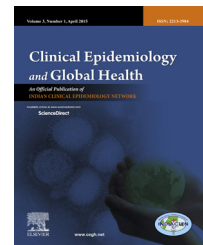


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## Original Article

# Developing effective health communication messages for community acquired pneumonia in children under five years of age: A rural North Indian qualitative study

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## ABSTRACT

**Background with objectives:** Community acquired pneumonia (CAP) is the leading cause of childhood deaths globally. Poor recognition of the danger signs of CAP, inappropriate care seeking, and community distrust in the primary health system are factors largely responsible for CAP related deaths in rural India. Our objective was to develop and pilot test culturally sensitive communication messages for improving symptom recognition of CAP as a means of encouraging timely health care seeking, and to promote trust in the government primary health system as an effective source of CAP treatment among children.

**Methods and materials:** Qualitative research was carried out between February and July 2014 in the states of Uttar Pradesh (U.P.) and Bihar in northern India. Message development entailed a six-step process: (1) theme identification, (2) creative conceptualization of messages, (3) pretesting messages in focus groups (FGs), (4) modification of messages, tagline/logo based on feedback, (5) piloting modified messages in FGs and further refinement and (6) harmonization of final communication products to ensure consistency.

**Results:** Messages were piloted in 49 FGs in 7 rural districts. Hindi terms for the signs of respiratory illness and lay use of "pneumonia" as a term encompassing CAP were understandable across all dialects. Five text, five audio and four video based messages were initially developed and pretested. Three text based messages, four audio and three video were deemed acceptable for pilot testing and refinement. Messages selected for use in future communication programs balanced measures of popularity with measures of maximum comprehension and least misunderstanding. Messages selected were harmonized so they would reinforce one another. Common logo and tagline ensured that the messages would be

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seen as components of a new outreach program associated with the government's efforts to address CAP as a primary healthcare priority.

**Conclusions:** Culturally sensitive messages for improving case management of CAP were developed through a multi-stage, evidence-based research process in a rural population. They need to accompany health systems strengthening efforts to increase confidence in government health facilities.

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## 1. Introduction

Community acquired pneumonia (CAP) is the leading cause of mortality in children under 5 years of age, contributing to 20% of deaths globally. In 2011, pneumonia led to an estimated 1.3 million childhood deaths, more than one quarter of which occurred in India.<sup>1</sup> Non recognition of the danger signs of CAP and delays in healthcare seeking from trained medical personnel are primary reasons many children die of CAP in developing countries. This warrants the mounting of effective community based outreach programs to raise consciousness about how to recognize CAP, the need to act quickly when danger signs are recognized, appropriate places to seek care, and how to access assistance in locales where emergency transportation to health care center is being made available.

To understand care-seeking behavior in cases of CAP in children in rural North India, we conducted formative research (findings published elsewhere)<sup>2</sup> on illness perceptions and health care seeking practices of caregivers and the knowledge and health care advice of community health workers (CHWs) in seven districts of U.P. and Bihar states. This phase of research used methods recommended for focused ethnographic studies (FES) of acute respiratory infections (ARI) recommended by the World Health Organization.<sup>3-5</sup> Multiple qualitative methods were employed to capture cognitive, embodied, sensorial, and experience based knowledge of respiratory illness ensuring triangulation of information obtained and internal validity.<sup>6</sup> We found that there was low awareness of symptoms of CAP,

danger signs of severe life threatening illness as well as poor knowledge about when and where to seek care. Based on these findings we conducted second stage research to develop messages (text, audio and video) to be used in an outreach communication program designed to both raise consciousness about CAP in the community and provide information on what to do in the case CAP is recognized. This paper describes in detail the methodology adopted to develop and pilot communication materials.

## 2. Materials and methods

### 2.1. Study setting

Research was conducted in 4 districts of U.P. state (population 204.2 million; area 243,286 km<sup>2</sup>) and 3 districts in Bihar state (population 99.02 million; area 99,200 km<sup>2</sup>) of North India (Fig. 1). Each district is administratively subdivided into blocks having a population of approximately 100,000. Within each block the health infrastructure is composed of one community health center (CHC) and within the area covered by the CHC are the primary health centers (PHCs) and within PHCs, subcenters (SCs) catering to population of about 5000 (approximately 5 villages). Each SC has one auxiliary nurse midwife (ANM) and about 5 accredited social health activist (ASHA) workers, one ASHA per village.

Using two-stage random sampling, we selected one block from a district and one SC from each block. Blocks (district)

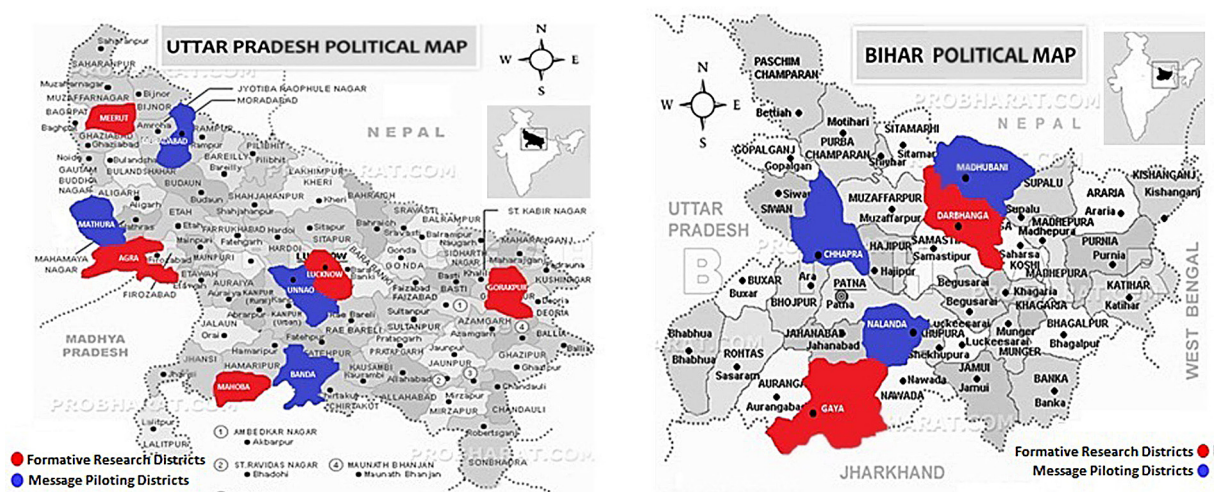


Fig. 1 – Message validation and formative research districts.

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