This descriptive, cross sectional survey was carried out in children under five years of age, to ascertain the pattern of utilization of district hospitals in the management of ARI. The study was performed in two hospitals, each with 60 beds, of Nakhon Pathom province. Care providers were taken as respondents for the study. All children with their care providers seeking medical treatment for Acute Respiratory Infections between February to March 2000 in the two hospitals were eligible for inclusion in the study. To select the study population of 115 children with their care providers, a multistage systematic random sampling technique was used. Trained investigators were assigned the task of interviewing and gathering information, for which pretested, structured interview schedules were used. Beginning with the first step taken by the care providers, utilization pattern was recorded in chronological sequences. Utilization pattern was analyzed retrospectively to describe the care provider’s pattern of resolving the child’s current episode of ARI in particular steps before reaching the district hospitals.

The number of steps the care providers went through, ranged between a minimum of one to a maximum of four resolutions. Thus, in total all the care providers under study took 212 steps for 115 episodes of childhood ARI, with a mean of 1.84 steps per episode. Analysis of treatment sequence showed that, although care providers in the study underwent 20 unique sequences, most of them followed a fixed pattern. Care providers who opted for home care as a first step showed longer sequences; whereas those who preferred drug stores as a first step, followed the shortest sequence. Results also revealed that, district hospital was the most preferred treatment source for milder illness like cough and cold. More severe diseases and the susceptible group of young infants got inadequate representation in the study sample. This could be on account of alternative and more preferred sources of treatment for such cases. Also, among the study subjects, one tenth chose private practitioners as their first choice. Giving home care was not observed to be a common practice and health center utilization was also found to be quite low. About 9% of care providers, bought the medicines directly from drug stores, without any medical advise before reaching the district hospital.

Among other factors related with disease: the child, the child’s care provider and the accessibility to the hospital, economic factors like adequacy of income and hospital expenses, but no other showed any relation with district hospital use as the preferred choice. More than half of the care providers had fair to good knowledge
about assessing ARI severity but it was poorly utilized in care during illness as well as in rational decision making about hospital use.