Back in May 2015 we awarded our first IPCRG Research Prize at the 4th IPCRG Scientific Meeting/1st IPCRG Research School, held in Singapore. The prize, a £10,000 research grant, was won by two young Malaysian primary care researchers for their proposal on asthma control. The two, Siti Nurkamilla Ramdzan and Hani Syahida Salim are now enrolled on PhD programmes at the University of Edinburgh. Chief Executive Officer Siân Williams recently got a chance to ask them about their research and exciting career trajectory since their win.

**How did you decide on your research area for the competition?**

**Kamilla:** I have an interest in child and maternal health interest - and asthma is one of most common conditions in children.

**Hani:** I worked in rural areas where there’s a lot of chronic disease; smoking prevalence is high and respiratory problems are common. That interest was carried into my Masters programme, when I focussed on asthma.

**What was the specific problem/question that you sought to explore?**

**Kamilla:** We built on a comparative study by Dr Suzi, my senior, on asthma. That quantitative study had shown the prevalence and levels of asthma control among three Malaysian ethnic groups (Chinese, Malay and Indian) varied widely. We decided we needed to explore this qualitatively to find out what was driving that variation.

**How did taking part in the competition and research school feel?**

**Kamilla:** I was pregnant and my due date was very close. Luckily I’d developed a team and Hani was keen to present.

**Hani:** I was excited - my first international conference! Initially I felt scared as I saw lots of international delegates. But as I started to meet people I realised it was an opportunity to learn about research. I was shaky when I went up to present, but Dr Anders Ostrem, one of the GP mentors, reassured me; at each IPCRG conference you know you’re among friends.

**Kamilla:** And she won! Having a team was a useful stepping stone for the project.
**What were your main challenges of your study?**

Kamilla: There were lots! First, working with three ethnic groups meant we had to conduct our study in Malay, Tamil and Mandarin. Second, we had to interview parents and children, and older and younger children, separately - in case the younger ones were less expressive or felt intimidated. We used pictures to show different types of medication. But the biggest challenge was the data. Tamil and Mandarin use different alphabet characters and transcribing the qualitative data needed five people. Transcriptions then needed translation into English. Some contextual meaning was lost in the translation, so we had to work with doctors and linguists. Also, participants used ‘informal’ language, e.g. some interviewees used a word for “breathlessness” which is interchangeable with “asthma” - “Semput”, so we needed to clarify this in the interviews.

**What were your findings?**

Kamilla and Hani: We found that regardless of asthma control and different ethnic background: 1) children and parents have misconceptions about asthma and its treatment; 2) complementary and alternative medicine (CAM) use is very common; 3) self-medication among children and school support for asthma management is poor. (Some children do not know how to use their medication while others do not even own inhalers); 4) there is stigma towards asthma.

**Are the CAM issues and health beliefs similar to ones in, say, the UK?**

Hani: All the people interviewed were Malaysians but medications and medical practitioners from, say, the Chinese community, are used by all ethnic groups. Also, in our communities fatalism is very high. Even with deaths from childhood pneumonia, parents are very accepting, holding onto the concept of fate.

**What’s happened since the end of the study?**

Hani: We presented four abstracts at the 1st IPCRG South Asian meeting in Sri Lanka in August 2017. We divided preliminary data into ethnic groups and had one abstract on the use of asthma medication during the fasting month.

Kamilla: And I looked specifically at the use of complementary medicine which I presented at the 9th IPCRG World Conference in Porto, Portugal, in June 2018.

We were guided by Professor Ee Ming and Professor Hilary Pinnock in our work. The next step is to inform an intervention - 2/3 of patients with asthma don’t attend asthma reviews, so for children, this must be a school-based intervention.

**What’s your advice to other early career researchers - particularly those from middle or low income countries?**

Hani: Make yourself and your ideas visible - send your abstracts and ideas anywhere! For me with a respiratory interest, IPCRG is the best place. To researchers who say: “I don’t have money” - don’t restrict yourself. Cost is an issue, but don’t make it a hurdle. There are opportunities. We were helped by IPCRG bursaries. You need to help yourself too. I met Prof Hilary in Singapore, kept contact and explained my intention to develop a PhD. I want to know how we can help people with poor literacy in Malaysia know what asthma is and learn how to self-manage it. So now I’m doing a PhD in Edinburgh on health literacy supervised by Prof Hilary! It’s surreal!

Kamilla: As Asian researchers, we can feel our studies are basic; we also write manuscripts that get rejected because of language or basic research. So researchers should reach out and collaborate with those from other countries. Learn from them - it’s a great experience and opportunity. IPCRG has given me that advantage and been a stepping stone for my career.