

CHAPTER V

PRESENTATION

This chapter deals with a thesis summary, which will be presented to the thesis examination committee. The presentation is divided into two main parts: part (1) is proposal and part (2) is data exercise.

In the first part (proposal), I will present about ARI global situation among children under five years of age and ARI problem in Cambodia, rational and objectives of the study, methodology, activity plan and budget estimation need for conducting the research.

In the second part (data exercise), I will present about objectives, methodology, findings, recommendation, lesson learned and limitation from data exercise.

Microsoft Power Point will be used for my presentation show. The contents of the slides are shown as following:

ASSESS THE RELATIONSHIP BETWEEN KNOWLEDGE, CARE PRACTICE, SOCIO-DEMOGRAPHIC FACTORS OF CARETAKERS, ENVIRONMENTAL AND CHILDREN FACTORS AND THE SEVERITY OF ACUTE RESPIRATORY INFECTION AMONG CHILDREN UNDER FIVE AT THE NATIONAL PEDIATRIC HOSPITAL, PHNOM PENH CAMBODIA

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Problem statement

- The greatest problem for developing countries is the mortality of ARI in children less than 5 years of age.
- About 4.3 million children die from ARI every year in developing countries.
- ARI accounts for 30%-50% of visits by children to health facility and 20%-40% of pediatric hospitalization in most developing countries.

Problem statement(cont.)

Main cause of death among children under 5 in developing countries in 1995.

Disease	Number of death (total 10.5 million)
ALRI	2.1
Diarrhea	2.0
Measles	1.1
Malaria	0.7
Neonatal/ prenatal	0.7
Malnutrition	0.3
Others	3.6

Source :The World Health Report, 1998

Problem statement(cont.)

- In Cambodia more than 25% of out patient and 40% of inpatient are occupied by patients children under 4 years of age with ARI.
- At National Pediatric Hospital, Diarrhea and ARI are the leading cause for inpatient treatment.

General Objectives

- To identify key factors that affect the severity of ARI in order to inform health and health education program on ARI in Phnom Penh, Cambodia.

Specific Objective(cont.)

- to identify the relationship between the socio-demographic factors of caretakers and the Severity of ARI among children under 5 years of age.
- to identify the relationship between caretakers knowledge and the Severity of ARI among children under 5 years of age.
- to identify the relationship between caretakers care practice and the Severity of ARI among children under 5 years of age.

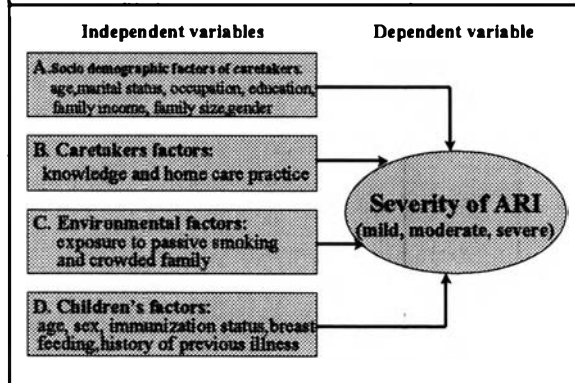
Specific Objective(cont.)

- to identify the relationship between the environment factors and the Severity of ARI among children under 5 years of age.
- to identify the relationship between the children factors and the Severity of ARI among children under 5 years of age.

Research questions

- What is the existing knowledge and care practice of caretakers related to ARI among children under 5 years of age at NPH, Phnom Penh, Cambodia?
- Is there relationship between (Socio-demographic factors of caretakers, caretakers knowledge, caretakers care practice, environmental factors and children factors) and the Severity of ARI among children under 5 years of age?

Conceptual framework



Hypothesis

- There are association between the independent variables and dependent variable.

Definition

- **ARI** : refers to episode of acute symptoms and signs resulting from infection of any parts of the respiratory tract or related structures (including paranasal sinus, middle ear and pleural cavity). ARI is an inclusive term that covers both upper and lower respiratory tract infection.
- **Severity of ARI** : It means the appearance of any symptoms among children under 5 years of age, the degrees of severity may be mild, moderate or severe according to the symptoms.

Definition(cont.)

- **Mild** : in this study refers to the sick children diagnosed as common cold, rhinitis, influenza, pharyngitis, tonsillitis, adenoiditis, otitis media and sinusitis.
- **Moderate** : in this study refers to the sick children diagnosed as bronchitis, asthma and acute epiglottitis.
- **Severe** : in this study refers to the sick children diagnosed as pneumonia / pneumonitis.

Definition(cont.)

- **Caretakers knowledge** : it means caretakers comprehension about cause, transmission, symptoms, prevention and management of ARI in children under 5 years of age.
- **Caretakers home care practice** : it emphasizes on care or look after the children by caretakers during getting ARI at home before seeking care from trained health personnel.

Methodology

- **Study design** : Cross sectional study.
- **Study site** : National Pediatric Hospital, Phnom Penh, Cambodia.
- **Study population** : Caretakers of children under 5 years of age who had attended in out patient department and outpatient department.
- **Sample size estimation** : Calculate by formula :

$$n = \frac{Z^2 \times p \times q}{d^2}$$

Methodology(cont.)

- **Sampling technique** : Systematic sampling will be chosen for sampling technique.
- **Data collection instrument** : Structured questionnaires containing both closed and open ended questions.
- **Data analysis** : Using SPSS program. The results will be presented by frequency distributions. Chi-square will be used to determine association between independent and dependent variables.

Scoring and classification criteria

- **Scoring**: For knowledge and care practice of caretakers, correct answer will get 1 score, incorrect answer will get zero score, the summation of the scores will be conducted.
- **Classification criteria** : For knowledge and care practice of caretakers, if the scores are equal or more than 60% of the total score it will be classified as "satisfactory" level. If the scores less than 60% of the total score it will be classified as "unsatisfactory" level.

Ethical consideration

- **Respondents right to answer** : Asking for their consent to provide information.
- **Keep anonymous answer**.
- **Encourage the respondents feel free to answer, no right and wrong answer**.
- **Interviewers must clarify all points that respondents misunderstood after interviewing process finish**.

Data exercise

- **Objectives**:
 - To assess existing level of knowledge and care practice of caretakers regarding to ARI at National Pediatric Hospital (NPH).
 - To determine the relationship between socio demographic factors, knowledge, care practice of caretakers, environmental factors, children's factors and the Severity of ARI among children under 5 years of age at NPH.

• Objectives (cont.)

- To practice how to establish tool instrument for the study.
- To improve the skill in terms of data collection through interviewing by using structured questionnaires and data analysis by using Chi-square test in order to find out the association between independent and dependent variables.

Methodology

- Study design: cross sectional study.
- Study site: NPH, Phnom Penh, Cambodia.
- Study population: caretakers who had children under 5 years admitted at out patient and inpatient department at NPH.
- Sample size: 30 caretakers were selected.

Methodology(cont.)

- Study duration: this cross sectional study was conducted within 3 days.
- Sampling technique: by using systematic sampling technique.
- Data collection instrument: for this quantitative research, structured questionnaires were applied by face to face interviewing.
- Data analysis: by using SPSS program: frequency distribution of variables and Chi square test.

Results

- Level of knowledge : (66.7%) in Mild ARI group and (83.3%) in Moderate and severe ARI group were in unsatisfactory level, especially in term of cause and route of transmission of ARI.
- Level of care practice : among respondents only (55.5%) in Mild ARI and (58.3%) in Moderate and severe ARI group were in satisfactory level.

Results(cont.)

From Chi square test revealed that there were no statistically significant association was found between (socio demographic factors, caretakers knowledge, caretakers practice, environmental factors and children factor) and the Severity of ARI (mild, moderate and severe) in this study.

Recommendations

- From this data exercise:
 - Community health education program should be introduced to improve caretakers knowledge.
 - Health education should be both not only preventive aspect but also curative as well.
 - Health provider at hospital should provide counseling on appropriate care practice to caretakers
 - Training health provider all level.
 - The ARI program should be rapidly expended to all care providers.

Recommendations(cont.)

- For further study:
 - This type of study should be conducted with a large sample size in community in order to get more reliable and meaningful results.
 - Further study should be both qualitative and quantitative research so the outcome would be more detailed and useful.

Limitations

- This data exercise deals with a small sample size and conducted in urban area, so the results can not generalize to another place.
- Questionnaire contains of medical terms make respondents difficult to understand so we can not avoid misunderstanding and bias information.

Limitations (cont.)

- Time for data collection was insufficient because we had to spend more time on data collecting permission process in Cambodia.
- Literature review related to ARI children under 5 years in Cambodia is very scarce.
- There is no financial support through out this study.

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**Thank you very much for
your kindly attention**