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

NARRATIVE OF 12 CASE STUDIES



SOCIO-DEMOGRAPHIC CHARACTERISTICS OF CASES

S NO.	State	Area	District in which child lives	Gender of the child	Age of child (in months)
1.	Uttar Pradesh	Urban	Lucknow	Male	2
2.	Uttar Pradesh	Urban	Sitapur	Female	4
3.	Uttar Pradesh	Rural	Gonda	Female	9
4.	Uttar Pradesh	Rural	Raibarelli	Male	2
5.	Uttar Pradesh	Rural	Behraich	Male	60
6.	Bihar	Rural	Darbhangha	Male	12
7.	Bihar	Rural	Madhubani	Male	5
8.	Uttar Pradesh	Rural	Gorakhpur	Male	27
9.	Uttar Pradesh	Rural	Mahoba	Male	18
10.	Bihar	Rural	Gaya	Male	14
11.	Bihar	Rural	Gaya	Male	4
12.	Uttar Pradesh	Rural	Meerut	Female	2

Bihar: 4/12 cases (male: 4/4; Female : 0/4)

Uttar Pradesh : 8/12 cases (male: 5/8; Female : 3/8)

Urban: 2/12 cases

Rural: 10/12 cases

PNEUMONIA CASE STUDIES

CASE-01

Unique ID: Uttar Pradesh / Case Study / 01
State / Instrument Type/ Instrument Code

District: URBAN LUCKNOW

This male child of two month lives in Indira Nagar (locality in urban Lucknow, North India) along with his parents and four sisters. He was admitted in the In Patient ward of the Department of Pediatrics, King George`s Medical University (K.G.M.U.), Lucknow. The mother gave written consent to narrate the entire episode of sickness of her child.

The mother of the child informed that he was apparently not sick a day prior to admission. But, he had stopped breastfeeding in the afternoon and had mild cough. The parents did not think it to be serious enough as two of their other daughters were already having cough and cold. Therefore, they tried to feed him milk using a bottle.

On the day of admission, at 4 am early morning, the father noticed that the child was getting restless and his rate of breathing increased along with chest in drawing. However, as it was still dark and since the family had no vehicle, they could not take the child to the hospital, which was 7 km away from his residence. On the same day, at 8 am in the morning, after finishing the daily chores, the parents took the child to the Out Patient Department of Pediatrics, K.G.M.U. by an auto (a public transport) which took them an hour. At the hospital, after examining the child, the doctors informed the family that the child had severe pneumonia and needs to be admitted in the Inpatient Ward of Pediatrics. The father consented to get his son admitted in K.G.M.U. It was the best option for him financially too.

WHY SELECTED

- Refusal to feed but the family not recognizing the symptom --predisposing factor for delay
- Sickness confused with cough and cold as child`s other siblings suffering from same disease-- predisposing factor for delay
- Non availability of transport--- enabling factor for delay
- Night Time -- enabling factor for delay
- Other responsibilities of the family- enabling factor for delay
- Father inspired to get his other children examined too—positive behavior

The family did not consult any other hospital or doctor during the period of sickness. The family used no self-medication or home remedy. On further advice by the doctors at K.G.M.U., the next day the father brought his two other daughters to the Out Patient Department (O.P.D.) at K.G.M.U. for examination and treatment. Both of them were examined for their cough and cold and oral medicines were prescribed for them.

Summary of Information:

- Time lapse between the appearance of first symptom to admission in KGMU: Nearly 22 hrs
- Health Facilities/Practitioners Consulted Chronologically
Day 1-6 : Government Hospital: King George`s Medical University, Lucknow
- Distance between the child`s residence and the last health facility visited: 7 kms

CASE-02

Unique ID: Uttar Pradesh / Case Study / 04
State / Instrument Type/ Instrument Code

District: URBAN SITAPUR

This 4 month old female child lives in the urban area of district Sitapur with her parents. The child was referred to the Department of Pediatrics, K.G.M.U. and admitted. The mother consented to narrate the entire episode of illness.

The mother informed that the child was apparently healthy 10 days before when suddenly symptoms of mild cough and low grade fever appeared. For the next two days, the parents did not consult any doctor as they thought that the fever might have occurred because the mother breastfed the child who herself was suffering from fever. Thus it might have passed on from the mother to the child due to breastfeeding. As a result, she started giving baby formula feeds and `janam ghutti` or gripe water (it has been an age-old remedy for colic) to the child. Soon after, the child had diarrhea and her fever worsened.

On the third day of sickness, the father took the child to a local practitioner who told them that there was nothing to worry about and gave her syrup ibugesic (antipyretic/anti-inflammatory) and syrup pedicloryl (sedative). By the evening on the same day, her breathing rate increased and chest indrawing appeared. Then, the father decided to take her to a Private Hospital at Khairabad block, 60 kms away from his residence by car. They reached the private hospital in around 2 hrs. There, the doctors told him that the child had bronchiolitis and gave her syrup ventiphylline (bronchodilator) and betnesol drops (steroid) and gave her some intravenous medications. The child was discharged after two days, but 6 hrs after discharge, while at home her condition deteriorated, she started having difficulty in breathing and high grade fever. So, the father took her to a private hospital in Lucknow as he was convinced by his neighbors that this hospital provided better care and more attention to a child as compared to any government hospital. This journey took them 4 hrs.

WHY SELECTED

- Caregivers wait and watch as they do not treat the early symptoms as worrisome. They feel they have passed from the mother to breastfed child. Thus, non recognition of seriousness of illness— predisposing factor for delay
- Use of home treatment like `ghutti` for relief – predisposing factor for delay
- Early symptoms worsen (fever turns high grade) and additional symptoms appear but the practitioner not able to recognize symptom. Prescribes medicine for fever and gives a sedative. predisposing factor for delay
- Child carried from one private hospital in residing district and another private hospital in Lucknow –delay due to long distance travel and admission formalities enabling factor for delay
- Child referred from private hospital to govt. hospital because it lacked medical facilities like ventilator etc. service related factor for delay

In the hospital, some intravenous medications were given to her and oxygen was delivered via facemask. X-ray was done after which the doctors told him that the child had severe pneumonia and may need a ventilator, which was not available there. So, the child was referred to the Department of Pediatrics, K.G.M.U. The father followed their advice and after 7 hrs of stay in

that hospital, he brought the child to K.G.M.U, by ambulance in about 90 minutes. Here, after examining the child, the doctors confirmed the diagnosis of pneumonia and admitted her and kept her under treatment.

Summary of Information:

1. *Time lapse between the appearance of first symptom to admission in KGMU: Nearly 10 days*
2. *Health Facilities/Practitioners Consulted Chronologically*
 - a. *Day 1&2: No self prescription of medicines at home nor any home remedy only wait for illness to subside by itself*
 - b. *Day 3: Local Practitioner (10 hours)*
 - c. *Day 4 & 5: Private Hospital at Khairabad (60 km from child`s residence)*
 - d. *Day 6: Private Hospital at Lucknow*
 - e. *Day 7-10: Government Hospital at K.G.MU., Lucknow*
3. *Distance between the child`s residence and the last health facility visited: 128 km*

CASE-03

Unique ID: Uttar Pradesh / Case Study / 05
State / Instrument Type/ Instrument Code

District: RURAL GONDA

This female child of 9 months child resides in the rural sector of Gonda with her parents, grandparents and an elder brother. According to her mother, the child was delivered at home with the assistance of her grandmother via normal vaginal delivery at 8 months of gestation and was weak since birth. But she was not taken to any hospital for checkup as her grandparents thought it might attract an evil eye. The mother fed the child with buffalo's milk, honey, water, essence of herbs and roots thinking that these might help her gain some weight and strength. But, with the passage of time, the child became more weak and started having recurrent bouts of cough and diarrhea nearly 2-3 times every month. The mother continued to give the home remedy of ginger paste and honey as she believed it was the best for her health. She thought the child would recover from the illness gradually with age.

The mother informed that the child was relatively better 7 days before when she developed high grade fever, cough and started crying inconsolably.

On the advice of the grandparents, the father of the child took her to an `ojha` (a traditional healer) to ward off the evil eye. When she did not get any relief, then, in the evening, the father took her to a `jholachaap` (an unqualified medical practitioner) who gave her syrup paracetamol (antipyretic) and syrup pedicloryl (sedative) Next morning, the mother noticed that the child had high-grade fever, fast breathing, and chest in drawing. Also, she refused to feed. Then, the father took her to a local private practitioner, 10 km away from his residence, by motor cycle. This took them 20 minutes. The private practitioner told him that the child had severe pneumonia and needs to be admitted. The child was given some intravenous and oral medicines. After about 12 hrs of admission, the temperature came down; she became more alert and started feeding. She still had fast breathing and chest retractions. But, as the father could not afford the treatment charges and was concerned about his absence from work, they took the child home after 20 hrs of admission.

WHY SELECTED

- Cultural practice of not taking the child out of home— predisposing factor for delay
- Use of home treatment to gain strength and immunity –predisposing factor for delay
- Multiple practitioners: Child taken to (a) traditional healer (b) unqualified practitioner; child given only paracetamol and a sedative (c) Private practitioner
- Symptoms worsen
- Financial constraints and concern of parents about absence from work enabling factor for delay
- Parents observe symptoms turning worse but could not decide where to go. Neighbors advice to take the child to government facility—enabling factor for delay, delay due to decision making

Within a day after the child was brought home, her condition deteriorated once again. Fever and breathing worsened and she stopped feeding. The mother tried cold sponging but with a little impact on the fever. Then, one of the neighbors advised the parents to take her to K.G.M.U, Lucknow. She also informed that KGMU provides financial concession for treatment to the people who possessed Below Poverty Line (B.P.L.) cards provided by the government.

Within a day after the child was brought home, her condition deteriorated once again. Fever and breathing worsened and she stopped feeding. The mother tried cold sponging but with a little impact on the fever. Then, one of the neighbors advised the parents to take her to K.G.M.U, Lucknow. She also informed that KGMU provides financial concession for treatment to the people who possessed Below Poverty Line (B.P.L.) cards provided by the government.

Therefore, the next day, the mother decided to take the child to Lucknow, 115 km away from her residence, by train. This journey took them around 5 hours. In K.G.M.U, Lucknow, after examining the child, the doctors confirmed the diagnosis of pneumonia and told the mother that the child needed to be admitted. She agreed to this.

Summary of Information:

1. *Time lapse between the appearance of first symptom to admission in KGMU: Nearly 7 days*
2. *Health Facilities/Practitioners Consulted Chronologically*
 - a. *Day 1 morning : Ojha (a traditional healer to ward off evil eye)*
 - b. *Day 1 evening : `jholachaap` (an unqualified medical practitioner)*
 - c. *Day 2: Local private practitioner 10 kms way from residence*
 - d. *Day 3-7: Government Hospital at K.G.MU., Lucknow*
3. *Distance between the child`s residence and the last health facility visited: 115 km*

CASE-04

Unique ID: Uttar Pradesh / Case Study / 09
State / Instrument Type/ Instrument Code

District: RURAL RAIBARELI

This 2 month old male child resides in village Khairana in Raibareli with his parents, grandmother and four sisters. The child was admitted in the In-patient Ward of Pediatrics Department in KGMU, Lucknow. The mother narrated the episode of illness after giving written informed consent.

According to the mother, the child developed cough and low-grade fever about 20 days back. The parents thought that sickness was seasonal and hence did not do anything. On the third day, the child's temperature increased and he refused to feed. The parents thought that this was due to evil eye. As a result, they went to an `ojha` (a traditional healer) to ward it off. Next day, the mother noticed that the breathing rate of the child had increased. Then, the father decided to take the child to a private hospital in Maharajganj, 6 km away from their residence by tempo. He chose a private hospital since the treatment charges of private hospital were high so he believed that the doctors must be more competent when compared to the government hospital. There, the doctors told him that the child had sinusitis, gave him syp cefixime, syp paracetamol (antipyretic) and vicks vaporub and then sent him home.

In the evening, the temperature of the child came down a little but difficulty in breathing continued. At night, his condition deteriorated. His breath sounds became audible and he stopped speaking. The temperature shot up once again. Then, because all the private hospitals were closed at that time, he hurriedly took the child to Primary Health Centre, which was 5km away from their residence. They reached the private hospital by tempo in 10 minutes. In the PHC, the doctor examined the child and told him that the child had severe pneumonia. He gave him some intravenous medicines and referred him to KGMU, Lucknow around 120 km from their residence.

As the first bus that commuted between Lucknow and Raibareli was at 6 o'clock in the morning, the father requested the doctor at PHC to admit the child. The

doctor agreed, gave him intravenous fluids and medicines. He was also given oxygen through mask. His breathing then somewhat settled. After 8 hours of admission at the PHC, the child was taken to Lucknow by bus and the journey took them 3 hours. In K.G.M.U. Lucknow examinations were conducted and the diagnosis of pneumonia was confirmed. The child was admitted in the ICU.

WHY SELECTED

- Caregivers wait and watch and thus thought to be seasonal
- Cultural practice ; warding off evil eye-- predisposing factor for delay
- Traditional healer
- Positive perception for private hospital due to high treatment charges over there
- Took the child to PHC as the private hospital was closed
- Referred from PHC to tertiary care
- Long distance travel -- enabling factor for delay
- Overnight wait for travel to train--enabling factor for delay

Summary of Information:

1. *Time lapse between the appearance of first symptom to admission in KGMU: Nearly 20 days*
2. *Health Facilities/Practitioners Consulted Chronologically*
 - a. *Day 1 & 2 : Wait for the disease to subside by itself*
 - b. *Day 3: Ojha (a traditional healer)*
 - c. *Day 4: Private Hospital : Maharajganj (adjoining block 6 km away)*
 - d. *Day 5: Government run Primary Health Facility*
 - e. *Day 6: Referral to Government Hospital : K.G.MU., Lucknow and stay in hospital for next 14 days*
3. *Distance between the child`s residence and the last health facility visited: 120 kms*

CASE-05

Unique ID: Uttar Pradesh / Case Study / 08
State / Instrument Type/ Instrument Code

District: RURAL BEHRAICH

This 60 month old male child resides in village Nandpara in Behraich in a joint family comprising of parents, grandparents, brothers and cousins. There were 15 family members in all. The child was admitted in the In-patient Ward of Pediatrics Department in KGMU, Lucknow. The child's father gave written consent to narrate the entire episode.

According to the father of the child, the mother noticed about 4 days back that the child was relatively less active than usual and had low-grade fever. She was concerned about this and talked to the other members of the family about this. They advised her to give her son milk and dry fruits for relief. But next morning, the child's temperature increased and he developed cough. After that, on the advice of the grandmother, the child was given `kadha` made from some herbs. It was also ineffective though. In the afternoon, he started having difficulty in breathing, chest in drawing and had audible breath sounds. On observing this, the child's father decided to take him to the Primary Health Centre (government health facility), which was at a walking distance (2 km) from their residence. There, the doctors informed the parents that the child had severe pneumonia and after giving him oral tablets Amoxiclav (antibiotic) and syrup Codeine (antitussive), referred him to K.G.M.C, Lucknow which was at a distance of 150 km away from their residence.

The father brought the child home and since there was no train to Lucknow until next morning, he decided to keep the child at home for that night. He did not wish to get the child admitted to the Primary Health Centre for that intervening night as he opined that since they have referred him to another hospital, the staff at the PHC are themselves not competent enough to treat and take care. Meanwhile, the condition of the child worsened. He stopped speaking and his breathing rate further increased.

- WHY SELECTED**
- Taking advice from extended family members
 - Use of home treatment—predisposing factor for delay
 - Child taken to Primary health centre
 - Referred to tertiary care hospital 150 km away from residence
 - Child kept at home after referral---delay in compliance to referral-service related factor
 - Referral created negative perception for the government facility

Next morning the father, mother and the child reached Lucknow by train in about 3 hours. During the journey, his breath sounds became audible and he had altered sensorium. They brought the child to KGMC, Lucknow, Pediatrics Department where after examining the child, the doctors confirmed the diagnosis of pneumonia, and admitted him for further treatment.

Summary of Information:

1. Time lapse between the appearance of first symptom to admission in KGMU: Nearly 4 days
2. Health Facilities/Practitioners Consulted Chronologically
 - a. Day 1 : Diet Change

CASE-06

Unique ID: Uttar Pradesh / Case Study / 16
State / Instrument Type/ Instrument Code

District: RURAL DARBHANGA

This male child of 12 months resides in Tectar village under Kamtar Thana of Darbhanga district in Bihar. The child lives with his mother and grandmother. The child was admitted in the Pediatrics Department of Darbhanga Medical College Hospital. The mother narrated the entire episode of illness of the child after giving informed consent. The grandmother who was also present at the time of interview also provided some information. The father of the child works far away in Punjab.

The mother narrated that the child was apparently well and fell sick five days before the interview. The child developed cough at the onset of illness. On observing this, the child's mother bought a cough syrup from the medical store in the village and gave it to the child. The grandmother gave `Tulsi` (basil leaf) and ginger juice extract for relief. None of the methods worked. Later, the mother and grandmother took the child to the village based local doctor. He told the mother that the illness has become more serious now and this syrup, which the mother had bought from the medical store, will not be effective now. He then gave another medicine. The medical expenses till the time of treatment at the local practitioner's clinic was INR 380.

Three days passed and on the intervening night, the child suddenly started crying, shivering and started breathing rapidly. The child had not drunk milk for the entire night. The mother massaged the child with hot mustard oil boiled in garlic. Massaging with oil was a routine activity to ward off cold. At night, the child's mother and grandmother called up their relative who was a compounder (para medical usually untrained person who assists the doctor). He advised them to consult another private practitioner at Darbhanga.

The second practitioner examined the child, gave him tablets and used a nebulizer. He informed the mother and the grandmother that the child was suffering from pneumonia and needs an immediate admission in some health facility. But, the child's mother and grandmother were not prepared for admission. So they returned home, arranged money and clothes and decided to admit the child in Darbhanga Medical College. Before getting the child admitted, the caregivers had also taken the child to an `Ojha` (traditional healer) who also informed them that the child was having stomachache and fever and must be take to some practitioner or a facility in

WHY SELECTED

- Self medication
- Home remedy
- Village based local doctor
- Treatment of village based doctor for three days (delay)
- Treatment not effective—delay in deciding who to consult—not knowing where to go
- Visit to traditional healer
- Advice sought from compounder relative –he advised another private practitioner
- Private practitioner advised admission

Family not prepared for admission – return to make arrangements— delay in complying to referral due to financial constraints

Darbhanga. The family admitted the child in the Darbhanga Medical College. By the time of interview, the family had already spent INR 1700 on treatment, transportation and other expenses.

Summary of Information:

1. *Time lapse between the appearance of first symptom to admission in last health facility: 5 days*
2. *Health Facilities/Practitioners Consulted Chronologically*
 - a. *Day 1 & 2: Local Practitioner in village*
 - b. *Day 3-4: Another Local Practitioner just outside village on the highway*
 - c. *Day 5: Government Hospital : Darbhanga*
3. *Distance between the child`s residence and the last health facility visited: 20 kms*
4. *Approximate financial expenses incurred: INR 2080*

CASE-07

Unique ID: Uttar Pradesh / Case Study / 18
State / Instrument Type/ Instrument Code

District: RURAL MADHUBANI

This 5 month old male child lives in Pandaur Block of Madhubani district (a district adjoining Darbhanga) in Bihar with his parents and grandparents in the village area. The child was admitted in Darbhanga Medical College and the caregivers were approached for the interview here. His father, a high school qualified person, is a driver by profession and consented to narrate the episode of illness with the researcher.

The father informed that the child fell sick five days back. It was a winter month and they were the first to notice the symptoms of disease. At first the child caught cold followed by cough and fever. He cried continuously for the entire night. The child was given mustard oil massage at night but by dawn, the child developed high fever and had become unconscious due to repeated coughing.

At first, the child was examined by the private doctor in Bhagwatipur, which is near to the village. The parents chose this doctor because they had limited money and he charged less. Besides, he was near to their house. The private doctor however advised to take the child to Sadar Hospital, a government hospital in Madhubani district, was at a distance of 18 km from their resident village. The child's parents and grandmother decided to take the child to the Sadar hospital since the child was not getting any relief from the treatment of private doctor. It took about 90 minutes to reach the hospital and the government doctors gave syrup and injection to the child. The child stayed at this hospital for about 2 hours and the approximate medical expense at this hospital was INR 600.

- WHY SELECTED**
- Home treatment -massage etc.
 - Visit to a private practitioner in nearby village
 - Visit to district hospital -no relief
 - Shifting to another tertiary care health facility within hours of admission at district hospital

The child did not get any relief at the Sadar Hospital (district hospital). He coughed repeatedly. The parents and the grandparents decided to shift the child from this government hospital to another government hospital in the adjoining district, which was about 45 km away from the first hospital. They took the child to Darbhanga Medical College after hiring a private vehicle in cost them about INR 1200. The child has been on treatment in the Pediatrics department of Darbhanga Medical College since last three days. Medical expense of INR 3000 had been spent till the time of interview. At the Darbhanga Medical College, the child was given injections and a blood test and other diagnostic tests were done. The parents feel that their child is partially well now.

Summary of Information:

1. *Time lapse between the appearance of first symptom to admission in last health facility: 5 days*
2. *Health Facilities/Practitioners Consulted Chronologically*
 - a. *Day 1: Local practitioner in village*
 - b. *Day 3: Government hospital in resident district (Sadar Hospital)*
 - c. *Day 4-5: Government hospital in adjoining district (Darbhanga medical College)*
3. *Distance between the child`s residence and the last health facility visited: 65 kms*
4. *Approximate financial expenses incurred: INR 3600*

CASE-08

Unique ID: Uttar Pradesh / Case Study / 20
State / Instrument Type/ Instrument Code

District: RURAL GORAKHPUR

This child of 27 months lives with his parents in Varanagar village of Gola block in Gorakhpur District. The child's father is in a private job and mother is a homemaker. He was admitted in the Trauma Centre and then shifted to the In Patient ward of the Department of Pediatrics, King George's Medical University (K.G.M.U.), Lucknow. The father gave written consent to narrate the entire episode of sickness of the child.

The father informed that nine days before the child developed runny nose along with cold and cough. After two days, the child developed fever. The mother applied mustard oil and Vicks Vaporub (Topical Ointment with medicated vapors) to provide temporary relief. It was done since it was night and hence it was not possible to go to any practitioner at that time. Next day, the mother along with an aunt living in neighborhood went to a homeopathic doctor who practiced 6 km away. Doctor gave some homeopathic medicine. He advised to buy an allopathic medicine Ibochite for fever. A total of INR 120 were spent on this. They chose a homeopathic doctor because homeopathic medicine is "*good for children*". Even after giving the medicine, the child did not get any relief.

The father then decided to take the child to a private doctor, a Child Specialist who had been a retired Head of Pediatrics Department of Gorakhpur Medical College. He lived 20 km away from their residence and the child was taken there by bus after paying a fare of INR 50. The doctor informed that the child is suffering from routine cough and cold. He gave three types of medicine: syrup for cough, antibiotic syrup for fever and a pouch with some powder. This doctor did not charge any consultation fee, as they personally knew the doctor. He charged only INR 200 for medicine. No diagnostics were suggested at this stage. After taking few doses of medicine, the fever subsided for some time but again shot up. Since there was no change in temperature, the next day along with the prescription they went again to private doctor for follow up by bus. The doctor asked them to continue the medicine for next four days. The father bought the medicine and gave it regularly. However, next night the child suffered from fever for the entire night, so the family decided to consult another facility or practitioner.

WHY SELECTED

- Home treatment used to provide temporary relief since no treatment available at night
- Father worked outside therefore decision making and care seeking with neighbors
- Consult a private practitioner – doctor of alternative medicine who also practiced allopath
- Belief that alternative medicine is good for children
- Visit to a retired government practitioner as he was personally known
- Visit to a second private practitioner
- Referred –advised to either a third private practitioner or to KGMU
- Parents chose third private practitioner
- The child was referred to a tertiary health care facility because of inability to treat the disease completely by the practitioner

Next day, they again went to Gorakhpur by bus to a second very popular child specialist. He advised X-ray and a blood test. After seeing the report he informed that there was water in child's lungs and that he is suffering from pneumonia and thus needs to be admitted at any health facility. About INR 500 were spent on this. Since the family was not mentally prepared for this and needed some time to make preparations, they took the child back home. They also wanted to seek a second opinion from the first practitioner on the second practitioner's diagnosis. So the parents again went to the previous child specialist to re-confirm the diagnosis. The first child specialist confirmed that there was water in the lungs of the child and suggested that they should either go to medical college in Lucknow or another specialist (the third private practitioner) for further treatment. He suggested taking the child to a third child specialist.

The third specialist examined the child and saw the X-ray report and advised another X-Ray. On seeing the report of the second X-Ray he said that there was water in the lungs but also there is some congestion in lungs as well. He will be able to take water out of the lungs but will not be able to treat the congestion. INR 700 were spent on this. The family then took the decision to take the child to KGMU, Lucknow. They travelled by train after paying a fare of INR 500 and covered a distance of approx. 300 km in 6 hours to reach Lucknow. They got him admitted in KGMU where an X-ray and blood test were advised. Also, a thin pipe was inserted in the body. An amount of INR 3000 was spent on this treatment but the child was recovering gradually.

Summary of Information:

1. *Time lapse between the appearance of first symptom to admission in last health facility: 9 days*
2. *Health Facilities/Practitioners Consulted Chronologically*
 - a. *Day 1: Homeopathic practitioner in village*
 - b. *Day 2: First Private Practitioner in Gorakhpur*
 - c. *Day 3/4: Second Private Practitioner in Gorakhpur*
 - d. *Day 4/5: Third Private Practitioner in Gorakhpur*
 - e. *Day 6: Admission at King George's Medical University, Lucknow*
3. *Distance between the child's residence and the last health facility visited: 300 kms*
4. *Approximate financial expenses incurred: INR 5000+*

CASE-09

Unique ID: Uttar Pradesh / Case Study / 25
State / Instrument Type/ Instrument Code

District: RURAL MAHOBA

A 1.5 year old male child resides in Chintipura village of Charkhari Block in Mahoba District. The child was admitted in the ward of Mahoba district Hospital and the parents were approached for participation over there. The mother consented to narrate the episode of illness.

The child fell sick about 10 days back. He was having some cold. He was not able to drink milk and vomited whatever he drank. The child was also passing stools and had difficulty in breathing. The mother noticed this symptom. The child was given some home remedies for relief. The child was given crushed powder of roots of `bhatkaiya` plant (a wild plant like cactus with spines) and `laung` (clove) and this powder was mixed with breast milk. `Laung` was roasted and mixed with milk. Home remedy was tried for a day. The child was not given any self-prescribed medicines.

Since the child did not get any relief even after home remedy, the child was taken to a private unqualified practitioner (`jhola chaap` doctor) who practiced about a kilometer away. The caregivers knew this doctor whose father had also practiced in the same village and this doctor had taken the inheritance of his deceased father. He gave some medicines to the sick child and the treatment continued for three days. When the child's condition did not improve, the doctor referred the child. He advised the parents to take the child to Mahoba because the child is having pneumonia. He also gave an oil and told the parents to apply it on the child for relief and return to him or to Mahoba District Hospital if the child's condition still does not improve. INR 210 was spent on the treatment of the child at the clinic.

WHY SELECTED

- Home remedy given for a day
- Child taken to unqualified practitioner –treatment for three days then referred
- Child given an oil to be applied on body for relief by unqualified practitioner
- Child taken to district hospital in Mahoba

The child was then taken to Mahoba District Hospital, which was 22km from their residence. Public transport was used for taking the child to Mahoba District Hospital and a fare of INR 40 was paid for this. The father decided to take the child to Mahoba District Hospital because his friend had told him so. His friend had availed the treatment at the Mahoba District Hospital for his son and his son got well. He therefore recommended it to the sick child's father. The child's mother, grandmother and grandfather also contributed in the decision making of selecting the health facility. At the District Hospital, the child's X-ray and blood test were done. The child was given injections and some medicines. Earlier the child was critically ill but he is better now.

Summary of Information:

1. Time lapse between the appearance of first symptom to admission in last health facility: approx. 10 days
2. Health Facilities/Practitioners Consulted Chronologically

- a. *Day 1: No action for any treatment*
 - b. *Day 2 to 6: Private practitioner*
 - c. *Day 7-11: Admission at Mahoba District Hospital*
3. *Distance between the child`s residence and the last health facility visited: 22 km*
4. *Approximate financial expenses incurred: INR 300+(finances unclear)*

CASE-10

Unique ID: Uttar Pradesh / Case Study / 26
State / Instrument Type/ Instrument Code

District: RURAL GAYA

This 14 month male child lives in rural area of Gaya district in Bihar along with his parents. The child fell ill and was admitted in Anugrah Narayan Magadh Medical College & Hospital (ANMMCH) in Gaya, Bihar. The mother consented to narrate the episode of illness to the team.

The mother informed that the child fell ill about 6 days before. He started vomiting at the onset. It was soon followed by loose stools. This happened for about 5-6 times during the entire night. The mother grew concerned over this. However, she did not use any home remedy. The child was taken to a `jholachaap` unqualified practitioner in the morning. He gave syrup for the vomiting and stools and advised the parents to give it thrice a day and to continue administering it until the child gets relief. The syrup was given for two days but the child did not get any relief.

On the third day, the parents took the child to a district hospital, which was at a distance of 2.5 km from their residence. The parents spent INR 15 per person on transportation. The doctor at the district hospital gave three syrup and prescribed medicines and injection, which were to be brought from outside. The mother purchased the medicines and injection from the chemist shop just outside the district hospital. She asked the chemist to inject the child after gave INR 5 to the chemist for this. The mother gave the syrup prescribed at the government hospital for next two days. The child stopped having stools and vomiting but developed `hafni` (local term for chest indrawing) and had slow breathing. The child refused to take milk but did not have fever.

The mother along with child`s grandmother took the child to a private practitioner at a distance of about 5 km after spending INR 10 per person on transportation. The doctor charged them INR 50. He also gave glucose and I.V. INR 100 was spent on buying injections from the market. Thus an approximate INR 300 was spent on medicines, transportation and consultation and other miscellaneous expenses. He was given oxygen and was admitted for the whole day. The caregivers had selected this private practitioner on the advice of child`s maternal uncle. The child did not get any relief.

WHY SELECTED

- Child taken to an unqualified practitioner
- Child taken to district hospital – unavailability of medicines and injections
- Medicines and injections bought from outside district hospital and child injected by chemist. Child taken back home
- Symptom worsen. Child taken to private practitioner. Admitted for a day
- Condition did not improve. Thus taken to tertiary health care facility

On the same day at night, the child was taken to government hospital called Anugrah Narayan Magadh Medical College & Hospital (ANMMCH) in Gaya, Bihar which was at a distance of 7 km from their residence. He was taken to the medical college along with child`s mother,

grandmother and maternal uncle. He was admitted at the medical college. The child was not feeding at the time of admission. He was also having `panjara` (local term for chest in drawing) and was lethargic. He was given injection and oxygen. In the morning, the child was again given injections and steam and an X-ray was done. The doctor informed that the child's cough is jammed and has `panjara`. The child has been admitted since three days and the child is now having relief. He is being regularly given injection and medicine.

Summary of Information:

1. *Time lapse between the appearance of first symptom to admission in last health facility: approx. 6 days*
2. *Health Facilities/Practitioners Consulted Chronologically*
 - a. *Day 1: No action for any treatment*
 - b. *Day 2-3: Jhola chaap Doctor (unqualified practitioner)*
 - c. *Day 4-5 : Private practitioner at 5 km from residence*
 - d. *Day 6: Admission at Anugrah Narayan Magadh Medical College & Hospital*
3. *Distance between the child's residence and the last health facility visited: 7 km*
4. *Approximate financial expenses incurred: INR 400+*

CASE-11

Unique ID: Uttar Pradesh / Case Study / 27
State / Instrument Type/ Instrument Code

District: RURAL GAYA

This four-month male old child lives in Rural Gaya along with his parents. The child fell ill and was admitted in Anugrah Narayan Magadh Medical College & Hospital (ANMMCH) in Gaya, Bihar. The grandmother consented to narrate the episode of illness to the team.

The child fell ill four days back. The child had `khokhi` (local term for cough-cold) along with fever and was also having `panjara` (local term for chest indrawing). When the grandmother observed that the child was having these symptoms she gave a hot water compression and prepared a concoction of camphor mixed in mustard oil. She massaged the child with this concoction at the chest, ribs and neck. The grandmother also discussed the condition of the child with the grandfather. He advised to take the child to a private practitioner in Mau village, which was at a distance of 1 km from their residence. The practitioner gave syrup, tablets and injections. INR 350 were spent over there. The grandfather had arranged the money after selling his paddy crop. Since the child did not get any relief for three days, the grandfather decided to take the child to another practitioner at the nearby village of Tikari. The clinic at Tikari was closed. After this, the grandfather decided to take advice of his friend who lived in Gaya City. The grandfather's friend advised him to bring the child to Anugrah Narayan Magadh Medical College & Hospital (ANMMCH) in Gaya, Bihar. The doctors at the Anugrah Narayan Magadh Medical College & Hospital diagnosed the child with pneumonia and admitted the child. An X-Ray was done and glucose, injection and oxygen were given. Soon the child was relieved and the cough was milder than before. The family had spent INR 500 which the child's grandfather had collected after selling paddy.

WHY SELECTED

1. Home treatment
2. Decision making & care seeking by grandfather and grandmother
3. Visit to two private practitioner – both in nearby villages
4. Financial constraint – money arranged by selling crops
5. Child taken to tertiary health care facility on advice of family friend

The grandfather informed that previously they were apprehensive about taking the child to a medical college because her brother-in-law had died after treatment at the medical college. But

now they were satisfied with the treatment over here and feel that their child is getting better with each passing day.

Summary of Information:

1. *Time lapse between the appearance of first symptom to admission in last health facility: 4 days*
2. *Health Facilities/Practitioners Consulted Chronologically*
 - a. *Day 1-3: local doctor of adjoining village.*
 - b. *Day 3: local doctor of another adjoining village.*
 - c. *Day 4 :Admission at Anugrah Narayan Magadh Medical College & Hospital at Gaya*
3. *Distance between the child`s residence and the last health facility visited:10 km*
4. *Approximate financial expenses incurred: INR 500+*

CASE-12

Unique ID: Uttar Pradesh / Case Study / 30
State / Instrument Type/ Instrument Code

District: RURAL MEERUT

This female child of 2 months lived in Jhunjhuni village of Mawana Block of Rural Meerut. The mother of the child agreed to narrate the episode of illness when the team visited their village for other project related activities. The mother was an illiterate homemaker while the father was a daily wage labourer. The child lived in a single family.

The mother narrated that the child was born at a private hospital after caesarian. It did not cry at birth. The child was healthy at the time of birth. The parents stayed in the hospital for a day and night and returned home after that. About 15 days before the child fed less than usual and had chest in drawing. The mother gave hot compression to the child using cotton cloth for an hour. The child did not get any relief. The mother took the child to a local doctor who practiced in the village. He examined the child but did not give any medicine. He advised the parents to take the child to community health centre (CHC) in Mawana. The parent took the child to the CHC in Mawana, which was at a distance of 13 km from their home. They walked up to the CHC and returned walking as they did not have the money to take public transport. The doctors at CHC told them that there is no medicine here. They advised the parents to take the child to a private practitioner who was associated with a private hospital. The parents then took the child to the private hospital as suggested by the government doctor. They were asked to submit INR 500 in private hospital to initiate the treatment. Since the parents did not have the money, they bought the child home. The child died 3 hours after reaching home.

WHY SELECTED

- 1. Case of death**
- 2. Recruited from the field**
- 3. Use of home treatment**
- 4. Went to local doctor**
- 5. Financial constraints: did not have money to go to facility, no money to pay fees**
- 6. Went to government facility but refused admission**
- 7. Non empathetic attitude of private hospital; refused treatment as the parents did not have money**

Summary of Information:

- 1. Time lapse between the appearance of first symptom to admission in last health facility: 15 days*
- 2. Health Facilities/Practitioners Consulted Chronologically*
 - a. Local doctor of adjoining village*
 - b. Community Health Centre (CHC)*
 - c. Private Practitioner*
- 3. Distance between the child`s residence and the last health facility visited:13 kms*