

Abstract:

Background Effective management of pneumonia demands active participation by the caretaker to facilitate early seeking of appropriate health care and adequate compliance to home care messages. This would only be possible if the caretakers' perception of pneumonia is appropriate. This study aims to determine community's perception of childhood pneumonia in a suburb of Nairobi. **Objectives** To determine community perception of childhood pneumonia. **Design** Cross sectional study utilizing qualitative ethnographic methodology. **Participants** Six key informants for in-depth interview and eight groups for focus group discussions from the study community. **Results** Pneumonia was perceived to be the most serious childhood illness. There was a great deal of diversity of Kikuyu phrases for chest-in drawing. There was no term for rapid breathing. Chest in-drawing, fever, difficult in breathing, startling at night and convulsions were perceived as features of pneumonia. Chest in-drawing, fever and convulsions were indicative of severe disease. **Conclusion** The caretakers perceived severe pneumonia as outlined in the IMCI guidelines. Non-severe pneumonia was not perceived for what it should be. Inappropriate knowledge on causes of pneumonia and signs of non severe pneumonia are likely to interfere with compliance with home care messages.