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Determinants of Pheumonia in Under Five Years Children at Community Level In Hodan District Mogadishu Somalia

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ABSTRACT

The study investigates the determinants of pneumonia in under five year's children at community level in Hodan district. The main objectives of the study was the baseline determinants which will

prove the current situation of pneumonia in the target population and support future strategic plan of interventions related to the pneumonia in less than five years of age. Study design was descriptive cross-sectional study design qualitative to identify Determinants of pneumonia in children less than five years at Hodan district. This study was used sampling procedure probability technique to collect data 2MCHs in Hodan district and sample size will 78 which draw from 100 of total population those who are attended in MCH. (Slovene formula which is $N/1+Ne= 100/1_{+025}$

Keywords: pneumonia, children less than five years, Hodan district

1.0 Background

Pneumonia is the single largest infectious cause of death in children worldwide. Pneumonia killed 920 136 children under the age of 5 in 2015, accounting for 16% of all deaths of children under five years old. Pneumonia affects children and families everywhere, but is most prevalent in South Asia and sub-Saharan Africa. Children can be protected from pneumonia; it can be prevented with simple interventions, and treated with low-cost, low-tech medication and care.In sub-Saharan Africa, care-seeking for pneumonia has improved from 36% in 2000 to 46% in 2010 for rural areas, and from 49% to 52% in urban areas. Pneumonia is defined by as an inflammation of the lungs caused by bacteria, viruses and   fungi. In pneumonia infection, the lungs which are made up of small sac-like features called   Alveoli which are usually filled with air when a healthy individual breathes are filled with pus and fluid, making breathing painful and reducing oxygen intake (WHO, 2016)

Pneumonia kills more than two children every hour in Somalia; the report indicates that 14,561 Somali children succumbed to pneumonia in 2015 alone – Which is more than two children dying every hour. This implies 24% of all less than five Mortality is due to pneumonia. The situation may get worse if drastic measures are not taken to save children's lives. ((Dr Abdinasir Osman Isse, 2017)

The situation is worse in Somalia. Food shortages as a result of drought in the country has left millions of children malnourished; making them more vulnerable to diseases including pneumonia, the Area Representative for Save the Children Puntland. "We are doing all it takes to

save these children. We should not ignore pneumonia at this critical time. More than 80% of the victims are children under two years old, many with immune systems weakened by malnutrition or insufficient breastfeeding and unable to fight the infection. Infants are at their most vulnerable in the first weeks of life. Save the Children is calling for 166 million under-twos to be immunized and for action to help 400 million worldwide with no access to health care. Half of all mothers in Africa have no health care around the time of birth.(Dr Said Abdiqafa rHange, 2017)

Specific Objectives of this study are:

To determine factors contributed delay of seeking care among caregivers

To find out management methods used by the care givers

2.0 Methodology:

2.1 study design

Study design was descriptive cross-sectional study design qualitative to identify Determinants of pneumonia in children less than five years at Hodan district.

2.2 study site and target population

The study was concern pneumonia under five children of age at Hodan district.

2.3 Simple size and instrument for data collection

The sample size was 78 which draw from 100 of total population those who are attended in MCH and Structured, Survey Closed ended Questionnaires will used as data collection tools

2.4 Data analysis and interpretations

The researcher employed statistical package for social science SPSS version (20.0) and data will present descriptive statistics Graphs and frequencies tables.

2.5 Ethical considerations

Ethical approval for the study was obtained from the Institutional Research Board, Faculty of Health Science, Jumhuuriya University for Science and Technology. Verbal consent will give each subject who agreed to be part of the study after explanation of the aim of the study and re-assurance of confidentiality of the information

3.0 **Results:**

3.1 Respondent by gender

variables	Frequency	Percent%
male	16	20.5
female	62	79.5
Total	**78**	**100.0**

3.1 Table4.1 Respondent by gender

3.1As the result shows majority of the respondents 62 (79.5%) were female and 16 (20.5%) rest of respondents were male.

3.2 Respondent by age

variables	Frequency	Percent%
20-25	29	37.2
26-30	27	34.6
31-40	16	20.5
41-50	5	6.4
50 and above	1	1.3
Total	78	100.0

Table 3.2 Respondent by age

The majority of the respondents 29(37.2%) were b/w the age of 20-25, 27(34.6%) were b/w   26-30, 16(20.5%) were b/w 31-40, 5(6.4%) were b/w 41-50 and 1 (1.3%) above 50.
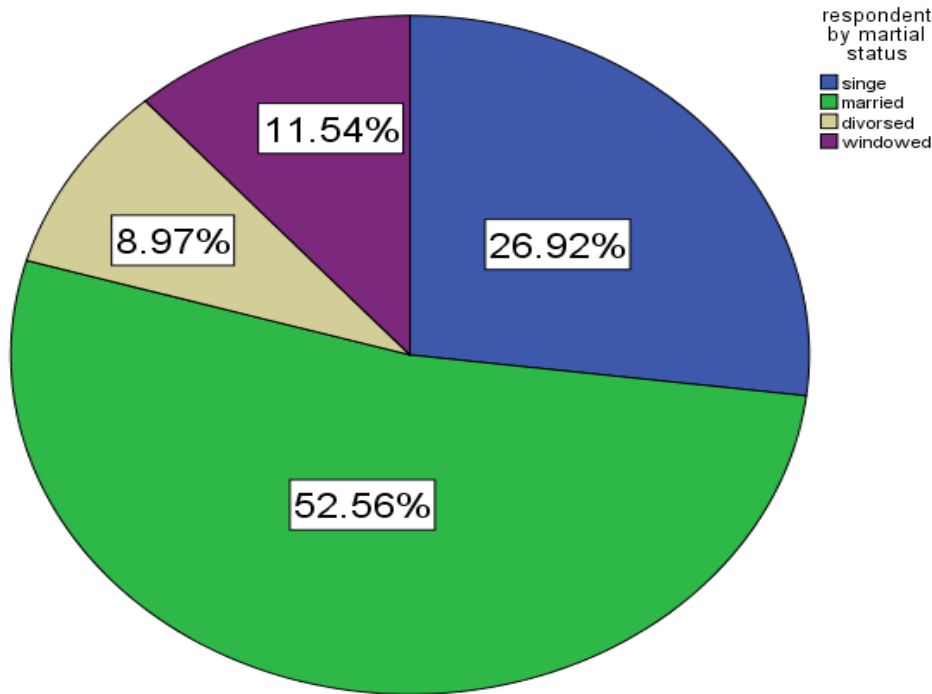
3.3 Respondents by marital status

Variables	Frequency	Percent%
singe	21	26.9
married	41	52.6
divorced	7	9.0
windowed	9	11.5

Total	78	100.0

Table 3.3 respondents by marital status

The majority of the respondent 41(52.6%) were married, 21(26.9%) were single,9(11.5%)were windowed and 9(9%) were divorced.

Figure 3.3 respondents by marital status

3.4 Where are you come from (Place of residence)?

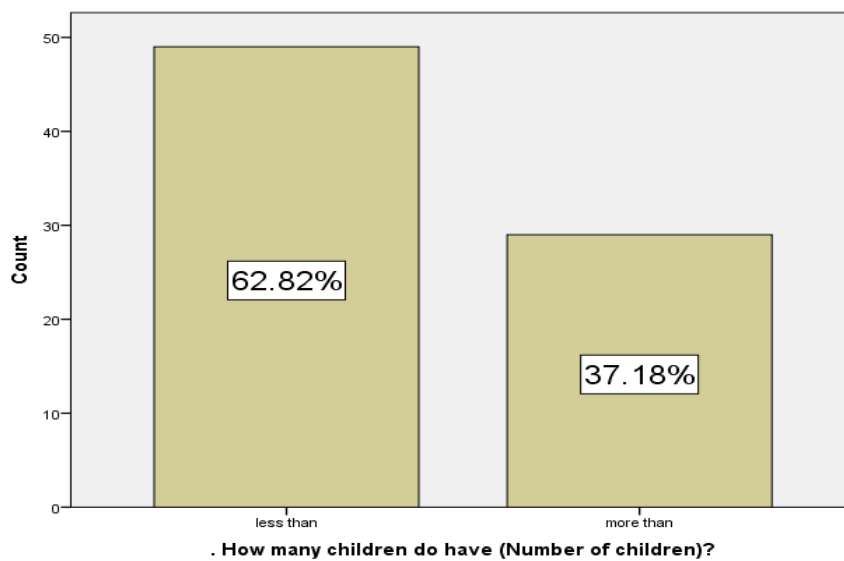| category	Frequency	Percent%
urban	66	84.6
rural	12	15.4
Total	**78**	**100.0**

3.4Table Where are you come from (Place of residence)?

As the result shows majority of the respondents 66 (84.6%) were Urban and 12 (15.4%) rest of respondents were rural.

3.5 How many children do have (Number of children)?

categories'	Frequency	Percent%
less than 4	49	62.8
more than 4	29	37.2
Total	**78**	**100.0**

3.5 Table how many children do have (Number of children)?

As the result shows majority of the respondents 49 (62.8%) were less than 4 and 29 (37.2%) rest of respondents were more than 4.

3.6 What is the highest level of education attained by the mother of the child?

Categories	Frequency	Percent%
Illiterate	22	28.2
Primary	16	20.5
Secondary	20	25.6
Tertiary	20	25.6
Total	**78**	**100.0**

3.6 Table what is the highest level of education attained by the mother of the child?

Most of the respondents 22 (28.2%) were illiterate, 20 (25.6%) were primary as well as 20 (25.6%) were secondary and 16 (20.5%) were tertiary.

3.7 Do you know pneumonia?

Do you know pneumonia?	Frequency	Percent%
Yes	37	47.4
No	41	52.6
Total	**78**	**100.0**

Table 3.7 Do you know pneumonia?

Most of the respondent 41(52.6%) were not know pneumonia and 37(47.4%) were know pneumonia.

3.8 Have you seen pneumonia before?

Have you seen pneumonia before?	Frequency	Percent%
Yes	35	44.9
No	43	55.1
Total	**78**	**100.0**

Table 3.8 Have you seen pneumonia before?

Most of the respondent 43(55.1%) were had not seen pneumonia before and 35(44.9%) were had seen pneumonia before?

3.10 Is there any delay in healthcare for the sick newborn?

Is there any delay in healthcare for the sick newborn?	Frequency		Percent%
Yes	67		85.9
No	11		14.1
Total	**78**		**100.0**

3.10 Table is there any delay in healthcare for the sick newborn?

As the result shows majority of the respondents 67 (85.9%) were delay in healthcare for the sick newborn and 11 (14.1%) were not delay in healthcare for the sick newborn

3.11 If yes what are reasons for delays in seeking healthcare for the sick newborn?

If yes what are reasons for delays in seeking healthcare for the sick newborn?	Freque ncy	Perc ent %
Cost and accessibility issues	23	29.5
lack of transport from place of residence	12	15.4
Lack of knowledge of danger signs in newborns	38	48.7
Others	5	6.4
Total	**78**	**100.0**

3.11 Table if yes what reasons are for delays in seeking healthcare for the sick newborn?

Most of the respondents 38 (48.7%) were Lack of knowledge of danger signs in newborns, 23(29.5%) were Cost and accessibility issues as well as 12 (15.4%) were lack of transport from place of residence and 5 (6.4%) were others.

4.0 **discussion**

As the result shows majority of the respondents 62 (79.5%) were female and 16 (20.5%) rest of respondents were male and 29 (37.2%) were b/w the age of 20-25, 27(34.6%) were b/w 26-30, 16(20.5%) were b/w 31-40, 5(6.4%) were b/w 41-50 and 1 (1.3%) above 50 as well as 41(52.6%) were married, 21(26.9%) were single,9(11.5%)were windowed and 9(9%) were divorced and also 22 (28.2%) were illiterate, 20 (25.6%) were primary as well as 20 (25.6%) were secondary and 16 (20.5%) were tertiary and Most of the respondents 25(32.1%) were housewife, 24(30.8%) were others, 14(17.9%) were nurse, 10(12.8) were teachers, and 5(6.4%) were business.

According to the previous study results the Majority of the caretakers (96.4%; 268/278) were female and 82.4 % (229/268) were mothers of the children. Most of the caretakers were aged 21-35years, 45.0% (125/278) had attained secondary level education and 76.3% (212/278) were married and also slightly more than half, 194 (51.9%) were in the lower socioeconomic class and 84 (22.5%) and 96 (25.7%) in the middle and upper socioeconomic classes, respectively (Doreen tuhebwe, Elly tumushabe at el, 2013).

Most of the respondent 41(52.6%) they did not know pneumonia and 37(47.4%) did know pneumonia. And also study founded 43(55.1%) had not seen pneumonia before and 35(44.9%) had seen pneumonia before, And 43(55.1%) did not know danger sign of pneumonia and 35(44.9%) did know danger sign of pneumonia, 67 (85.9%) were delay in healthcare for the sick newborn and 11 (14.1%) were not delay in healthcare for the sick newborn but also38 (48.7%) were Lack of knowledge of danger signs in newborns, 23(29.5%) were Cost and accessibility issues as well as 12 (15.4%) were lack of transport from place of residence and 5 (6.4%) were others. And also Most of the respondent 26(33.3%) were caused by only bacteria, 25(32.1%) were not know the cause pneumonia 16(20.5%) were caused bacteria, virus and fungal, 7(9.0%) were caused virus and 4(5.1%) were caused fungal.

5.0 **conclusion**

The study was done and evaluation highlights the challenges in care seeking for pneumonia in a district of Hodan, starting with inadequate knowledge about danger signs among children with pneumonia, insufficient home management practices and, potential for treatment seeking delays along the process. The gaps in the first-line community management system at the VHT level and perceived lack of medicines at the facility level may also exacerbate the poor health seeking behaviors. Comprehensive interventions geared at increasing symptom recognition, improving health seeking behavior and the quality of services at the community level and health facilities are needed to reverse this trend

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Major Factors Contributing and Available Management Options To Late Vaginal Bleeding In Pregnant Women Attending Banadir Hospital

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Abstract

The Aim of the study is To identify major factors contributing to late vaginal bleeding in pregnant women attending Banadir hospital And specifically To identify socioeconomic risk factors associated with late vaginal bleeding in pregnant women and finally To find out the most appropriate management of late vaginal bleeding in pregnant women. *This study* was retrospective study was conducted at Banaadir hospital. The target population of this study was all 3rd-trimester pregnant women with bleeding attended in Banadir hospital from January to May 2019 The study used non probability sampling method. Our study finding placental abruption represented about 38% of all risk factors, followed by placenta previa which contributed about 30% of the causes followed by trauma 14%, uterine rupture 4% infections 8% and others 6%. 84% of study populations were low socioeconomic status, while 16% middle socioeconomic status. The study also finds out that 82% not attending antenatal care centers previously while 18% were visiting antenatal care centers. The study also revealed that 88% of study populations were multipara, the