CHAPTER I
INTRODUCTION

The greatest problem for developing countries is the mortality from acute respiratory infections in children less than 5 years of age. Estimates of mortality associated with acute respiratory infections were 4.3 million in 1990, a one third of all childhood mortality, 12.9 million (WHO, 1990). That mortality due to pneumonia is ten to fifty times higher in developing countries suggest that there is ample room for improvement in addressing this important public health problem.

ARI presents an immense disease burden both to the community and to the health, as ARI is the leading cause of childhood sickness. They account for 30 - 50 percent of visits by children to health facilities and 20 - 40 percent hospital admission of children. They are also the illnesses most frequently associated with unnecessary use of antibiotics and other drugs. Studies in Adelaide, South Australia suggest that children under 5 years of age experience a mean of 7 episodes of respiratory illness per year, resulting in three doctor visits a year, ingestion of medicine on 15 days per year and experience of 52 days symptomatology a year (Douglas, 1985). Although the accuracy of these data must be open to question, they do illustrate the magnitude of the problem.

But the recognition of acute respiratory infections as important causes of mortality and morbidity in developing countries has been slow in coming. In general

results of epidemiological studies conducted in the developed world have limited applicability in developing countries, where the environmental factors are different and significantly of greater magnitude. One more difficulty is that ARI is not a clear cut problem, multiple pathogen, overlapping clinical syndrome and interacting risk factors made difficult for significant progress against ARI.

Recent introduction of ARI case-management approach by WHO, which advocates that pneumonia should be diagnosed early before it becomes life threatening. They emphasize critical signs that a minimally trained health worker and mothers can learn that are relevant to two management decisions, should an antibiotic be given to a child with ARI and should the child be treated at home or at a hospital.

ARI prevails a significant problem in Bangladesh. Owing to ignorance, inadequacy of knowledge, poverty, people particularly mothers are responsible for excessive incidence of ARI. In the management of children with ARI, mother has a important role to play. Mother is the key caregiver in the family, her knowledge about important signs of ARI, early detection of disease, when and where to look for treatment and supportive home care management in ARI are very important. Knowledge of mothers can reduce mortality and morbidity of the children from ARI.

Assessment of the existing level of knowledge and practice of mothers in their own children will act as a guideline to the extent of education mothers need. With this view in mind the study will be conducted on mothers of children below 5 years of age with ARI, in urban communities, Dhaka city, to assess the present level of knowledge and practice in their children.

Bangladesh is a highly populated country with limited resource, so it will be difficult to fulfill the health service demand. Improved maternal knowledge and their increased capabilities will be a great and powerful resource in selection of health care.

A small pilot study (a data gathering exercise) was done for the feasibility of my proposed study. It was an exploration to see my research instrument and subjects. Approaches were both qualitative and quantitative, which included open ended interview with health care providers and mothers with under 5 children seeking care for her sick child. It was a pre-testing of my research questionnaire developed for my research proposal. Another aim was to "get entree" with health care providers, who have rich information, which will help me and will increase my confidence for my proposed study. Data were collected through interview with health care providers and mothers, but as my sample size were very small I cannot generalize my findings.

To get good amount of literature on ARI I first use the CD ROM, through computer (on line) using keywords. I could not get sufficient information through this. Next I collected WHO journal on ARI from WHO office, Nontaburi, Bangkok. From Mahidol University library I collected good amount of journal including BOSTID research findings. "ARI News" magazine were collected from different sources. Still research findings were very very limited about mothers knowledge, attitude and practice on ARI in their children.

All the literature from these sources, some books on ARI from library, College of Public Health were reviewed and appropriate literature relevant to my proposal is described in the annotated bibliography chapter.