

CHAPTER I

INTRODUCTION

In the late 1980s it was shown that acute respiratory infections (ARI) mainly pneumonia were the major killer of children aged under 5. In 1997, there were 10 million deaths among children under 5 years of age. Ninety seven percent of them in developing world and most of them due to infectious disease such as pneumonia and diarrhea combined with the malnutrition. Most of these under 5 deaths are preventable (1).

Most children have about 4 - 6 acute respiratory infection in each year. Children with respiratory infection account for a large proportion of patient seen by health workers in health centers. These infection tend to be even more frequently in urban community than in rural areas.

In order to reduce morbidity and mortality rate caused by ARI, there are ARI programs strategies which include three elements: ARI standard case management, immunization and health education.

The cornerstone of the program is the standard case management strategy. If made available to all children, it can reduce child mortality by 20% worldwide. WHO, UNICEF and others organizations are working in more than 70 developing countries to train health staff who work at referral hospital level, and at the primary health care

level assure the availability of antibiotics, and teach families or caretakers how to recognize the signs of ARI and how to do home care (2).

Due to many episodes of pneumonia lead to death within 3-5 days, easy and quick access to antimicrobial therapy is a crucial factor in the reduction of the mortality from pneumonia. Unlike diarrhea disease control program, which promote health care practices in the home that can by themselves reduce diarrhea mortality. ARI control program requires that caretakers know when to seek care outside the home. Many deaths from pneumonia occur because sick children are brought to a health worker for care too late, or not at all. For an effective case management program, caretakers should know how to recognize the signs of pneumonia and comply with a full course of antimicrobial. Caretakers have a important role to play in the family because caretakers knowledge and their appropriate care practice can reduce the mortality and morbidity of the children from ARI. The caretakers should not expect an immediate cure from antimicrobial and should know that they must return to health service if the child does not improve or become worsen.

ARI prevails a significant problem in Cambodia. Owing to ignorance, inadequacy of knowledge, poverty , people particularly caretakers are responsible for excessive incidence of ARI. Assessment of the existing level knowledge and care practice of caretakers in their own children under five years of age and find out the relationship between knowledge, care practice, socio-demographic factors of caretakers, environmental and children factors and the severity of ARI (mild, moderate, severe) among children under five years of age will act as a precious

guideline for the extent of health education to caretakers need. Because of this points of view that's why the study will be conducted on caretakers of children under five years of age with ARI, at National Pediatric Hospital, Phnom Penh city, to assess the present level of knowledge, care practice of caretakers and the relationship between knowledge, care practice, socio-demographic factors of caretakers, environmental and children factors and the severity of ARI (mild, moderate, severe).

In the chapter II (essay) describes public health information related to ARI children under five years of age by emphasizing on: global situation, definition, classification of illness according to WHO, etiological agents of ARI, risk factors associated with ARI and WHO guideline for prevention and control of ARI.

In the chapter III (proposal) deals with the rational and justification of the project, the objective, the usefulness of expected outcome of the study, research methodology, ethical consideration and also the detailed activity plan with required budget estimation for conduct the research.

In the chapter IV (data exercise), It is aimed at getting required data for the proposal. It is just like a test how to establish tool instrument for the proposal study, how to practice in terms of collecting data process by using questionnaires (quantitative approach) for interviewing and how to analyze the results of this study by using SPSS program in terms of frequency distribution of variables and Chi square test to determine the association between independent and dependent variables. It is a pre testing to improve and develop for the project proposal.

In the chapter V (presentation), the main concept of the study will be presented to the thesis committee with duration of 20 minutes by using Power Point slides show.

In the chapter VI (annotated bibliography), It is the last chapter, will be very useful for the readers who want to get more further information related to the content of this study.

REFERENCES

1. World Health Organization. The World Health Report 1998, Geneva 1998; 3-65
2. WHO/ UNICEF. WHO/UNICEF Joint Statement, 1985.