



The importance of qualitative research for targeted community interventions to empower rural caregivers looking after children with suspected pneumonia

Lois King, Global Health Governance Programme, Usher Institute, University of Edinburgh

In Bangladesh, 14% of deaths in children under the age of five are attributed to pneumonia every year. Delays in care-seeking are a significant factor in the cause of these deaths. But for targeted interventions in the community to be effective, it is important to understand the reasons care-seeking for children with pneumonia is delayed by using qualitative research methods.

Chowdhury and colleagues (2022) conducted a study to understand barriers to seeking timely treatment for severe childhood pneumonia in rural Bangladesh. Twenty in-depth interviews were conducted of mothers from various socio-demographic backgrounds. These participants were specifically caregivers of children under five years with moderate or severe pneumonia who sought healthcare in the last three months.

The team identified 10 themes that characterised the reasons for delays in care-seeking. These included using home remedies; non-compliance with the doctor's advice; lack of knowledge in identifying signs and symptoms of pneumonia; lack of transport; and scarcity of quality treatment at the community level. Even though public health facilities provide

essential medicines free of cost, these drugs are often unavailable at the point of care. As a result, many preferred to visit private facilities for treatment, leading to care-seeking delays especially among the most financially disadvantaged.

While Bangladesh has made strides in reducing pneumonia-related child mortality, it remains the thirteenth highest-burden country in the world for pneumonia. When looking at progress towards universal health coverage, 14% of Bangladeshi households face catastrophic health expenditures putting them at risk of poverty due to healthcare expenses. While these findings were gathered from only rural communities in one district, other studies confirm that similar barriers exist among other rural populations in Bangladesh.

This study is particularly insightful as the rural-urban divide for catastrophic health expenditures shows that 16.3% of rural households are at risk of being driven into poverty compared to 8.6% of urban households. Moreover, 61% of Bangladesh's population live in rural areas according to the World Bank. In this context, empowering caregivers and communities through education is an effective way to reach poorer households and minimise the number of children developing severe pneumonia in need of expensive hospital treatment.

Thus, qualitative research remains important in pneumonia research. Gathering perspectives on behaviours can help us learn how to improve access to health services by addressing their needs and concerns through targeted interventions, as well as evaluate the effectiveness of policy implementation on people's lives.

References

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