

Everybody in Nigeria is a doctor: A qualitative study of stakeholder perspectives on lay-diagnosis of malaria and pneumonia in southern Nigeria

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Aim & Objective: To explore stakeholder perspectives of lay-diagnosis of malaria and pneumonia and, the acceptability and feasibility of training parents in the World Health Organization 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 centers (PHCs) for routine medical consultations or immunization activities and health professionals (HPs) (n=17) involved with the management of primary healthcare system.

Setting: The study is conducted in Benin City, capital of

Edo State in Southern Nigeria.

Results: Parents reported lay-diagnosis was widely practiced by themselves and their communities but recognized 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 practiced 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.

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