Beliefs and behaviours regarding chronic lung disease - a mixed-method FRESH AIR study

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Introduction

The greatest burden of chronic lung disease (CLD) occurs in lower-resource settings, while these settings are seriously under-represented in research. Interventions targeting CLD that are proven effective in higher-resource settings should be tailored to the local cultural context of lower-resource settings to enhance successful implementation. This study therefore aims to explore local beliefs and behaviours regarding CLD in four diverse lower-resource settings.

Methods

This mixed-method, observational study was conducted in lower-resource settings in Uganda, Vietnam, Greece, and Kyrgyzstan. A theoretical framework composed from well-established models[1-3] guided the development of research tools and analysis. We collected qualitative data using the Rapid Assessment methodology[4] and identified themes using thematic analysis. Additionally, we conducted a quantitative survey among 1000 randomly selected community members and 200 healthcare professionals (Figure 1). As part of the survey we provided a scenario of a person with chronic obstructive pulmonary disease (COPD)-like symptoms, and asked participants in an open question to name the condition that caused the symptoms. Finally, descriptive statistics were used to describe the frequency of prevalence of the perceptions.
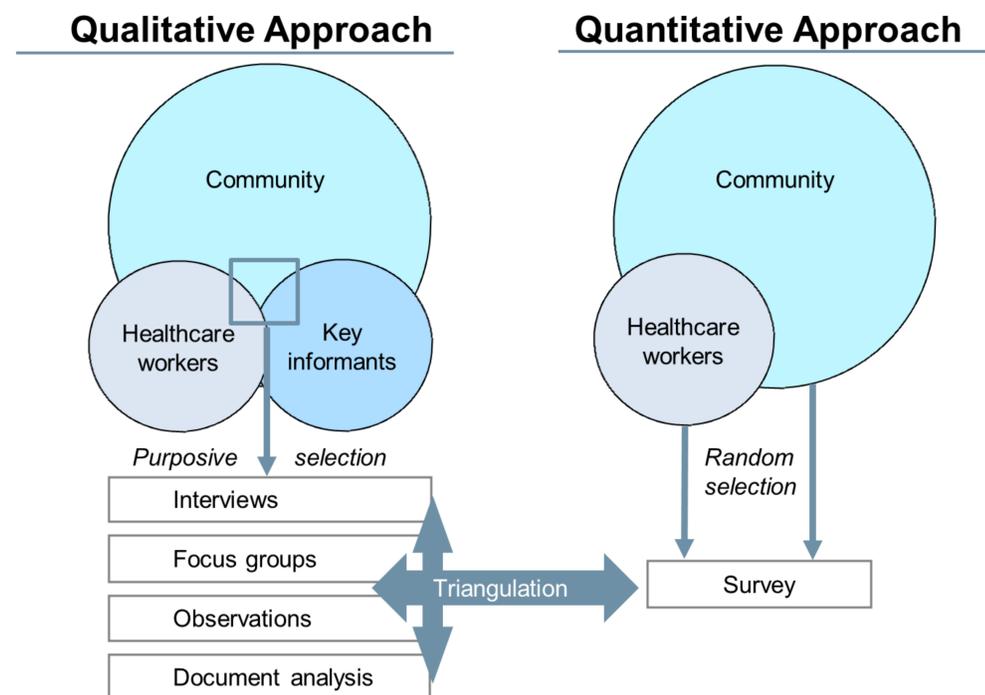

Figure 1 Mixed-method study design

References
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Preliminary Results

Early qualitative findings indicate that beliefs and behaviours varied strongly per setting, and seemed to be shaped mainly by the perceived **identity** of chronic respiratory symptoms, level of **awareness** of (mild stages of) CLDs, perceived **causes**, related **cultural norms,** and perceived **barriers** for health promoting behaviour. As an illustration of quantification of our qualitative findings, Figure 2 depicts the conditions that healthcare professionals held responsible for causing COPD-like symptoms.
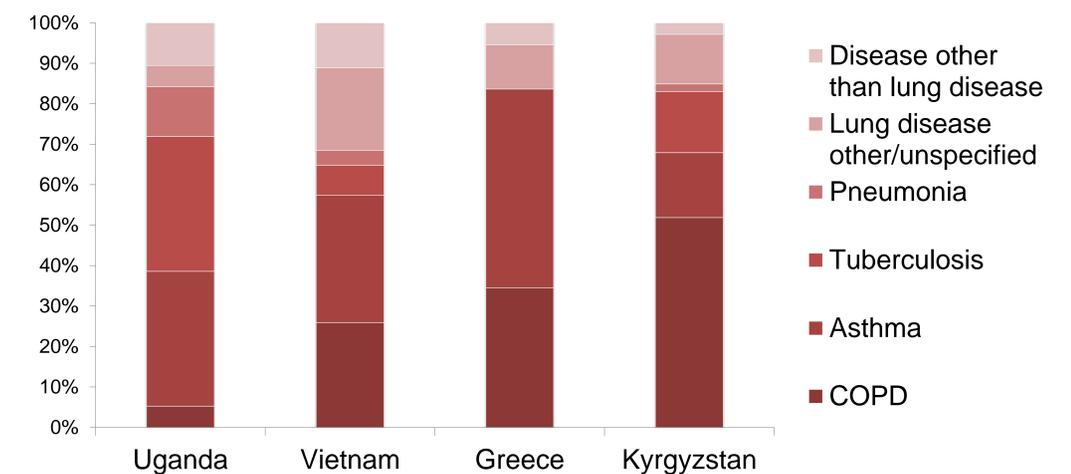

Figure 2. *The conditions perceived by healthcare professionals to cause COPD-like symptoms. Some participants mentioned multiple conditions, therefore data are a percentage of the total amount of mentioned conditions .*

Figure 3. *Field work in Uganda, Vietnam, Greece, and Kyrgyzstan*

Preliminary Conclusion

Beliefs and behaviours regarding CLD varied greatly per setting. CLD-interventions should be tailored in accordance with the characteristics identified per setting.

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