

## MESSAGE BRIEF: PNEUMONIA TREATMENT-SEEKING

**BEHAVIOUR 1: IF YOUR CHILD HAS A COUGH AND FAST OR DIFFICULT BREATHING, BRING THEM TO THE HEALTH CENTRE IMMEDIATELY**

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### Behaviour to promote

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**If your child has a cough and rapid or difficult breathing, they may be suffering from pneumonia, a severe lung disease. Bring the child to a health centre for treatment immediately as this disease can be fatal.**

### Reasons

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Pneumonia is an Acute Respiratory Infection (ARI) that affects the lungs. It is caused by germs (viruses, bacteria, parasites). Pneumonia can be spread through the air when an infected person coughs or sneezes in close proximity to other people, or by direct contact. When a child has pneumonia, their lungs fill with fluid and pus which makes breathing hard and fast because the inhalation of oxygen is limited.

According to the latest DRC DHS (2013-14), 7% of children aged under 5 years had a cough with rapid or difficult breathing in the two week period preceding the survey. 42% of these were taken to a health centre and 40% received an antibiotic to treat the infection.

### Barriers to behaviour change

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Many children die of pneumonia at home because their parents do not understand the seriousness of this disease and do not know that it requires immediate professional medical help.

Many people do not recognize the signs of pneumonia. They often confuse the symptoms of pneumonia with various forms of cough,<sup>1</sup> and also with those of other diseases such as malaria and meningitis. It is necessary to emphasize the importance of recognizing the key signs of pneumonia: fast or difficult breathing.

Many people will self-medicate rather than going immediately to a health facility. They use traditional herbal concoctions. Typical herbal ingredients used include lemongrass, guava leaves, eucalyptus leaves, mango tree leaves.

Only after the failure of various curative attempts at home or when the child develops more serious symptoms, such as fever, loss of appetite or sleep, will they make use of the skilled care available at a health centre.

### Factors contributing to behaviour change

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Some mothers know the signs of pneumonia because their children have already suffered from the disease. So, as soon as they suspect pneumonia, they do not wait and will quickly consult a health worker.

Tuberculosis is still considered a shameful disease. Not knowing the difference between the respiratory symptoms of pneumonia and tuberculosis, mothers will bring sick children early to the CS, in order to receive treatment and not let the community think it may be tuberculosis.

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<sup>1</sup> The word cough exists in all 4 main languages. 1. In Lingala cough = kosukosu, cough with dyspnoea as in asthma: kosukosu ya pema, a tuberculosis cough=tuber (slang). 2. In Kikongo cough = kosukosu, cough with dyspnoea as in asthma: kosukosu ya mpema or kiihema or kiswa. 3. In Swahili cough = kigohosi, tuberculosis=kifuwa Kikuu, severe cough = kigohosi kwa shida. 4. In Chiluba a cough = lukosu; severe cough = mfwenka.

## BEHAVIOUR 2: FOLLOWING INSTRUCTIONS ON THE CORRECT DOSAGE AND DURATION OF MEDICAL TREATMENT

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### Behaviour to promote

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**If a health worker prescribes antibiotics to treat pneumonia, follow the instructions properly and give the full recommended dose to the child, following the full course of treatment even if the child seems better.**

### Reasons

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There is no statistical information on how many people follow the correct dosage of treatment, but according to the results of qualitative research, it is particularly problematic for the treatment of pneumonia.

Treatment for pneumonia lasts at least seven days and for the child to recover, it is important to properly follow the dosage and duration instructions. If the treatment path is not followed correctly, this could increase antibiotic resistance.

### Barriers to behaviour change

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The prescription (number of pills/duration) is not always followed correctly. Reasons for stopping a prescription: people think they can save money and/or they become complacent when they find that their child's health begins to improve after a few days of treatment. Some mothers may retain left-over antibiotics to use if any of their children have similar illnesses in the future.

Mothers who have to work in fields will often neglect to follow the correct timings for administering drugs.

The recommended treatment is non-subsidized and costs of antibiotics can vary between 500-1500 FC.

### Factors contributing to behaviour change

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Sometimes, people follow the dosage and duration instructions. There are several reasons for this behaviour: when treatment is controlled and retained by the health worker (the mother must return for a check in 1-2 days, 3-4 days after the beginning of treatment, to be determined by the severity of the disease), when husbands watch over women in cases of child sickness to ensure that full treatment is given; and/or when women return to the health centre for fear they have not understood the instructions of the health worker.

The recommended treatment is usually available in pharmacies (Generic Essential Drugs).

Sometimes children will be admitted to the CS for observation for a few days, so treatment administration is supervised by a health worker. In some areas health workers will conduct home visits in the community, and can ensure that the correct treatment regime is followed.