

Introduction

ARIs particularly pneumonia is the principal cause of mortality death in children under the age of 5 years. In Uganda, ARIs are the second major cause of morbidity after malaria and the leading cause of death among children under 5 where severe pneumonia accounts for 25–33% of admissions and contributes up to 30% of deaths on the general pediatric wards in Mulago Hospital (Nantanda et al; 2008). It is for this reason that this study sought to assess the prevalence and factors associated with pneumonia in children under the age of five years.

Objective: To assess the prevalence and factors associated of Pneumonia among children under five years at St. Josephs' clinic.

Methods

A cross sectional study was conducted that included care takers of children under five years with pneumonia symptoms and signs attending treatment at St. Josephs' clinic, Wandegeya. Structured questionnaires were filled in by care takers of participants (who are children under five years) to obtain data on socio-demographic factors, care taker factors and environmental factors. Health facility factors were obtained from the health workers in the clinic. Data was analyzed using SPSS; significance level was set at 0.05.

Results; Majority respondents were female (70.9%), that had lived in town since their birth (61.8%), Most of them were house wives (46.4%) and had attained a secondary level of education (43.6%). Majority of the children were found to have pneumonia (prevalence of 65.4%). Most of the hospital staff who attended to the children with Pneumonia had attained certificate level of education in medical training. Majority health workers had spent 2-3 years while working in the health system. Most of the children whose data was collected had been admitted in wards of less than 75 sq m. Majority admissions rooms had new furniture. More than half of the admission rooms were decorated. Majority of the children who participated in the study, were reported to be living in houses that were poorly ventilated.

Dampness of the walls of the houses of residence of the children was reported among majority of the households. More than half of the children were reported to have a family member who smoked while an over whelming number (99.1%) of the households had maintained cleanliness. Majority of the children had breast fed for less than 6 months. While majority of the caretakers had a monthly income of less than Shs. 300,000, only a quarter of the care takers had knowledge about the transmission of pneumonia.

Conclusion

Co-morbidity, contact with upper respiratory tract infection and delay in seeking treatment are risk factors for severe pneumonia. We recommend health education regarding appropriate health seeking and engaging community health workers in pneumonia prevention, control and treatment.

Recommendations

From the findings of the study, the researcher recommends an establishment of a ventilator-associated pneumonia (VAP) quality improvement team in intensive care units and develop a protocol for prevention of ventilator-associated pneumonia. Provide adequate training and supervision to health workers of children suffering from pneumonia until they are competent enough to work independently. Feedback should be given to staff on daily basis to increase their awareness.