

Market Research on Treatment of Childhood Diarrhea and Pneumonia in Nigeria

Overview of Objectives and Methodology

In order to gain a deeper understanding of knowledge and behavior related to the treatment of diarrhea and pneumonia in children younger than 5 years of age, PATH, with generous support from the Bill & Melinda Gates Foundation, conducted extensive market research in Nigeria. The research was composed of a formative qualitative phase as well as a quantitative phase for both diarrhea and pneumonia. PATH worked with the international market research firm IPSOS for all phases of the research.

The purpose of this brief is to provide a quick reference regarding the overall scope and methodology of the market research in Nigeria. Reports on the findings will be disseminated as results are available.

To note, this research is also being conducted by PATH in Burkina Faso and follows market research specifically on diarrhea treatment previously conducted by PATH in India, Kenya, and Zambia.

SCOPE

Diarrhea

- Characterize perceptions of the severity of diarrhea among caregivers and their behaviors related to diarrhea, including dietary adjustment, advice sought, care-seeking, treatment used, treatment-sequencing, and duration of treatment.
- Capture insights on oral rehydration solution, specifically around coverage, cost, availability, and caregiver and provider attitudes toward the product, as well as perceptions of alternative products and product presentations.
- Capture provider treatment behavior.

Pneumonia

- Assess caregiver and provider ability to recognize symptoms of pneumonia, behavior in response to pneumonia-like symptoms, and beliefs and understanding around pneumonia.
- Determine the actions taken and the timing of the determined actions after the first sign of illness.
- Identify caregiver- and provider-preferred treatments, as well as costs of those treatments.
- Gather high-level information on tools for pneumonia diagnosis.

LIMITATIONS

The given intention of the research was for country-wide representation; the research does not specifically target communities with highest disease incidence. Caregivers who had a child who had died of diarrhea or pneumonia were not specifically sampled. The scope did not include an in-depth assessment of pneumonia diagnostic tools. Views are self-reported.

FOCUS STATES

- Abuja
- Bauchi
- Enugu
- Katsina
- Lagos
- Ondo
- Rivers

CRITERIA FOR STATE SELECTION

- Range of geographic locations
- Disease burden
- Religion
- Language
- Socioeconomic groups
- Rural/urban
- Partner and donor activities/investments

DIARRHEA QUANTITATIVE SAMPLING

Caregivers / 800 interviews

Screening criteria: Random sampling. All had a child between 6 months and 5 years of age who had suffered from diarrhea in the previous two months that had lasted more than two days.

Health care providers / 250 interviews

Public doctors/nurses
Private doctors/nurses
Community health workers
Pharmacists
Patent and proprietary medicine vendors

PNEUMONIA QUANTITATIVE SAMPLING

Caregivers / 600 interviews

Screening criteria: Quota sampling. All had a child aged 1 month to 5 years who had experienced pneumonia-like symptoms (cough and difficult/fast breathing) within the last 12 months. 50% of sample had experienced pneumonia-like symptoms within the last two months.

Health care providers / 400 interviews

Public doctors/nurses
Private doctors/nurses
Community health workers
Pharmacists
Patent and proprietary medicine vendors

SAMPLING DEMOGRAPHICS

Diarrhea

		TOTAL (%)	Lagos (%)	Abuja (%)	Ondo (%)	Bauchi (%)	Katsina (%)	Enugu (%)	Rivers (%)
Location	Urban	54	91	50	50	20	29	80	48
	Rural	46	9	50	50	80	71	20	52
Religion	Christian	61	62	76	89	27	1	100	99
	Muslim	39	38	24	11	73	99	-	1
Socioeconomic grade¹	C1	4	4	9	-	3	-	4	5
	C2	25	32	39	4	17	19	30	32
	D	62	62	50	88	59	64	56	61
	E	8	2	1	9	21	18	2	2
Working status of caregiver	Not working	43	20	20	31	71	94	28	23
	Working	57	80	80	68	29	6	71	76
Age of caregiver	18-20 yrs old	5							
	21-29 yrs old	47							
	30-34 yrs old	43							
	≥40 yrs old	5							

Pneumonia

		TOTAL (%)	Lagos (%)	Abuja (%)	Ondo (%)	Bauchi (%)	Katsina (%)	Enugu (%)	Rivers (%)
Location	Urban	56	100	50	50	19	29	81	50
	Rural	44	-	50	50	81	71	19	50
Religion	Christian	63	60	75	88	25	-	100	100
	Muslim	37	40	25	12	75	100	-	-
Socioeconomic grade¹	C1	4	4	9	-	2	-	11	5
	C2	25	32	39	4	18	19	30	32
	D	66	64	51	95	68	61	59	62
	E	5	1	1	1	12	20	-	-
Working status of caregiver	Not working	39	18	42	16	52	88	13	43
	Working	61	81	57	84	47	12	88	56
Age of caregiver	18-20 yrs old	3							
	21-29 yrs old	47							
	30-34 yrs old	46							
	≥40 yrs old	4							

For additional information, please contact Peder Digre (pdigre@path.org).

¹ **A—Upper Class:** Well educated (often abroad); annual income of at least NGN10million; many household appliances.

B—Lower Upper Class: Well educated; annual income of ~NGN5million; many household appliances.

C1—Upper Middle Class: Well educated; annual income of ~NGN2million; some household appliances.

C2—Lower Middle Class: Generally educated; annual income of ~NGN0.6million; few household appliances.

D&E—Lower & Lower Lower Class: Live in densely populated urban or rural areas; no steady source of income; little access to clean water and power supply.



PATH is an international organization that drives transformative innovation to save lives and improve health, especially among women and children. We accelerate innovation across five platforms—vaccines, drugs, diagnostics, devices, and system and service innovations—that harness our entrepreneurial insight, scientific and public health expertise, and passion for health equity. By mobilizing partners around the world, we take innovation to scale, working alongside countries primarily in Africa and Asia to tackle their greatest health needs. Together, we deliver measurable results that disrupt the cycle of poor health.

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