# SANCHAR briefs

Science And News: Communicating Health And Research

**Brief #10: Diarrheal Disease Among Children**

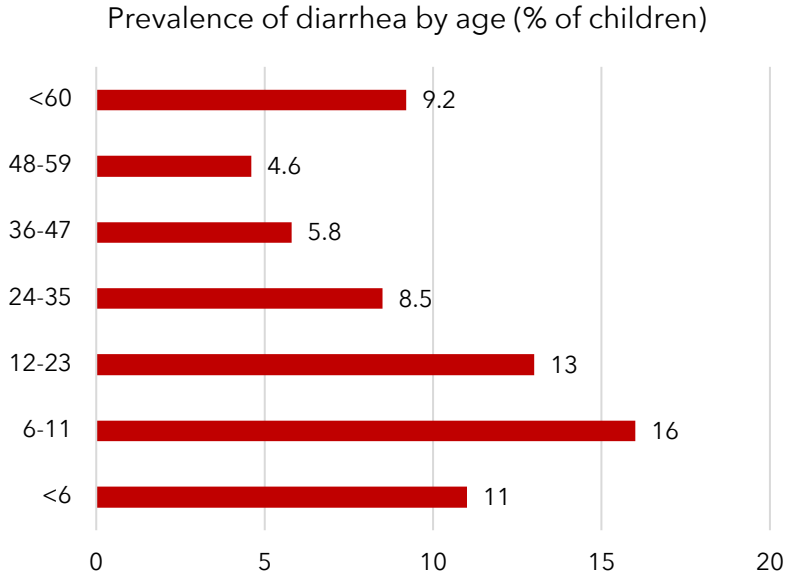
Diarrheal disease is a common but serious problem for young children. The World Health Organization (WHO) defines diarrhea as the passage of at least three loose or liquid stools per day, or more than usual for that individual. Diarrhea leads to malnutrition and dehydration, and it is a leading cause of death among children under five years old.

Diarrheal disease is usually the result of a bacterial, viral, or parasitic infection in the intestinal tract due to contaminated water, contaminated food, or person-to-person contact. Diarrheal disease is preventable, and in fact combatting water-borne and other communicable diseases is a Sustainable Development Goal (SDG). The WHO outlines strategies for preventing diarrhea: having safe drinking water and improved sanitation, washing hands with soap, practicing personal and food hygiene, exclusively breastfeeding for the first six months of life, educating about how infections spread, and vaccinating against rotavirus. Since 2016 the Universal immunization Program in India has been conducting a phased introduction of a rotavirus vaccine. Assessment of this program is ongoing.

Diarrheal disease is treatable. Especially in severe cases, a health care provider should be consulted. Children should be given rehydration therapy, such as fluids made with an oral rehydration salt (ORS) packet, to replace water and electrolytes. They should also be given zinc supplementation, which minimizes the duration and severity of an episode of diarrhea and be fed nutritious foods.

**Quick Facts from NFHS-4 (2015-16)**

1. In the two weeks prior to the survey, a reported 9% of children under five years old had diarrhea. Of those:
2. 68% got advice or treatment from a health facility or provider
3. 51% were given fluid made from an oral rehydration salt packet (an increase from 26% in 2005-06)
4. 20% were given zinc




In the NFHS-4, mothers reported diarrhea among children under 5 years old in the preceding two weeks. The total estimated prevalence was 9%. There were not substantial differences in prevalence based on respondents' characteristics, except age of the child. The prevalence of diarrhea among children under 6 months old was 11%, while in the next age group, 6 to 11 months old, the prevalence

was 16%. This is the age when exclusive breastfeeding ends and complementary foods are introduced. Another critical age is 12 to 23 months, when children begin walking and have more exposure to environmental contaminants. Prevalence at this age was 13%.

Of the mothers who reported diarrhea in their children, the majority (68%) sought advice or treatment from a health facility or provider. There were differences in this practice by characteristics like children's age, mother's schooling, religion, and wealth index. For example, 60% of those with the lowest wealth index sought advice or treatment, compared to 79% of those with the highest wealth index.

**Key diarrheal disease indicators by wealth index**

| *Wealth Index* | *Had diarrhea in the previous 2 weeks*[1] | *Had advice or treatment sought from a health facility or provider*[2] | *Given a fluid made from an ORS packet*[2] | *Given zinc*[2] |
|---|---|---|---|---|
| Lowest | 10 | 60 | 44 | 17 |
| Second | 10 | 65 | 48 | 19 |
| Middle | 9 | 71 | 51 | 21 |
| Fourth | 9 | 73 | 57 | 22 |
| Highest | 8 | 79 | 61 | 25 |

[1] Percentage of children under 5 years old [2] Percentage of children with reported diarrhea

About half the children with diarrhea were given fluid made from an ORS packet. This treatment was less likely for children in rural (48%) versus urban (59%) areas, the youngest children (31%) versus the oldest children (58%), and the lowest wealth index (44%) versus the highest wealth index (61%).

Only about one in five children with diarrhea was given zinc. This was patterned by the child's age and by religion. Children under 6 months old were least likely to be given zinc (14%), compared to children in the older age groups (20-24%). Muslim children were least likely to be given zinc (18%), while Christian children were the most likely (30%).

**How can this inform your work?**

Childhood diarrheal disease is widespread and serious but also treatable and preventable. Journalists can communicate best practices for treatment and prevention and cover policy related to achieving this SDG, e.g., the rotavirus vaccination program.

Some groups are much more vulnerable to diarrheal disease and to inadequate treatment than others.

Journalists should investigate and report on the ways in which both biology and social structures determine disease burden.

**Reference:**

International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: IIPS.

*Project SANCHAR is aimed at building capacity and facilitating the adoption of practices to use or draw on evidence in public health communication and practice. To facilitate this, SANCHAR collates and provides data from scientifically validated sources, from national datasets in easily interpretable formats, and accessible visuals that can be downloaded easily.*

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