

EVERYBODY IN NIGERIA IS A DOCTOR...?: A QUALITATIVE STUDY OF STAKEHOLDER PERSPECTIVES ON LAY-DIAGNOSIS OF MALARIA AND PNEUMONIA IN SOUTHERN NIGERIA

Kelly O Elimian^a, Puja R Myles^a, Revati K Phalkey^a, Catherine Pritchard^a and Ayebo Sadoh^b

^aUniversity of Nottingham, UK

^bUniversity of Benin, Nigeria

Background: Nigeria bears the highest and second highest burden of malaria and pneumonia respectively in the world. Lay-diagnosis is commonly used by parents for the home-management of common childhood illnesses in Nigeria and other countries.

Objectives: To explore stakeholder perspectives of lay-diagnosis of malaria and pneumonia and the acceptability and feasibility of training parents in the World Health Organisation Integrated Management of Childhood Illness (IMCI) guidelines.

Design: A qualitative study using individual face-to-face semi-structured interviews. Participants Mothers (n=13) with children under the age of five years presenting to primary healthcare centres (PHCs) for routine medical consultations or immunisation activities and health professionals (HPs) (n=17) involved with the management of primary healthcare system. Setting Benin City, capital of Edo State in southern Nigeria.

Results: Parents reported lay-diagnosis was widely practised by themselves and their communities but recognised its limitations.

Parents were more confident in managing malaria as compared to pneumonia due to the perceived severity of the latter. They expressed willingness to undertake IMCI training for better diagnosis of common childhood illnesses in their children. However, few parents were reluctant to apply the IMCI skills so acquired to other people's children concerned that they could be held responsible for an adverse outcome such as admission to critical care or death. In addition, some HPs were concerned that training parents in IMCI could exacerbate the extant problem of misuse of medications.

Conclusions: Lay-diagnosis is a widely practised diagnostic approach by parents. There was some evidence of the acceptability of training parents in IMCI for early diagnosis of malaria and pneumonia. This approach could partially address the dearth of healthcare capacity in Nigeria, as well as other developing countries. However, a rigorous evaluation would be required to address feasibility.

Biography

Kelly Elimian is a PhD student in the Division of Epidemiology and Public Health, University of Nottingham, UK. He completed his graduation from the Department of Microbiology, University of Benin, Nigeria in 2008. In 2010, he started working in the same department -Microbiology- as a Graduate Assistant, and in the same year started his Master's programme in Medical Microbiology, graduating in 2012. Between 2012 and 2013, following the completion of his Master's programme, he came to the University of Nottingham to study Applied Epidemiology. After a one year break, he returned to Nottingham for his PhD research. His current research focuses on estimating the burden and assessing the accuracy of different diagnostic approaches for malaria and pneumonia in children under the age of five years in Benin City, Nigeria.

Kelly.elimian@nottingham.ac.uk

 Notes: