WHAT

Childhood diarrhoea is an important cause of mortality worldwide. The heaviest burden is found in the developing world where malnutrition, unsafe water, inadequate provision of sanitation and hygiene are more commonly found associated with the risk of dying from diarrhoea in very young children.

Today in Cross River State, every 2 minutes 30 children die before their 5th birthday from preventable causes like diarrhoea. This poses a very serious threat to public health and highlights a need for improved care seeking patterns.

WHY

The aim of this research is to make contact with the caregivers of young children at the primary level of care and collect information on the care seeking patterns especially for childhood diarrhoea. To also find out the level uptake of the interventions focused on childhood diarrhoea. This will enable me to be able to identify the potential weaknesses in the delivery of the intervention and suggest ways to strengthen existing interventions.

HOW

In order to do this I coordinated Focus Group discussions with carers of little children in communities across Cross River State including health care providers. I also administered Questionnaires to mothers and caregivers of children under 5 years.

WHEN NEXT

After the research findings have fully been analysed, the results will be discussed with the communities involved in the work as feedback. Recommendations will be a largely collaborative effort involving care givers as well as care providers. This will hopefully improve the take-up of services and strengthen delivery of care. Implementation of the recommendations will also be a participatory activity involving stakeholders at the local communities and will be tailored to the needs of the care as described in the results.

RESULTS

Interventions at the primary level of care include health education and the provision of oral rehydration salts predominantly at the first instance at home and then following up at the health facility. Health education is focused on improving risk factors like breastfeeding, immunisation, appropriate disposal of faeces, good level of personal hygiene and provision of safe water sources. Care givers are also advised to provide care at home with oral rehydration fluids and continue feeding and if the illness continues, to take the child to the nearest health facility.

Interventions focused on childhood diarrhoea are very varied in nature to care for young children. These include the use of herbal preparations obtained from the traditional healers, drugs obtained from the local pharmacy, care from the health facility as well as care given at home.

When my child is passing loose stools, I squeeze fresh ogbono leaves (bush mango) or boil the ‘ogbono leaves’ with ‘usuka’ and lemon grass and give two times a day for 2 days’ (madam J)

My child had diarrhoea when she was 2 years old, she was weak and was not eating well and passing stools frequently. I prepared the a mixture of guava leaf and udung with a little water which I gave her for 2 days until she felt better and the stooling stopped’ (madam F)

My twins also had diarrhoea when they were 2 years old. They were passing watery stools and their stomach was making a lot of noise and by evening they were very weak. I first prepared the salt sugar solution which I gave them and this did not stop the stools so I prepared a mixture of guava leaves, udung and salt which I gave them 3 times a day until they felt better’ (madam C)