONTH AGO	1 7%	1 7%	-	-	1 13%	-	1 25%
1 - 6 MONTHS	8 53%	8 53%	-	4 57%	4 50%	8 73%	-
7 -12 MONTHS	2 13%	2 13%	-	-	2 25%	2 18%	-
12 MONTHS +	4 27%	4 27%	-	3 43%	1 13%	1 9%	3 75%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 40
SHEET 1

WHO USED ORALIT
Q29. PLACE TO BUY THE BRAND

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	15 100%	15 100%	-	7 100%	8 100%	11 100%	4 100%
PHARMACY	7 47%	7 47%	-	2 29%	5 63%	6 55%	1 25%
WARUNG	4 27%	4 27%	-	2 29%	2 25%	2 18%	2 50%
POSYANDU	2 13%	2 13%	-	2 29%	-	2 18%	-
PUSKESMAS	2 13%	2 13%	-	1 14%	1 13%	1 9%	1 25%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 41
SHEET 1

WHO DIDN'T GIVE ORALIT
Q30. REASONS FOR NOT USING ORALIT ANYMORE

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	9 100%	9 100%	-	3 100%	6 100%	8 100%	1 100%
NEVER GET DIARRHEA ANYMORE	8 89%	8 89%	-	3 100%	5 83%	7 88%	1 100%
THAT MEDICINE IS NOT SUITABLE / EFFECTIVE	1 11%	1 11%	-	-	1 17%	1 13%	-
IF HAVING DIARRHEA, SEE THE DOCTOR	2 22%	2 22%	-	2 67%	-	2 25%	-

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 42
SHEET 1

ALL RESPONDENTS
Q31. WHETHER CAN READ OR NOT

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
YES	43	21	16	16	27	30	13
	91%	88%	100%	100%	87%	88%	100%
NO	4	3	-	-	4	4	-
	9%	13%			13%	12%	

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 43
SHEET 1

ALL RESPONDENTS
Q32. WHAT THE AD IS SAYING

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47 100%	24 100%	16 100%	16 100%	31 100%	34 100%	13 100%
IF A CHILD HAS DRR GIVE ORL TO CURE HIM/HER	25 53%	12 50%	9 56%	9 56%	16 52%	17 50%	8 62%
IF A CHILD HAS DIARRHEA GIVE ORALIT	21 45%	12 50%	7 44%	7 44%	14 45%	16 47%	5 38%
GIVE LOTS OF FOOD & DRINK	1 2%	-	-	-	1 3%	1 3%	-

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 44
SHEET 1

ALL RESPONDENTS
Q33. WHAT THE AD ASK TO DO

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47 100%	24 100%	16 100%	16 100%	31 100%	34 100%	13 100%
IF A CHILD HAS DIARRHEA GIVE ORALIT	41 87%	20 83%	15 94%	14 88%	27 87%	30 88%	11 85%
WE MUST HAVE ORALIT AS A RESERVE	5 11%	3 13%	2 13%	2 13%	3 10%	3 9%	2 15%
WE MUST LOOK AFTER BLT'S HEALTH TO AVOID DIARR.	1 2%	1 4%	-	1 6%	-	1 3%	-
NONE	1 2%	-	-	-	1 3%	1 3%	-
DON'T KNOW	1 2%	1 4%	-	-	1 3%	1 3%	-

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 45
SHEET 1

ALL RESPONDENTS
Q34. PARTS DIFFICULT TO UNDERSTAND

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
NONE	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 46
SHEET 1

ALL RESPONDENTS
035. WHETHER THE MESSAGE CREATE INTEREST TO TRY

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
YES	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 47
SHEET 1

ALL RESPONDENTS
Q38. AGE

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
LESS THAN 20 YEARS	4	3	1	2	2	3	1
	9%	13%	6%	13%	6%	9%	8%
20 - 25 YEARS	13	8	3	4	9	9	4
	28%	33%	19%	25%	29%	26%	31%
26 - 30 YEARS	16	7	9	3	13	13	3
	34%	29%	56%	19%	42%	38%	23%
31 - 35 YEARS	5	1	2	3	2	1	4
	11%	4%	13%	19%	6%	3%	31%
36 - 40 YEARS	8	4	1	3	5	7	1
	17%	17%	6%	19%	16%	21%	8%
40 + YEARS	1	1	-	1	-	1	-
	2%	4%		6%		3%	

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 48
SHEET 1

ALL RESPONDENTS
Q39. EDUCATION

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
NO FORMAL SCHOOLING	4	3	-	1	3	4	-
	9%	13%		6%	10%	12%	
SD NOT FINISHED	14	8	2	6	8	14	-
	30%	33%	13%	38%	26%	41%	
SD FINISHED	16	8	7	4	12	16	-
	34%	33%	44%	25%	39%	47%	
SLP	8	3	4	3	5	-	8
	17%	13%	25%	19%	16%		62%
SLA	5	2	3	2	3	-	5
	11%	8%	19%	13%	10%		38%

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SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 49
SHEET 1

ALL RESPONDENTS
Q40. OCCUPATION

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
HOUSEWIVES	46	24	15	16	30	34	12
	98%	100%	94%	100%	97%	100%	92%
OFFICE WORKER	1	-	1	-	1	-	1
	2%		6%		3%		8%

SURVEY RESEARCH INDONESIA
D.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 50
SHEET 1

ALL RESPONDENTS
Q41. NUMBER OF PEOPLE IN HOUSEHOLD

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LES TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
3	8	4	3	1	7	4	4
	17%	17%	19%	6%	23%	12%	31%
4	9	5	4	3	6	6	3
	19%	21%	25%	19%	19%	18%	23%
5	9	6	3	1	8	8	1
	19%	25%	19%	6%	26%	24%	8%
6	7	2	2	5	2	6	1
	15%	8%	13%	31%	6%	18%	8%
7	5	2	1	2	3	2	3
	11%	8%	6%	13%	10%	6%	23%
8	3	2	-	2	1	2	1
	6%	8%		13%	3%	6%	8%
9	3	2	1	1	2	3	-
	6%	8%	6%	6%	6%	9%	
10	1	1	-	1	-	1	-
	2%	4%		6%		3%	
11	2	-	2	-	2	2	-
	4%		13%		6%	6%	
BASE :	47	24	16	16	31	34	13
MEAN SCORE :	5.63	5.50	5.62	6.18	5.35	5.91	4.92

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SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 51
SHEET 1

ALL RESPONDENTS
Q42. HOUSEHOLD FACILITIES

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
WATER PAM	3	2	-	1	2	1	2
	6%	8%		6%	6%	3%	15%
WELLSPRING	38	18	14	13	25	28	10
	81%	75%	88%	81%	81%	82%	77%
LATRINE	15	8	6	8	7	8	7
	32%	33%	38%	50%	23%	24%	54%
ELECTRICITY	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 52
SHEET 1

ALL RESPONDENTS
Q43. BUILDING MATERIALS

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
BRICK	30	17	8	13	17	22	8
	64%	71%	50%	81%	55%	65%	62%
ZINC	1	-	1	-	1	1	-
	2%		6%		3%	3%	
WOOD	17	8	7	3	14	12	5
	36%	33%	44%	19%	45%	35%	38%

SURVEY RESEARCH INDONESIA TABLE 53
O.R.S. CONCEPT DEVELOPMENT - 1989 SHEET 1

ALL RESPONDENTS
QB. AGE OF YOUNGEST CHILD

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
LESS THAN 5 YEARS	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%

SURVEY RESEARCH INDONESIA
O.R.S. CONCEPT DEVELOPMENT - 1989

TABLE 54
SHEET 1

ALL RESPONDENTS
QC. S.E.S

	TOT	EVER USED ORALIT	NEVER USED ORALIT	SES C 100 - 200	SES D/E LESS TH 100	EDUCATION PRIMARY	EDUCATION SECONDARY
TOTAL	47	24	16	16	31	34	13
	100%	100%	100%	100%	100%	100%	100%
LESS THAN RP. 50.000	1	1	-	-	1	-	1
	2%	4%			3%		8%
RP. 50.001 - 75.000	16	7	6	-	16	14	2
	34%	29%	38%		52%	41%	15%
RP. 75.001 - 100.000	14	6	6	-	14	9	5
	30%	25%	38%		45%	26%	38%
RP.100.001 - 150.000	12	8	3	12	-	9	3
	26%	33%	19%	75%		26%	23%
RP.150.001 - 200.000	4	2	1	4	-	2	2
	9%	8%	6%	25%		6%	15%

SURVEY RESEARCH INDONESIA
Jl. K.H. Wahid Hasyim No. 31 A-B,
JAKARTA 10340

Issue # _____
Q'naire No. _____ V1
Job No. 8 8 5
Intv'r No. _____ V2

SRI-885 - ORS CONCEPT DEVELOPMENT
- PILOT STUDY -

INTRODUCTION: Good morning/afternoon/evening. My name is _____. I'am an interviewer from SURVEY RESEARCH INDONESIA. A national market research company which conducts any types of surveys. Today we are carrying out a survey on health, and we would like to ask you some questions. I will start asking you questions about you and your family.

NAME OF RESPONDENT : _____	NAME OF INTV'R : _____
ADDRESS : _____	DATE OF INTV'W : _____
PHONE NO: _____	LENGTH OF INTV'W : _____

SCREENING QUESTIONS

A. Do you or any member of your family work for one of the following companies /establishment?

Hospital/Puskesmas	1
Posyandu/Pos Penimbangan/Kader	2
Drugs Manufacturer	3
Pharmacy/Drug stores	4

IF "YES" TO ANY OF THE ABOVE, STOP INTERVIEW

B.	How old is your youngest child?	Less than 5 years	1 CONTINUE V3
		5+ years	2
C.	What is your monthly househould expenditure in average? (including for transportation, electricity, etc. but not installment payment).	Less than Rp 50,000	1 V4
		Rp 50.001 - Rp 75.000	2
		Rp 75.001 - Rp 100.000	3
		Rp 100.001 - Rp 150.000	4
		Rp 150.001 - Rp 200.000	5
		Rp 200.001 +	6 STOP

QUALITY CONTROL	N A M E	DATE	SIGNED	REMARKS
INTERVIEWER				
SUPV.CHECK I				
SUPV.CHECK II				
RECALL/VERIFY				
CODER				
PUNCHER				

MAIN QUESTIONNAIRE

1. How many children do yo have living here with you in this household? (S)

2. How many of these children are under 12 months (1 year)? (S)

3. How many of these children are between 1-5 years? (S)

	Q.1. # OF CHILDREN IN THE H/H.	Q.2. LESS THAN 12 MONTHS	Q.3. 1-5 YERS
1 child	1 V5	1 V6	1 V7
2 children	2	2	2
3 children	3	3	3
4 children	4	4	4
5 children	5	5	5
6 children or more	6	6	6

Now I would like to ask you some questions about your children age under 5 years (Balita).

4. Who in the household, would you say spends the most time looking after the balita? (S)

5. Who else also helps to look after the balita if..... (PERSON MENTIONED IN Q.4.) is not available? (S)

	Q.4.	Q.5.
Mother/respondents herself	1 V8	1 V9
Father	2	2
Grand mother	3	3
Grand father	4	4
Older sibling	5	5
Relative	6	6
Neighbour	7	7
Others (SPECIFY) _____	8	8

6a. Do you yourself do any work apart from your duties as a housewife?

Yes	1 V10
No	2

IF "YES"

6b. How many hours do you spend per day? _____ HOURS V11

7. Is that work here at home or outside the house?

At home	1 V12
Outside the house	2

8. When you are doing that work who takes care of the balita? (S)

Father	1 V13
Grand mother	2
Grand father	3
Older sibling	4
Relative	5
Neighbour	6
Others _____ (SPECIFY)	7

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9a. How many hours does your husband spend each day looking after the balita?

Less than 1 hour	1	V14
1 hour	2	
2 hours	3	
3 hours	4	
4 hours	5	
4 hours/more _____ (SPECIFY)	6	

9b. What does he do? What else?

_____ V15

_____

10. Thingking now about health care, who do you go first for advice when the balita is sick? Who else?

_____ _____ V16

11. Who looks after the balita at home when he/she is ill? Who else? (M)

Mother/respondent herself	1	V17
Father	2	
Grand mother	3	
Grand father	4	
Older sibling	5	
Relative	6	
Neighbour	7	
Others (SPECIFY) _____	8	

12. If the balita had diarrhea, what would you do for her/him?

_____ V18

_____

_____

13. If the balita had to go to the doctor or the Puskesmas or some other health care person, who would make that decision? (M)

BEFORE ANY CONSULTATION WITH THE DOCTOR/OTHER HEALTH CARE PERSON

14a. If you wanted to buy some medicine for the balita, who would decide about that? (M)

14b. And who would decide what type of medicine needed? (M)

	Q.13. DECIDE WHERE	Q.14a. DECIDE MEDICINE NEEDED	Q.14b. DECIDE TYPE OF MEDICINE
Mother/respondent herself	1 V19	1 V20	1 V21
Father	2	2	2
Grand mother	3	3	3
Grand father	4	4	4
Older sibling	5	5	5
Relative	6	6	6
Neighbour	7	7	7
Others (SPECIFY) _____	8	8	8

15. Who would actually go to buy the medicine?

_____ V22

16. What kind of medicine would you buy for the balita if he/she had diarrhea? (M)

	FIRST MENTION	SECOND MENTION	OTHERS
Sulfaplus	1 V23	1 V24	1 V25
Enterestop	2	2	2
Koniform	3	3	3
Pil Ciba	4	4	4
Jamu Cap Kupu-kupu	5	5	5
Oralit	6	6	6
Pharolit	7	7	7
Eltolit/other brands	8	8	8
Other drugs _____ (SPECIFY)	9	9	9

17a. Why would you choose .... (FIRST MENTION ON Q.16.). for your balita child who had diarhea?

_____ V26

_____

_____

17b. Did you have any experience with that medicine .... (FIRST MENTION ON Q.16) in the past to treat your balita who had diarrhea?

Yes 1 V27 TO Q.17c.
No 2 TO Q.18.

17c. Could you tell me your experience, why did you use that medicine?

_____ V28

_____

_____

18a. Why would you choose ..... (SECOND MENTION ON Q.16) for your balita childe who had diarrhea?

_____ V29

_____

_____

18b. Did you have any experience with that medicine ..... (SECOND MENTION ON Q.16) in the past to treat your balita who had diarrhea?

Yes 1 V30 TO Q.18c.
No 2 TO Q.19.

18c. Could you tell me your experience, why did you use that medicine?

_____ V31

_____

_____

19. In your own words, tell me what might happen to a child who has continuous diarrhea for several days? (PEOBE WELL)

_____ V32

_____

_____

SHOW ORALIT PACK

20. Do you know what this product is for?

Yes	1	V33
No	2	

21. What is it used for? (PROBE WELL)

_____ V34

_____

_____

22. Have you ever used this product for any of your balita?

Ever used	1 V35 TO Q.23.
Never used	2 TO Q.24.

IF "EVER USED"

23a. What was your opinion of it? (were you satisfied with the results or not? How did your child react?)

Satisfied	1	V36
Not satisfied	2	

23b. Why do you say that? PROBE!

_____ V37

_____

_____

IF "NEVER USED" ASK Q.24 THEN GO TO Q.31.

24. Why have you never used it?

_____ V38

_____

_____

25. Do you still use Oralit when your balita has diarrhea?

Yes	1 V39 TO Q.26. - Q.29.
No	2 TO Q.30.

26. What brand do you use? (S)

Oralit	1	V40
Pharolit	2	
Eltolit	3	
Kristalite	4	
Oramex	5	
Other brand _____ (SPECIFY)	6	

27. Why did you choose that brand?

_____ V41

_____

_____

28. When was the last time you used it?

_____ V42

29. Where did you buy ..... (BRAND ON Q.26.)?

Pharmacy	1	V43
Drug store	2	
Market store	3	
Warung	4	
Others _____ (SPECIFY)	5	

IF "NO" AT Q.25.

30. Why do you no longer use it? Why else?

_____ V44

_____

_____

SHOW CARD (WITH FOLLOWING MESSAGE)

"IF THE CHILD HAS DIARRHEA, GIVE ORALIT AND OTHER DRINKS TO MAKE HIM/HER HEALTHY AGAIN"

31. Can you read what is printed on this card?

Yes	1	V45
No	2	(INTERVIEWER SHOULD READ OUT THE MESSAGE TO THE RESP.)

32. In your own words, can you tell me what this phrase is saying?

_____ V46

_____

_____

33. What is it telling you to do?

_____ V47

_____

_____

34. Is there any word do you not understand? Which word? (S)

_____ V48

_____

_____

35. Do you think this phrase would make preople want to try Oralit?

Yes	1	V49
No	2	TO Q.36-37.

IF "NO" AT Q.35.

36. Why do you say that?

_____ V50

_____

_____

37. Can you suggest a better phrase?

_____ V51

_____

_____

DEMOGRAPHICS

38. How old are you now?

Less than 20 years	1	V52
20 - 25 years	2	
26 - 30 years	3	
31 - 35 years	4	
36 - 40 years	5	
40+ years	6	

39. What formal education, that you have completed?

No formal schooling	1	V53
SD not finished	2	
SD finished	3	
SLP	4	
SLA	5	
Academy/Unversity	6	

40. What is your occupation?

_____ V54

41. How many people are there living in this household?

_____ PEOPLE V55

42. Living condition:

Water PAM	1	V56
Wellspring	2	
Latrine	3	
Electricity	4	

43. Building materials:

Brick	1	V57
Zinc	2	
Wood	3	
Others _____ (SPECIFY)	4	

SURVEY RESEARCH INDONESIA
Jl. K.H. Wahid Hasyim No. 31 A-B,
JAKARTA 10340

Issue # _____
Q'naire No. _____ V1
Job No. 8 8 5
Intv'r No. _____ V2

SRI-885 - ORS CONCEPT DEVELOPMENT
- PILOT STUDY -

PENDAHULUAN: Selamat pagi/siang/sore. Nama saya _____. Saya adalah interviewer SURVEY RESEARCH INDONESIA, perusahaan penelitian pemasaran nasional yang melakukan segala macam survei. Hari ini kami sedang melakukan survei mengenai Kesehatan dan untuk itu kami ingin mengajukan beberapa pertanyaan kepada Ibu. Saya akan mulai dengan beberapa pertanyaan tentang Ibu dan keluarga ibu.

NAMA RESPONDEN : _____	NAMA INTV'R : _____
ALAMAT : _____	TGL. INTV'W : _____
NO. TILPON: _____	LAMA INTV'W : _____

PERTANYAAN-PERTANYAAN SCREENING

A. Apakah Ibu atau salah seorang anggota keluarga Ibu bekerja pada salah satu perusahaan/jawatan berikut?

Rumah Sakit/Puskesmas	1
Posyandu/Pos Penimbangan/Kader	2
Perusahaan Obat-obatan	3
Apotik/Toko Obat	4

JIKA "YA" UNTUK SALAH SATU, HENTIKAN INTERVIEW

B.	Berapa umur anak ibu yang paling kecil?	Kurang dari 5 tahun	1 LANJUTKAN V3
		5+ tahun	2
C.	Berapa rata-rata pengeluaran Ibu setiap bulannya untuk keperluan rumah tangga yang rutin? (termasuk transport, listrik, dsb. tetapi tidak termasuk acisan, cicilan)?	Kurang dari Rp 50.000	1 V4
		Rp 50.001 - Rp 75.000	2
		Rp 75.001 - Rp 100.000	3
		Rp 100.001 - Rp 150.000	4
		Rp 150.001 - Rp 200.000	5
		Rp 200.001 +	6 HENTIKAN

QUALITY CONTROL	N A M A	TGL.	PARAP	KETERANGAN
INTERVIEWER				
SUPV.CHECK I				
SUPV.CHECK II				
RECALL/VERIFY				
CODER				
PUNCHER				

K885-31.03A

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KWESIONER UTAMA

1. Berapa orang anak yang tinggal dalam rumah tangga Ibu ini? (S)

2. Berapa dari antara anak-anak ini berumur kurang dari 12 bulan, 1 tahun? (S)

3. Berapa dari antara anak-anak ini berumur antara 1 sampai 5 tahun? (S)

	P.1. DLM.R.T.	P.2. KURANG DR.12 BL.	P.3. 1-5 THN.
1 anak	1 V5	1 V6	1 V7
2 anak	2	2	2
3 anak	3	3	3
4 anak	4	4	4
5 anak	5	5	5
6 anak atau lebih	6	6	6

Sekarang saya ingin menanyakan beberapa pertanyaan mengenai anak-anak ibu yang berumur di bawah 5 tahun (Balita).

4. Siapa dalam rumah tangga Ibu yang paling banyak menghabiskan waktu menjaga anak-anak ini? (PROBE: Siapa orang tersebut, kedudukan dalam keluarga). (S)

5. Siapa yang menjaga anak-anak tersebut jika ..... (ORANG DI P.4.) tidak di rumah? (S)

	P.4.	P.5.
Ibu si anak/responden sendiri	1 V8	1 V9
Ayah si anak	2	2
Nenek	3	3
Kakek	4	4
Kakak si anak	5	5
Saudara/keluarga	6	6
Tetangga	7	7
Lainnya (SEBUTKAN) _____	8	8

6a. Apakah Ibu bekerja/mengerjakan sesuatu yang lain, selain mengerjakan pekerjaan rumah tangga?

Ya	1 V10
Tidak	2

JIKA "YA"

6b. Berapa jam per hari ibu mengerjakannya? _____ JAM V11

7. Apakah pekerjaan tersebut dilakukan di rumah atau di luar rumah?

Di rumah	1 V12
Di luar rumah	2

8. Selama ibu mengerjakan pekerjaan tersebut, siapa yang menjaga anak ibu di rumah? (S)

Ayah si anak	1 V13
Nenek	2
Kakek	3
Kakak si anak	4
Saudara/keluarga	5
Tetangga	6
Lainnya _____ (SEBUTKAN)	7

9a. Setiap hari berapa jam suami Ibu menjaga anak-anak (Balita) ini?

Kurang dari 1 jam	1	V14
1 jam	2	
2 jam	3	
3 jam	4	
4 jam	5	
4 jam lebih _____ (SEBUTKAN)	6	

9b. Apa saja yang dilakukannya? Apa lagi?

_____ V15

_____

10. Sekarang bila kita berbicara mengenai kesehatan, kepada siapa Ibu pertama minta nasihat bilamana anak (Balita) Ibu sakit? Kepada siapa lagi?

_____ V16

11. Siapa yang menjaga/merawat anak-anak (Balita) ini di rumah bila mereka sakit? (BISA MULTIPLE)

Ibu si anak/responden sendiri	1	V17
Ayah si anak	2	
Nenek	3	
Kakek	4	
Kakak si anak	5	
Saudara/keluarga	6	
Tetangga	7	
Lainnya (SEBUTKAN) _____	8	

12. Kalau anak-anak (Balita) Ibu ini mencret, apa saja yang Ibu lakukan untuk mereka?

_____ V18

_____

_____

13. Kalau si anak perlu ke dokter atau Puskesmas [illegible] tenaga kesehatan lainnya, siapa biasanya yang menentukan ke mana anak tersebut dibawa untuk diobati? (MULTIPLE)

SEBELUM KONSULTASI DENGAN DOKTER/TENAGA KESEHATAN LAINNYA

14a. Kalau Ibu ingin membeli obat untuk anak yang mencret tersebut, siapa yang menentukan bahwa anak tersebut memerlukan obat? (MULTIPLE)

14b. Dan siapa yang menentukan obat apa yang diperlukan? (MULTIPLE)

	P.13. MENENTUKAN KEMANA	P.14a. MENENTUKAN PERLU OBAT	P.14b. MENENTUKAN BELI OBAT APA
Ibu si anak/responden sendiri	1 V19	1 V20	1 V21
Ayah si anak	2	2	2
Nenek	3	3	3
Kakek	4	4	4
Kakak si anak	5	5	5
Saudara/keluarga	6	6	6
Tetangga	7	7	7
Lainnya (SEBUTKAN) _____	8	8	8

15. Siapa yang pergi membeli obat tersebut?

_____ V22

16. Obat apa yang akan Ibu beli untuk anak balita ibu jika ia sakit mencret? (BISA MULTIPLE)

	DISEBUT PERTAMA	DISEBUT KEDUA	LAINNYA
Sulfaplus	1 V23	1 V24	1 V25
Enterestop	2	2	2
Koniform	3	3	3
Pil Ciba	4	4	4
Jamu Cap Kupu-kupu	5	5	5
Oralit	6	6	6
Pharolit	7	7	7
Eltolit/merek lain	8	8	8
Obat lain _____ (SEBUTKAN)	9	9	9

17a. Mengapa ibu akan memilih obat ..... (PERTAMA DISEBUT DI P.16.) untuk anak balita yang sakit mencret?

_____ V26

_____

_____

17b. Apakah ibu pernah memakai obat ..... (PERTAMA DISEBUT DI P.16.) untuk anak balita yang sakit mencret?

Ya 1 V27 KE P.17c.
Tidak 2 KE P.18.

17c. Tolong ibu ceritakan pengalaman ibu mengapa ibu sampai memakai obat tsb.?

_____ V28

_____

_____

18a. Mengapa ibu akan memilih obat ..... (KEDUA DISEBUT DI P.16.) untuk anak balita yang sakit mencret?

_____ V29

_____

_____

18b. Apakah ibu pernah memakai obat ..... (KEDUA DISEBUT DI P.16.) untuk anak balita yang sakit mencret?

Ya 1 V30 KE P.18c.
Tidak 2 KE P.19.

18c. Tolong ibu ceritakan pengalaman ibu mengapa ibu sampai memakai obat tsb.?

_____ V31

_____

_____

19. Tolong Ibu ceritakan dengan menggunakan kata-kata sendiri, apa yang bisa terjadi pada seorang anak yang mencret tidak henti-hentinya selama beberapa hari? (PROBE MENDALAM)

_____ V32

_____

_____

PERLIHATKAN ORALIT

20. Apakah Ibu tahu untuk apa produk ini?

Ya	1	V33
Tidak	2	

21. Untuk apa produk ini biasanya digunakan? (PROBE MENDALAM)

_____ V34

_____

_____

22. Apakah Ibu pernah menggunakan produk ini untuk salah satu anak Balita Ibu?

Pernah pakai	1 V35 KE P.23.
Tidak pernah pakai	2 KE P.24.

JIKA "PERNAH PAKAI"

23a. Bagaimana pendapat Ibu mengenai produk ini? (Apakah Ibu merasa puas dengan hasilnya atau kurang puas? Bagaimana reaksi anak Ibu?)

Puas	1	V36
Tidak puas	2	

23a. Mengapa ibu berkata demikian? PROBE!

_____ V37

_____

_____

JIKA "BELUM PERNAH PAKAI", TANYAKAN P.24.LALU KE P.31.

24. Mengapa Ibu tidak pernah memakai produk tsb. untuk anak-anak Balita Ibu?

_____ V38

_____

_____

25. Apakah sekarang ini Ibu masih memberikan Oralit (selain yang diperlihatkan) kepada anak Balita Ibu bi-lamana mereka mencret?

Ya	1	V39 KE P.26. s/d P.29.
Tidak	2	KE P.30.

26. Merek apa yang Ibu pakai? (S)

Oralit	1	V40
Pharolit	2	
Eltolit	3	
Kristalite	4	
Oramex	5	
Obat lain _____ (SEBUTKAN)	6	

27. Mengapa Ibu memakai merek tersebut?

_____ V41

_____

_____

28. Kapan terakhir kali Ibu menggunakannya untuk anak Balita Ibu?

_____ V42

29. Di mana Ibu membeli ..... (MEREK DI P.26.) tersebut?

Apotik	1	V43
Toko Obat	2	
Toko pasar	3	
Warung	4	
Lainnya _____ (SEBUTKAN)	5	

JIKA "TIDAK" DI P.25.

30. Mengapa Ibu tidak menggunakannya lagi untuk anak balita Ibu? Ada lagi?

_____ V44

_____

_____

PERLIHATKAN KARTU DENGAN PESAN BERIKUT

"BILA ANAK BALITA MENCRET, BERIKAN CAIRAN ORALIT DAN MINUMAN LAINNYA AGAR DIA SEHAT KEMBALI:.

31. Apakah Ibu bisa membaca tulisan pada kartu ini?

Ya	1	V45
Tidak	2	(INTERVIEWER BACAKAN PESAN TADI KEPADA RESPONDEN)

32. Tolong Ibu katakan dengan kata-kata sendiri, apa yang dikatakan oleh pesan tadi?

_____ V46

_____

_____

33. Menurut yang telah Ibu baca/dengar tadi, apa yang harus Ibu lakukan?

_____ V47

_____

_____

34. Apakah ada kata-kata yang Ibu tidak mengerti? Kata-kata apa?

_____ V48

_____

_____

35. Menurut Ibu apakah pesan tadi akan membuat orang ingin mencoba Oralit untuk anak Balita mereka?

Ya	1	V49
Tidak	2	KE P.36-37.

JIKA "TIDAK" DI P.35.

36. Mengapa Ibu berkata demikian?

_____ V50

_____

_____

37. Menurut Ibu bagaimana pesan tadi bisa dibuat lebih menarik/baik lagi?

_____ V51

_____

_____

D E M O G R A F I K

38. Berapa umur Ibu sekarang ini?

Kurang dari 20 tahun	1	V52
20 - 25 tahun	2	
26 - 30 tahun	3	
31 - 35 tahun	4	
36 - 40 tahun	5	
40+ tahun	6	

39. Apa pendidikan tertinggi yang telah Ibu tamatkan?

Tidak sekolah	1	V53
SD tidak tamat	2	
SD tamat	3	
SLP	4	
SLA	5	
Akademi/Universitas	6	

40. Apa pekerjaan ibu?

_____ V54

41. Berapa orang yang terdapat dalam keluarga Ibu?

_____ ORANG V55

42. Fasilitas keluarga:

Air PAM	1	V56
Air sumur	2	
Kakus pribadi	3	
Listrik	4	

43. Jenis bangunan:

Tembok	1	V57
Seng	2	
Kayu	3	
Lainnya _____ (SEBUTKAN)	4	

APPENDIX C

ORS - RETAILER STUDY

- PRESENTATION -

Prepared for:

P . A . T . H .
Tifa Building, 11th Floor, Suite 1102
Jl. Kuningan Barat No. 26,
Jakarta 12710

By:

SURVEY RESEARCH INDONESIA
Jl. K.H. Wahid Hasyim No. 31A-B,
Jakarta 10340

SRI-885

SEPTEMBER 1989

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RETAILER FINDINGS	ORS	ANTI DIARRHEAL
BEST SELLING BRAND	Oralit 200	Entrostop
Average Selling Price of best seller	Rp 150-200 per 200cc	Rp 733-744 per strip
Retailer's Margin on best seller	20%	23-26%
Weekly Sales of best seller	1-5 sachet per week	1-5 strips per week
Amount of Discount/Incentive on best seller	10%	7%
Average stock of best seller	23 sachets	21 strips
Factors influencing sales	Low consumer demand Lack of advertising Strong competition (from anti-diarrheal)	Easy to find Advertising support Low price Effectiveness of product
Ways to make product more popular	Radio messages (71%) TV messages (43%) POS (57%)	

COMMERCIAL AVAILABILITY OF ORS PRODUCTS IN 7 CITIES OF INDONESIA: 1986 and 1989

Cities	n = 400		n = 100		n = 100		n = 200		Supermarkets		Apotik and Toko Obat	
	Total Shops		Lg Shops		Lg Pasar Shops		Warungs					
	'86	'89	'86	'89	'86	'89	'86	'89	'86	'89	'86	'89
Bandung	18%	17%	33%	30%	24%	25%	7%	7%		53%		91%
Jakarta	8%	11%	15%	20%	11%	15%	3%	5%		52%		95%
Medan	4%	5%	5%	11%	7%	2%	2%	3%		--		97%
Palembang	5%	9%	6%	9%	11%	20%	2%	3%		--		100%
Semarang	3%	8%	8%	18%	3%	12%	--	1%		33%		90%
Surabaya	3%	9%	3%	22%	9%	12%	1%	2%		26%		94%
U. Pandang	2%	3%	4%	5%	1%	4%	2%	2%		17%		90%
Total 7 cities	n = 2800 6%	n = 2800 9%							n = 145 16%	n = 213 42%		n = 236 94%

Source: PATH/SRI Store Check Survey: Early 1986 and Early 1989

METHODOLOGY

* RESEARCH WAS CONDUCTED AMONGST 71 ORS STOCKISTS AND 40 NON ORS STOCKISTS IN THE SPREAD AREA OF JAKARTA TO OBTAIN SOME INFORMATION IN REGARDS TO THEIR ATTITUDES TOWARDS THE ORS PRODUCTS.

* THE CATEGORY OF OUTLETS WERE STRUCTURED AS FOLLOWS:

	ORS STOCKISTS	NON ORS STOCKISTS
WARUNGS	20	20
SHOPS	20	20
DRUGSTORE	20	-
APOTIKS	11	-

* RESPONDENTS WERE THE OWNER OR SOMEONES WHO WERE RESPONSIBLE FOR THE MANAGEMENT OF THE OUTLETS.

* FIELDWORK : 20TH JULY - 23RD JULY 1989.

CHART 1.

PRODUCT RECOMMENDED FOR DIARRHEA
(%)

FIRST MENTIONED	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	OUTLIET SIZE LARGE	MEDIUM	SMALL
BASE: ORS STOCKISTS	71	20	20	20	11	23	36	12
ORS	54	60	35	55	73	43	58	58
ANTI DIARRHEA	44	40	60	40	27	57	36	42
OTHERS	3	-	5	5	-	-	6	-
TOTAL MENTIONED	71	20	20	20	11	23	36	12
ORS	63	65	45	70	82	52	69	67
ANTI DIARRHEA	72	70	75	65	82	83	67	67
OTHERS	3	-	-	-	-	-	-	-

(REF.: TABLE 1).

CHART 2.

REASONS FOR RECOMMENDING THE PRODUCT
(%)

	O R S	ANTI DIARRHEA
BASE: ALL WHO RECOMMEND EACH	38	31
C U R E	87	81
CURE LOOSE STOOLS	32	32
CURE STOMACH ACHE	18	39
CURE DIARRHEA (MENCRET)	8	19
GOOD FOR MUNTABER	37	6
STOP LOOSE STOOL	13	16

(REF.: TABLE 5).

CHART 3.

WHETHER WILL RECOMMEND THE SAME PRODUCT FOR CHILDREN
(%)

	ORS STOCKIST	
BASE: ORS STOCKIST	O R S 38	ANTI DIARRHEA 31
YES	87	48
NO	13	52

(REF.: TABLE 9).

CHART 4.

REASONS FOR RECOMMENDING THE SAME PRODUCT
(%)

	ORS STOCKIST	
	O R S	ANTI DIARRHEA
BASE: WHO RECOMMEND THE SAME PRODUCT	33	15
NO SIDE EFFECT FOR CHILDREN OR ADULT	33	67
GOOD TO PREVENT LOSING LIQUID	36	-
CURE LOOSE STOOL	15	27
AS A FIRST AID FOR CHILDREN	33	-
RELIEVES DIARRHEA (MENCRET)	-	13

CHART 5.

REASONS FOR NOT RECOMMENDING THE SAME PRODUCT
(%)

	ORS STOCKIST	
	O R S	ANTI DIARRHEA
BASE: WHO NOT RECOMMEND THE SAME PRODUCT	5	16
THE DOSAGE IS TOO STRONG FOR CHILDREN	60	63
USUALLY THE MEDICINE IS FOR ADULT	20	38
ORANGE TASTE	20	-

(REF.: TABLES 11, 13).

CHART 6

USUAL BUYER OF DIARRHEA MEDICINE

(%)

	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	OUTLET SIZE LARGE	MEDIUM	SMALL
BASE: ORS STOCKISTS	71	20	20	20	11	23	36	12
FATHER	8	10	5	10	9	9	8	8
MOTHER	82	70	85	85	91	83	86	67
SIBLING	8	15	10	5	-	9	6	17
SERVANT	1	5	-	-	-	-	-	8

CHART 7.

SYMPTOMS TO USE ORS

(%)

	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	OUTLET SIZE LARGE	MEDIUM	SMALL
BASE: ORS STOCKISTS	71	20	20	20	11	23	36	12
MUNTABER	77	70	80	80	82	78	72	92
LOOSE STOOLS	35	45	35	25	36	35	33	42
LOSING TOO MUCH LIQUID	15	10	20	15	18	30	8	8

(REF.: TABLES 20 & 22).

CHART 8.

BRAND OF ORS IN STOCK
(%)

						OUTLET SIZE		
	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	LARGE	MEDIUM	SMALL
BASE: ORS STOCKISTS	71	20	20	20	11	23	36	12
ORALIT 200	90	85	95	90	100	87	80	100
PHAROLIT 200	37	10	15	55	91	48	36	17
PHAROLIT 1000	11	-	-	15	45	9	17	-
ELTOLIT 200	6	5	5	5	9	9	6	-
ORAMEX (TABLET)	3	-	-	-	18	-	6	-

(REF.: TABLE 25).

CHART 9.

WEEKLY SALES
(%)

	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	OUTLET SIZE LARGE	MEDIUM	SMALL
BASE: ORALIT 200 STOCKISTS	64	17	18	18	11	20	32	12
1-5	66	94	89	56	-	55	59	100
6-10	11	6	6	11	27	20	19	-
11-20	11	-	6	11	36	15	13	-
21-30	9	-	-	22	18	5	16	-
30+	3	-	-	-	18	5	3	-
MEAN SCORE	9.0	3	3	11	27	9	11	2
BASE: PHAROLIT 200 STOCKISTS	26	2	3	11	10	11	13	2
1-5	58	50	100	64	40	73	38	100
6-10	8	-	-	-	20	-	15	-
11-20	19	50	-	18	20	18	23	-
21-30	15	-	-	18	20	9	23	-
MEAN SCORE	9.7	11	4	9	12	8	12	4

(REF.: TABLES 31, 39).

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CHART 10.

NUMBER OF SACHET IN STOCK (ORALIT 200)

(%)

	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	OUTLET SIZE LARGE	MEDIUM	SMALL
BASE: ORALIT 200 STOCKISTS	64	17	18	18	11	20	32	12
1-10	42	82	50	22	-	25	41	75
11-20	22	6	22	28	36	25	22	17
21-30	13	6	11	17	18	20	13	-
31-40	11	-	17	11	18	10	13	8
41-50	8	-	-	17	18	10	9	-
50+	5	6	-	6	9	10	3	-
MEAN SCORE	23	10	15	29	46	29	24	10
BASE: PHAROLIT 200 STOCKISTS	26	2	3	11	10	11	13	2
1-10	15	-	-	27	10	18	8	50
11-20	27	100	67	18	10	45	15	-
21-30	15	-	33	9	20	9	23	-
31-40	12	-	-	-	30	9	15	-
41-50	19	-	-	27	20	9	23	50
50+	12	-	-	18	10	9	15	-
MEAN SCORE	32	18	19	37	34	31	34	29

(REF.: TABLES 30, 38).

CHART 12.

RETAIL PRICE

(%)

	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	OUTLET SIZE LARGE	MEDIUM	SMALL
BASE: ORALIT 200 STOCKISTS	64	17	18	18	11	20	32	12
Rp 150	38	24	50	39	36	45	38	25
Rp 200	30	47	22	22	27	30	28	33
Rp 250	20	12	22	33	9	20	22	17
MEAN SCORE	200	207	197	190	195	185	200	210
BASE: PHAROLIT 200 STOCKISTS	26	2	3	11	10	11	13	2
Rp 200	23	50	-	27	20	27	15	50
Rp 250	62	50	100	55	60	55	69	50
MEAN SCORE	235	225	250	230	235	230	235	225

(REF.: TABLES 32, 40).

CHART 13.

MARGIN ON ORS PRODUCT
(%)

	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	OUTLET SIZE LARGE	MEDIUM	SMALL
BASE: ORALIT 200 STOCKISTS	64	17	18	18	11	20	32	12
0-5%	14	18	17	11	9	20	9	17
6-10%	19	6	17	17	45	40	9	8
11-15%	16	18	-	33	9	5	16	33
16-20%	13	-	17	11	27	5	19	8
21-50%	39	59	50	28	9	30	47	33
MEAN SCORE	20	22	22	18	14	15	22	20
BASE: PHAROLIT 200 STOCKISTS	26	2	3	11	10	11	13	2
0-5%	8	-	33	-	10	9	8	-
6-10%	31	-	-	27	50	45	15	50
11-15%	15	50	33	9	10	18	15	-
16-20%	31	50	33	27	30	9	46	50
21-50%	15	-	-	36	-	18	15	-
MEAN SCORE	17	18	13	22	13	15	20	15

(REF.: TABLES 33, 41).

CHART 14.

WE THER RECEIVE ANY DISCOUNT ON CERTAIN ORS PRODUCTS

(%)

	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	OUTLET SIZE LARGE	MEDIUM	SMALL
BASE: ORS STOCKISTS	71	20	20	20	11	23	36	12
PHAROLIT 1000	4	-	-	5	18	9	3	-
PHAROLIT 200	10	-	5	10	36	22	6	-
ORALIT 1000	3	-	-	-	18	9	-	-
ORALIT 200	14	-	5	25	36	17	17	-
KRYSTALITE 200	3	-	-	-	18	-	6	-
KRYSTALITE 600	1	-	-	-	9	-	3	-
ELTOLIT 1000	1	-	-	-	9	-	3	-
ELTOLIT 200	1	-	-	5	-	4	-	-
NONE	85	100	90	75	64	78	83	100

(REF.: TABLE 66).

CHART 14B

AMOUNT OF DISCOUNT/INCENTIVES
(%)

	TOTAL	SHOP	DRUGSTORE	APOTIK
BASE: WHO RECEIVE DISCOUNT (PHAROLIT 1000)	3	-	1	2
5%	67	-	100	50
25%	33	-	-	50
(PHAROLIT 200)	7	1	2	4
2%	14	-	-	25
5%	14	-	50	-
10%	57	100	50	50
25%	14	-	-	25
(ORALIT 1000)	2	-	-	2
2%	50	-	-	50
10%	50	-	-	50
(ORALIT 200)	10	1	5	4
5%	30	-	40	25
8%	10	100	-	-
10%	50	-	60	50
25%	10	-	-	25

(REF.: TABLES 67, 70).

CHART 14c

AMOUNT OF DISCOUNT/INCENTIVES
(%)

	TOTAL	SHOP	DRUGSTORE	APOTIK
BASE: WHO RECEIVE DISCOUNT (KRYSTALITE 200)	2	-	-	2
10%	50	-	-	50
25%	50	-	-	50
(KRYSTALITE 600)	1	-	-	1
25%	100	-	-	100
(ORALIT 1000)	1	-	-	1
10%	100	-	-	100
(ELTOLIT 100)	1	-	-	1
10%	100	-	-	100

(REF.: TABLES 71, 73).

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CHART 15.

WHETHER THE MARGIN IS ADEQUATE
(%)

	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	OUTLET SIZE LARGE	MEDIUM	SMALL
BASE: ORS STOCKISTS	71	20	20	20	11	23	36	12
ADEQUATE	66	75	55	70	64	70	61	75
INADEQUATE	34	25	45	30	36	30	30	25

	PHAROLIT	ORALIT	OTHERS
BASE: BRANDS STOCKISTS	28	64	15
ADEQUATE	71	67	60
INADEQUATE	29	33	40

(REF.: TABLES 75-76).

CHART 16.

BEST SELLING ORS PRODUCT
(%)

	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	OUTLET SIZE LARGE	MEDIUM	SMALL
BASE: ORS STOCKISTS	71	20	20	20	11	23	36	12
PHAROLIT 200	8	5	5	15	9	13	8	-
ORALIT 200	86	90	85	80	91	83	83	100
OTHERS	3	5	10	5	-	4	9	-

CHART 17.

REASONS FOR BUYING THE PRODUCT
(%)

	PHAROLIT	ORALIT	OTHERS
BASE: ORS STOCKISTS	6	61	3
WELL KNOWN BRAND	17	46	-
INEXPENSIVE	17	26	33
PRACTICAL TO USE	-	21	33
FAST TO REPLACE BODY LIQUID	17	16	-
EASY TO OBTAIN	-	13	-
ORANGE TASTE	50	-	33

(REF.: TABLES 77, 78-80).

CHART 18.

BENEFIT OF THE PRODUCT
(%)

	PHAROLIT	ORALIT	OTHERS
BASE: ORS STOCKISTS	6	61	3
COULD RELIEVE MUNTABER	67	56	67
FIRST AID BEFORE GOING TO A DOCTOR	17	30	33
PRACTICAL TO USE	-	18	-
ADDS BODY LIQUID	33	25	-
REASONABLE PRICE	-	5	-

(REF.: TABLE 82).

CHART 19.

REASONS FOR ONLY SELLING ONE PRODUCT
(%)

	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	OUTLET SIZE LARGE	MEDIUM	SMALL
BASE: WHO SELL ONE PRODUCT	71	20	17	9	-	13	23	10
THE ONLY BRAND BOUGHT BY SALESMAN	15	15	24	-	-	15	13	20
EASY TO OBTAIN	37	55	24	22	-	31	39	40
AVAILABLE AT DRUG-STORE (TOKO OBAT)	22	20	24	22	-	31	13	30
STRONG COMPETITION FROM OTHER ANTI DIARRHEA PRODUCT	9	-	12	22	-	8	13	-
PRACTICAL TO USE	13	10	18	11	-	15	13	10

(REF.: TABLE 83).

CHART 20.

PLACE TO OBTAIN STOCK
(%)

	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	OUTLET SIZE LARGE	MEDIUM	SMALL
BASE: ORS STOCKISTS	71	20	20	20	11	23	36	12
SUPERMARKET	1	5	-	-	-	-	3	-
OTHER SHOP	6	15	-	5	-	13	3	-
APOTIK	7	-	5	5	27	9	8	-
DRUGSTORE	14	20	20	10	-	9	14	25
FROM MANUFACTURER (DELIVERED)	3	5	-	5	-	-	3	8
FROM WHOLESALER (DELIVERED)	17	10	25	15	18	9	17	33
FROM WHOLESALER	39	25	35	50	55	48	42	17
SALES PERSON	13	20	15	10	-	13	11	17

(REF.: TABLE 84).

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CHART 21.

FREQUENCY OF STOCKING THE PRODUCT (ORS)

(%)

	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	OUTLET SIZE LARGE	MEDIUM	SMALL
BASE: ORS STOCKISTS	71	20	20	20	11	23	36	12
EVERY WEEK	6	5	5	-	18	-	8	8
EVERY 2 WEEKS	25	10	15	40	45	48	17	8
EVERY 3 WEEKS	10	5	10	15	9	4	11	17
EVERY MONTH	14	15	10	15	18	9	19	8
EVERY 6 WEEKS	3	10	-	-	-	4	-	8
EVERY 2 MONTHS	13	10	15	20	-	17	11	8
EVERY 3 MONTHS	4	10	5	-	-	-	6	8
LESS OFTEN	25	35	40	10	9	17	28	33

(REF.: TABLE 85).

CHART 22.

MOTIVATION TO SELL MORE OF ORS/SELL ORS

(%)

		ORS STOCKISTS				NON ORS STOCKISTS	
	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	WA-RUNG	SHOP
BASE: ALL RESPONDENTS	111	20	20	20	11	20	20
IF THERE ARE LOTS OF BUYER	73	55	65	70	82	85	85
PROMOTION/EXPLANATION/ADS IN NEWSPAPER/MAGAZINE	20	25	55	15	18	-	5
PROMOTION/EXPLANATION/ ADS ON TV	8	10	5	20	-	10	-
PROMOTION/EXPLANATION/ ADS ON RADIO	5	-	5	5	-	10	5
DURING MUNTABER EPIDEMIC	17	20	10	20	18	-	-
EXPLANATION FROM POSYANDU	10	-	-	5	-	15	5

(REF.: TABLES 86, 87).

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CHART 23.

WHETHER ORS PRODUCT IS POPULAR
(%)

		ORS STOCKISTS				NON ORS STOCKISTS	
	TOTAL	WARUNG	SHOP	DRUG-STORE	APOTIK	WARUNG	SHOP
BASE: ALL RESPONDS.	111	20	20	20	11	20	20
YES	95	95	95	95	100	85	100
NO	5	5	5	5	-	15	-

CHART 24.

WAYS TO MAKE ORS MORE POPULAR
(%)

		ORS STOCKISTS				NON ORS STOCKISTS	
	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	WA-RUNG	SHOP
BASE: ALL RESPONDENTS	111	20	20	20	11	20	20
PROMOTION/EXPLANATION/AD ON RADIO	53	65	70	60	55	40	40
AVAILABILITY OF ATTRACTIVE AD	45	65	15	35	73	50	45
PROMOTION/EXPLANATION FROM POSYANDU, PUSKESMAS	32	25	35	35	9	35	45
PROMOTION/EXPLANATION ON TV	22	20	40	25	-	25	10
PROMOTION/AD IN NEWSPAPER/MAGAZINE	27	10	40	30	18	30	30

(REF.: TABLES 91, 95).

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CHART 25.

WAYS OF PROMOTING ORS
(%)

		ORS STOCKISTS				NON ORS STOCKISTS	
	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	WA-RUNG	SHOP
BASE: ALL RESPONDENTS	111	20	20	20	11	20	20
THROUGH AD/EXPLANATION/ PROMOTION ON RADIO	71	70	60	80	91	70	65
THROUGH AD/EXPLANATION/ PROMOTION ON TV	43	35	30	65	36	40	50
FLYERS	36	40	30	40	64	30	25
EXPLANATION FROM HEALTH ORGANIZATION	23	25	15	25	9	25	35
POSTER AT POINT OF SALES	25	30	25	20	18	25	30
PROMOTION/ADS IN NEWS-PAPER/MAGAZINE	37	35	35	90	55	25	30

(REF.: TABLE 88).

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CHART 26.

MOST EFFECTIVE WAY TO INCREASE ORS SALES
(%)

		ORS STOCKISTS				NON ORS STOCKISTS	
	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	WA-RUNG	SHOP
BASE: ALL RESPONDENTS	111	20	20	20	11	20	20
P.O.S. MATERIAL	4	10	5	-	-	-	10
PRINT ADVERTISING (MAGAZINE/NEWSPAPER)	5	5	10	-	-	10	5
TV ADVERTISING	22	15	25	30	18	25	15
RADIO ADVERTISING	53	60	30	55	64	50	65
POSTER/STICKER	7	5	5	10	7	10	5
FLYER	6	5	15	5	9	5	-
POSYANDU	3	-	10	-	-	-	-

(REF.: TABLE 89).

CHART 2.

LIKES ABOUT ORS
(%)

		ORS STOCKISTS				NON ORS STOCKISTS	
	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	WA-RUNG	SHOP
BASE: ALL RESPONDENTS	111	20	20	20	11	20	20
PREVENTS MUNTABER	38	30	40	45	36	45	30
A FIRST AID BEFORE GOING TO A DOCTOR	40	45	30	25	55	25	65
REPLACES BODY FLUID	35	50	20	35	53	35	25
EASY/PRACTICAL TO USE	15	15	15	15	9	10	25
HAS VARIOUS FLAVOURS	14	10	10	25	18	15	10
PREVENTS LOOSE STOOLS	9	-	5	-		25	15

(REF.: TABLE 93).

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CHART 28.

BRAND OF ANTI DIARRHEA IN STOCK
(%)

		ORS STOCKISTS				NON ORS STOCKISTS	
	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	WA-RUNG	SHOP
BASE: ALL RESPONDENTS	111	20	20	20	11	20	20
ENTROSTOP	90	90	90	100	100	75	90
KONIFORM	76	55	90	85	100	70	65
SULFA PLUS	59	40	75	75	91	50	40
JAMU CAP KUPU-KUPU	65	60	70	70	36	70	70

CHART 29.

BEST SELLING ANTI-DIARRHEA PRODUCT
(%)

		ORS STOCKISTS				NON ORS STOCKISTS	
	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	WA-RUNG	SHOP
BASE: ALL RESPONDENTS	111	20	20	20	11	20	20
ENTROSTOP	67	65	55	75	91	65	60
KONIFORM	13	10	25	10	9	10	15
JAMU CAP KUPU-KUPU	11	20	10	-	-	15	15

(REF.: TABLES 97, 98).

CHART 30.

FACTORS INFLUENCE ANTI DIARRHEA BUYING
(%)

		ORS STOCKISTS				NON ORS STOCKISTS	
	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	WA-RUNG	SHOP
BASE: ALL RESPONDENTS	111	20	20	20	11	20	20
ADVERTISING SUPPORT	74	85	60	70	82	75	75
EASY TO FIND	81	90	70	70	73	85	95
PRICE	56	45	75	50	18	70	60
EFFECTIVENESS OF PRODUCT	47	40	60	50	55	35	55

(REF.: TABLE 138).

CHART 30.

FACTORS INFLUENCE ANTI DIARRHEA BUYING
(%)

		ORS STOCKISTS				NON ORS STOCKISTS	
	TOTAL	WA-RUNG	SHOP	DRUG-STORE	APO-TIK	WA-RUNG	SHOP
BASE: ALL RESPONDENTS	111	20	20	20	11	20	20
ADVERTISING SUPPORT	74	85	60	70	82	75	75
EASY TO FIND	81	90	70	70	73	85	95
PRICE	56	45	75	50	18	70	60
EFFECTIVENESS OF PRODUCT	47	40	60	50	55	35	55

(REF.: TABLE 138).

ANALYSIS OF QUALITATIVE RESEARCH AMONG BALITA (UNDERFIVES) CARETAKERS

1. CONSUMER ATTITUDE RESEARCH FOR MESSAGE DEVELOPMENT

Research Objectives and Methodologies

The first phase of the consumer research process had three objectives. The first objective was to identify the primary target audience for ORS messages and media, i.e., the primary caretaker of underfives in middle and low income households (class CDE) in Jakarta. The second objective was to identity obstacles and resistance points to caretakers' usage of ORS during episodes of childhood diarrhea. The third objective was to develop meaning messages to overcome resistance points, based on a participatory understanding of the problem of diarrheal-dehydration and the ability of the primary caretaker to prevent and manage mild-moderate cases of childhood dehydration.

Qualitative data was collected in two steps. The first step, a Generic ORS Concept Development Pilot Study, entailed 47 indepth interviews with CDE caretakers from a spread of areas in Jakarta. The second step, Generic ORS Message Development Research, entailed two focus group discussions (FGDs) with primary caretakers. About half of the FGD participants were current users of ORS products, while the other half were non-users or drop-out users of ORS. Drop-outs were defined as ever users of ORS who had discontinued use for more than 12 months. During the FGD sessions, obstacles to ORS usage identified in the Pilot Study were presented to the caretakers, and their help in developing meaningful and significant messages to overcome resistance was solicited.

Key findings from these two qualitative studies are summarized below, together with conclusions and recommendations drawn from those findings.

Key Findings, Conclusions and Recommendations

A. Generic ORS Concept Development Pilot Study

A.1. The Pilot Study found that mother is the primary caretaker of underfives (91%) and decision-maker with respect to seeking professional medical care (81%) and medicine/drugs (79%) for sick children. Father is the secondary caretaker (23%) followed by siblings (15%) and neighbors (15%).

This finding suggests that mothers should be viewed as the primary audience and fathers as the key secondary audience in the development of a communications strategy for promoting oral rehydration therapy (ORT) and ORS products.

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A.2 When asked what might happen to a child suffering from continuous diarrhea for several days, several respondents cited signs and symptoms of dehydration i.e., lack of energy (77%), frequent crying and irritability (36%), drawn eyes (15%) and thirst (6%). The word dehidrasi (dehydration), however, was not used by any of the respondents. Nor was there any mention of the possibility of death following continuous untreated diarrhea.

This finding suggests that caretakers may not perceive diarrhea to be life threatening. Some knowledge about the signs and symptoms of dehydration was demonstrated.

A.3. When asked what they would do for a child experiencing continuous diarrhea, the majority of respondents indicated they would self-medicate the child with either ORS or homemade sugar-salt solution (43%) and or modern anti-diarrhea medicines (43%). Intended ORS usage was based on the belief that ORS "cures" diarrhea.

Although intended ORS usage is relatively high, reasons cited for intended behavior indicate a lack of understanding about the real efficacy of ORS.

A.4 Forty-seven percent (47%) of caretakers interviewed claimed prior ORS usage. More than one-half of ever users are still using ORS, although only 7% had actually used it within the past month. Among ever users, 88% claimed to be satisfied with ORS because it proved to be an effective "cure" against diarrhea, i.e., reduces stool output. Other product attributes mentioned by satisfied users of ORS included "cheap," and "good as a first aid."

The low level of actual recent usage of ORS suggest that consumers are not behaving in accordance with their stated beliefs about the efficacy of ORS. Price does not appear to be a major constraint to ORS usage among class CDE households.

A.5 Among dissatisfied users of ORS, the main point of resistance was failure of ORS to "cure diarrhea fast." Consumers appear to be pre-occupied with the need to stop or reduce stool output, rather than the need to replace lost fluids, during episodes of childhood diarrhea.

The false beliefs that ORS is a "cure" for diarrhea leads to perceived treatment failures and discontinued usage. In order to redress the false beliefs and expectations of consumers, ORS should be repositioned as a product which prevents and treats dehydration.

A.6 A review of available secondary data indicates that the ORS pack itself is probably the single most important information source for Indonesian mothers considering the purchase of products of this type, particularly in rural areas where the use of other information media is less developed. There is evidence to suggest that misleading messages found on the packs of some domestically produced

ORS products (see Figure 2) may be a prime source of misinformation about the efficacy of ORS. For example, the front pack of a widely known ORS product (Pharolit) makes the following claim about the product's efficacy: "Pharolit saves life by overcoming the results of diarrhea." Given the low level of knowledge about dehydration, consumers may perceive ORS to be a cure for loose stools.

Other products contain clearer messages but use foreign words or direct translations of foreign words which are incomprehensible to low income mothers. For example, the most widely known product (Kimia Farma Oralit 200) contains the following key message on its front pack:"untuk mencegah dan mengobati dehidrasi akibat penyakit muntah berak, diare, mencret, kolera." (To prevent and treat dehydration due to vomiting-diarrhea, diarrhea and cholera.) The words dehidrasi, diare and kolera are direct translations of the English words dehydration, diarrhea and cholera.

Clearly, there is a need to improve ORS pack communication to prevent possible misunderstandings about the efficacy of ORS. Misleading claims that ORS prevent and or cure diarrhea should be replaced with simple explanations about the rehydration benefits of ORS. Appropriate terms should be found to effectively communicate the concepts of diarrheal-dehydration and fluid replacement to consumers.

B. Generic ORS Message Development Research

Focus Group Discussions (FGDs) were held with members of the primary target audience i.e., Class CDE mothers of underfives, to obtain their inputs and assistance in developing significant and comprehensible messages to communicate information about dehydration and rehydration to their peers. The results of the FGDs are presented in Annex 1 attached.

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Figure 2. **ORS PACK(s) COMMUNICATION**

Oralit (PT Kimia Farma)	*Bubuk garam gula untuk mencegah dan mengobati dehidrasi akibat penyakit muntah berak, diare, mencret, kolera. Ad Libitum.* Sugar salt powder to prevent and treat dehydration due to vomiting-diarrhea, diarrhea, cholera. Ad Libitum.
Oralit (PT Combiphar)	*Garam obat muntah berak* Salt medicine for vomiting-diarrhea
Oramex (PT Konimex)	*Pengganti garam dan cairan tubuh yang hilang akibat mencret dan muntaber* To replace loss of salt and body fluid due to diarrhea and vomiting-diarrhea
Pharolit (PT Pharos)	*Pharolit menyelamatkan jiwa dengan mengatasi akibat diare* Pharolit saves life by overcoming the effects of diarrhea
Eltolit (PT Pradja)	*Bubuk garam gula diare dengan rasa jeruk* Salt sugar powder for diarrhea with orange flavor
Kristalyte (PT Squibb)	*Bubuk garam diare* Diarrhea salt powder
Lytren (PT Mead Johnson)	*Memberikan air dan garam elektrolit untuk pengganti cairan tubuh yang hilang dan keseimbangan cairan tubuh* Provides liquid and electrolite salt to replace loss of body fluid and to balance body fluid

ANNEX 1
APPENDIX D

GENERIC ORS
MESSAGE DEVELOPMENT
RESEARCH
(QUALITATIVE)

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385

JANUARY 1990.

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INTRODUCTION

1. TWO GROUPS WERE CONDUCTED ON THE 20TH AND 21ST OF JULY, 1989 AMONG MID AND DOWN-MARKET MOTHERS OF BALITAS IN THE SRI OFFICE.

2. ABOUT HALF OF THE WOMEN IN EACH GROUP WERE REQUIRED TO HAVE USED OR ARE CURRENT USERS OF ANY ORS PRODUCT IN THE PAST YEAR, WHILE ABOUT A HALF WERE NON-USERS OR LAPSED USERS (HAVE USED LAST LONGER THAN 1 YEAR AGO). ALL OF THESE NON-USERS WERE HOWEVER REQUIRED TO BE AWARE OF ORS.

3. THE GROUPS STARTED OFF BY EXPLORING WHAT MOTHERS FEEL ARE THE MOST COMMON AILMENTS SUFFERED BY CHILDREN BELOW FIVE, AND WHICH OF THEM THEY FIND MOST SERIOUS.

4. IN THE FIRST PART OF THE DISCUSSION MOTHERS' VOCABULARY FOR DIARHEA WAS EXPLORED, WHAT TREATMENT WAS GIVEN AND THE TERMS USED TO DESCRIBE THE PHYSICAL SYMPTOMS, BEFORE EXPLORING MORE DEEPLY THEIR UNDERSTANDING OF DEHYDRATION AS A RESULT OF LOSS OF BODY FLUID.

5. THE RESEARCH ALSO SEEK TO FIND OUT THE RESISTANCE TOWARDS ORS.

6. TO DETERMINE WHICH TERMS ARE FELT MOST COMMONLY USED TO DESCRIBE DIARHEA, THE EFFECT IT HAS ON BALITAS AND THE RESULT OF USING ORS, A NUMBER OF TERMS AND ILLUSTRATIONS (OF POTTED PLANTS) WERE INTRODUCED AND EVALUATED I.E. :

   DIARRHEA - MENCRET
   - DIARE
   - DISENTRI

EFFECT ON CHILD	- LEMAS - LEMAH - LESU - LAYU - TIDAK BERGAIRAH
REHYDRATION	- MENGEMBALIKAN CAIRAN YANG HILANG - MENGEMBALIKAN KEKUATAN - MEMULIHKAN KESEHATAN

7. THE GROUPS ALSO TESTED THE FOLLOWING KEY MESSAGES, AND LOGOS/SYMBOLS.

KEY MESSAGES :

- BILA ANAK BALITA MENCRET * IA AKAN KEHILANGAN CAIRAN TUBUH HINGGA MENJADI LEMAS.
  BERIKAN CAIRAN ORALIT 3 - 4 GELAS SEHARI SELAMA IA MASIH MENCRET.
  UNTUK MENGEMBALIKAN CAIRAN YANG HILANG.

- JANGAN LUPA, BILA ANAK BALITA MENCRET, BERIKAN CAIRAN ORALIT 3 - 4 GELAS SEHARI SELAMA IA MASIH MENCRET

  OR

  SAMPAI IA PULIH KEMBALI.

- JANGAN LUPA, SIMPANLAH ORALIT DIRUMAH UNTUK PERSEDIAAN BILAMANA ANAK BALITA MENCRET.

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LOGO/SYMBOLS

- CARTOON-LIKE ILLUSTRATION OF CHILD DRINKING ORALIT (STICK FIGURE).

- OUTLINE DRAWING OF A CHILD DRINKING ORALIT IN A SQUARE FRAME WITH BLUE BACKGROUND.

- OUTLINE DRAWING OF A CHILD DRINKING ORALIT IN SQUARE FRAM WITH WHITE BACKGROUND.

- OUTLINE DRAWING OF A CHILD DRINKING ORALIT IN A ROUND FRAME.

8. THE DISCUSSIONS WERE CONDUCTED IN THE SRI OFFICE AND WERE OBSERVED BY REPRESENTATIVES OF PATH AND THEIR ADVERTISING AGENCY, MATARI.

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SUMMARY FINDINGS

COMMON AILMENTS

9. THE AILMENTS OFTEN SUFFERED BY CHILDREN UNDER 5 ARE BASICALLY FEVER WHICH IS OFTEN ACCOMPANIED BY COUGH AND COLD, AND DIARRHEA. AMONG THESE 2 DIARRHEA WAS FELT MORE SERIOUS IF IT IS ACCOMPANIED BY VOMITTING

10. SOME MOTHERS ARE ALSO APPREHENSIVE ABOUT FEVER BECAUSE IT COULD DEVELOP INTO CONVULSIONS.

11. VIRTUALLY ALL MOTHERS CLAIMED TO STORE MEDICINE AT HOME AS A FIRST AID TO TREAT COMMON AILMENTS, SUCH AS FEVER, COUGHING, COLD AND DIARRHEA.

DIARRHEA

12. IN BOTH GROUPS AWARENESS FOR ORALIT WAS HIGH AND MOST HAVE AT ONE TIME USED IT. SOME HOWEVER HAVE TURNED TO OTHER MORE EFFECTIVE MEDICATION. MOST MOTHERS NAMED DIARRHEA AS "MENCRET".

13. MOTHERS GENERALLY REALISED THAT CONTINUOUS DIARRHEA COULD CAUSE LOSS OF BODY FLUID. MOST USERS OF ORALIT WOULD THUS TRY TO ADMINISTER IT TO THEIR INFANTS SEVERAL TIMES A DAY, I.E. 3 TO 4 GLASSES A DAY, (THE ORANGE FLAVOURED ORS).

14. SOME, HOWEVER, WERE ONLY ABLE TO ADMINISTER ONE PACK A DAY BECAUSE THEIR CHILDREN DID NOT LIKE THE TASTE AND REFUSED TO TAKE THE RECOMMENDED DOSAGE. (NON-FLAVOURED ORS).

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15. AMONG THE LAPSED USERS, ORALIT WAS FELT TO BE LESS EFFECTIVE IN STOPPING DIARRHEA COMPARED TO THEIR CURRENT DIARRHEAL DRUGS, I.E. CAP KUPU-KUPU, KONIFORM, DIAFORM.

THE EFFECT OF DIARRHEA

16. MOTHERS GENERALLY MENTIONED "LEMAS" AS THE EFFECT OF DIARRHEA ON CHILDREN. SOME ALSO MENTIONED "PUCAT".

- "JADI LEMAS, TIDAK KUAT BANGUN."
  (THE CHILD BECOMES WEAK, HE/SHE CAN NOT STAND UP).

- "THE CHILD IS 'LEMAS', HE/SHE HAS NO STRENGTH."

- "PUCAT, BIRU-BIRU, TERUS DIOPNAME."
  (THE CHILD BECOME PALE, BLUEISH AND WAS HOSPITALISED).

- "THE CHILD, 'HAUS TERUS', IS ALWAYS THIRSTY."

- "SHE THREW UP THE DRINKS THAT I GAVE HERE."

THE UNDERSTANDING OF REHYDRATION

17. MOTHERS GENERALLY UNDERSTOOD THAT A PROLONGED CASE OF DIARRHEA COULD RESULT IN THE CHILD BEING DEHYDRATED. USERS OF ORALIT OVERCOME THIS BY GIVING THE CHILD MORE FLUID, I.E. 4 TO 5 GLASSES OF ORALIT A DAY. (AFTER AFTER STOOL OR WHEN THE CHILD IS THIRSTY).

18. AMONG NON-USERS/OR LAPSED USERS, DEHYDRATION IS TREATED BY GIVING THE CHILD MORE FLUID AND A DIARRHEAL DRUG TO STOP THE DIARRHEA.

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19. WHEN THE ILLUSTRATIONS OF THE POTTED PLANTS WERE SHOWN, MOTHERS EASILY UNDERSTOOD THE ANALOGY OF THE WILTING PLANT AS A CHILD SUFFERING FROM DEHYDRATION AS A RESULT OF DIARRHEA. THE MOTHERS ALSO UNDERSTOOD THAT A CHILD GIVEN ORALIT WOULD BECOME HEALTHLY AGAIN AS THE FLOWER WHICH HAVE BEEN GIVEN WATER.

20. IN TERMS OF THE BEST STATEMENT TO DESCRIBE THE REHYDRATION PROCESS, IN BOTH GROUPS IT WAS FELT THAT "MENGEMBALIKAN CAIRAN YANG HILANG" IS MOST SUITABLE.

KEY MESSAGES

21. IN TERMS OF THE KEY MESSAGES, THE ONE WHICH MENTIONS "LOSS OF BODY FLUID" AND "TO REPLACE THE LOSS FLUID", I.E.

- HINGGA MENJADI LEMAS. BERIKAN CAIRAN ORALIT 3 - 4 GELAS SEHIARI SELAMA IA MASIH MENCRETE, UNTUK MENGEMBALIKAN CAIRAN YANG HILANG."

WAS FELT MOST INFORMATIVE, BECAUSE IT EDUCATES MOTHERS TO GIVE ORALIT 3-4 GLASSES A DAY, AS LONG AS THE CHILD SUFFERS DIARRHEA, TO REPLACE THE LOSS OF BODY FLUID.

22. FROM THE 2 OTHER KEY MESSAGES, I.E. :

- "JANGAN LUPA, BILA ANAK BALITA MENCRETA BERIKAN CAIRAN ORALIT 3 - 4 GELAS SEHARI SELAMA IA MASIH MENCRET."

WAS FELT MORE SUITABLE AS A SIGN OFF LINE THAN THE MESSAGE WHICH REMINDS MOTHERS TO STOCK ORALIT AS A FIRST AID FOR TREATING DIARRHEA, I.E. :

- "JANGAN LUPA, SIMPANLAH ORALIT DIRUMAH UNTUK PERSEDIAAN BILAMANA ANAK BALITA MENCRET." .LM 6

BECAUSE THE FIRST ONE REMINDS PEOPLE TO CONTINUE GIVING ORALIT AS LONG AS THE DIARRHEA LAST.

SYMBOLS AND LOGO

23. IN TERMS OF THE SYMBOLS, VIRTUALLY ALL UNDERSTOOD IT AS REFERRING TO A DEHYDRATED CHILD WHO GETS WELL AGAIN AFTER HAVING BEEN GIVEN ORALIT. THERE WAS HOWEVER SOME FEELING THAT THE DROOPING FLOWER IS TOO EXAGGERATED BECAUSE IT REFLECTS A FLOWER WHICH IS BEYOND HELP.

24. IN TERMS OF THE LOGO, THE ONE WHICH SHOWS A CHILD IN THE BLUE ROUND FRAME IS FELT MORE SUITABLE FOR AN ORALIT PACK LOGO, BECAUSE THE CHILD IS THOUGHT TO LOOK REALLY THIRSTY FROM THE WAY HE HOLDS THE GLASS AND HIS BACKWARDS TILTED HEAD. IT IS FELT TO CONVEY THE BEST REHYDRATION PROCESS.

25. THE CHILD HIMSELF HOWEVER IS BY MANY MOTHERS CONSIDERED TOO OLD FOR A BALITA BECAUSE OF HIS THICK HAIR AND THE HAIRSTYLE.

26. THIS LOGO ALSO REMIND MOST HOUSEWIVES OF THE BLUE CIRCLE LOGO.

APPENDIX E

ORS ADVERTISING MESSAGE/MEDIA PRETESTING ANALYSIS AND TABULATIONS (51 INDEPTH INTERVIEWS)

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SRI-885

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KEY FINDINGS

- Two prototypes of a generic oralit public service advertisements were tested among 51 mothers of underfives. Prior to the exposure of the advertisements a series of three questions on specific words/phrases were asked.

- Amongst the three words/phrases i.e.: dehidrasi (dehydration), kekurangan gizi (malnutrition), and kekurangan cairan tubuh (not enough body fluid), the word dehidrasi was the least known to the respondents, there were only 2 respondents who claimed to understand its meaning. On the other hand, the majority of respondents correctly understood the meaning of kekurangan gizi and kekurangan cairan tubuh.

- Kekurangan gizi was understood mainly as not enough vitamin and kekurangan cairan tubuh is infered to be the loss of body fluid because of mencret (diarrhea).

- Specific questions about the messages in the ad was asked to the respondents. Both the radio and TV advertisements were thought to convey messages such as: give oralit if a child has diarrhea, and give oralit 3 glasses a day to a child who suffers from diarrhea (the latter is prominently shown and conveyed in the TV advertisement).

- What the respondents understood as the main concept of the ad were: oralit for a child who has diarrhea and give oralit 3 glasses a day as long as the diarrhea last (specifically mentioned after the TV ad exposure).

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- Both radio and TV advertisements seemed to communicate well, as a big proportion of respondents were able to relate to their messages when they were asked specific questions such as: effect, treatment and prevention of continuous diarrhea.

- The TV advertisements, however, seems to have more impact as reflected in the recalled messages mentioned after the exposure of the TV spot.

- When asked about the effect of continuous diarrhea prior to the exposure of both ads almost all of the respondents mentioned becoming weak as a symptom. After being shown the advertisements there were 3 major points which were mentioned i.e.: diarrhea causes weakness, loss of body fluid and if diarrhea is not treated, it can cause death (higher mention after the TV ad).

- When specifically asked whether diarrhea can cause death all of the respondents said yes even before the exposure of the ads. When asked, the majority of mothers believed that losing body fluid was the main reason of death from diarrhea.

- Both prior and after the exposures of the ads, all respondents were aware that death from diarrhea can be avoided; and oralit was mentioned by three quarters of respondents as the treatment to prevent death (prior to the ad) and almost all of the respondents mentioned oralit after exposure of both the radio and TV ads).

- Prior to the ads exposure, oralit was mentioned as a treatment for continuous diarrhea by 2 out of 3 respondents. Mentions of oralit increased after the radio and TV advertisements, and the specific message of giving oralit 3 glasses a day as long as the diarrhea last was recalled by more respondents after the TV ad.

- Most respondents have used oralit for their balitas and half of them reported that they have used it for themselves. The main usage of oralit is to cure diarrhea, and to a certain extent it is also perceived beneficial to replace/add body fluid, cure loose stools and add energy.

- There were two mothers who claimed that they will not use oralit again because it is perceived to be not effective to cure diarrhea and the child does not like the taste.

- After the exposure of both TV and radio spots every respondent believed that the recommended dosage for oralit was 3 glasses a day and the majority felt that it should be taken as long as the diarrhea last (particularly after the TV ad exposures).

- About two thirds of respondents said they preferred to buy oralit in an apotik and about a fifth of them mentioned Puskesmas (18%) and Posyandu (14%). When asked specifically about the brand of oralit they would buy, three quarters of them reported that they are not aware of different brands; they just ask for "oralit".

- Although the awareness of the various brands of oral rehydration salts (ORS) was low, it would appear that the respondents' choice of brand is mainly because of doctor's recommendation and because of the taste.

- At the end of each testing session respondents were shown some ORS products, and were asked to choose one brand that they would like to use/try as a diarrhea treatment: almost one third of respondents chose Oralit, Lytren (27%), Pharolit or Eltolit (20%), and only 2 people chose Oramex.

- The main reason mentioned by mothers who chose Oralit was because the brand is familiar to them. Those who chose Lytren said because it is practical/ready to drink and also the pack looks like an ordinary drink (minuman biasa). Pharolit and Eltolit were selected because of the respondents' perception that they would taste nice.

- When the respondents were asked to choose between two product categories i.e. oral rehydration salts or anti diarrhea for diarrhea treatment, the majority reported would choose an ORS.

INTRODUCTION

1. This report has been prepared for PATH by Survey Research Indonesia and presents the findings of a study of a TV and Radio Public Service Advertisement amongst mothers who had a child suffering from diarrhea in the last 6 months.

2. The study was conducted according to discussions between PATH and Survey Research Indonesia.

BACKGROUND

3. PATH is planning to launch Radio and TV campaigns to educate Balita caretakers with regard to oral rehydration treatment.

4. A study amongst mothers with Balitas was required to explore their comprehension and acceptance of the campaign materials.

OBJECTIVES

5. The objectives of this research were to assess the campaign materials in terms of:
   - persuasiveness
   - comprehensability
   - message communication.

METHODOLOGY

6. Research was conducted amongst 51 mothers of Balitas to evaluate the ORS radio and TV advertisements.

7. All respondents were from C, D SES groups (between Rp 75,000 to Rp 200,000 monthly household expenditures), who had a child suffering from diarrhea in the last 6 months.

8. The respondents were asked questions about their knowledge of diarrhea (treatment, cause and effect) prior to and after the advertising exposure to explore overall comprehension and acceptance of each piece of campaign material.

9. To avoid order bias, half of respondents were shown the radio ad first and other half were shown the TV ad first. Each respondent evaluated <u>one</u> radio commercial and <u>one</u> TV commercial.

10. Field work was conducted in the SRI office on the 16th - 25th August 1989.

11. For ease of reference this report has been prepared in the following format:
    - Key Findings
    - Introduction
    - Management Summary
    - Appendices:
      * Questionnaire
      * Photos of ORS and anti diarrheal products shown
      * Logo shown
      * Computer tabulations.

MANAGEMENT SUMMARY

12. Chart 1 and 2 show the understanding of the words Dehidrasi (Dehydration), Malnutrition (Kekurangan Gizi) and Kekurangan Cairan (Not Enough Body Fluid), also their perceived causes and treatments.

13. Recognition of the word Dehidrasi was almost non existent, although two people gave its meaning, it was not correct i.e. it was understood as malnutrition and loose stools.

14. When asked about the meaning of kekurangan gizi (malnutrition), almost half of the respondents understood it as not enough vitamins and a fewer number (16%-18%) said the meaning was: underweight, not enough nutrients and not healthy. (Chart 1)

15. Causes of malnutrition were mainly perceived as not enough healthy food, fruit, vegetables, meat and fish, therefore consumption of these food were thought to be the treatment of such illness. (Chart 1)

16. Losing body fluid because of mencret and not enough drink were understood as the meaning of "kekurangan cairan". Continuous diarrhea/dysentry and not enough drink appear to be the causes and therefore the majority of respondents believed that giving oralit and other drink could treat the sufferer. (Chart 2)

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Chart 1.

PERCEIVED MEANING OF DEHYDRATION "DEHIDRASI"
(%)

Base: All respondents	TOTAL (51)
Malnutrition	2
Loose stools	2
Don't know	96

(Ref.: Table 1).

PERCEIVED MEANING OF MALNUTRITION "KEKURANGAN GIZI"
(%)

Base: All resps.	TOTAL (51)
Not enough vitamin	45
Under weight	16
Not enough nutrients	18
Not healthy	16

(Ref.: Table 4).

PERCEIVED CAUSES OF MALNUTRITION
(%)

Base: All resps.	TOTAL (51)
Not eat enough healthy food	57
Not enough vegetables/ fruit	41
Not enough meat/chicken/ fish (protein)	35
Unbalanced diet/not enough variation in food	27

(Ref.: Table 5).

PERCEIVED TREATMENT OF MALNUTRITION
(%)

Base: All respondents	TOTAL (51)
Give healthy food/food contains vitamin	65
Give vegetables/fruits	73
Give meat/fish	49

(Ref.: Table 6).

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Chart 2.

PERCEIVED MEANING OF NOT ENOUGH BODY FLUID "KEKURANGAN CAIRAN" (%)

Base: All respondents	TOTAL (51)
Lose body fluid because of diarrhea	49
Not drink enough	24
Others	20
Don't know	22

(Ref.: Table 7).

PERCEIVED CAUSES OF NOT ENOUGH BODY FLUID (%)

Base: All resps.	TOTAL (51)
DIARRHEA RELATED:	
Continuous diarrhea, causes loss of body fluid	55
Muntaber/dysentry	29
OTHERS:	
Not enough to drink/not drink enough water	31

(Ref.: Table 8).

PERCEIVED TREATMENT OF NOT ENOUGH BODY FLUID (%)

Base: All resps.	TOTAL (51)
FLUID REPLACEMENT:	
Give oralit/salt sugar solution	53
Give drink/drink tea/ drink bitter tea	43
OTHERS:	
Take to doctor/health center/hospital/clinic	20
Give other medication/ give herbal medicine	20

(Ref.: Table 9).

17. Both radio and TV advertisements seems to have successfully conveyed the following messages: give oralit if a child has diarrhea and give oralit 3 glasses a day if a child has diarrhea (the last message was communicated particularly well by the TV ad). Other messages which were also mentioned by fewer respondents are: oralit replaces body fluid of a child suffers from diarrhea (mentioned more by radio ad respondents) and mencret cause lack of body fluid (projected more by TV ad).

MESSAGE IN AD.
(%)

Base: All respondents	TOTAL (102)	RADIO (27)	TV (24)	RADIO TV (54)	TV RADIO (48)
If a child has diarrhea give oralit	55	63	46	61	48
If a child has diarrhea give oralit 3 glasses a day	39	26	50	28	52
Oralit replaces body fluid of a child suffers from diarrhea	12	15	8	11	13
Mencret cause lack of body fluit	14	4	29	7	21

(Ref.: Table 30).

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18. When asked specifically what was the main idea or concept contained in the TV and radio ads; similar answers were mentioned again which are: oralit for children with diarrhea, and give oralit 3 glasses a day as long as diarrhea lasts (again this last message was projected more by the TV ad). The danger that diarrhea can cause death was mentioned spontaneously only by one respondent.

IDEA/CONCEPT CONVEYED BY THE AD.
(%)

Base: All respondents	TOTAL (102)	RADIO (27)	TV (24)	RADIO TV (54)	TV RADIO (48)
If a child suffers from diarrhea give oralit	49	56	42	52	46
Give oralit 3 glasses a day as long as a child is mencret	40	19	58	30	52
A child suffers from mencret can die if not given oralit	15	5	4	11	19

(Ref.: Table 31).

19. Prior to the exposures of the advertisement, respondents were asked about what would be the result of continuous diarrhea. Almost all of them mentioned about becoming weak (94%), losing weight (47%) and more than one third (35%) said no appetite and becomes pale.

20. The same question was asked again after the respondents were shown the advertisements. There were three points which were predominantly mentioned i.e.: diarrhea cause weak feeling, lose body fluid and the sufferer can die if she/he is not treated (particularly after the influence of TV ad). (Chart 3)

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Chart 3.

EFFECT OF CONTINUOUS DIARRHEA

(%)

	FIRST SHOWN				
	BEFORE ADS	AFTER RADIO	AFTER VIDEO	AFTER RADIO-VIDEO	AFTER VIDEO-RADIO
Base: All resps.	(51)	(27)	(24)	(54)	(48)
Becomes weak, no energy, lethargic, sleepy	94	56	96	74	88
Lose weight	47	22	13	26	23
Lose body fluid	20	48	58	57	54
No appetite	35	26	17	20	23
Becomes pale	35	11	33	13	29
Hollow eyed	25	4	8	2	10
Feverish	18	4	-	7	2
Restless, cannot sleep	18	-	8	-	4
If not treated (he/she) can die	-	67	75	65	83

(Ref.: Table 10, 32).

21. After the exposure of either of the ads, and was asked specifically, everyone agreed that diarrhea can cause death. However, as noted earlier prior to the ad there was only one respondent who mentioned spontaneously (unprompted) that diarrhea can be fatal. (Chart 4a)

22. Losing body fluid was recognized to be the major cause of death from diarrhea (before, and slightly more after the exposure). Other reasons mentioned were no energy, lose appetite and vomiting (especially mentioned by respondents who were exposed to the radio advertisement first, and not yet seen the TV ad). (Chart 4b)

Chart 4a.

WHETHER A CHILD CAN DIE FROM DIARRHEA
(%)

	FIRST SHOWN				
	BEFORE ADS	AFTER RADIO	AFTER VIDEO	AFTER RADIO-VIDEO	AFTER VIDEO-RADIO
Base: All resps.	(51)	(27)	(24)	(54)	(48)
Yes	98	100	100	100	100
No	2	-	-	-	-

(Ref.: Table 11, 36).

Chart 4b.

CAUSES OF DEATH FROM DIARRHEA
(%)

	FIRST SHOWN				
	BEFORE ADS	AFTER RADIO	AFTER VIDEO	AFTER RADIO-VIDEO	AFTER VIDEO-RADIO
Base: All resps.	(51)	(27)	(24)	(54)	(48)
Lose body fluid/lose too much body fluid	98	96	100	100	100
No energy/becomes weak/ too weak	48	52	38	56	46
Lose appetite/doesn't want to eat	30	30	13	28	21
Vomiting	14	30	13	24	17

(Ref.: Table 12, 37).

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23. All respondents seems to be aware that death as a result of diarrhea can be prevented (prior and after the ads). Oralit was mentioned as the treatment to prevent death by three quarters of respondents prior to the ad; after the exposure of either radio or TV ad, the number of people who mentioned oralit as a prevention increased, with almost all of them mentioning it. (Chart 5a & 5b)

Chart 5a.

WHETHER THERE IS A WAY TO PREVENT DEATH FROM DIARRHEA
(%)

	FIRST SHOWN				
	BEFORE ADS	AFTER RADIO	AFTER VIDEO	AFTER RADIO-VIDEO	AFTER VIDEO-RADIO
Base: Who say can die from diarrhea	(51)	(27)	(24)	(54)	(48)
Yes	100	100	100	100	100

(Ref.: Table 13, 38).

Chart 5b.

WAYS TO PREVENT DEATH FROM DIARRHEA
(%)

	FIRST SHOWN				
	BEFORE ADS	AFTER RADIO	AFTER VIDEO	AFTER RADIO-VIDEO	AFTER VIDEO-RADIO
Base: All resps.	(51)	(27)	(24)	(54)	(48)
Give oralit (any brand)	76	93	92	91	90
Give medicine (other than oralit)	34	15	13	15	10

(Ref.: Table 14, 39).

24. When the respondents were asked about what would be the treatment for continuous diarrhea prior to the ad, the answers were: give oralit (69%), and take the child to Puskesmas/Doctor/Hospital (41%). Apparently, although mentioned on oralit increased after the radio and TV advertisements, a specific message like giving oralit 3 glasses a day as long as the diarrhea last was projected more by the TV ad. (Chart 6)

Chart 6.

TREATMENT OF CONTINUOUS DIARRHEA
(%)

		FIRST SHOWN			
	BEFORE ADS	AFTER RADIO	AFTER VIDEO	AFTER RADIO-VIDEO	AFTER VIDEO-RADIO
Base: All resps.	(51)	(27)	(24)	(54)	(48)
Give oralit (unspecified brand)	69	81	71	74	73
Give 3 glasses of oralit a day	12	41	54	48	62
Give at least 3 glasses of oralit a day as long as the diarrhea last	12	37	63	54	63
Take child to Puskesmas/ doctor/hospital	41	19	17	9	13
Give anti diarrheal medicine/and or jamu	39	7	4	2	2

(Ref.: Table 15, 34).

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25. All respondents, prior to the exposure of the advertisements were asked some questions specifically on oralit usage and its benefits. Most mothers have used oralit for their Balitas and half of them reported that they have used it for themselves. (Chart 7a)

26. Oralit was mainly used for diarrhea. Besides to cure diarrhea, it is also perceived beneficial to replace/add body fluid, cure loose stools and add energy. (Chart 8a)

27. Although most mothers claimed they would use oralit again in the future, 2 mothers will not use it anymore. These two mothers gave as reasons that it is not effective and the child does not like its taste. (Chart 8c)

Chart 7a.

WHETHER HAVE USED ORALIT FOR BALITA/MOTHER
(%)

Base: All respondents	BALITA (51)	MOTHER (51)
Yes	96	41
No	4	59

(Ref.: Table 17, 18).

Chart 7b.

USE OF ORALIT FOR BALITA/MOTHER
(%)

Base: Have used oralit	BALITA (51)	MOTHER (51)
For diarrhea	86	90
For muntaber	16	5
Don't know	4	5

(Ref.: Table 21, 22).

Chart 8a.

BENEFIT OF ORALIT
(%)

Base: All respondents	BEFORE ADS (51)
Cures diarrhea/mencret	51
Replaces/adds body liquid	49
Cures loose stools	45
Adds energy	31

Chart 8b.

WHETHER WILL USE ORALIT AGAIN
(%)

Base: All resps.	BEFORE ADS (51)
Yes	96
No	4

(Ref.: Table 24).

Chart 8c.

WHY NOT USING ORALIT ANYMORE
(%)

Base: Who not using	BEFORE ADS (2)
Not effective/doesn't stop diarrhea	50
Child not like the taste	50

(Ref.: Table 25).

25. The recommended dosage for oralit varied from one glass to six glasses a day as understood by the respondents before they saw the advertisements. After exposure to either/both radio and TV ads everyone was able to recall that 3 glasses a day was the recommended usage. (Chart 9a)

26. When asked specifically about the recommended duration of oralit intake, about half of respondents recalled that oralit <u>should be taken as long as the diarrhea lasts</u> (prior to the ads). And the number of people who mentioned this message increaed after seeing the ads (particularly after the TV ad). (Chart 9b)

Chart 9a.

RECOMMENDED DOSAGE FOR ORALIT A DAY
(%)

		FIRST SHOWN			
	BEFORE ADS	AFTER RADIO	AFTER VIDEO	AFTER RADIO-VIDEO	AFTER VIDEO-RADIO
Base: All resps.	(51)	(27)	(24)	(54)	(48)
1 Glass	27	-	-	-	-
2 Glasses	14	-	-	-	-
3 Glasses	45	100	100	100	100
3 - 6 Glasses	14	-	-	-	-

(Ref.: Table 26, 41).

Chart 9b.

LENGTH OF TIME FOR ORALIT INTAKE
(%)

		FIRST SHOWN			
	BEFORE ADS	AFTER RADIO	AFTER VIDEO	AFTER RADIO-VIDEO	AFTER VIDEO-RADIO
Base: All resps.	(51)	(27)	(24)	(54)	(48)
1 Day	14	4	-	7	-
2 Days / 2-3 Days	22	26	4	20	4
3 Days / 3-4 Days	14	11	8	7	6
As long as the diarrhea last	45	59	88	65	90

(Ref.: Table 26, 41B).

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27. Towards the end of the depth interview, a specific question in relation to oralit buying habit was asked. About two thirds of respondents said they preferred to buy oralit at an apotik and a fewer of them mentioned Puskesmas (18%) and Posyandu (14%). However, when asked specifically about what brand of oralit they prefer, three quarters of the respondents were not able to mention a specific brand apart from "oralit", and a minority claimed they prefer Oralit (10%), Pharolit (8%) and Eltolite (2%). (Chart 10)

28. Main reasons for preferring a certain brand of ORS were because it is recommended by Doctor and its flavour. (Chart 10)

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Chart 10.

PREFERRED PLACE TO BUY ORALIT
(%)

Base: All resps.	TOTAL (51)
Warung	2
Apotik	61
Puskesmas	18
Posyandu	14
Midwife	2
Don't know	4

(Ref.: Table 42).

PREFERRED BRAND OF ORALIT
(%)

Base: All resps.	TOTAL (51)
Oralit	10
Oralit (no brand)	76
Pharolit	8
Eltolite	2
Don't know	4

(Ref.: Table 43).

REASONS FOR PREFERRING THE BRAND
(%)

Base: All resps.	TOTAL (51)	ORA LIT (5)	ORALIT (NO BRAND) (39)	PHAR OLIT (4)
Recommended/give by doctor	27	40	26	25
Flavoured/orange/citrus flavoured	37	20	38	75
Child likes the flavour	29	60	28	25

(Ref.: Table 44).

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29. Chart 11 below shows the preferred logo for rehydration symbol. Half of respondents preferred a circle logo, whilst the other half were divided between the stick drawing and a rectangular logo.

Chart 11.

PREFERRED LOGO FOR REHYDRATION SYMBOL
(%)

	FIRST SHOWN				
	BEFORE ADS	AFTER RADIO	AFTER VIDEO	AFTER RADIO-VIDEO	AFTER VIDEO-RADIO
Base: All resps.	(51)	(27)	(24)	(54)	(48)
Stick drawing	25	26	25	26	26
Child in a circle	53	59	46	59	46
Child in a rectangular	22	15	29	15	29

(Ref.: Table 45).

30. At the end of the interviews, a display of various brands of oralit was shown to the respondents, and they were then asked which brand would they take as a diarrhea treatment. Basically almost one third of respondents chose Oralit, 27% chose Lytren, and 20% chose Pharolit or Eltolit; only 2 mothers chose Oramex. (Chart 12)

31. "The brand is familiar" was the the main reason why respondents chose Oralit. Lytren was chosen because: <u>it is practical/ready to drink and also the pack looks like an ordinary drink</u> (minuman biasa). Pharolit and Eltolit were preferred because of their <u>nice taste</u>. (Chart 13)

32. Respondents were then asked to choose between ORS products and anti diarrheal products. The majority of respondents chose ORS (82%) and 18% chose anti diarrheal products for diarrhea treatment. (Chart 14)

Chart 12.

BRANDS OF ORS PRODUCT CHOSEN FOR DIARRHEA
(%)

Base: All respondents	TOTAL (51)	S.E.S. (Rp '000) 50 - 100 (25)	100 - 200 (26)
Lytren	27	24	31
Pharolit	20	32	8
Oralit	31	32	31
Eltolit	20	8	31
Oramex	2	4	-

(Ref.: Table 46).

Chart 13.

REASONS FOR CHOOSING THE BRAND
(%)

Base: All respondents	TOTAL (51)	LY-TREN (14)	PHAR-OLIT (10)	ORA-LIT (16)	ELTO-LIT (10)
Already know the brand	39	-	50	81	10
Tastes nice/children like the taste	35	7	50	25	70
Practical/convenient/ ready to drink	20	71	-	-	-
Like ordinary drink (i.e. Buavita, Teh Kotak) "seperti minuman biasa"	12	36	-	-	10
Always given by Puskesmas	10	-	30	13	-

(Ref.: Table 47).

Chart 14.

PREFERRED PRODUCT FOR ANTI DIARRHEA
(%)

Oralit product vs anti diarrhea.

Base: All respondents	TOTAL (51)
Oralit product	82
Anti diarrhea	18

(Ref.: Table 48).

012

SURVEY RESEARCH INDONESIA
Jl. K.H. Wahid Hasyim No. 31 A-B,
JAKARTA 10340

Issue # _____
Q'naire No. _____ V1
Job No. 8 8 5
Intv'r No. _____ V2

SRI-885 - PRE-TESTING ORS PSA
Screening and Recruitment Questionnaire

INTRODUCTION: Good morning/afternoon/evening. My name is _____. I am an interviewer from SURVEY RESEARCH INDONESIA, a national research company that conducts many different types of survey. Today we are doing a survey on health and we would like to ask you some questions. I would like to start with questions about you and your family.

NAME OF RESPONDENT : _____	NAME OF INTV'R : _____
ADDRES OF RESP. : _____	DATE OF INTV'W : _____
_____	PHONE NO.: _____

SCREENING AND DEMOGRAPHICS

A. Do you or any member of your family work in any of the following?

Hospital/Pueskesmas	1
Posyandu/Cadre	2
Pharmaceutical Co.	3
Pharmacy/Drug Store	4

IF "YES" TO ANY ONE OF ABOVE, END INTERVIEW

B. Do you have any children under five years old? How many? How old are they?

NUMBER OF UNDER FIVES:

1 2 3 4 V3

A G E S:

Under 1 year	1 V4
1 - 2 years	2
2 - 3 years	3
4 - 5 years	4

SHOW CARD

C. S.E.S. How much approximately is your monthly expenditure for your family groceries/household needs?

Less than Rp 50.000	1 V5 STOP
Rp 50.001 - Rp 75.000	2
Rp 75.001 - Rp 100.000	3
Rp 100.001 - Rp 150.000	4
Rp 150.001 - Rp 200.000	5
Rp 200.000+	6 STOP

QUALITY CONTROL	N A M E	DATE	SIGNED	REMARKS
INTERVIEWER				
SUPV.CHECK I				
SUPV.CHECK II				
RECALL/VERIFY				
CODER				
PUNCHER				

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D. Age of respondent:

Below 25 .....1 V6
25 - 29.....2
30 - 39.....3
40+.....4

E. Eduaction of respondent:

Primary incomplete 1 V7
Primary complete.....2
Junior High incomplete.....3
Junior High complete.....4
Senior High incomplete.....5
Senior High complete.....6
University/Academy.....7

F. Has any of your children under five years old suffered from diarrhea ..... in the last month? ..... in the last 2 months? ..... last 6 months?

	LAST MONTH	LAST 2 MONTHS	LAST 6 MONTHS	
Yes	1 V8	1 V9	1 V10	IF ALL "NO" STOP INTERVIEW
No	2	2	2	

G. Amongst your underfives, which one was suffered the latest of diarrhea?

AGE OF LAST SUFFERER : Under 1 year 1 V11
1 - 2 years 2
2 - 3 years 3
3 - 4 years 4
4 - 5 years 5

SHOW CARD (FROM Q.12.)

H. Do you know one of these ORS brand? Yes 1 V12
No 2

RECRUITMENT FOR INTERVIEW AT THE OFFICE

"We would like to invite you to our office on either the 24th or 25th August to ask your opinion about some advertisements". EXPLAIN TO RES-PONDENTS THAT THEY WILL BE PICKED UP AND TAKEN BACK HOME. "Can you come to our office?"
IF "YES" SPECIFY DATE AND TIME.

Thursday, 8/24/89 Jam: 10:00 11:00 12:00 13:00 14:00

Friday, 8/25/89 Jam: 10:00 11:00 12:00 13:00 14:00

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MAIN QUESTIONNAIRE (QUESTIONNAIRE i)
"I will show you a number of terms, some may be commonly used and some may be not. So don't worry if there is any terms that you do not understand. The first one is .... DEHIDRASI.

A. DEHYDRATION (DEHIDRASI)

A1. In your own words, can you explain what is the meaning of "dehidrasi"?

Don't know meaning..1 --> QB1, MALNUTRITION/MALNOURISHED

_____ V13

A2. How or why does dehydration happen? What illness causes it? (UNAIDED/PRE-CODED)

1. don't know.....1 V14
2. not enbough to drink/not drink enough water.....2
3. continuous diarrhea causes loss of body fluid.....3
4. fever/perspiration.....4
5. "muntaber"/dysentry.....5
6. other answer: _____ 6

A3. What treatments are there for "dehidrasi" (dehydration)? How do you treat (cure) it?

1. give drink/drink tea/drink bitter tea.....1 V15
2. give oralit/salt-sugar solution.....2
3. take to doctor/health center/hospital/clinic.....3
4. stake to "dukun"/faith healer.....4
5. give other medication/give herbal medicine.....5
6. other answer: _____ 6

B. MALNUTRITION/MALNOURISHED

B1. In your own words, can you explain what is the meaning of "kekurangan gizi" (malnutrition/malnourished)?

Don't know meaning..1 --> QC1. NOT ENOUGH BODY FLUID

_____ V16

B2. How or why does "kekurangan gizi" (malnutrition) happen? What illness causes it? (UNAIDED/PRECODED)

1. don't know.....1 V17
2. not eat enough healthy foods/not enough vitamins.....2
3. unbalanced diet/not enough variation in food.....3
4. not enough meat/chicken/fish (proteins).....4
5. not enough vegetables/fruits.....5
6. other answers: _____ 6

PB3. What treatments are there for "kekurangan gizi" (malnutrition)? How do you treat (cure) it?

1. don't know.....1 V18
2. give health food/food contains vitamins.....2
3. give meat/fish.....3
4. give vegetables/fruits.....4
5. give variety of food.....5
6. give other medication/give herbal medicine.....6
7. other answers: _____ 7

C. NOT ENOUGHT BODY FLUID

C1. In your own words, can you explain what is the meaning of "kekurangan cairan tubuh" (not enough body fluid)?

Don't know meaning..1 --> Q4.

_____ V19

C2. How or why does "kekurangan cairan tubuh"? What illness causes it? (UNAIDED/PRECODED)

1. don't know.....1 V20
2. not enough to drink/not drink enough water.....2
3. continuous diarrhea causes loss of body fluid.....3
4. fever/perspiration.....4
5. "muntaber"/dysentry.....5
6. not enough vegetables/fruits.....6
7. other answers: _____ 7

C3. What treatments are there for "kekurangan cairan tubuh"? How do you treat (cure) it?

1. give drink/drink tea/drink bitter tea.....1 V21
2. give oralit/salt-sugar solution.....2
3. take to doctor/health center/hospital/clinic.....3
4. take to "dukun"/faith healer.....4
5. give other medication/give herbal medicine.....5
6. other answers: _____ 6

Q4. What happens when a child suffers from continuous diarrhea? (UNAIDED, PRECODED)

1. don't know.....1 V22
2. lose weight.....2
3. loses body fluid/kekurangan cairan.....3
4. becomes weak, no energy, lethargic, sleepy.....4
5. no appetite.....5
6. becomes pale (pucat).....6
7. cranky, cries all the time (rewel).....7
8. hollow-eyed.....8
9. thirsty.....9
10. feverish.....10
11. vomits.....11
12. bloated stomach.....12
13. restless, cannot sleep.....13
14. if not treated (he) can die.....14
15. dangerous/serious/needs infuse.....15
16. stomach "sticks".....16
17. Others answers: _____ 17

Q5. Can a child die because of continuous diarrhoea?

Yes	1->Q8,7,8	V23
Noe	2->Q9	
Don't know	3->Q9	

Q6. Why does the child die? What causes the death? (PROBE AND DO NOT ACCEPT UNQUALIFIED ANSWERS LIKE "because diarrhea doesn't stop") - UNAIDED AND PRECODED.

1. don't know.....1 V24
2. no energy/becomes weak/becomes too weak.....2
3. lose appetite/doesn't want to eat.....3
4. lose body fluid.....4
5. lose too much body fluid.....5
6. becomes very thirsty but doesn't want to drink.....6
7. complications (UNQUAL).....7
8. combined with vomiting.....8
9. stomach becomes flat/"sticks".....9
10. Others answers: _____ 10

Q7. Is ther any way we can prevent the child from dying?

Yes	1 ->Q8	V25
No	2 ->Q8	
Don't know	3 ->Q8	

Q8. How? How can we prevent death? (UNAIDED, PRECODED)

1. don't know/.....1 V28
. take the child to doctor/puskesmas/hospital..
2. take child to dukun (faith healer)..... 2
3. give oralit (any brand).....3
4. give medicine (other than oralit).....4
5. give milk _____ 5
6. others _____

Q9. How do you treat continuous diarrhea in children under five? (UNAIDED, PRECODED).

1. you must first treat the symptom of "kekurangan ciaran" 1 V27
2. not treat it, let it run its course.....2
3. give anti diarrhea medicine and/or jamu (tablet powder).....3
4. give oralit (UNSPECIFIED, ANY BRAND).....4
5. give a lot (UNSPECIFIED) of oralit in the first 2 hours.....5
6. give 1 glass of oralit a day.....6
7. give 2 glasses of oralit a day.....7
8. give 3 glasses of oralit a day.....8
9. give at least 3 glasses of oralit a day.....9
*10. give at least 3 glasses of oralit a day as long as the diarrhea last.....10
11. give oraoit as long as the diarrhea lasts 11
12. take child to Puskesmas/doctor/hospital.....12
13. others answers: _____ 13

CHECK Q.9: IF MENTIONED MEDICINE/JAMU/ORALIT, ASK Q.10.

Q10. What is the benefit/function of the medicine.....? What affect do you expect from it?

1. to stop the diarrhea.....1 V28
2. to replace the lost body fluid.....2
3. so that not become weak.....3
4. Others answers: _____ 4

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Q11a. Have you ever used oralit to treat an underfive?
Q11b. Have you ever used oralit to treat yourself?
Q12. What brand have you used for your underfive? ..... for yourself?

	Q11a. CHILD	Q11b. SELF
	Yes 1 No 2 V29	Yes 1 No 2 V30
Q12.BRAND: 1.Oralit (BRAND)	1 V31	1 V32
2.oralit (ORS GENERIC)	2	2
3.Oramax	3	3
4.Krystalite	4	4
5.Eltolit	5	5
6.Oratolit	6	6
7.Lytren	7	7
8.Others	_____	_____

Q13. What illness was the oralit used to treat?

CHILD	MOTHER/SELF
_____ V33	_____ V34

Q14. What is the function or the benefits of oralit?

Replaces/Adds body liquid..... 1 V35
Adds energy..... 2
Cures loose stods..... 3
Cures diarrhea/mencret..... 4
Other answers: _____ 5

Q15a.If you or your child suffer from ..... (SEE Q.13) again will you use oralit again?

Yes, will use oralit again.....1 V36
No, will not use oralit again....2 -->P15b

Q15b. Why not?

1. not effective/does not stop the diarrhea.....1 V37
2. not like the taste/child does not like the taste.....2
3. bothersome/difficult to administer to child/not able..3
4. other answers : _____ 4

Q16a.About oralit, how much is the recommended dosage for oralit? How many glasses a day?

_____ GLASS/PER DAY V38

Q16b. How many days/how long must you give oralit?

1 day.....1 V39
2 days/2-3 days.....2
3 days/3-4 days.....3
depends on how serious.....4
depends on doctor's recommendation.....5
as long as the diarrhoea last.....6
Others :_____ 7
don't know.....8

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SURVEY RESEARCH INDONESIA
Jl. K.H. Wahid Hasyim No. 31 A-B,
JAKARTA 10340

Issue # _____
Q'naire No. _____
Job No. 8 5 5
Intv'r No. _____

SRI-885 - PRE-TESTING ORS PSA
Post-Measurement Questionnaire - II

AFTER EXPOSURE TO:

FIRST		SECOND	
RADIO AD	1 V46	RADIO.....	1 V47
VIDEO AD	2	VIDEO.....	2

NAME OF RESPONDENT: _____ INT'VR'S NAME: _____

ADDRESS OF RESP.: _____ DATE OF INTV.: _____

Radio Ad 1 V48
Video Ad 2

Q1a. What product/service/message/concept was the advertisement trying to convey? (OPEN ENDED)

_____ V49

Q1b. What concept (idea/teaching) was it trying to convey?

_____ V50

Q2a. What did it say about diarrhoea? If a child suffers continuous diarrhea what happens? What are the symptoms? (UNAIDED, PRECODED)

1. lose weight 1 V51
2. loses body fluid/kekurangan cairan 2
3. becomes weak, no energy, lethargic, sleepy 3
4. no appetite 4
5. becomes pale (pucat) 5
6. cranky, cries all the time (rewel) 8
7. hollow-eyed 7
8. thirsty 8
9. feverish 9
10. vomits 10
11. bloated stomach 11
12. restless, cannot sleep 12
13. if not treated (he) can die 13
14. dangerous/serious 14
15. stomach "sticks" 15
16. others: _____ 16

Q2b. What did it say about "kekurangan cairan"? What can happen if a child suffers from "kekurangan cairan"?

1. loses excessive body fluids, becomes "dry" (kekeringan) 1 V52
2. if not treated (he) can eventually die 2
3. if untreated (too late) needs infusion 3
4. becomes weak, no energy 4
5. becomes very thirsty 5
6. becomes very thirsty but cannot/doesn't want to drink 6
7. others: _____ 7

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Q3a. What did the ad. say about the treatment of diarrhea? What does it advise you that must be treated first? (UNAIDED, PRECODED)

1.	you must first treat the symptom of "kekurangan cairan"	1 V53
2.	not treat it, let it run its course	2
3.	give anti diarrheal medicine and/or jamu (tablet/powder)	3
4.	give oralit (UNSPECIFIED, ANY BRAND)	4
5.	give a lot (UNSPECIFIED) of oralit it the first 2 hours	5
6.	give 1 glass of oralit a day	6
7.	give 2 glass of oralit a day	7
8.	give 3 glass of oralit a day	8
9.	give at least 3 glasses of oralit a day	9
*10.	give at least 3 glasses of oralit a day as long as the diarrhea last	10
11.	give oralit as long as the diarrhea lasts	11
12.	take child to Puskesmas/doctor/hospital	12
13.	others: _____	13

Q3b. What did the ad. say about the treatment of "kekurangan cairan" (dehydration) in cases of uderfives? (UNAIDED, PRECODED)

1.	not treat it, let it run its course	1 V54
2.	give oralit (UNSPECIFIED, ANY BRAND)	2
3.	give a lot (UNSPECIFIED) of oralit it the first 2 hours	3
4.	give 1 glass of oralit a day	4
5.	give 2 glass of oralit a day	5
6.	give 3 glass of oralit a day	6
7.	give at least 3 glasses of oralit a day	7
* 8.	give at least 3 glasses of oralit a day as long as the diarrhea last	8
9.	give oralit as long as the diarrhea lasts	9
10.	take child to Puskesmas/doctor/hospital	10
11.	others: _____	11
12.	don't know/forgot/did not hear clearly	12

Q4. Can a child die because of diarrhoea?

Yes	1 ----->	Q5, 6a, 6b V55
No	2 ----->	Q7
D.K.	3 ----->	Q7

Q5. Why does the child die? What causes the death? (PROBE AND DO NOT ACCEPT UNQUALIFIED ANSWERS LIKE "because diarrhea doesn't stop.") UNAIDED AND PRECODED.

1.	No energy/becomes weak/becomes too weak	1 V56
2.	lose appetite/doesn't want to eat	2
3.	lose body fluid	3
4.	lose too much body fluid	4
5.	becomes very thirsty but doesn't want to drink	5
6.	complications (UNQUAL)	6
7.	vomits	7
8.	stomach "sticks"	8
9.	Don't know why/don't know tha cause	9
10.	others _____	10

Q8a. Is there any way we can prevent the child from dying?

Yes	1 ---->	Q6b V57
No	2 --->	Q7
Don't know	3 --->	Q7

Q6b. How? How can we prevent death? (UNAIDED, PRECODED)

1. Take child to dukun	1	V58
2. Give oralit (any brand)	2	
3. Give medicine (other than oralit)	3	
4. Others :_____	4	
5. don't know/immediately take to doctor	5	

Q7.Next time your child (underfive) gets continuous diarrhoea, how will you treat him? (UNAIDED, PRECODED)

	NEXT USE	
Enterostop	1	V59
Enterovioform	2	
Koniform	3	
Sulfa-plus	4	
Pil Ciba	5	
Jamu Cap Kupu-Kupu	6	
Oralit (BRAND)	7	
oralit (GENERIC/ALL BRANDS)	8	
Pharolit	9	
Oramex	10	
Krystalite	11	
Eltolit	12	
Oratolit	13	
Lytren	14	
Others:	...	
Don't know	98	
None at all	99	

Q8.How much is the recommended dosage for Oralit?
How many glasses a day?

_____ GLASS/PER DAY V60

Q8b. How many days/how long must you give oralit?

1. 1 day	1	V61
2. 2 days/2-3 days	2	
3. 3 days/3-4 days	3	
4. depends on how serious	4	
5. as long as the diarrhoea last	5	
6. others: _____	6	
7. don't know	7	

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Q9.Where do you prefer to buy oralit?

1. warung	1	V62
2. apotik	2	
3. toko obat	3	
4. general provision store/P&D	4	
5. supermarket	5	
6. others: _____	6	

Q10.What is your preferred brand of oralit?

1. Oralit	1	V41
2. Pharolit	2	
3. Oramex	3	
4. Krystalite	4	
5. Eltolit	5	
6. Oratolit	6	
7. Lytren	7	
8. Others:		

Q11.Why do you prefer that brand?

1. easily available/available in nearest warung/shop	1	V42
2. cheapest	2	
3. available in different size	3	
4. most popular brand	4	
5. recommended/given by doctor	5	
6. redommended by friend/relative/neighbour	6	
7. flavoured/ orange/citrus flavour	7	
8. child likes the flavour/more acceptable to ohild/ easier to administer because taste more acceptable	8	
9. others: _____	9	

Q12. Which of these 3 logos do you prefer as a symbol for rehydration?

A Child drawing.....	1	V43
B Child in a circle.....	2	
C Child in a rectangular.....	3	

QUESTIONNAIRE III

SELECTION OF ORALIT PRODUCTS

NAME OF RESPONDENT: _____

You may choose some oralit products valued at approximately Rp. 750,- so you may get one packet of some brands and 3 packets of others. Please select one "package".

PLEASE MARK X IN THE APPROPRIATE BOX

LYTREN	PHAROLIT	ORALIT Kimia Farma	ELTOLIT	ORAMEX
(1 pack)	(3 packs)	(5 packs)	(4 packs)	(1 pack)
[ ]	[ ]	[ ]	[ ]	[ ]

AFTER YOU COMPLETE YOUR SELECTION, PLEASE RETURN THIS FORM TO YOUR INTERVIEWER.

QUESTIONNAIRE III

SELECTION OF ORALIT PRODUCTS AND COMPARISON OF RADIO ADS.

NAME OF RESPONDENT: _____ NAME OF INT'V'R: _____

PLEASE COPY MARK X IN THE APPROPRIATE BOX

LYTREN (1 pack)	PHAROLIT (3 packs)	ORALIT Kimia Farma (5 packs)	ELTOLIT (4 packs)	ORAMEX (1 pack)	
1	2	3	4	5	V62
[ ]	[ ]	[ ]	[ ]	[ ]	

Q1. Why did you choose.....?

1. curious/would like to try new product/haven't tried — 1 V44
2. already know the brand — 2
3. tastes nice/children like the taste — 3
4. practical/convenient/ready to drink — 4
5. practical in tablet form — 5
6. don't know the others — 6
7. most popular brand — 7
8. others: _____ — 8

Q2. Now if you compare these oralit products ti these (anti diarrheal products) which would you choose to treat diarrhea.... an oralit product or one of these (anti-diarrheal)?

oralit product 1 V45
anti-diarrheal 2

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SURVEY RESEARCH INDONESIA
Jl. K.H. Wahid Hasyim No. 31 A-B,
JAKARTA 10340

Issue # _____
Q'naire No. _____ V1
Job No. 8 8 5
Intv'r No. _____ V2

SRI-885 - PRE-TESTING ORS PSA
QUESTIONNAIRE I: RECRUITMENT & SEBELUM IKLAN.

PENDAHULUAN: Selamat pagi/siang/sore. Nama saya _____. Saya adalah interviewer SURVEY RESEARCH INDONESIA, perusahaan penelitian pemasaran nasional yang melakukan segala macam survei. Hari ini kami sedang melakukan survei mengenai kesehatan dan untuk itu kami ingin mengajukan beberapa pertanyaan kepada ibu. Saya ingin mulai dengan beberapa pertanyaan tentang ibu dan keluarga ibu.

NAMA RESPONDEN : _____	NAMA INTV'R : _____
ALAMAT : _____	TGL. INTV'W : _____
_____	TELP. RESP. : _____

PERTANYAAN-PERTANYAAN SCREENING

A. Apakah ibu atau salah satu anggota keluarga ibu ada yang bekerja di salah satu perusahaan/jawatan berikut?

Rumah sakit/Puskesmas	1
Posyandu/Pos Penimbangan/Kader	2
Perusahaan obat-obatan	3
Apotik/Toko obat	4

JIKA "YA" UNTUK SALAH SATU, HENTIKAN INTERVIEW

B. Apakah ibu punya anak di bawah umur lima tahun? Ada berapa? Dan umurnya berapa masing-masing?

JUMLAH ANAK BALITA

1 2 3 4 V3

UMUR ANAK BALITA	
Di bawah 1 tahun	1 V4
Antara 1 - 2 tahun	2
Antara 2 - 3 tahun	3
Antara 4 - 5 tahun	4

SHOW CARD

C. S.E.S. Berapakah kira-kira pengeluaran untuk keperluan sekeluarga setiap bulannya?

Kurang dari Rp 50.000	1 V5 STOP
Rp 50.001 - Rp 75.000	2)
Rp 75.001 - Rp 100.000	3) LANJUTKAN
Rp 100.001 - Rp 150.000	4)
Rp 150.001 - Rp 100.000	5)
Rp 200.000+	6 STOP

QUALITY CONTROL	N A M A	TGL.	PARAP	KETERANGAN
INTERVIEWER				
SUPV.CHECK I				
SUPV.CHECK II				
RECALL/VERIFY				
CODER				
PUNCHER				

D. Umur ibu (responden)

Kurang dari 25 .....1 V6
25 - 29.....2
30 - 39.....3
40+.....4

E. Pendidikan responden:

SD tidak tamat.....1 V7
SD tamat.....2
SMP tidak tamat.....3
SMP tamat.....4
SMA tidak tamat.....5
SMA tamat.....6
Univ/Akademi.....7

F. Apakah salah satu dari anak ibu yang dibawah umur lima tahun pernah menderita mencret-mencret dalam....1 bulan terakhir? .....dalam 2 bulan terakhir? .... dalam 6 bulan terakhir?

	1 BULAN TERAKHIR	2 BULAN TERAKHIR	6 BULAN TERAKHIR	
Ya	1 V8	1 V9	1 V10	KALAU SEMUA
Tidak	2	2	2	"TIDAK" -> STOP

G. Diantara anak BALITA ibu, yang mana yang terakhir menderita mencret? Umurnya berapa?

UMUR ANAK BALITA : dibawah 1 tahun.....1 V11
antara 1 - 2 thn....2
antara 2 - 3 thn....3
antara 3 - 4 thn....4
antara 4 - 5 thn....5

SHOW CARD (DARI P.12.)

H. Apakah ibu mengetahui salah satu dari merek-merek ini? Ya 1 V12
Tidak 2

RECRUITMENT UNTUK DIINTERVIEW DIKANTOR

"Kami akan mengundang ibu untuk kekantor kami pada tanggal 24 atau 25 Agustus mendatang untuk menanyakan pendapat ibu mengenai beberapa iklan yang baru."JELASKAN ANTAR-JEMPUT. Bersediakah ibu ikut-serta? KALAU "YA" CATAT UNTUK DATANG HARI/TANGGAL DAN JAM BERAPA DAN TERUSKAN DENGAN QUESTIONNAIRE POKOK.

Kamis, 24/8/89 Jam: 10:00 11:00 12:00 13:00 14:00

Jumat, 25/8/89 Jam: 10:00 11:00 12:00 13:00 14:00

QUESTIONNAIRE POKOK

"Saya akan memperlihatkan beberapa istilah, ada yang umum dipakai dan ada yang tidak umum dipakai, jadi jangan khawatir kalau ada yang tidak dimengerti.Pertama-tama kata "dehidrasi"..,

A. DEHIDRASI

PA1. Dengan menggunakan kata2 ibu sendiri, dapatkah ibu menjelaskan apa arti dari dehidrasi?

Tidak tahu artinya..1 --> LANGSUNG KE PB1. KEKURANGAN GIZI

Artinya:_____ V13

PA2. Bagaimana dapat sampai terjadi dehidrasi Penyakit apa yang menyebabkannya? (OPEN ENDED, JANGAN DIBANTU).

1. tidak tahu.....1 V14
2. kurang minum/kurang minum air.....2
3. kalau mencret terus kehilangan cairan tubuh.....3
4. kalau panas badan/sakit demam/keringatan.....4
5. kalau muntaber bisa kehilangan cairan tubuh.....5
6. JAWABAN LAIN: _____

PA3. Pengobatan/cara apa saja yang ada untuk mengatasi dehidrasi? Bagaimana mengobatinya?

1. diberi minum air/minum teh/teh kental/teh pahit.....1 V15
2. diberi oralit/larutan gula-garam buatan sendiri.....2
3. dibawa kedokter/Puskesmas/rumah sakit/klinik.....3
4. dibawa kedukun.....4
5. diberi obat lain/diberi jamu.....5
6. JAWABAN LAIN: _____

B.KEKURAANGAN GIZI

PB1. Dengan menggunakan kata2 ibu sendiri, dapatkah ibu menjelaskan apa arti dari kekurangan gizi?

Tidak tahu artinya..1 --> LANGSUNG KE PC1. KEKURANGAN CAIRAN

Artinya:_____ V16

PB2. Bagaimana dapat sampai terjadi kekurangan gizi? Penyakit apa yang menyebabkannya? (OPEN ENDED, JANGAN DIBANTU). PROBE: Ada lagi?

1. tidak tahu.....1 V17
2. kurang makan/kurang makananan yang bergizi.....2
3. makanan kurang seimbang/kurang bervariasi.....3
4. kurang makan daging/ayam/ikan.....4
5. kurang makan sayur-sayuran/buah-buahan.....5
6. JAWABAN LAIN:_____

PB3. Pengobatan/cara apa saja yang ada untuk mengatasi kekurangan gizi? Bagaimana mengobatinya? PROBE: Ada lagi?

1. tidak tahu.....1 V18
2. diberi makanan menyehatkan/makanan bervitamin.....2
3. diberi makanan daging/ikan.....3
4. diberi makanan sayur-sayuran/buah-buahan.....4
5. diberi makanan bervariasi/ganti-ganti.....5
6. tidak tahu.....6
7. JAWABAN LAIN: _____

C. KEKURANGAN CAIRAN TUBUH

PC1. Dengan menggunakan kata2 ibu sendiri, dapatkah ibu menjelaskan apa arti dari kekurangan cairan tubuh?

Tidak tahu artinya..1 --> LANGSUNG KE P4

Artinya:_____ V19

PC2. Bagaimana dapat sampai terjadi kekurangan cairan tubuh?. Penyakit apa yang menyebabkannya? (OPEN ENDED, JANGAN DIBANTU). PROBE: Ada lgi?

1. tidak tahu.....1 V20
2. kurang minum/kurang minum air.....2
3. kalau mencret terus kehilangan cairan tubuh.....3
4. kalau panas badan/sakit demam/keringatan.....4
5. kalau muntaber bisa kehilangan cairan tubuh.....5
6. kurang buah-buahan/kurang sayur-sayuran.....6
7. JAWABAN LAIN: _____

PC3. Pengobatan/cara apa saja yang ada untuk mengatasi kekurangan cairan tubuh? Bagaimana mengobatinya? PROBE: Ada lagi?

1. diberi minum air/minum teh/teh kental/teh pahit.....1 V21
2. diberi oralit/larutan gula-garam buatan sendiri.....2
3. dibawa kedokter/Puskesmas/rumah sakit/klinik.....3
4. dibawa kedukun.....4
5. diberi obat lain/diberi jamu.....5
6. JAWABAN LAIN: _____

P4. Apa yang terjadi apabila anak BALITA menderita mencret yang terus-menerus? (UNAIDED: JANGAN DIBANTU). PROBE: Ada lagi?

1. Tidak tahu.....1 V22
2. Turun berat badan/menjadi kurus 2
* 3. Kehilangan cairan tubuh/kekurangan cairan tubuh.....3
4. Menjadi lemas/tidak bergairah/malas/ngantuk terus...4
5. Kurang nafsu makan/tdk mau makan/hilang nafsu makan.5
6. Menjadi pucat.....6
7. Rewel/menangis terus.....7
8. Matanya cekung/mata mendalam.....8
9. Haus/haus terus.....9
10. Badan hangat/panas badan/meriang.....10
11. Muntah-muntah/kadang-kadang muntah.....11
12. Perut kembung.....12
13. Gelisah/tidak bisa tidur/susah tidur.....13
14. Kalau tidak diobati bisa meninggal.....14
15. Membahayakan/dapat menjadi gawat/perlu diinfus.....15
16. Perut kempes/perut menempel.....16
17. JAWABAN LAIN2:

_____

_____

P5. Apakah anak bisa mati sebagai akibat dari mencret yang terus-

Ya, bisa	1->P6,7a,b,c	V23
Tidak	2->P8	
Tdk tahu	3->P8	

TANYAKAN P6 S/D P7 HANYA BILA "YA" PADA P5:

P6. Mengapa anak sampai dapat meninggal? Apa yang menyebabkan kematian? (PROBE DAN JANGAN MENERIMA JAWABAN "Karena mencret terus". TANYAKAN "Kalau mencret terus akibatnya apa sampai dapat meninggal?) (JANGAN DIBANTU)

1. Tidak tahu.....1 V24
2. Menjadi lemas/tidak bergairah/malas/ngantuk terus...2
3. Kurang nafsu makan/tdk mau makan/hilang nafsu makan.3
4. Kehilangan cairan tubuh/kekurangan cairan tubuh.....4
5. Kehilangan terlalu banyak cairan tubuh.....5
6. Haus/haus terus tetapi tidak mau minum.....6
7. Terjadi komplikasi.....7
8. Muntah-muntah/muntah terus sampai lemas.....8
9. Perut kempes/perut menempel.....9

10. Lain-lain jawaban:_____

_____

(HANYA BILA "YA" PADA P6)

P7. Apakah ada caranya untuk mencegah atau menghindar supaya anak jangan sampai meninggal?

Ya, ada	1 ->P8	V25
Tdk ada	2 ->P9	
Tdk tahu	3 ->P9	

(HANYA BILA "YA" PADA P7)

P8. Bagaimana caranya untuk mencegah supaya jangan sampai meninggal? Apa langkah pertama sebelum anak dibawa ke dokter/puskesmas/rumah sakit? (JANGAN DIBANTU)

1. Tidak tahu/tidak tahu saya, langsung bawa kedokter.....1 V26
2. Bawa anak kedukun.....2
3. Berikan oralit (SEMUA MEREK, TERMASUK LARUTAN GULA-GARAM BUATAN SENDIRI).....3
4. Berikan obat anti-mencret/obat selain oralit..4
5. Berikan susu yang diencerkan 5

6. JAWABAN LAIN:

_____

P9. Apa yang ibu lakukan untuk mengobati anak Balita ibu yang mencret terus untuk beberapa hari? PROBE: Ada lagi?

1. Pertama-tama harus diobati kekurangan cairannya/ yang penting jangan sampai kekurangan cairan/ mencegah jangan sampai kekeringan.....1 V27
2. Tdk perlu diobati/sembuh sendiri/didiamkan.....2
3. Diberi obat untuk menghentikan mencret/Stop-cret, Pil-Ciba, Jamu, Enterovioform/obat anti mencret lainnya...3
4. Diberi oralit (SEMUA MEREK ORALIT).....4
5. Diberikan oralit sebanyak mungkin pada 2 jam pertama...5
6. Diberi 1 gelas oralit sehari.....6
7. Diberi 2 gelas oralit sehari.....7
8. Diberi 3 gelas oralit sehari.....8
9. Diberi paling sedikit 3 gelas oralit sehari.....9
*10. Diberi paling sedikit 3 gelas oralit sehari, selama masih mencret.....10
11. Diberi oralit selama masih mencret/ diberi oralit sampai mencretnya berhenti.....11
12. Anak dibawa ke Puskesmas/dokter/rumah sakit.....12
13. JAWABAN LAINNYA (TULIS): _____

_____

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PERIKSA P9: KALAU DIBERI OBAT/JAMU/ORALIT TANYAKAN P10.

P10. Apa khasiat obat .....(P9)? Pakai obat itu supaya apa?

1. Menghentikan mencret/supaya mencretnya sembuh.....1 V28
2. Mengembalikan cairan tubuh yang hilang.....2
3. Supaya tidak menjadi lemas.....3
4. JAWABAN LAIN: _____

_____

P11a. Apakah ibu pernah pakai oralit untuk mengobati anak BALITA?
P11b. Apakah ibu pernah pakai oralit untuk mengobati ibu sendiri?
P12. Oralit merek apa yang ibu pakai untuk anak? untuk ibu?

	P11a.BALITA	P11b.Ibu sendiri
	Ya 1 Tdk 2 V29	Ya 1 Tdk 2 V30
P12.MEREK: 1.Oralit (MEREK)	1 V31	1 V32
2.oralit (LUPA MEREK)	2	2
3.Oramex	3	3
4.Krystalite	4	4
5.Eltolit	5	5
6.Oratolit	6	6
7.Lytren	7	7
8. Lain2:	_____	_____

P13. Obat oralit diberikan untuk mengobati penyakit apa pada Balita?..Ibu? Balita _____ V33 Ibu _____ V34

P14. Apakah kegunaan atau keistimewaan oralit?

Menggantikan/menambah cairan yang hilang 1 V35
Menambah tenaga 2
Menyembuhkan buang-buang air besar 3
Menyembuhkan diarrhea/mencret 4
Jawaban lain _____

P15a. Apakah nanti kalau ibu/anak ibu sakit.....(P13) lagi, apakah ibu akan pakai obat ini lagi?

Ya, akan pakai lagi.....1 V36
Tidak akan pakai lagi...2 -->P15b

P15b. Mengapa tidak?

1. tidak manjur/masih terus mencret.....1 V37
2. tidak suka rasanya/anak tidak suka rasanya.....2
3. repot/susah memberi pada anak/tidak sekaligus habis...3
4. JAWABAN LAIN: _____

P16a. Mengenai oralit, berapa banyak dosis atau takaran oralit yang dianjurkan? Berapa gelas sehari sebaiknya?

_____ GELAS/HARI V38

P16b. Berapa hari atau berapa lama sebaiknya oralit diberikan?

satu hari saja.....1 V39
2 hari/2 - 3 hari.....2
3 hari/3 - 4 hari.....3
tergantung berapa serius/gawat.....4
tergantung anjuran dokter.....5
selama masih terus mencret/sampai mencretnya berhenti....6
JAWABAN LAIN:_____
Tidak tahu.....88

PRE-TESTING ORS PSA
QUESTIONNAIRE II: SESUDAH IKLAN

NAMA RESPONDEN : _____	NAMA INTV'R: _____
ALAMAT RESPONDEN : _____	TGL. INTV': _____

Setelah diperdengarkan/diperlihatkan:

PERTAMA		KEDUA	
Radio	1 V46	Radio	1 V47
Video	2	Video	2

Iklan radio	1 V48
Iklan Video	2

P1a. Setelah mendengar/melihat iklan tadi, coba ibu ingat, apa yang hendak disampaikan iklan tadi? Apakah produk, pelayanan, pesan atau ide apa yang hendak disampaikan?

_____ V49

_____

_____

P1b. Kalau khusus mengenai pesannya atau idenya, informasi apa yang hendak disampaikan?

_____ V50

_____

_____

P2a. Mengenai mencret-mencret, apa yang dikatakan oleh iklan tadi apabila anak BALITA menderita mencret yang terus-menerus? Apa gejala atau akibatnya? (UNAIDED: JANGAN DIBANTU).

Turun berat badan/menjadi kurus	1 V51
Kehilangan cairan tubuh/kekurangan cairan tubuh	2
Menjadi lemas/tidak bergairah/malas/ngantuk terus	3
Kurang nafsu makan/tidak mau makan/hilang nafsu makan	4
Menjadi pucat	5
Rewel/menangis terus	6
Matanya cekung/mata mendalam	7
Haus/haus terus	8
Badan hangat/panas badan/meriang	9
Muntah-muntah/kadang-kadang muntah	10
Perut kembung	11
Gelisah/tidak bisa tidur/susah tidur	12
Kalau tidak diobati bisa meninggal	13
Membahayakan/dapat menjadi gawat/perlu diinfus	14
Perut kempes/perut menempel	15
Jawaban lain-lain: _____	

_____

P2b. Dalam iklan disebut "kekurangan cairan". Apa yang dapat terjadi atau apa akibatnya kalau anak BALITA menderita kekurangan cairan? (JANGAN DIBANTU) PROBE: Ada lagi?

Bisa kehilangan banyak cairan tubuh hingga menjadi kekeringan	1	V52
Kalau tidak diobati bisa meninggal/kalau didiamkan bisa meninggal	2	
Kalau didiamkan/terlambat perlu di-infus	3	
Menjadi lemas/tidak bergairah/tidak ada tenaga	4	
Menjadi sangat haus/haus terus	5	
Menjadi sangat haus tetap tidak bisa (tidak mau) minum	6	
Jawaban lain-lain: _____		

P3a. Apa yang dikatakan iklan tadi mengenai bagaimana mengobati anak BALITA yang mencret terus-menerus? (JANGAN DIBANTU) PROBE: Ada lagi?

Pertama-tama harus diobati kekurangan cairannya/ yang penting jangan sampai kekurangan cairan/ mencegah jangan sampai kekeringan	1	V53
Tidak perlu diobati/sembuh sendiri/didiamkan	2	
Diberi obat untuk menghentikan mencret/Stop-cret, Pil Ciba, Jamu, Enterovioform/obat anti mencret lainnya	3	
Diberi oralit (SEMUA MEREK ORALIT)	4	
Diberi oralit sebanyak mungkin pada 2 jam pertama	5	
Diberi 1 gelas oralit sehari	6	
Diberi 2 gelas oralit sehari	7	
Diberi 3 gelas oralit sehari	8	
Diberi paling sedikit 3 gelas oralit sehari	9	
Diberi paling sedikit 3 gelas oralit sehari, selama masih mencret	10*	
Diberi oralit selama masih mencret/diberi oralit sampai mencretnya berhenti	11	
Anak dibawa ke Puskesmas/dokter/rumah sakit	12	
Jawaban lainnya (TULISKAN) : _____		
Tidak tahu/lupa/kurang dengar/kurang jelas	14	

P3b. Apa yang dikatakan iklan tadi mengenai bagaimana mengobati kekurangan cairan pada anak BALITA? (JANGAN DIBANTU) PROBE: Ada lagi?

Tidak perlu diobati/sembuh sendiri/didiamkan	1	V54
Diberi oralit (SEMUA MEREK ORALIT)	2	
Diberi oralit sebanyak mungkin pada 2 jam pertama	3	
Diberi 1 gelas oralit sehari	4	
Diberi 2 gelas oralit sehari	5	
Diberi 3 gelas oralit sehari	6	
Diberi paling sedikit 3 gelas oralit sehari	7	
Diberi paling sedikit 3 gelas oralit sehari, selama masih mencret	8*	
Diberi oralit selama masih mencret/diberi oralit sampai mencretnya berhenti	9	
Anak dibawa ke Puskesmas/dokter/rumah sakit	10	
Jawaban lainnya (TULISKAN) : _____		
Tidak tahu/lupa/kurang dengar/kurang jelas	11	

P4. Apakah anak bisa meninggal sebagai akibat dari mencret yang terus-menerus?

Ya, bisa	1 V55	KE P5,6a,b,c.
Tidak	2	KE P7
Tidak tahu	3	KE P7

TANYAKAN P5 S/D P6c HANYA BILA "YA" PADA P4.

P5. Mengapa anak sampai dapat meninggal? Apa yang menyebabkan kematian? (PROBE DAN JANGAN MENERIMA JAWABAN "KARENA MENCRET TERUS". TANYAKAN "KALAU MENCRET TERUS AKIBATNYA APA SAMPAI DAPAT MENINGGAL?) (JANGAN DIBANTU) PROBE: Ada lagi?

Menjadi lemas/tidak bergairah/malas/ngantuk terus	1 V56
Kurang nafsu makan/tidak mau makan/hilang nafsu makan	2
Kehilangan cairan tubuh/kekurangan cairan tubuh	3
Kehilangan terlalu banyak cairan tubuh	4
Haus/haus terus tetapi tidak mau minum	5
Terjadi komplikasi	6
Muntah-muntah/muntah terus sampai lemas	7
Perut kempes/perut menempel	8
Tidak tahu/tidak tahu sebabnya	9
Lain-lain jawaban: _____	

HANYA BILA "YA" PADA P5.

P6a. Apakah ada caranya untuk mencegah atau menghindar supaya anak jangan sampai meninggal?

Ya, ada	1 V57	KE P6
Tidak ada	2	KE P7
Tidak tahu	3	KE P7

HANYA BILA "YA" PADA P6a.

P6b. Bagaimana caranya untuk mencegah supaya jangan sampai meninggal? Apa langkah pertama sebelum anak dibawa ke dokter/Puskesmas/Rumah Sakit? (JANGAN DIBANTU) PROBE: Ada lagi?

Anak dibawa ke dukun	1 V58
Berikan oralit (SEMUA MEREK, TERMASUK BUATAN SENDIRI)	2
Berikan obat anti-mencret/obat selain oralit	3
Jawaban lain: _____	
Tidak tahu/tidak tahu saya, langsung dibawa ke dokter	5

P7. Bilamana nanti anak BALITA ibu ada yang menderita mencret-mencret, obat apa yang akan ibu berikan? (KALAU DISEBUT "ORALIT", TANYAKAN MEREK APA).

	AKAN PAKAI NANTI	
Enterostop	1	V59
Enterovioform	2	
Koniform	3	
Sulfa-plus	4	
Pil Ciba	5	
Jamu Cap Kupu-Kupu	6	
Oralit (MEREK)	7	
Oralit (LUPA MEREK)	8	
Pharolit	9	
Oramex	10	
Krystalite	11	
Eltolit	12	
Oralit	13	
Lytren	14	
Lain-lain _____ (SEBUTKAN)		
Tidak tahu	98	
Tidak akan pakai obat apa-apa	99	

P8a. Berapa banyak dosis atau takaran oralit yang dianjurkan oleh iklan yang ibu baru dengar/lihat? Berapa gelas sehari?

[ ][ ] GELAS/SEHARI V60

P8b. Menurut iklan tagi, berapa hari atau berapa lama sebaiknya oralit diberikan?

Satu hari saja	1	V61
2 hari/2 - 3 hari	2	
3 hari/3 - 4 hari	3	
Tergantung berapa serius/gawat	4	
Tergantung anjuran dokter	5	
Selama masih terus mencret/sampai mencretnya berhenti	6	UNTUK THE DIARRHEA STOP
Jawaban lain: _____		
Tidak tahu	99	

SETELAH IKLAN VIDEO DIPERLIHATKAN.

P9. Kalau membeli oralit, biasanya ibu lebih suka beli dimana?

Warung	1	V40
Aporik	2	
Toko obat	3	
Toko makanan & minuman	4	
Supermarket	5	
Lain-lain _____ (SEBUTKAN)	6	

KALAU OBAT ORALIT

P10. Merek apa yang ibu lebih sukai?

✓ Oralit (merek)	1	V41
Oralit (lupa merek)	2	
✓ Pharolit	3	
✓ Oramex	4	
Krystalite	5	
✓ Eltolit	6	
✗ Oratolit	7	
Lytren	8	
Lain-lain _____ (SEBUTKAN)	9	

P11. Mengapa ibu pilih/suka merek itu?

Mudah didapat/ada di warung atau toko terdekat	1	V42
Paling murah/harga terjangkau	2	
Tersedia dalam beberapa ukuran/ada yang 1 liter	3	
Merek yang paling laku	4	
Dianjurkan dokter/diberikan dokter	5	
Dianjurkan teman/keluarga/tetangga	6	
Ada rasanya/rasa jeruk	7	
Anak suka rasanya/lebih mudah diberikan kepada anak/lebih mudah diminum anak karena rasanya tidak asin	8	

Jawaban lain: _____

_____

P12. Tadi pada iklan TV ibu lihat gambar/lambang ini (TUNJUK PADA GAMBAR 2). Ini ada 3 gambar untuk melambangkan pengobatan kekurangan cairan), Yang mana menurut ibu yang paling menarik perhatian dan cocok untuk melambangkan pengobatan kekurangan cairan?

Logo 1 - gambar buatan anak kecil	1	V43
Logo 2 - anak kecil dalam lingkaran	2	
Logo 3 - anak kecil dalam persegi	3	

QUESTIONNAIRE III:

PEMILIHAN ORALIT DAN PERBANDINGAN IKLAN RADIO

NAMA RESPONDEN : _____

Ibu boleh memilih produk-produk oralit seharga kira-kira Rp. 750 jadi ada yang dapat hanya 1 bungkus ada yang 3 bungkus. Silahkan memilih salah satu dari produk oralit.

BERI TANDA (X) PADA KOTAK [ ] SESUAI PILIHAN IBU.

LYTREN (1 PAK)	PHAROLIT (3 BUNGKUS)	ORALIT Kimia Farma (5 BUNGKUS)	ELTOLIT (4 BUNGKUS)	ORAMEX (1 BUNGKUS)
[ ]	[ ]	[ ]	[ ]	[ ]

SETELAH SELESAI MEMILIH, SERAHKAN KEPADA PETUGAS S.R.I.

QUESTIONNAIRE III:

PEMILIHAN ORALIT DAN PERBANDINGAN IKLAN RADIO

NAMA RESPONDEN : _____	NAMA INTV'R: _____
ALAMAT RESPONDEN : _____	TGL. INTV': _____

INTERVIEWER: SALIN PILIHAN RESPONDEN:
LINGKARI KODE SESUAI PILIHAN IBU.

LYTREN	PHAROLIT	ORALIT KIMIA FARMA	ELTOLIT	ORAMEX
(1 PAK)	(3 BUNGKUS)	(5 BUNGKUS)	(4 BUNGKUS)	(1 BUNGKUS)
1	2	3	4	5

P1. Mengapa ibu memilih ..... ?

Ingin mencoba/belum pernah coba/produk baru	1	V44
Sudah biasa pakai/sudah tahu khasiatnya	2	
Rasanya enak/rasa disukai anak dibanding yang lain	3	
Praktis/sudah siap minum/tidak perlu dicampur	4	
Praktis tabletnya/takarannya pasti pas	5	
Yang lain belum tahu/hanya tahu merek ini	6	
Merek paling laku/mudah didapat di warung	7	
Jawaban lain: _____		

P2. Sekarang kalau ibu bandingkan dengan obat-obatan ini, yang mana yang ibu pilih untuk mengobati mencret-mencret? Produk-produk oralit tadi atau salah satu obat ini (anti-diare)?

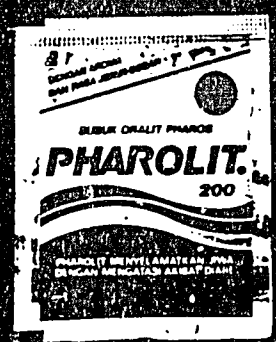
Produk oralit	1	V45
Produk anti-diare	2	

THE ORS AND ANTI DIARRHEAL PRODUCTS SHOWN TO RESPONDENTS FOR SELECTION

O R S

ORALIT
P.T. COMBIPHAR

ORALIT
AD LIBITUM


BUBUK ORALIT PHAROS
PHAROLIT
200

ISI : 4 TABLET GARAM
ORAMEX
pengganti garam dan cairan tubuh
yang hilang akibat mencret dan
muntaber
Masukkan
Aduk
Minum sampai habis

Lytren
Memberikan air
dan garam elektrolit
untuk :
• pengganti cairan tubuh yang hilang
• keseimbangan cairan tubuh

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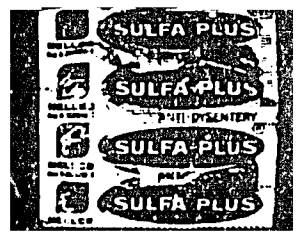
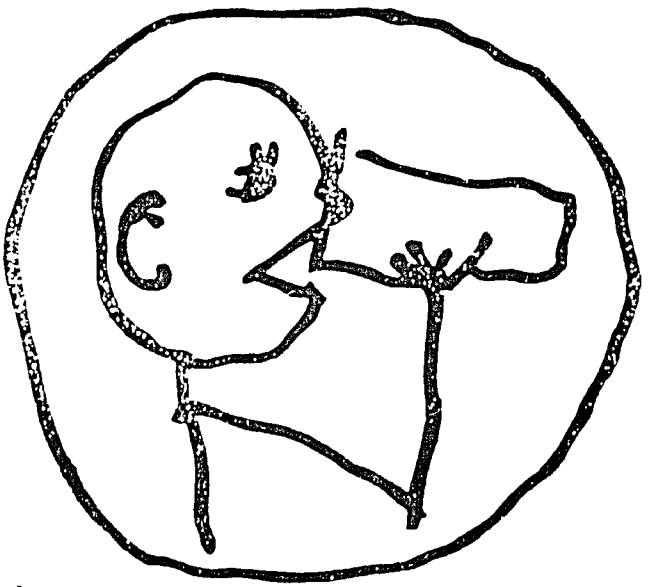
ANTI DIARRHEAL



THE LOGO

SHOWN TO THE RESPONDENTS



ORS - ADVERTISING
- PRETESTING -
COMPUTER TABULATIONS

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SRI-885

SEPTEMBER 1989

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TABLE 1
SHEET 1

ALL RESPONDENTS
Q.A1 : MEANING OF DEHYDRATION

			S.E.S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
MALNUTRATION	1	1	-	1	1	-	-	1	-
	2%	2%		4%	5%			4%	
LOOSE STOOLS	1	1	-	1	-	1	1	-	-
	2%	2%		4%		3%	7%		
DON'T KNOW	49	49	25	24	20	29	14	22	13
	96%	96%	100%	92%	95%	97%	93%	96%	100%

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 2
SHEET 1

ALL RESPONDENTS
Q.A2 : CAUSES OF DEHYDRATION

			S.E.S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
DON'T KNOW	1	1	-	1	-	1	1	-	-
	2%	2%		4%		3%	7%		
CONTINUOUS DIARRHEA CAUSES LOSS OF BODY FLD	1	1	-	1	1	-	-	1	-
	2%	2%		4%	5%			4%	
NONE	49	49	25	24	20	29	14	22	13
	96%	96%	100%	92%	95%	97%	93%	96%	100%

SURVEY RESEARCH INDONESIA
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TABLE 3
SHEET 1

ALL RESPONDENTS
Q.A3 :TREATMENT OF DEHYDRATION

	TOT	BEFORE ADS.	S.E.S RP.50 -100	S.E.S RP100 -200	EDUCATION PRI-MARY	EDUCATION ABOVE PRIMARY	AGE BELOW 25YRS	AGE 25-29 YEARS	AGE 30-39 YEARS
TOTAL	51	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
GIVE ORALIT/SALT-SUGAR SOLUTION	1	1	-	1	-	1	1	-	-
	2%	2%		4%		3%	7%		
GIVE OTHER MEDICATION/ GIVE HERBAL MEDICINE	1	1	-	1	1	-	-	1	-
	2%	2%		4%	5%			4%	
NONE	49	49	25	24	20	29	14	22	13
	96%	96%	100%	92%	95%	97%	93%	96%	100%

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SURVEY RESEARCH INDONESIA
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TABLE 4
SHEET 1

ALL RESPONDENTS
Q.B1 : MEANING OF MALNUTRITION

			S.E.S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51 100%	51 100%	25 100%	26 100%	21 100%	30 100%	15 100%	23 100%	13 100%
NOT ENOUGH VITAMIN	23 45%	23 45%	11 44%	12 46%	9 43%	14 47%	7 47%	10 43%	6 46%
NOT ENOUGH FOOD	2 4%	2 4%	1 4%	1 4%	1 5%	1 3%	-	2 9%	-
NOT ENOUGH MEAT	3 6%	3 6%	1 4%	2 8%	1 5%	2 7%	1 7%	2 9%	-
NOT ENOUGH FISH	3 6%	3 6%	1 4%	2 8%	2 10%	1 3%	2 13%	1 4%	-
NOT ENOUGH VEGETABLES	4 8%	4 8%	1 4%	3 12%	3 14%	1 3%	1 7%	3 13%	-
NOT ENOUGH HEALTHY FOOD	3 6%	3 6%	-	3 12%	2 10%	1 3%	-	2 9%	1 8%
UNDERWEIGHT	8 16%	8 16%	5 20%	3 12%	3 14%	5 17%	4 27%	2 9%	2 15%
NOT ENOUGH NUTRIENT	9 18%	9 18%	6 24%	3 12%	3 14%	6 20%	3 20%	5 22%	1 8%
NOT ENOUGH EGG	1 2%	1 2%	1 4%	-	-	1 3%	1 7%	-	-
NOT ENOUGH FRUITS	3 6%	3 6%	2 8%	1 4%	2 10%	1 3%	1 7%	2 9%	-
NOT HEALTHY	8 16%	8 16%	6 24%	2 8%	2 10%	6 20%	2 13%	4 17%	2 15%
WEAK/LETHARGIC	5 10%	5 10%	3 12%	2 8%	3 14%	2 7%	1 7%	2 9%	2 15%
NOT ENOUGH PROTEIN	1 2%	1 2%	1 4%	-	-	1 3%	-	1 4%	-
NOT ENOUGH MINERAL	1 2%	1 2%	1 4%	-	-	1 3%	-	1 4%	-
DON'T KNOW	5 10%	5 10%	1 4%	4 15%	2 10%	3 10%	1 7%	2 9%	2 15%

SURVEY RESEARCH INDONESIA
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TABLE 5
SHEET 1

ALL RESPONDENTS
Q.B2 : CAUSES OF MALNUTRITION

			S.E.S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51 100%	51 100%	25 100%	26 100%	21 100%	30 100%	15 100%	23 100%	13 100%
DON'T KNOW	2 4%	2 4%	1 4%	1 4%	2 10%	-	1 7%	1 4%	-
NOT EAT ENOUGH HEALTHY FOODS/NOT ENOUGH VIT	29 57%	29 57%	15 60%	14 54%	10 48%	19 63%	8 53%	14 61%	7 54%
UNBALANCED DIET/NOT ENOUGH VAR IN FOOD	14 27%	14 27%	4 16%	10 38%	5 24%	9 30%	4 27%	8 35%	2 15%
NOT ENOUGH MEAT/CHICKEN/ FISH (PROTEINS)	18 35%	18 35%	10 40%	8 31%	9 43%	9 30%	3 20%	8 35%	7 54%
NOT ENOUGH VEGETABLES/ FRUITS	21 41%	21 41%	14 56%	7 27%	11 52%	10 33%	6 40%	9 39%	6 46%
NOT ENOUGH MILK	3 6%	3 6%	1 4%	2 8%	2 10%	1 3%	1 7%	1 4%	1 8%
SUFFER FROM WORMS	1 2%	1 2%	1 4%	-	-	1 3%	-	-	1 8%
NONE	5 10%	5 10%	1 4%	4 15%	2 10%	3 10%	1 7%	2 9%	2 15%
OTHERS	1 2%	1 2%	1 4%	-	-	1 3%	1 7%	-	-

SURVEY RESEARCH INDONESIA
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TABLE 6
SHEET 1

ALL RESPONDENTS
Q.83 : TREATMENT OF MALNUTRITION

			S.E.S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51 100%	51 100%	25 100%	26 100%	21 100%	30 100%	15 100%	23 100%	13 100%
DON'T KNOW	2 4%	2 4%	2 8%	-	2 10%	-	1 7%	1 4%	-
GIVE HEALTHY FOOD/FOOD CONTAINS VITAMINS	33 65%	33 65%	15 60%	18 69%	10 48%	23 77%	10 67%	14 61%	9 69%
GIVE MEAT/FISH	25 49%	25 49%	12 48%	13 50%	10 48%	15 50%	4 27%	16 70%	5 38%
GIVE VEGETABLES/FRUITS	37 73%	37 73%	19 76%	18 69%	16 76%	21 70%	11 73%	15 65%	11 85%
GIVE VARIETY OF FOOD	1 2%	1 2%	-	1 4%	1 5%	-	-	1 4%	-
GIVE MILK	9 18%	9 18%	5 20%	4 15%	6 29%	3 10%	4 27%	2 9%	3 23%
NONE	5 10%	5 10%	1 4%	4 15%	2 10%	3 10%	1 7%	2 9%	2 15%

SURVEY RESEARCH INDONESIA
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TABLE 7
SHEET 1

ALL RESPONDENTS
Q.C1 : MEANING OF NOT ENOUGH BODY FLUID

			S . E . S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51 100%	51 100%	25 100%	26 100%	21 100%	30 100%	15 100%	23 100%	13 100%
LOSE BODY FLUID BECAUSE OF MENCRET	25 49%	25 49%	9 36%	16 62%	8 38%	17 57%	6 40%	13 57%	6 46%
NOT ENOUGH DRINK	12 24%	12 24%	9 36%	3 12%	6 29%	6 20%	5 33%	6 26%	1 8%
VOMITING	1 2%	1 2%	-	1 4%	-	1 3%	-	1 4%	-
WEAK	5 10%	5 10%	1 4%	4 15%	-	5 17%	1 7%	2 9%	2 15%
PALE	1 2%	1 2%	-	1 4%	-	1 3%	-	1 4%	-
SKINNY	1 2%	1 2%	-	1 4%	-	1 3%	-	-	1 8%
NOT ENOUGH FRUITS	2 4%	2 4%	2 8%	-	-	2 7%	1 7%	1 4%	-
DON'T KNOW	11 22%	11 22%	7 28%	4 15%	8 38%	3 10%	3 20%	4 17%	4 31%

SURVEY RESEARCH INDONESIA — TABLE 8
1989 - PRE-TESTING ORS PSA — SHEET 1

ALL RESPONDENTS
Q.C2 : CAUSES OF NOT ENOUGH BODY FLUID

			S.E.S		EDUCATION		AGE		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
NOT ENOUGH TO DRINK/NOT DRINK ENOUGH WATER	16	16	9	7	6	10	6	8	2
	31%	31%	36%	27%	29%	33%	40%	35%	15%
CONTINUOUS DIARRHEA CAUSES LOSS OF BODY FLD	28	28	12	16	8	20	8	15	5
	55%	55%	48%	62%	38%	67%	53%	65%	38%
FEVER/PERSPIRATION	5	5	1	4	3	2	1	4	-
	10%	10%	4%	15%	14%	7%	7%	17%	
'MUNTABER'/DYSENTRY	15	15	6	9	5	10	2	6	7
	29%	29%	24%	35%	24%	33%	13%	26%	54%
NOT ENOUGH VEGETABLE/ FRUITS	4	4	4	-	1	3	-	3	1
	8%	8%	16%		5%	10%		13%	8%
NO APPETITE	1	1	1	-	1	-	1	-	-
	2%	2%	4%		5%		7%		
TYPHUS	1	1	1	-	-	1	-	-	1
	2%	2%	4%			3%			8%
MOUTH ULCERS	1	1	1	-	-	1	1	-	-
	2%	2%	4%			3%	7%		
NONE	11	11	7	4	8	3	3	4	4
	22%	22%	28%	15%	38%	10%	20%	17%	31%

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 9
SHEET 1

ALL RESPONDENTS
Q.C3 :TREATMENT OF NOT ENOUGH BODY FLUID

			S.E.S		EDUCATION		AGE		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51 100%	51 100%	25 100%	26 100%	21 100%	30 100%	15 100%	23 100%	13 100%
GIVE DRINK/DRINK TEA/ DRINK BITTER TEA	22 43%	22 43%	10 40%	12 46%	7 33%	15 50%	5 33%	11 48%	6 46%
GIVE ORALIT/SALT-SUGAR SOLUTION	27 53%	27 53%	13 52%	14 54%	9 43%	18 60%	8 53%	12 52%	7 54%
TAKE TO DOCTOR/HEALTH CENTER/HOSPITAL/CLINIC	10 20%	10 20%	4 16%	6 23%	5 24%	5 17%	3 20%	6 26%	1 8%
GIVE OTHER MEDICATION/ GIVE HERBAL MEDICINE	10 20%	10 20%	4 16%	6 23%	3 14%	7 23%	3 20%	6 26%	1 8%
GIVE FRUITS	4 8%	4 8%	-	4 15%	2 10%	2 7%	1 7%	3 13%	-
GIVE MILK	3 6%	3 6%	1 4%	2 8%	2 10%	1 3%	-	3 13%	-
NONE	11 22%	11 22%	7 28%	4 15%	8 38%	3 10%	3 20%	4 17%	4 31%

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SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 10
SHEET 1

ALL RESPONDENTS
Q.4 : EFFECT OF CONTINUOUS DIARRHEA

			S . E . S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
LOSE WEIGHT	24	24	14	10	13	11	4	13	7
	47%	47%	56%	38%	62%	37%	27%	57%	54%
LOSE BODY FLUID	10	10	2	8	2	8	1	7	2
	20%	20%	8%	31%	10%	27%	7%	30%	15%
BECOMES WEAK, NO ENERGY, LETHARGIC, SLEEPY	48	48	23	25	19	29	15	23	10
	94%	94%	92%	96%	90%	97%	100%	100%	77%
NO APPETITE	18	18	10	8	8	10	8	7	3
	35%	35%	40%	31%	38%	33%	53%	30%	23%
BECOMES PALE	18	18	11	7	10	8	6	8	4
	35%	35%	44%	27%	48%	27%	40%	35%	31%
CRANKY, CRIES ALL THE TIME	7	7	4	3	4	3	3	1	3
	14%	14%	16%	12%	19%	10%	20%	4%	23%
HOLLOW-EYED	13	13	6	7	5	8	2	7	4
	25%	25%	24%	27%	24%	27%	13%	30%	31%
THIRSTY	1	1	-	1	1	-	-	1	-
	2%	2%		4%	5%			4%	
FEVERISH	9	9	3	6	4	5	2	5	2
	18%	18%	12%	23%	19%	17%	13%	22%	15%
VOMITS	7	7	4	3	1	6	2	3	2
	14%	14%	16%	12%	5%	20%	13%	13%	15%
RESTLESS, CANNOT SLEEP	9	9	5	4	2	7	4	3	2
	18%	18%	20%	15%	10%	23%	27%	13%	15%
IF NOT TREATED (HE) CAN DIE	8	8	6	2	1	7	2	6	-
	16%	16%	24%	8%	5%	23%	13%	26%	
SPASM	2	2	-	2	-	2	-	1	1
	4%	4%		8%		7%		4%	8%

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 11
SHEET 1

ALL RESPONDENTS
Q.5 : WHETHER A CHILD CAN DIE FROM DIARRHEA

			S . E . S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
YES	50	50	25	25	21	29	15	22	13
	98%	98%	100%	96%	100%	97%	100%	96%	100%
NO	1	1	-	1	-	1	-	1	-
	2%	2%		4%		3%		4%	

SURVEY RESEARCH INDONESIA
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TABLE 12
SHEET 1

WHO SAY YES
Q.6 : CAUSES OF DEATH FROM DIARRHEA

			S.E.S		EDUCATION		AGE		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	50 100%	50 100%	25 100%	25 100%	21 100%	29 100%	15 100%	22 100%	13 100%
DON'T KNOW	1 2%	1 2%	-	1 4%	1 5%	-	-	1 5%	-
NO ENERGY/BECOMES WEAK/ BECOMES TOO WEAK	24 48%	24 48%	12 48%	12 48%	8 38%	16 55%	6 40%	10 45%	8 62%
LOSE APPETITE/DOESN'T WANT TO EAT	15 30%	15 30%	8 32%	7 28%	6 29%	9 31%	2 13%	8 36%	5 38%
LOSE BODY FLUID	33 66%	33 66%	18 72%	15 60%	15 71%	18 62%	11 73%	13 59%	9 69%
LOSE TOO MUCH BODY FLUID	16 32%	16 32%	7 28%	9 36%	5 24%	11 38%	4 27%	9 41%	3 23%
COMPLICATIONS (UNUSUAL)	2 4%	2 4%	1 4%	1 4%	1 5%	1 3%	1 7%	1 5%	-
COMBINED WITH VOMITING	7 14%	7 14%	3 12%	4 16%	2 10%	5 17%	2 13%	3 14%	2 15%
STOMACH BECOMES FLAT/ "STICKS"	2 4%	2 4%	2 8%	-	2 10%	-	-	1 5%	1 8%
NOT CURED	1 2%	1 2%	-	1 4%	1 5%	-	1 7%	-	-
NOT TAKEN TO THE DOCTOR	3 6%	3 6%	3 12%	-	1 5%	2 7%	2 13%	1 5%	-
LACK OF NUTRIENT	1 2%	1 2%	-	1 4%	-	1 3%	-	1 5%	-

SURVEY RESEARCH INDONESIA
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TABLE 13
SHEET 1

WHO SAY YES
Q. 7 : WHETHER THERE IS DEATH PREVENTION FROM DIARRHEA

			S . E . S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	50	50	25	25	21	29	15	22	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
YES	50	50	25	25	21	29	15	22	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%

SURVEY RESEARCH INDONESIA
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TABLE 14
SHEET 1

ALL WHO SAY YES
Q.6 : WAY TO PREVENT DEATH FROM DIARRHEA

	TOT	BEFORE ADS.	S.E.S RP.50 -100	S.E.S RP100 -200	EDUCATION PRI-MARY	EDUCATION ABOVE PRIMARY	AGE BELOW 25YRS	AGE 25-29 YEARS	AGE 30-39 YEARS
TOTAL	50 100%	50 100%	25 100%	25 100%	21 100%	29 100%	15 100%	22 100%	13 100%
DON'T KNOW/TAKE THE CHILD TO DOCTOR/HOSP	8 16%	8 16%	4 16%	4 16%	3 14%	5 17%	4 27%	4 18%	-
TAKE CHILD TO DUKUN (FAITH HEALER)	1 2%	1 2%	1 4%	-	1 5%	-	-	-	1 8%
GIVE ORALIT (ANY BRAND)	38 76%	38 76%	20 80%	18 72%	16 76%	22 76%	11 73%	16 73%	11 85%
GIVE MEDICINE (OTHER THAN ORALIT)	2 4%	2 4%	-	2 8%	1 5%	1 3%	-	2 9%	-
GIVE A LOT OF DRINK/TEA	1 2%	1 2%	-	1 4%	-	1 3%	-	-	1 8%

SURVEY RESEARCH INDONESIA
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TABLE 15
SHEET 1

ALL RESPONDENTS
Q.9 : TREATMENT OF CONTINUOUS DIARRHEA

			S.E.S		EDUCATION		AGE		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51 100%	51 100%	25 100%	26 100%	21 100%	30 100%	15 100%	23 100%	13 100%
YOU MUST 1ST.TREAT SYMP. OF "KEKURANGAN CAIRAN"	3 6%	3 6%	-	3 12%	1 5%	2 7%	-	1 4%	2 15%
GIVE ANTI DIARRHEAL MEDICINE AND/OR JAMU	20 39%	20 39%	8 32%	12 46%	10 48%	10 33%	4 27%	9 39%	7 54%
GIVE ORALIT	35 69%	35 69%	18 72%	17 65%	16 76%	19 63%	11 73%	17 74%	7 54%
GIVE 1 GLASS OF ORALIT A DAY	2 4%	2 4%	1 4%	1 4%	1 5%	1 3%	-	1 4%	1 8%
GIVE 3 GLASS OF ORALIT A DAY	4 8%	4 8%	3 12%	1 4%	3 14%	1 3%	1 7%	1 4%	2 15%
GIVE AT LEAST 3 GLASSES OF ORALIT A DAY	2 4%	2 4%	1 4%	1 4%	1 5%	1 3%	-	1 4%	1 8%
GIVE AT LST 3 GL.ORL/DAY AS LONG AS DIARRHEA LST	3 6%	3 6%	3 12%	-	2 10%	1 3%	2 13%	1 4%	-
GIVE ORALIT AS LONG AS THE DIARRHEA LASTS	3 6%	3 6%	-	3 12%	-	3 10%	-	1 4%	2 15%
TAKE CHILD TO PUSKESMAS/ DOCTOR/HOSPITAL	21 41%	21 41%	7 28%	14 54%	5 24%	16 53%	7 47%	8 35%	6 46%
RUB THE STOMACH WITH VICKS/MINYAK TANGN	1 2%	1 2%	-	1 4%	1 5%	-	-	1 4%	-
GIVE PORRIDGE	2 4%	2 4%	1 4%	1 4%	1 5%	1 3%	-	2 9%	-
GIVE TEA	7 14%	7 14%	3 12%	4 15%	2 10%	5 17%	1 7%	6 26%	-
GIVE TRADITIONAL HERBAL MEDICINE	6 12%	6 12%	3 12%	3 12%	2 10%	4 13%	2 13%	2 9%	2 15%
GIVE SALT + SUGAR DRINK	1 2%	1 2%	1 4%	-	-	1 3%	-	1 4%	-

SURVEY RESEARCH INDONESIA
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TABLE 16
SHEET 1

WHO ANSWER MEDICINE
Q.10 : BENEFITS OF MEDICINE

			S . E . S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	47 100%	47 100%	25 100%	22 100%	20 100%	27 100%	14 100%	22 100%	11 100%
TO STOP THE DIARRHEA	37 79%	37 79%	21 84%	16 73%	16 80%	21 78%	13 93%	16 73%	8 73%
TO REPLACE THE LOST OF BODY FLUID	20 43%	20 43%	9 36%	11 50%	7 35%	13 48%	5 36%	10 45%	5 45%
SO THAT NOT BECOME WEAK	11 23%	11 23%	5 20%	6 27%	2 10%	9 33%	3 21%	7 32%	1 9%
TO PREVENT MUNTABER	1 2%	1 2%	-	1 5%	-	1 4%	-	-	1 9%
RETURN BODY RESISTANCE	2 4%	2 4%	1 4%	1 5%	-	2 7%	1 7%	1 5%	-

SURVEY RESEARCH INDONESIA
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TABLE 17
SHEET 1

ALL RESPONDENTS
Q.11A : WHETHER HAVE USED ORALIT FOR BALITA

			S.E.S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
YES	49	49	24	25	20	29	14	22	13
	96%	96%	96%	96%	95%	97%	93%	96%	100%
NO	2	2	1	1	1	1	1	1	-
	4%	4%	4%	4%	5%	3%	7%	4%	

SURVEY RESEARCH INDONESIA
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TABLE 18
SHEET 1

ALL RESPONDENTS
Q.11B : WHETHER HAVE USED ORALIT FOR SELF

			S . E . S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
YES	21	21	10	11	9	12	6	7	8
	41%	41%	40%	42%	43%	40%	40%	30%	62%
NO	30	30	15	15	12	18	9	16	5
	59%	59%	60%	58%	57%	60%	60%	70%	38%

SURVEY RESEARCH INDONESIA
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TABLE 19
SHEET 1

ALL RESPONDENTS
Q.12A : BRAND USED FOR BALITA

			S.E.S		EDUCATION		AGE		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	49	49	24	25	20	29	14	22	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
ORALIT (BRAND)	6	6	2	4	-	6	2	3	1
	12%	12%	8%	16%		21%	14%	14%	8%
ORALIT (ORS GENERIC)	36	36	20	16	16	20	10	16	10
	73%	73%	83%	64%	80%	69%	71%	73%	77%
LYTREN	3	3	2	1	2	1	2	-	1
	6%	6%	8%	4%	10%	3%	14%		8%
DON'T KNOW	4	4	-	4	2	2	-	3	1
	8%	8%		16%	10%	7%		14%	8%

SURVEY RESEARCH INDONESIA
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TABLE 20
SHEET 1

ALL RESPONDENTS
Q.12B : BRAND USED FOR SELF

			S.E.S		EDUCATION		AGE		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	21	21	10	11	9	12	6	7	8
	100%	100%	100%	100%	100%	100%	100%	100%	100%
ORALIT (BRAND)	1	1	-	1	-	1	1	-	-
	5%	5%		9%		8%	17%		
ORALIT (ORS GENERIC)	17	17	9	8	7	10	5	5	7
	81%	81%	90%	73%	78%	83%	83%	71%	88%
DON'T KNOW	3	3	1	2	2	1	-	2	1
	14%	14%	10%	18%	22%	8%		29%	13%

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TABLE 21
SHEET 1

ALL RESPONDENTS
Q.13A : USE OF ORALIT FOR CHILDREN

			S . E . S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	49	49	24	25	20	29	14	22	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
DIARRHEA	42	42	21	21	17	25	13	18	11
	86%	86%	88%	84%	85%	86%	93%	82%	85%	
MUNTABER	8	8	3	5	6	2	3	3	2
	16%	16%	13%	20%	30%	7%	21%	14%	15%
DON'T KNOW	2	2	1	1	-	2	-	2	-
	4%	4%	4%	4%		7%		9%	

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TABLE 22
SHEET 1

ALL RESPONDENTS
Q.13B : USE OF ORALIT FOR SELF

			S.E.S		EDUCATION		AGE		
	TOT	BEFORE ADS.	RP.50 -100	RP.00 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	21	21	10	11	9	12	6	7	8
	100%	100%	100%	100%	100%	100%	100%	100%	100%
DIARRHEA	19	19	8	11	8	11	6	6	7
	90%	90%	80%	100%	89%	92%	100%	86%	88%
MUNTABER	1	1	1	-	1	-	-	-	1
	5%	5%	10%		11%				13%
DON'T KNOW	1	1	1	-	-	1	-	1	-
	5%	5%	10%			8%		14%	

SURVEY RESEARCH INDONESIA
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TABLE 23
SHEET 1

ALL RESPONDENTS
Q.14 : BENEFITS OF ORALIT

			S . E . S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
REPLACES/ADDS BODY LIQUID	25	25	8	17	7	18	5	13	7
	49%	49%	32%	65%	33%	60%	33%	57%	54%
ADDS ENERGY	16	16	4	12	5	11	6	5	5
	31%	31%	16%	46%	24%	37%	40%	22%	38%
CURES LOOSE STOOLS	23	23	11	12	12	11	4	11	8
	45%	45%	44%	46%	57%	37%	27%	48%	62%
CURES DIARRHEA/MENCRET	26	26	13	13	9	17	12	10	4
	51%	51%	52%	50%	43%	57%	80%	43%	31%
NOT CAUSE WEAKNESS	1	1	-	1	1	-	-	1	-
	2%	2%		4%	5%			4%	
PREVENT MUNTABER	1	1	-	1	1	-	-	-	1
	2%	2%		4%	5%				8%

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TABLE 24
SHEET 1

WHO USE ORALIT
Q.15A : WHETHER WILL USE ORALIT AGAIN

			S.E.S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	49	49	24	25	20	29	14	22	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
YES WILL USE ORALIT MORE	47	47	22	25	20	27	14	20	13
	96%	96%	92%	100%	100%	93%	100%	91%	100%
NO, WILL NOT USE ORALIT	2	2	2	-	-	2	-	2	-
	4%	4%	8%			7%		9%	

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TABLE 25
SHEET 1

WHO WILL NOT USE ORALIT
Q.15B: REASONS FOR WON'TUSE ORALIT AGAIN

			S.E.S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	2 100%	2 100%	2 100%	-	-	2 100%	-	2 100%	-
NOT EFFECTIVE/DOESN'T STOP THE DIARRHEA	1 50%	1 50%	1 50%	-	-	1 50%	-	1 50%	-
NOT LIKE THE TASTE/CHILD DOESN'T LIKE THE TASTE	1 50%	1 50%	1 50%	-	-	1 50%	-	1 50%	-

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TABLE 26
SHEET 1

ALL RESPONDENTS
Q.16A : RECOMMENDED DOSAGE FOR ORALIT

			S.E.S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
1 GLASS	14	14	5	9	7	7	3	6	5
	27%	27%	20%	35%	33%	23%	20%	26%	38%
2 GLASSES	7	7	4	3	3	4	2	4	1
	14%	14%	16%	12%	14%	13%	13%	17%	8%
3 GLASSES	23	23	13	10	9	14	8	11	4
	45%	45%	52%	38%	43%	47%	53%	48%	31%
4 GALSSES	1	1	1	-	-	1	1	-	-
	2%	2%	4%			3%	7%		
5 GLASSES	4	4	1	3	2	2	1	1	2
	8%	8%	4%	12%	10%	7%	7%	4%	15%
6 GLASSES	2	2	1	1	-	2	-	1	1
	4%	4%	4%	4%		7%		4%	8%
B A S E :	51	51	25	26	21	30	15	23	13
M E A N S C O R E :	2.60	2.60	2.67	2.53	2.38	2.76	2.66	2.59	2.69

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TABLE 26
SHEET 1

ALL RESPONDENTS
D.16R : LENGTH OF TIME TO GIVE ORALIT

			S.E.S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
1 DAY	7	7	3	4	2	5	1	6	-
	14%	14%	12%	15%	10%	17%	7%	26%	
2 DAYS/2-3 DAYS	11	11	6	5	7	4	3	5	3
	22%	22%	24%	19%	33%	13%	20%	22%	23%
3 DAYS/3-4 DAYS	7	7	6	1	5	2	4	1	2
	14%	14%	24%	4%	24%	7%	27%	4%	15%
DEPENDS ON HOW SERIOUS	1	1	-	1	-	1	1	-	-
	2%	2%		4%		3%	7%		
DEPENDS ON DOCTOR'S RECOMMENDATION	2	2	-	2	-	2	1	1	-
	4%	4%		8%		7%	7%	4%	
AS LONG AS THE DIARRHEA LAST	23	23	10	13	7	16	5	10	8
	45%	45%	40%	50%	33%	53%	33%	43%	62%

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TABLE 27
SHEET 1

ALL RESPONDENTS
Q.11 :AFTER EXPOSURE TO FIRST

		TOTAL		TOTAL		FIRST SHOWN	
	TOT	RADIO	VIDEO	RADIO VIDEO	VIDEO RADIO	RADIO	VIDEO
TOTAL	102	51	51	54	48	27	24
	100%	100%	100%	100%	100%	100%	100%
RADIO AD	54	27	27	54	-	27	-
	53%	53%	53%	100%		100%	
VIDEO AD	48	24	24	-	48	-	24
	47%	47%	47%		100%		100%

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TABLE 28
SHEET 1

ALL RESPONDENTS
Q.II : AFTER EXPOSURE TO SECOND

	TOT	TOTAL RADIO	TOTAL VIDEO	TOTAL RADIO VIDEO	TOTAL VIDEO RADIO	FIRST SHOWN RADIO	FIRST SHOWN VIDEO
TOTAL	102	51	51	54	48	27	24
	100%	100%	100%	100%	100%	100%	100%
RADIO	48	24	24	-	48	-	24
	47%	47%	47%		100%		100%
VIDEO	54	27	27	54	-	27	-
	53%	53%	53%	100%		100%	

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TABLE 29
SHEET 1

ALL RESPONDENTS
Q.11 :AFTER EXPOSURE TO

	TOT	TOTAL RADIO	TOTAL VIDEO	TOTAL RADIO VIDEO	TOTAL VIDEO RADIO	FIRST SHOWN RADIO	FIRST SHOWN VIDEO
TOTAL	102	51	51	54	48	27	24
	100%	100%	100%	100%	100%	100%	100%
RADIO AD	51	51	-	27	24	27	-
	50%	100%		50%	50%	100%	
VIDEO AD	51	-	51	27	24	-	24
	50%		100%	50%	50%		100%

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TABLE 30
SHEET 1

ALL RESPONDENTS
Q.11 1A: MESSAGE IN THE AD

	TOT	TOTAL RADIO	TOTAL VIDEO	TOTAL RADIO VIDEO	TOTAL VIDEO RADIO	FIRST SHOWN RADIO	FIRST SHOWN VIDEO
TOTAL	102 100%	51 100%	51 100%	54 100%	48 100%	27 100%	24 100%
IF A CHILD HAS DIARRHEA (MENCRET) GIVE ORALIT 3 GLASSES A DAY	40 39%	20 39%	20 39%	15 28%	25 52%	7 26%	12 50%
IF A CHILD HAS DIARRHEA GIVE ORALIT	56 55%	29 57%	27 53%	33 61%	23 48%	17 63%	11 46%
ORALIT PREVENTS DIARRHEA	6 6%	3 6%	3 6%	4 7%	2 4%	2 7%	1 4%
ORALIT REPLACES BODY FLUID OF A CHILD SUFFERS FORM DIARRHEA	12 12%	8 16%	4 8%	6 11%	6 13%	4 15%	2 8%
IF MENCRET IS NOT TREATED, CAN CAUSE DEATH	7 7%	2 4%	5 10%	1 2%	6 13%	1 4%	5 21%
MENCRET CAUSE LACK OF BODY FLUID	14 14%	4 8%	10 20%	4 7%	10 21%	1 4%	7 29%
IF MENCRET, GIVE A TO DRINK	1 1%	1 2%	-	1 2%	-	1 4%	-
MENCRET CAUSE WEAKNESSES	4 4%	-	4 8%	1 2%	3 6%	-	3 13%
ABOUT ORALIT PRODUCT	4 4%	1 2%	3 6%	2 4%	2 4%	-	1 4%
DON'T KNOW	1 1%	1 2%	-	-	1 2%	-	-

SURVEY RESEARCH INDONESIA
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TABLE 31
SHEET 1

ALL RESPONDENTS
Q.II 1B: IDEA/CONCEPT CONVEYED BY THE AD

		TOTAL		TOTAL		FIRST SHOWN	
	TOT	RADIO	VIDEO	RADIO VIDEO	VIDEO RADIO	RADIO	VIDEO
TOTAL	102 100%	51 100%	51 100%	54 100%	48 100%	27 100%	24 100%
IF A CHILD SUFFERS FROM DIARRHEA GIVE ORALIT	50 49%	27 53%	23 45%	28 52%	22 46%	15 56%	10 42%
GIVE ORALIT 3 GLASSES A DAY AS LONG AS A CHILD IS MENCRET (DIARRHEA)	41 40%	16 31%	25 49%	16 30%	25 52%	5 19%	14 58%
GIVE ORALIT TO A CHILD SUFFERS FROM DIARRHEA TO AVOID WEAKNESS	2 2%	2 4%	-	1 2%	1 2%	1 4%	-
ORALIT REPLACES BODY FLUID	10 10%	8 16%	2 4%	4 7%	6 13%	4 15%	2 8%
A CHILD SUFFERS FROM MENCRET (DIARRHEA) CAN DIE IF NOT GIVEN ORALIT	15 15%	12 24%	3 6%	6 11%	9 19%	4 15%	1 4%
MENCRET REDUCES BODY FLUID	6 6%	2 4%	4 8%	-	6 13%	-	4 17%
IF ORALIT DOES NOT CURE DIARRHEA BRING A CHILD TO PUSKESMAS/DOCTOR	2 2%	1 2%	1 2%	2 4%	-	1 4%	-
MOTHERS MUST HAVE ORALIT AS A FIRST AID	2 2%	1 2%	1 2%	2 4%	-	1 4%	-
USAGE OF ORALIT	3 3%	1 2%	2 4%	3 6%	-	1 4%	-
MOTHERS NO NEED TO PANIC IF A CHILD HAS MENCRET (DIARRHEA)	1 1%	1 2%	-	1 2%	-	1 4%	-
MENCRET CAN CAUSE WEAK-NESS	4 4%	-	4 8%	2 4%	2 4%	-	2 8%

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TABLE 32
SHEET 1

ALL RESPONDENTS
Q.II 2A: EFFECT OF CONTINUOUS DIARRHEA

	TGT	TOTAL RADIO	TOTAL VIDEO	TOTAL RADIO VIDEO	TOTAL VIDEO RADIO	FIRST SHOWN RADIO	FIRST SHOWN VIDEO
TOTAL	102 100%	51 100%	51 100%	54 100%	48 100%	27 100%	24 100%
LOSE WEIGHT	25 25%	14 27%	11 22%	14 26%	11 23%	6 22%	3 13%
LOSES BODY FLUID/KEKURAN GAN CAIRAN	57 56%	25 49%	32 63%	31 57%	26 54%	13 48%	14 58%
BECOMES WEAK, NO ENERGY, LETHARGIC, SLEEPY	82 80%	34 67%	48 94%	40 74%	42 88%	15 56%	23 96%
NO APPETITE	22 22%	14 27%	8 16%	11 20%	11 23%	7 26%	4 17%
BECOMES PALE (PUCAT)	21 21%	9 18%	12 24%	7 13%	14 29%	3 11%	8 33%
CRANKY, CRIES ALL THE TIME (REWEL)	8 8%	4 8%	4 8%	5 9%	3 6%	3 11%	2 8%
HOLLOW-EYED	6 6%	4 8%	2 4%	1 2%	5 10%	1 4%	2 8%
THIRSTY	1 1%	-	1 2%	1 2%	-	-	-
FEVERISH	5 5%	2 4%	3 6%	4 7%	1 2%	1 4%	-
VOMITS	1 1%	-	1 2%	1 2%	-	-	-
BLOATED STOMACH	3 3%	2 4%	1 2%	3 6%	-	2 7%	-
RESTLESS, CAN NOT SLEEP	2 2%	-	2 4%	-	2 4%	-	2 8%
IF NOT TREATED (HE) CAN DIE	75 74%	40 78%	35 69%	35 65%	40 83%	18 67%	18 75%
DANGEROUS/SERIOUS	4 4%	4 8%	-	4 7%	-	4 15%	-
CHILDREN WHO HAS SPASM	1 1%	1 2%	-	1 2%	-	1 4%	-
OTHERS	1 1%	-	1 2%	1 2%	-	-	-

SURVEY RESEARCH INDONESIA — TABLE 33
1989 - PRE-TESTING ORS PSA — SHEET 1

ALL RESPONDENTS
Q.II 2B: EFFECT OF KEKURANGAN CAIRAN

		TOTAL		TOTAL		FIRST SHOWN	
	TOT	RADIO	VIDEO	RADIO VIDEO	VIDEO RADIO	RADIO	VIDEO
TOTAL	102 100%	51 100%	51 100%	54 100%	48 100%	27 100%	24 100%
LOSES EXCESSIVE BODY FLUIDS, BECOMES "DRY"	22 22%	9 18%	13 25%	16 30%	6 13%	6 22%	3 13%
IF NOT TREATED (HE) CAN EVENTUALLY DIE	85 83%	43 84%	42 82%	43 80%	42 88%	21 78%	20 83%
BECOMES WEAK, NO ENERGY	72 71%	32 63%	40 78%	41 76%	31 65%	17 63%	16 67%
BECOMES VERY THIRSTY	2 2%	2 4%	-	2 4%	-	2 7%	-
BECOMES VERY THIRSTY BUT CANNOT	1 1%	-	1 2%	-	1 2%	-	1 4%
NO APPETITE	7 7%	5 10%	2 4%	5 9%	2 4%	4 15%	1 4%
NO MOOD TO PLAY	3 3%	1 2%	2 4%	2 4%	1 2%	1 4%	1 4%
COULD CAUSE SPASM	2 2%	1 2%	1 2%	2 4%	-	1 4%	-
MUNTABER	1 1%	1 2%	-	1 2%	-	1 4%	-
CHILD CAN VOMIT	1 1%	-	1 2%	1 2%	-	-	-

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 34
SHEET 1

ALL RESPONDENTS
Q.11 3A: TREATMENT OF DIARRHEA

	TOT	TOTAL RADIO	TOTAL VIDEO	TOTAL RADIO VIDEO	TOTAL VIDEO RADIO	FIRST SHOWN RADIO	FIRST SHOWN VIDEO
TOTAL	102 100%	51 100%	51 100%	54 100%	48 100%	27 100%	24 100%
YOU MUST FIRST TREAT THE SYMPTOM OF "KEKURANGAN CAIRAN"	1 1%	1 2%	-	-	1 2%	-	-
GIVE ANTI DIARRHEAL MEDICINE AND/OR JAMU (TABLET/POWDER)	4 4%	3 6%	1 2%	2 4%	2 4%	2 7%	1 4%
GIVE ORALIT (UNSPECIFIED, ANY BRAND)	75 74%	40 78%	35 69%	40 74%	35 73%	22 81%	17 71%
GIVE 2 GLASS OF ORALIT A DAY	1 1%	1 2%	-	1 2%	-	1 4%	-
GIVE 3 GLASS OF ORALIT A DAY	38 37%	18 35%	20 39%	14 26%	24 50%	6 22%	12 50%
GIVE AT LEAST 3 GLASSES OF ORALIT A DAY	18 18%	10 20%	8 16%	12 22%	6 13%	5 19%	1 4%
GIVE AT LEAST 3 GLASSES OF ORALIT A DAY AS LONG AS THE DIARRHEA LAST	34 33%	13 25%	21 41%	13 24%	21 44%	4 15%	12 50%
GIVE ORALIT AS LONG AS THE DIARRHEA LASTS	25 25%	12 24%	13 25%	16 30%	9 19%	6 22%	3 13%
TAKE CHILD TO PUSKESMAS/DOCTOR/HOSPITAL	11 11%	7 14%	4 8%	5 9%	6 13%	5 19%	4 17%

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SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 35
SHEET 1

ALL RESPONDENTS
Q.II 38: TREATMENT OF KEKURANGAN CAIRAN

	TOT	TOTAL RADIO	TOTAL VIDEO	TOTAL RADIO VIDEO	TOTAL VIDEO RADIO	FIRST SHOWN RADIO	FIRST SHOWN VIDEO
TOTAL	102 100%	51 100%	51 100%	54 100%	48 100%	27 100%	24 100%
GIVE ORALIT (UNSPECIFIED , ANY BRAND)	71 70%	39 76%	32 63%	39 72%	32 67%	23 85%	16 67%
GIVE A LOT OF ORALIT IT THE FIRST 2 HOURS	1 1%	-	1 2%	1 2%	-	-	-
GIVE 1 GLASS OF ORALIT A DAY	2 2%	-	2 4%	1 2%	1 2%	-	1 4%
GIVE 2 GLASS OF ORALIT A DAY	3 3%	2 4%	1 2%	3 6%	-	2 7%	-
GIVE 3 GLASS OF ORALIT A DAY	39 38%	19 37%	20 39%	16 30%	23 48%	8 30%	12 50%
GIVE AT LEAST 3 GLASSES OF ORALIT A DAY	9 9%	7 14%	2 4%	6 11%	3 6%	4 15%	-
GIVE AT LST 3 GL.ORL/DAY AS LONG AS DIARRHEA LST	32 31%	11 22%	21 41%	14 26%	18 38%	3 11%	10 42%
GIVE ORALIT AS LONG AS THE DIARRHEA LASTS	16 16%	8 16%	8 16%	11 20%	5 10%	4 15%	1 4%
TAKE CHILD TO PUSKESMAS/ DOCTOR/HOSPITAL	11 11%	4 8%	7 14%	7 13%	4 8%	3 11%	3 13%
GIVE SALT + SUGAR	3 3%	2 4%	1 2%	1 2%	2 4%	1 4%	1 4%
GIVE A LOT OF DRINK	1 1%	-	1 2%	1 2%	-	-	-

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 36
SHEET 1

ALL RESPONDENTS
Q.II 4: WHETHER A CHILD CAN DIE FROM DIARRHEA

		TOTAL		TOTAL		FIRST SHOWN	
	TOT	RADIO	VIDEO	RADIO VIDEO	VIDEO RADIO	RADIO	VIDEO
TOTAL	102	51	51	54	48	27	24
	100%	100%	100%	100%	100%	100%	100%
YES	102	51	51	54	48	27	24
	100%	100%	100%	100%	100%	100%	100%

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 37
SHEET 1

WHO SAY YES
Q.II 5: CAUSES OF DEATH FROM DIARRHEA

	TOT	TOTAL RADIO	TOTAL VIDEO	TOTAL RADIO VIDEO	TOTAL VIDEO RADIO	FIRST SHOWN RADIO	FIRST SHOWN VIDEO
TOTAL	102	51	51	54	48	27	24
	100%	100%	100%	100%	100%	100%	100%
NO ENERGY/BECOMES WEAK/ BECOMES TOO WEAK	52	27	25	30	22	14	9
	51%	53%	49%	56%	46%	52%	38%
LOSE APPETITE/DOESN'T WANT TO EAT	25	15	10	15	10	8	3
	25%	29%	20%	28%	21%	30%	13%
LOSE BODY FLUID	81	42	39	41	40	20	18
	79%	82%	76%	76%	83%	74%	75%
LOSE TOO MUCH BODY FLUID	25	8	17	17	8	6	6
	25%	16%	33%	31%	17%	22%	25%
BECOMES VERY THIRSTY BUT DOESN'T WANT TO DRINK	2	1	1	2	-	1	-
	2%	2%	2%	4%		4%	
COMPLICATIONS (UNQUAL)	1	-	1	1	-	-	-
	1%		2%	2%			
VOMITS	21	13	8	13	8	8	3
	21%	25%	16%	24%	17%	30%	13%
STOMACH "STICKS"	2	-	2	-	2	-	2
	2%		4%		4%		8%
LATE PREVENTION	2	1	1	2	-	1	-
	2%	2%	2%	4%		4%	
NOT ACCURATE TREATMENT	2	1	1	2	-	1	-
	2%	2%	2%	4%		4%	
WEAK BODY RESISTANCE	2	1	1	1	1	1	1
	2%	2%	2%	2%	2%	4%	4%
OTHERS	2	-	2	1	1	-	1
	2%		4%	2%	2%		4%

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 38
SHEET 1

WHO SAY YES
Q.II 6A: WHETHER THERE IS DEATH PREVENTION FROM DIARRHEA

		TOTAL		TOTAL		FIRST SHOWN	
	TOT	RADIO	VIDEO	RADIO VIDEO	VIDEO RADIO	RADIO	VIDEO
TOTAL	102	51	51	54	48	27	24
	100%	100%	100%	100%	100%	100%	100%
YES	102	51	51	54	48	27	24
	100%	100%	100%	100%	100%	100%	100%

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 39
SHEET 1

WHO SAY YES
Q.II 6B: WAY TO PREVENT DEATH FROM DIARRHEA

	TOT	TOTAL RADIO	TOTAL VIDEO	TOTAL RADIO VIDEO	TOTAL VIDEO RADIO	FIRST SHOWN RADIO	FIRST SHOWN VIDEO
TOTAL	102 100%	51 100%	51 100%	54 100%	48 100%	27 100%	24 100%
TAKE CHILD TO DUKUN	2 2%	1 2%	1 2%	-	2 4%	-	1 4%
GIVE ORALIT (ANY BRAND)	92 90%	46 90%	46 90%	49 91%	43 90%	25 93%	22 92%
GIVE MEDICINE (OTHER THAN ORALIT)	13 13%	6 12%	7 14%	8 15%	5 10%	4 15%	3 13%
TAKE TO HOSPITAL+DOCTOR	4 4%	2 4%	2 4%	2 4%	2 4%	2 7%	2 8%
GIVE SALT + SUGAR	6 6%	5 10%	1 2%	2 4%	4 8%	2 7%	1 4%
GIVE A LOT OF DRINK	2 2%	1 2%	1 2%	1 2%	1 2%	1 4%	1 4%

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 40
SHEET 1

ALL RESPONDENTS
B.II 7: TREATMENT OF CONTINUOUS DIARRHEA (NEXT TIME)

		TOTAL		TOTAL		FIRST SHOWN	
	TOT	RADIO	VIDEO	RADIO VIDEO	VIDEO RADIO	RADIO	VIDEO
TOTAL	102 100%	51 100%	51 100%	54 100%	48 100%	27 100%	24 100%
ENTEROSTOP	1 1%	1 2%	-	1 2%	-	1 4%	-
SULFA-PLUS	3 3%	2 4%	1 2%	1 2%	2 4%	1 4%	1 4%
ORALIT (BRAND)	26 25%	11 22%	15 29%	18 33%	8 17%	7 26%	4 17%
ORALIT (GENERIC/ALL BRANDS)	60 59%	30 59%	30 59%	30 56%	30 63%	15 56%	15 63%
PHAROLIT	7 7%	4 8%	3 6%	2 4%	5 10%	1 4%	2 8%
ELTOLIT	2 2%	1 2%	1 2%	-	2 4%	-	1 4%
ORATOLIT	1 1%	1 2%	-	1 2%	-	1 4%	-
GIVE SALT + SUGAR	3 3%	1 2%	2 4%	2 4%	1 2%	1 4%	1 4%
KAOMYCIN	3 3%	2 4%	1 2%	2 4%	1 2%	1 4%	-
GIVE TRADITIONAL HERBAL MEDICINE	2 2%	1 2%	1 2%	1 2%	1 2%	-	-
OTHERS	3 3%	-	3 6%	-	3 6%	-	3 13%

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 41
SHEET 1

ALL RESPONDENTS
Q.11 BA: RECOMMENDED DOSAGE FOR ORALIT

			S . E . S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	102	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
3 GLASSES	102	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 41B
SHEET 1

ALL RESPONDENTS
Q.11 8R: LENGTH OF TIME TO GIVE ORALIT

	TOT	TOTAL RADIO	TOTAL VIDEO	TOTAL RADIO VIDEO	TOTAL VIDEO RADIO	FIRST SHOWN RADIO	FIRST SHOWN VIDEO
TOTAL	102	51	51	54	48	27	24
	100%	100%	100%	100%	100%	100%	100%
1 DAY	4	1	3	4	-	1	-
	4%	2%	6%	7%		4%	
2 DAYS/2-3 DAYS	13	8	5	11	2	7	1
	13%	16%	10%	20%	4%	26%	4%
3 DAYS/3-4 DAYS	7	4	3	4	3	3	2
	7%	8%	6%	7%	6%	11%	8%
AS LONG AS HAVING DIARR/ UNTIL THE DIARRHEA STOP	78	38	40	35	43	16	21
	76%	75%	78%	65%	90%	59%	88%

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 42
SHEET 1

ALL RESPONDENTS
Q.9 : PREFERRED PLACE TO BUY ORALIT

	TOT	S.E.S		EDUCATION		AGE		
		RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%
WARUNG	1	-	1	1	-	-	1	-
	2%		4%	5%			4%	
APOTIK	31	14	17	11	20	9	13	9
	61%	56%	65%	52%	67%	60%	57%	69%
PUSKESMAS	9	5	4	3	6	4	4	1
	18%	20%	15%	14%	20%	27%	17%	8%
POSYANDU	7	5	2	5	2	2	3	2
	14%	20%	8%	24%	7%	13%	13%	15%
MIDWIFE	1	1	-	-	1	-	-	1
	2%	4%			3%			8%
DON'T KNOW	2	-	2	1	1	-	2	-
	4%		8%	5%	3%		9%	

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 42
SHEET 1

ALL RESPONDENTS
Q.9 : PREFERRED PLACE TO BUY ORALIT

	TOT	TOTAL RADIO	TOTAL VIDEO	TOTAL RADIO VIDEO	TOTAL VIDEO RADIO	FIRST SHOWN RADIO	FIRST SHOWN VIDEO
TOTAL	102 100%	51 100%	51 100%	54 100%	48 100%	27 100%	24 100%
WARUNG	2 2%	1 2%	1 2%	2 4%	-	1 4%	-
APOTIK	62 61%	31 61%	31 61%	36 67%	26 54%	18 67%	13 54%
PUSKESMAS	18 18%	9 18%	9 18%	8 15%	10 21%	4 15%	5 21%
POSYANDU	14 14%	7 14%	7 14%	4 7%	10 21%	2 7%	5 21%
MIDWIFE	2 2%	1 2%	1 2%	-	2 4%	-	1 4%
DON'T KNOW	4 4%	2 4%	2 4%	4 7%	-	2 7%	-

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SURVEY RESEARCH INDONESIA — TABLE 43
1989 - PRE-TESTING ORS PSA — SHEET 1

ALL RESPONDENTS
Q.10 : PREFERRED BRAND OF ORALIT

			S . E . S		EDUCATION		A G E		
	TOT	BEFORE ADS.	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
ORALIT	5	5	1	4	1	4	1	3	1
	10%	10%	4%	15%	5%	13%	7%	13%	8%
ORALIT (NO BRAND)	39	39	20	19	17	22	12	17	10
	76%	76%	80%	73%	81%	73%	80%	74%	77%
PHAROLIT	4	4	3	1	2	2	2	-	2
	8%	8%	12%	4%	10%	7%	13%		15%
ELTOLITE	1	1	1	-	-	1	-	1	-
	2%	2%	4%			3%		4%	
DON'T KNOW	2	2	-	2	1	1	-	2	-
	4%	4%		8%	5%	3%		9%	

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 43
SHEET 1

ALL RESPONDENTS
Q.10 : PREFERRED BRAND OF ORALIT

		TOTAL		TOTAL		FIRST SHOWN	
	TOT	RADIO	VIDEO	RADIO VIDEO	VIDEO RADIO	RADIO	VIDEO
TOTAL	102	51	51	54	48	27	24
	100%	100%	100%	100%	100%	100%	100%
ORALIT	10	5	5	8	2	4	1
	10%	10%	10%	15%	4%	15%	4%
ORALIT (NO BRAND)	78	39	39	40	38	20	19
	76%	76%	76%	74%	79%	74%	79%
PHAROLIT	8	4	4	2	6	1	3
	8%	8%	8%	4%	13%	4%	13%
ELTOLITE	2	1	1	-	2	-	1
	2%	2%	2%		4%		4%
DON'T KNOW	4	2	2	4	-	2	-
	4%	4%	4%	7%		7%	

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 44
SHEET 1

ALL RESPONDENTS
Q.11 : REASONS FOR PREFERRING THE BRAND

	TOT	S.E.S RP.50 -100	S.E.S RP100 -200	EDUCATION PRI-MARY	EDUCATION ABOVE PRIMARY	AGE BELOW 25YRS	AGE 25-29 YEARS	AGE 30-39 YEARS
TOTAL	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%
EASILY AVAILABLE/AVAILA-BLE IN NEAREST WARUNG	4	3	1	1	3	2	2	-
	8%	12%	4%	5%	10%	13%	9%	
MOST POPULAR BRAND	1	-	1	-	1	-	1	-
	2%		4%		3%		4%	
RECOMMENDED/GIVEN BY DOCTOR	14	11	3	5	9	7	6	1
	27%	44%	12%	24%	30%	47%	26%	8%
REDOMMENDED BY FRIEND/ RELATIVE/NEIGHBOUR	1	-	1	1	-	1	-	-
	2%		4%	5%		7%		
FLAVOURED/ORANGE/CITRUS FLAVOR	19	10	9	9	10	3	8	8
	37%	40%	35%	43%	33%	20%	35%	62%
CHILD LIKES THE FLAVOUR	15	4	11	5	10	3	5	7
	29%	16%	42%	24%	33%	20%	22%	54%
RETURN ENERGY	2	-	2	1	1	-	2	-
	4%		8%	5%	3%		9%	
EFFECTIVE	3	2	1	2	1	1	1	1
	6%	8%	4%	10%	3%	7%	4%	8%	
SUITABLE	2	1	1	-	2	1	-	1
	4%	4%	4%		7%	7%		8%
FROM POSYANDU	1	-	1	-	1	-	1	-
	2%		4%		3%		4%	
DON'T KNOW	2	-	2	1	1	-	2	-
	4%		8%	5%	3%		9%	

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 44
SHEET 1

ALL RESPONDENTS
Q.11 : REASONS FOR PREFERRING THE BRAND

		TOTAL		TOTAL		FIRST SHOWN	
	TOT	RADIO	VIDEO	RADIO VIDEO	VIDEO RADIO	RADIO	VIDEO
TOTAL	102 100%	51 100%	51 100%	54 100%	48 100%	27 100%	24 100%
EASILY AVAILABLE/AVAILABLE IN NEAREST WARUNG	8 8%	4 8%	4 8%	4 7%	4 8%	2 7%	2 8%
MOST POPULAR BRAND	2 2%	1 2%	1 2%	2 4%	-	1 4%	-
RECOMMENDED/GIVEN BY DOCTOR	28 27%	14 27%	14 27%	6 11%	22 46%	3 11%	11 46%
RECOMMENDED BY FRIEND/RELATIVE/NEIGHBOUR	2 2%	1 2%	1 2%	2 4%	-	1 4%	-
FLAVOURED/ORANGE/CITRUS FLAVOR	38 37%	19 37%	19 37%	18 33%	20 42%	9 33%	10 42%
CHILD LIKES THE FLAVOUR	30 29%	15 29%	15 29%	22 41%	8 17%	11 41%	4 17%
RETURN ENERGY	4 4%	2 4%	2 4%	4 7%	-	2 7%	-
EFFECTIVE	6 6%	3 6%	3 6%	2 4%	4 8%	1 4%	2 8%
SUITABLE	4 4%	2 4%	2 4%	2 4%	2 4%	1 4%	1 4%
FROM POSYANDU	2 2%	1 2%	1 2%	2 4%	-	1 4%	-
DON'T KNOW	4 4%	2 4%	2 4%	4 7%	-	2 7%	-

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 44
SHEET 1

ALL RESPONDENTS
Q.11 : REASONS FOR PREFERRING THE BRAND

	TOT	PREFERRED BRAND OF ORALIT				
		ORALIT	ORALIT NO BRAND	PHAROLIT	ELTOLIT	DON'T KNOW
TOTAL	51 100%	5 100%	39 100%	4 100%	1 100%	2 100%
EASILY AVAILABLE/AVAILABLE IN NEAREST WARUNG	4 8%	-	4 10%	-	-	-
MOST POPULAR BRAND	1 2%	-	1 3%	-	-	-
RECOMMENDED/GIVEN BY DOCTOR	14 27%	2 40%	10 26%	1 25%	1 100%	-
REDOMMENDED BY FRIEND/RELATIVE/NEIGHBOUR	1 2%	-	1 3%	-	-	-
FLAVOURED/ORANGE/CITRUS FLAVOR	19 37%	1 20%	15 38%	3 75%	-	-
CHILD LIKES THE FLAVOUR	15 29%	3 60%	11 28%	1 25%	-	-
RETURN ENERGY	2 4%	-	2 5%	-	-	-
EFFECTIVE	3 6%	-	2 5%	1 25%	-	-
SUITABLE	2 4%	-	1 3%	1 25%	-	-
FROM POSYANDU	1 2%	-	1 3%	-	-	-
DON'T KNOW	2 4%	-	-	-	-	2 100%

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 45
SHEET 1

ALL RESPONDENTS
Q.12A : PREFFERED LOGO FOR REHYDRATION SYMBOL

	TOT	S.E.S RP.50 -100	S.E.S RP100 -200	EDUCATION PRI-MARY	EDUCATION ABOVE PRIMARY	AGE BELOW 25YRS	AGE 25-29 YEARS	AGE 30-39 YEARS
TOTAL	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%
CHILD DRAWING	13	7	6	7	6	6	4	3
	25%	28%	23%	33%	20%	40%	17%	23%
CHILD IN A CIRCLE	27	11	16	8	19	6	15	6
	53%	44%	62%	38%	63%	40%	65%	46%	
CHILD IN A RECTANGULAR	11	7	4	6	5	3	4	4
	22%	28%	15%	29%	17%	20%	17%	31%

SURVEY RESEARCH INDONESIA — TABLE 45
1989 - PRE-TESTING ORS PSA — SHEET 1

ALL RESPONDENTS
Q.12A : PREFFERED LOGO FOR REHYDRATION SYMBOL

		TOTAL		TOTAL		FIRST SHOWN	
	TOT	RADIO	VIDEO	RADIO VIDEO	VIDEO RADIO	RADIO	VIDEO
TOTAL	102	51	51	54	48	27	24
	100%	100%	100%	100%	100%	100%	100%
CHILD DRAWING	26	13	13	14	12	7	6
	25%	25%	25%	26%	25%	26%	25%
CHILD IN A CIRCLE	54	27	27	32	22	16	11
	53%	53%	53%	59%	46%	59%	46%
CHILD IN A RECTANGULAR	22	11	11	8	14	4	7
	22%	22%	22%	15%	29%	15%	29%

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 46
SHEET 1

ALL RESPONDENTS
Q.III : BRAND CHOOSEN FOR DIARRHEA

		S.E.S		EDUCATION		AGE		
	TOT	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%
LYTREN	14	6	8	5	9	4	7	3
	27%	24%	31%	24%	30%	27%	30%	23%
PHAROLIT	10	8	2	4	6	2	4	4
	20%	32%	8%	19%	20%	13%	17%	31%
ORALIT	16	8	8	9	7	8	5	3
	31%	32%	31%	43%	23%	53%	22%	23%
ELTOLIT	10	2	8	3	7	1	6	3
	20%	8%	31%	14%	23%	7%	26%	23%
ORANEX	1	1	-	-	1	-	1	-
	2%	4%			3%		4%	

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 46
SHEET 1

ALL RESPONDENTS
Q.III : BRAND CHOOSEN FOR DIARRHEA

	TOT	TOTAL RADIO	TOTAL VIDEO	TOTAL RADIO VIDEO	TOTAL VIDEO RADIO	FIRST SHOWN RADIO	FIRST SHOWN VIDEO
TOTAL	102 100%	51 100%	51 100%	54 100%	48 100%	27 100%	24 100%
LYTREN	28 27%	14 27%	14 27%	16 30%	12 25%	8 30%	6 25%
PHAROLIT	20 20%	10 20%	10 20%	4 7%	16 33%	2 7%	8 33%	
ORALIT	32 31%	16 31%	16 31%	18 33%	14 29%	9 33%	7 29%
ELTOLIT	20 20%	10 20%	10 20%	16 30%	4 8%	8 30%	2 8%
ORANEX	2<2%	1 2%	1 2%	-	2 4%	-	1 4%

SURVEY RESEARCH INDONESIA
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TABLE 47A
SHEET 1

ALL RESPONDENTS
Q.III 1A : REASONS FOR CHOOSING THE BRAND

	TOT	S.E.S RP.50 -100	S.E.S RP100 -200	EDUCATION PRI-MARY	EDUCATION ABOVE PRIMARY	AGE BELOW 25YRS	AGE 25-29 YEARS	AGE 30-39 YEARS
TOTAL	51 100%	25 100%	26 100%	21 100%	30 100%	15 100%	23 100%	13 100%
CURIOUS/WOULD LIKE TO TRY NEW PRODUCT	2 4%	-	2 8%	1 5%	1 3%	1 7%	-	1 8%
ALREADY KNOW THE BRAND	20 39%	10 40%	10 38%	9 43%	11 37%	8 53%	8 35%	4 31%
TASTES NICE/CHILDREN LIKE THE TASTE	18 35%	9 36%	9 35%	7 33%	11 37%	2 13%	11 48%	5 38%
PRACTICAL/CONVENIENT/ READY TO DRINK	10 20%	5 20%	5 19%	3 14%	7 23%	3 20%	5 22%	2 15%
LIKE ORDINARY DRINK (I.E : BUAVITA/TEH KOTAK)	6 12%	-	6 23%	3 14%	3 10%	1 7%	3 13%	2 15%
SUITABLE	2 4%	-	2 8%	1 5%	1 3%	-	2 9%	-
ALWAYS GIVEN BY PUSKESMAS	5 10%	5 20%	-	2 10%	3 10%	1 7%	3 13%	1 8%
IN LIQUID FORM	1 2%	1 4%	-	-	1 3%	1 7%	-	-
ORANGE TASTE/PICTURE OF AN ORANGE	2 4%	-	2 8%	-	2 7%	1 7%	-	1 8%

SURVEY RESEARCH INDONESIA
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TABLE 47 B
SHEET 1

ALL RESPONDENTS
Q.III 1A : REASONS FOR CHOOSING THE BRAND

	TOT	TOTAL RADIO	TOTAL VIDEO	TOTAL RADIO VIDEO	TOTAL VIDEO RADIO	FIRST SHOWN RADIO	FIRST SHOWN VIDEO
TOTAL	102 100%	51 100%	51 100%	54 100%	48 100%	27 100%	24 100%
CURIOUS/WOULD LIKE TO TRY NEW PRODUCT	4 4%	2 4%	2 4%	4 7%	-	2 7%	-
ALREADY KNOW THE BRAND	40 39%	20 39%	20 39%	20 37%	20 42%	10 37%	10 42%
TASTES NICE/CHILDREN LIKE THE TASTE	36 35%	18 35%	18 35%	20 37%	16 33%	10 37%	8 33%
PRACTICAL/CONVENIENT/ READY TO DRINK	20 20%	10 20%	10 20%	10 19%	10 21%	5 19%	5 21%
LIKE ORDINARY DRINK (I.E : BUAVITA/TEH KOTAK)	12 12%	6 12%	6 12%	12 22%	-	6 22%	-
SUITABLE	4 4%	2 4%	2 4%	4 7%	-	2 7%	-
ALWAYS GIVEN BY PUSKESMAS	10 10%	5 10%	5 10%	-	10 21%	-	5 21%
IN LIQUID FORM	2 2%	1 2%	1 2%	-	2 4%	-	1 4%
ORANGE TASTE/PICTURE OF AN ORANGE	4 4%	2 4%	2 4%	4 7%	-	2 7%	-

SURVEY RESEARCH INDONESIA
1989 - PRE-TESTING ORS PSA

TABLE 47 C
SHEET 1

ALL RESPONDENTS
Q.III 14 : REASONS FOR CHOOSING THE BRAND

		BRAND CHOOSEN FOR DIARRHEA				
	TOT	LYTREN	PHAROLIT	ORALIT	ELTOLIT	ORAMEX
TOTAL	51 100%	14 100%	10 100%	16 100%	10 100%	1 100%
CURIOUS/WOULD LIKE TO TRY NEW PRODUCT	2 4%	1 7%	-	-	1 10%	-
ALREADY KNOW THE BRAND	20 39%	-	5 50%	13 81%	1 10%	1 100%
TASTES NICE/CHILDREN LIKE THE TASTE	18 35%	1 7%	5 50%	4 25%	7 70%	1 100%
PRACTICAL/CONVENIENT/ READY TO DRINK	10 20%	10 71%	-	-	-	-
LIKE ORDINARY DRINK (I.E : BUAVITA/TEH KOTAK)	6 12%	5 36%	-	-	1 10%	-
SUITABLE	2 4%	-	-	-	2 20%	-
ALWAYS GIVEN BY PUSKESMAS	5 10%	-	3 30%	2 13%	-	-
IN LIQUID FORM	1 2%	1 7%	-	-	-	-
ORANGE TASTE/PICTURE OF AN ORANGE	2 4%	-	-	-	2 20%	-

SURVEY RESEARCH INDONESIA
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TABLE 48
SHEET 1

ALL RESPONDENTS
Q.III 2 : WHETHER CHOOSE ORS OR ANTI DIARRHEA FOR DIARRHEA

		S.E.S		EDUCATION		AGE		
	TOT	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%
ORALIT PRODUCT	42	21	21	17	25	12	19	11
	82%	84%	81%	81%	83%	80%	83%	85%
ANTI-DIARRHEAL	9	4	5	4	5	3	4	2
	18%	16%	19%	19%	17%	20%	17%	15%

SURVEY RESEARCH INDONESIA
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TABLE 48
SHEET 1

ALL RESPONDENTS
Q.III 2 : WHETHER CHOOSE ORS OR ANTI DIARRHEA FOR DIARRHEA

		TOTAL		TOTAL		FIRST SHOWN	
	TOT	RADIO	VIDEO	RADIO VIDEO	VIDEO RADIO	RADIO	VIDEO
TOTAL	102 100%	51 100%	51 100%	54 100%	48 100%	27 100%	24 100%
ORALIT PRODUCT	84 82%	42 82%	42 82%	44 81%	40 83%	22 81%	20 83%
ANTI-DIARRHEAL	18 18%	9 18%	9 18%	10 19%	8 17%	5 19%	4 17%

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SURVEY RESEARCH INDONESIA
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TABLE 49
SHEET 1

ALL RESPONDENTS
Q.R: AGE OF BALITA

	TOT	S.E.S RP.50 -100	S.E.S RP100 -200	EDUCATION PRI-MARY	EDUCATION ABOVE PRIMARY	AGE BELOW 25YRS	AGE 25-29 YEARS	AGE 30-39 YEARS
TOTAL	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%
UNDER 1 YEAR	11	8	3	6	5	7	2	2
	22%	32%	12%	29%	17%	47%	9%	15%
1-2 YEARS	15	9	6	3	12	6	8	1
	29%	36%	23%	14%	40%	40%	35%	8%
2-3 YEARS	23	8	15	11	12	5	10	8
	45%	32%	58%	52%	40%	33%	43%	62%
3-4 YEARS	16	6	10	5	11	4	8	4
	31%	24%	38%	24%	37%	27%	35%	31%

SURVEY RESEARCH INDONESIA
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TABLE 50
SHEET 1

ALL RESPONDENTS
Q.C : S E S

	TOT	S.E.S RP.50 -100	S.E.S RP100 -200	EDUCATION PRI-MARY	EDUCATION ABOVE PRIMARY	AGE BELOW 25YRS	AGE 25-29 YEARS	AGE 30-39 YEARS
TOTAL	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%
RP 50.001 - RP 75.000	6	6	-	3	3	2	1	3
	12%	24%		14%	10%	13%	4%	23%
RP 75.001 - RP 100.000	19	19	-	9	10	8	9	2
	37%	76%		43%	33%	53%	39%	15%
RP 100.001 - RP 150.000	15	-	15	8	7	2	9	4
	29%		58%	38%	23%	13%	39%	31%
RP 150.001 - RP 200.000	11	-	11	1	10	3	4	4
	22%		42%	5%	33%	20%	17%	31%

SURVEY RESEARCH INDONESIA
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TABLE 51
SHEET 1

ALL RESPONDENTS
Q.D : AGE OF RESPONDENTS

	TOT	S.E.S		EDUCATION		AGE		
		RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%
BELOW 25	15	10	5	6	9	15	-	-
	29%	40%	19%	29%	30%	100%		
25 - 29	23	10	13	8	15	-	23	-
	45%	40%	50%	38%	50%		100%	
30 - 39	13	5	8	7	6	-	-	13
	25%	20%	31%	33%	20%			100%

SURVEY RESEARCH INDONESIA
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TABLE 52
SHEET 1

ALL RESPONDENTS
Q.E : EDUCATION

	TOT	S.E.S		EDUCATION		AGE		
		RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51 100%	25 100%	26 100%	21 100%	30 100%	15 100%	23 100%	13 100%
PRIMARY INCOMPLETE	7 14%	4 16%	3 12%	7 33%	-	3 20%	3 13%	1 8%
PRIMARY COMPLETE	14 27%	8 32%	6 23%	14 67%	-	3 20%	5 22%	6 46%
JUNIOR HIGH INCOMPLETE	7 14%	3 12%	4 15%	-	7 23%	2 13%	2 9%	3 23%
JUNIOR HIGH COMPLETE	8 16%	4 16%	4 15%	-	8 27%	2 13%	5 22%	1 8%
SENIOR HIGH INCOMPLETE	1 2%	-	1 4%	-	1 3%	1 7%	-	-
SENIOR HIGH COMPLETE	13 25%	5 20%	8 31%	-	13 43%	4 27%	7 30%	2 15%
UNIV/ACADEMY	1 2%	1 4%	-	-	1 3%	-	1 4%	-

SURVEY RESEARCH INDONESIA
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TABLE 53
SHEET 1

ALL RESPONDENTS
Q.F : WHETHER HAS CHILDREN SUFFERED FROM DIARRHEA IN PAST 1 MONTH

		S . E . S		EDUCATION		A G E		
	TOT	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%
YES	16	10	6	8	8	6	6	4
	31%	40%	23%	38%	27%	40%	26%	31%
NO	35	15	20	13	22	9	17	9
	69%	60%	77%	62%	73%	60%	74%	69%

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TABLE 54
SHEET 1

ALL RESPONDENTS
Q.F : WHETHER HAS CHILDREN SUFFERED FROM DIARRHEA IN PAST 2 MONTH

		S.E.S		EDUCATION		AGE		
	TOT	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%
YES	10	3	7	2	8	2	6	2
	20%	12%	27%	10%	27%	13%	26%	15%
NO	41	22	19	19	22	13	17	11
	80%	88%	73%	90%	73%	87%	74%	85%

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SURVEY RESEARCH INDONESIA
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TABLE 55
SHEET 1

ALL RESPONDENTS
Q.F : WHETHER HAS CHILDREN SUFFERED FROM DIARRHEA IN PAST 6 MONTH

		S.E.S		EDUCATION		A G E		
	TOT	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%
YES	29	15	14	13	16	9	11	9
	57%	60%	54%	62%	53%	60%	48%	69%
NO	22	10	12	8	14	6	12	4
	43%	40%	46%	38%	47%	40%	52%	31%

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SURVEY RESEARCH INDONESIA
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TABLE 56
SHEET 1

ALL RESPONDENTS
Q.6 : AGE OF LAST SUFFERER

	TOT	S.E.S RP.50 -100	S.E.S RP100 -200	EDUCATION PRI-MARY	EDUCATION ABOVE PRIMARY	AGE BELOW 25YRS	AGE 25-29 YEARS	AGE 30-39 YEARS
TOTAL	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%
UNDER 1 YEAR	8	7	1	5	3	5	2	1
	16%	28%	4%	24%	10%	33%	9%	8%
1 - 2 YEARS	14	8	6	3	11	5	8	1
	27%	32%	23%	14%	37%	33%	35%	8%
2 - 3 YEARS	15	4	11	7	8	4	7	4
	29%	16%	42%	33%	27%	27%	30%	31%
3 - 4 YEARS	7	2	5	4	3	1	2	4
	14%	8%	19%	19%	10%	7%	9%	31%
	7	4	3	2	5	-	4	3
	14%	16%	12%	10%	17%		17%	23%

SURVEY RESEARCH INDONESIA
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TABLE 57
SHEET 1

ALL RESPONDENTS
Q.H : WHETHER AWARE OF O R S

		S . E . S		EDUCATION		A G E		
	TOT	RP.50 -100	RP100 -200	PRI-MARY	ABOVE PRIMARY	BELOW 25YRS	25-29 YEARS	30-39 YEARS
TOTAL	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%
YES	51	25	26	21	30	15	23	13
	100%	100%	100%	100%	100%	100%	100%	100%