EXECUTIVE SUMMARY
ON
MESSAGE DEVELOPMENT & VALIDATION

Improving household Decision-Making for the Management of Pediatric Pneumonia in Uttar Pradesh & Bihar

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Background

In 2005, 2.3 million deaths were reported worldwide in children less than 5 years of age, and between ages of 1 month to 5 years, half of them were due to pneumonia or diarrhea, attributable to delayed recognition of illness by families, delayed and poor access to qualified health care in a setting which has untested home and traditional remedies for such illnesses and faith in incompetent and unqualified rural medical practitioners in a background of high prevalence of under nutrition, overcrowding, exposure to ambient air pollutants as a result of use of biomass fuel for cooking and second hand smoke and low rates of immunization etc.

Hypothesis

Community empowerment for prompt recognition of childhood pneumonia, understanding its severity and vulnerability of their child to adverse outcome due to delayed qualified care seeking is possible by development of appropriate messages by in-depth formative analysis of community constraints in real life and possibly diverse settings.

Goal

To create communications materials to improve household decision making when confronted by lower respiratory illness in children in northern India.

Objectives

One of the objectives of this project was to develop messages for change in behavior of the caregivers for the management of Childhood Pneumonia by insights gained through formative research and to validate them on another set of community. Another objective was to customize the selected messages for various audiences, prior to roll out. The present report compiles the activities undertaken to achieve these two objectives.

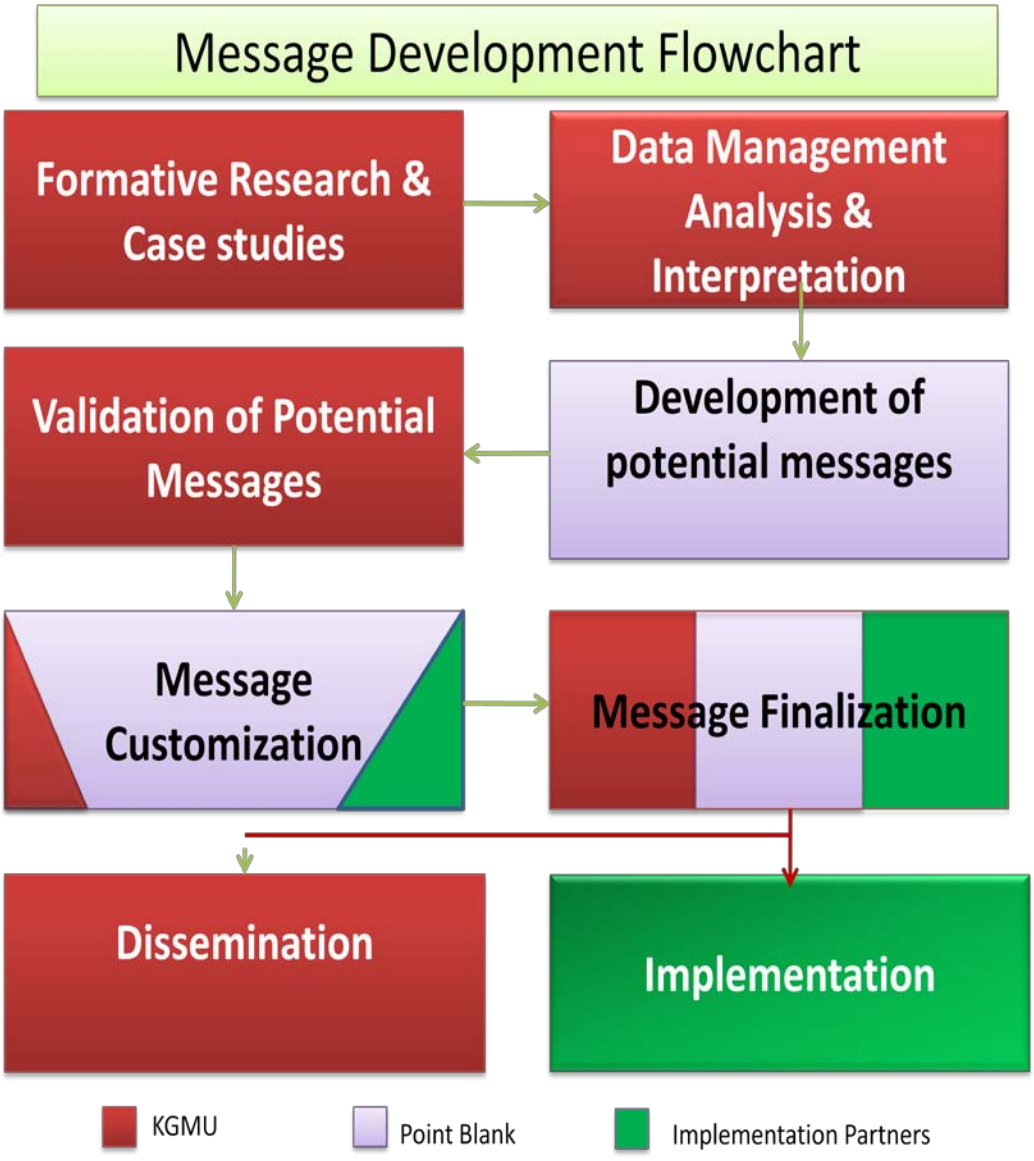
Project Setting

Since there are multiple dialects in Uttar Pradesh and Bihar, with some overpal, this project work was done in dialect specific rural village settings as well as in the corresponding Primary Health centers and Community Health Centers of 14 districts (roughly equal to 12.4% districts) of Uttar Pradesh and Bihar. Formative research was conducted in the seven districts: Lucknow (Awadhi), Gorakhpur (Bhojpuri), Mahoba (Bundelkhandi), Agra (Braj) and Meerut (Khari Boli) in Uttar Pradesh and Gaya (Maghai) and Darbhanga (Maithali) in

Bihar. Potential messages were validated in another set of seven districts: Unnao (Awadhi), Mathura (Braj), Muradabad (Khari Boli), Banda (Bundelkhandi) in Uttar Pradesh and Madhubani (Maithali), Nalanda (Maghai) and Chappra (Bhojpuri) in Bihar. These districts were adjoining to formative research and the native population spoke the same dialect as the population of formative districts.

Message Development

The following flowchart outlines the steps involved in message development.



Formative research: It was used for message development. In-depth interviews, semi structured interviews and focus group discussions were used to assess community`s recognition of pneumonia and its danger signs, when and where do they seek health care and what was their perception regarding risk due to delayed treatment. In this research, it was

found that although the vernacular term “pneumonia” was mentioned by most caregivers regardless of age without prompting but still recognition of pneumonia and its danger signs was poor among caregivers. In addition, it was found that fast breathing, an early sign of pneumonia, was not commonly recognized and chest in-drawing though recognized was not commonly monitored by removing a child’s clothing. We noticed that there was a delay in timely and qualified health care seeking and distrust of the community on available public health services. Themes that emerged from formative research findings led to the development of messages. Messages were developed by our commercial partner, Pointblank on the following four domains:

(a) Symptom recognition

(b) Where and when to seek treatment

(c) How to approach a care provider and negotiate for quality of care

(d) Risk vulnerability perception.

Pointblank prepared seven posters, four audio messages and four A/V messages on basis of formative research findings. Every message contained a tagline and logo `Childhood Pneumonia Campaign`. Messages developed were as follows:

- *Poster messages*: (a) campaign poster (depicting a fist and saying that we must fight pneumonia) (b) mother-child poster (c) poster on sick child appealing to the mother to save him from pneumonia (d) poster on less sick child appealing to the mother to save him from pneumonia (e) celebrity poster (f) ambulance poster and (g) pug marks poster depicting progression of disease.
- *Audio messages*: (a) mother`s self reflection (b) mother-grandfather conversation audio and (c) celebrity audio and (d) mother-ASHA worker conversation audio.
- *A/V Messages*: (a) mother`s self reflection (b) parent-doctor and (c) celebrity.

All messages were pilot tested in rural area of Kakori block in Lucknow district and among the caregivers of children under 5 years. On the basis of findings of pilot testing, poster message on campaign, less sick child appealing to the mother to save him from pneumonia and celebrity poster were excluded for further validation as they either lacked in information or else lacked social appeal. Audio message and A/V on celebrity were excluded for similar reasons. In-house iterative customization of the remaining messages was done before they were finally taken to the field for validation.

Message Validation: Messages were validated in the rural settings of Uttar Pradesh and Bihar.

	Message	Symptom recognition	Where & when to seek treatment		How to approach a care provider and negotiate for quality of care	Risk vulnerability perception
			Where to seek treatment	When to Seek Treatment		
Poster Messages	Sick Child	√	√	√	√	√
	Ambulance	×	√	√	√	√
	Mother-Child	√	√	√	√	√
	Pug marks (Progression of Disease)	√	√	×	√	√
	Female Doctor	√	√	√	√	√
Audio messages	Mother`s self reflection	√	√	√	√	√
	Mother-grandfather conversation	√	√	√	√	√
	Mother-ASHA worker conversation	√	√	√	√	√
	Mother-relative conversation	√	√	√	√	√
A/V messages	Mother`s self reflection A/V	√	√	√	√	√
	Parent-doctor A/V	√	√	√	√	√
	Mother-relative A/V	√	√	√	√	√

Focus group discussions were used for message validation. In all, 49 FGDs were conducted in all districts among which 42 FGDs were conducted with caregivers comprising of younger mothers, older mothers, grandmothers and fathers. CHWs participated in remaining 7 FGDs. Three hundred and thirty one participants participated in message validation exercise.

Five posters were validated in the community settings. Table 1 presents the performance of each poster message and how it fared in key message domains.

Table 1: Summary: Poster Messages and their performance on Key Message Domains

Message Domain	Sick Child	Ambulance	Mother-Child	Pug marks	Female Doctor
(a) Symptom recognition	Reasonably Good	Not optimal [No information given]	Optimal	Reasonably Good	Optimal
(b.1) When to seek treatment (b.2) Where to seek treatment	When: Not Optimal Where: Optimal	When: Optimal Where: Optimal	When: Reasonably good Where: Optimal	When : Not optimal [No information given] Where: Optimal	When: Reasonably good Where: Optimal
(c) How to approach a care provider and negotiate for quality of care	Optimal	Optimal	Optimal	Optimal	Optimal
(d) Risk vulnerability perception	Optimal	Optimal	Optimal	Optimal	Optimal

Three messages namely (a) mother – child (b) female doctor (c) pug marks appealed to the community and were able to provide information better than sick child poster and ambulance poster. As a result, sick child poster and ambulance poster were excluded for further customization. It also emerged that message on early care seeking needs to be emphasized across all posters.

Each audio message that was validated with the respondents appealed to the respondents in different ways. Table 2 summarizes the performance of audio messages and how they fared in key message domains. It was found that the mother-ASHA audio performed best when assessed in terms of social appeal and information given on key behavior change domains.

Table 2: Summary: Audio Messages and their performance on Key Message Domains

Message Domain	Mother`s Self Reflection	Mother Grandfather Dialogue	Mother ASHA Dialogue	Mother Relative Dialogue
(a) Symptom recognition	Reasonably good	Optimal	Optimal	Not Optimal
(b.1) When to seek treatment (b.2) Where to seek treatment	Reasonably good Optimal	Not Optimal Optimal	Not Optimal Reasonably good	Reasonably Good Optimal
(c) How to approach a care provider and negotiate for quality of care	Optimal	Optimal	Optimal	Reasonably Good
(d) Risk vulnerability perception	Optimal	Optimal	Optimal	Optimal

The A/V messages were validated with same set of respondents who participated in audio messages. Table 3 summarizes the performance of A/V messages and how they fared in key message domains.

Table 3: Summary: A/V Messages and their performance on Key Message Domain

Message Domain	Mother`s Self Reflection	Parent –Doctor Dialogue	Mother Relative Dialogue
(a) Symptom recognition	Not Optimal	Not optimal	Not Optimal
(b.1) When to seek treatment (b.2) Where to seek treatment	Optimal Optimal	Optimal Reasonably Good	Optimal Not Optimal
(c) How to approach a care provider and negotiate for quality of care	Optimal	Reasonably Good	Not Optimal
(d) Risk vulnerability perception	Reasonably good	Optimal	Reasonably good

Qualitative data obtained as a result of message validation was analyzed and interpreted. Feedback was obtained from the community as well as some public health specialists that this tagline was too long and needed modification As a result nine alternative taglines were developed by Pointblank which were later on validated at the field during the FGDs. Taglines were written in Hindi on the flash cards. The tagline which appealed most to the respondents was: *Jeetenge Hum, Haarega Pneumonia* (We will win, pneumonia will lose). Henceforth, it was included in all messages.

Message Customization and Finalization

Finally the following messages were customized

Poster Messages	Mother-Child
	Progression of Disease (Pug marks)
	Female Doctor
Audio messages	Mother`s self reflection
	Mother-grandfather conversation
	Mother-ASHA worker conversation
	Mother-relative conversation
A/V messages	Mother`s self reflection A/V
	Parent-doctor A/V
	Mother-relative A/V

Messages were customized on the basis of findings of message validation exercise and advisory inputs obtained from members of Childhood Pneumonia Behavior Change Communication Consultative Committee (CPBCCC). Messages were harmonized across categories in terms of content, style and presentation. It is envisaged that they will be part of roll-out communication strategy that results in early care-seeking for suspect pediatric pneumonia and hence improved child survival.