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Winning the Battle Against a Child-Killer in Bangladesh

Dehydration caused by diarrhea is a major killer of children in developing countries, taking millions of young lives each year. For over a decade, Population Services International (PSI)—a nonprofit social marketing company operating in more than 45 countries—has been active in bringing to the world's children oral rehydration therapy (ORT), an effective, low-cost method of preventing childhood death from diarrhea-induced dehydration.

In 1986 PSI launched a program in Bangladesh to educate parents, schoolchildren, and health-care professionals about ORT, which involves administering fluids that treat and prevent dehydration, and to social market ORSaline, a brand of packaged oral-rehydration salts (ORS). These salts, when added to water, make the most effective and easiest-to-prepare oral-rehydration fluid. UNICEF estimates that ORT saves the lives of one million children worldwide under the age of five each year.

The Bangladesh program has been an unqualified success, with ORSaline selling 240 million packets to date (nearly 45 million in 1996) and achieving an estimated 75% market share. ORSaline is now so popular that its name has become the generic term for ORS in Bangladesh, and it has spawned a host of other commercial ORS brands. And PSI has launched similar projects in five other countries.



Educational programs that train schoolchildren in the use of oral rehydration therapy are also an effective way to get the message to parents in Bangladesh, where a project started by PSI has sold 240 million sachets of oral rehydration salts.

PROFILE
SOCIAL MARKETING AND COMMUNICATIONS FOR HEALTH

Population Services International
1120 19th Street, NW
Suite 600
Washington, DC 20036 USA
Phone: (202) 785-0072
Email: info@psi.org
www.psi.org

PSI Europe
Douglas House 1st Floor
16-18 Douglas Street
London SW1P 4PB, UK
Phone: +44 (0)20 7834 3400
Email: info@psieurope.org.uk
www.psi.org/psi-europe.htm

Survey Results

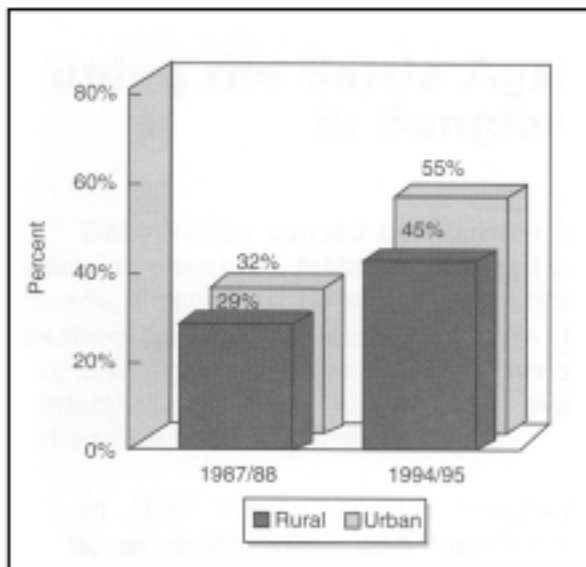
The success of the Bangladesh program is reflected in the results of an independent follow-up survey on the treatment of diarrhea in children under age five in that country, conducted in 1994/95. Findings were compared with those from a similar survey carried out in 1987/88. The comparison showed significant improvements in nearly every key area, including increased popularity of ORT, greater use of ORS (especially ORSaline), better understanding of the importance of ORT, and more effective use of ORT:

- **Popularity of ORT.** This rose dramatically, with the proportion of diarrhea episodes treated with ORT increasing to 45% in rural areas (up from 29% in 1987/88) and to 55% in urban areas (up from 32%).
- **Popularity of packet ORS.** Much of the popularity of ORT was due to greater use of packet ORS, especially ORSaline. Use of packet ORS more than doubled in rural areas (reaching 29%, up from 13% in 1987/88) as well as urban areas (reaching 38%, up from 17%), with ORSaline use rising nearly sixfold in rural areas (to 17%, vs. 3% initially) and nearly threefold in urban areas (to 20%, vs. 7% initially). ORSaline had become more than twice as popular as the closest competing ORS brand, and 10 to 20 times more popular than the other brands, with its brand recognition reaching 79% in rural areas (vs. only 22% in 1987/88) and 87% in urban areas (vs. 38%).
- **Understanding of ORT.** Parents were more likely to know how and why ORT works. For instance, the proportion of mothers who knew that ORT's purpose was to replace lost water increased to 32% in rural areas (from an initial level of 18%) and to 41% in urban areas (up from 25%). The proportion who held the erroneous—and potentially dangerous—belief that ORT cured diarrhea fell drastically, to 47% in rural areas (down from 72% in 1987/88) and to 40% in urban areas (down from 67%). Similar trends were found among fathers, who play a dominant role in Bangladeshi families.
- **Proper usage of ORT.** Greater understanding resulted in more effective use of ORT. For instance, ORT was initiated on the first day of loose stool (rather than waiting longer, which can be dangerous) in 76% of the cases in rural areas (up from 67%), and in 82% of the cases in urban areas (up from 70%). And the likelihood that ORT would be continued throughout the entire diarrhea episode (essential to prevent dehydration) also rose.

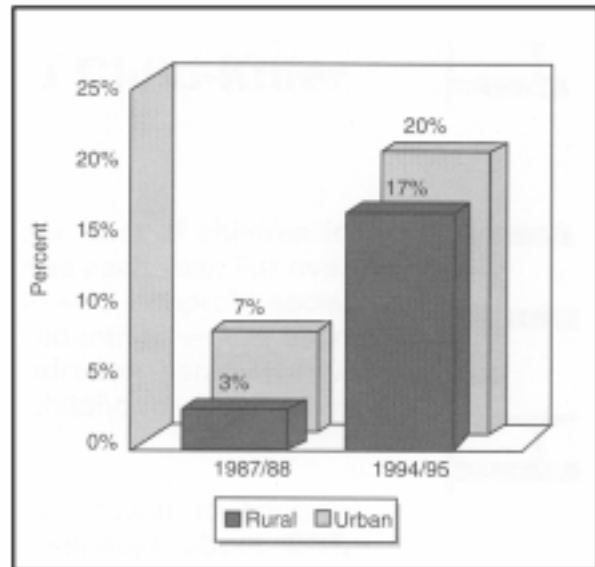
These results, while encouraging, show there is still much to do to eliminate diarrhea as a killer of children in Bangladesh. Points identified as deserving special emphasis with parents include using an entire ORS sachet at a time (45% of respondents still used only part of a sachet), persevering with ORT for the entire diarrhea episode (the longer the episode, the less likely it was for a child to receive ORT throughout), and treating infants less than six months of age (who are at increased risk of dying from dehydration, but for whom the ORT treatment remained lowest).

Making a Difference

Proportion of diarrhea episodes treated with oral rehydration therapy (ORT)



Proportion of diarrhea episodes treated with ORSaline



Marketing, Training, and Education

The Bangladesh program has been instrumental in increasing the use, awareness, and understanding of ORT in that country. The program differs from conventional social marketing efforts in that the product is neither donated nor subsidized. The operation contracts with two local pharmaceutical manufacturers to produce ORSaline, which is sold at government-fixed prices in pharmacies and other outlets. Sales revenues defray all production and some operating costs. Marketing—including consumer advertising, trade promotion, and detailing to doctors and pharmacists—is supported by USAID funding, as are the program's educational and training efforts.

The project—now managed by SMC, a local nonprofit company—focuses on presenting ORT within the broader context of the home-based management of childhood diarrhea; creating widespread awareness that diarrhea-induced dehydration, rather than diarrhea itself, is the life-threatening condition; and positioning ORT as a preventive, rather than just a curative, intervention. This has been done in a variety of ways tailored to Bangladeshi conditions and culture, including a series of television and radio messages; consumer-oriented mini-dramas for radio, television, and cinema; and longer “infotainment” films shown to rural audiences by mobile film vans. Two very important components aim at training schoolchildren (who are an effective means of reaching parents and other caregivers) and rural medical practitioners (who are often the primary source of medical care in rural areas). All materials associated with the project bear a logo that includes the slogan “Oral Rehydration Saves Children’s Lives.”

The results of the follow-up survey in Bangladesh clearly show the effectiveness and viability of social marketing as a tool for promoting the life-saving benefits of ORT and ORS, and suggest that this might be successful in other countries as well.

PSI's Core Values

Bottom Line Health Impact • Private Sector Speed and Efficiency
Decentralization, Innovation, and Entrepreneurship • Long-term Commitment to the People We Serve