Limitations

We enrolled only mothers and children who had already sought care from a health facility at least once. Families who never seek care at primary health centres might respond differently. In addition, the repeated household visits for data collection may have influenced families' careseeking patterns in both study arms. In areas with higher levels of women's literacy and lower levels of poverty, such an intervention could lead to greater gains. Finally, more frequent exposure to educational messages requires further investigation.

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Commentary: Advice to parents has limited effect—where next?

Paul Little

This study shows nicely that it may be possible to train doctors to inform mothers regarding danger signs, but that about half of mothers do not recall the information—and of those who recall the advice, many do not seem to act on it.¹

Why do patients not follow doctors' advice? Several factors are likely to be operating. Advice from a health professional comes in the context of previous and subsequent experiences of illness and illness resolution, either personally or among family and friends, and these are likely to be strong modifiers of consultation behaviour.²⁻³ For example, parents may have experienced "danger signs" but nothing adverse happened, thus minimising the perceived threat. Furthermore, although doctors' advice is respected, lifestyle, demographic, and psychosocial factors and community support mechanisms are also likely to be important in determining consultation behaviour.²⁻³

Although the context is slightly different, the issues in developed and developing societies are similar: to help patients manage their own problems where appropriate, but to encourage seeking medical help where serious medical problems are more likely to arise. Several trials of providing information for parents in Western settings have shown that although patients like having information and feel more able to deal with minor illness, the effect on consultation behaviour are likely to be modest.⁴⁻⁵ This suggests that until more effective interventions are developed, information should probably be made available in line with patients' preferences, but should not be widely and routinely disseminated, given the attendant costs. In contrast to information provided outside the context of consultations, there is evidence that information provided to patients in a consultation—about the clinical course and self management of the presenting illness—may be helpful.⁶

Further research in this area could concentrate on using better established psychological models which engage with the antecedents of consultation behaviour, and identifying those patients who will selectively benefit from the provision of information.

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