

**ORIGINAL RESEARCH ARTICLE****HEALTH CARE SEEKING BEHAVIOURS OF MOTHER HAVING UNDER 24 MONTHS OLD CHILD ATTENDING OUTPATIENT DEPARTMENT OF TRIBHUVAN UNIVERSITY TEACHING HOSPITAL, KATHMANDU****Kamala Uperty¹**¹Maharajgunj Nursing Campus, Kathmandu, Nepal.**Correspondence to: Kamala Uperty, Maharajgunj Nursing Campus, Kathmandu, Nepal.**Email: kamalauperty@yahoo.com***ABSTRACT**

Health care seeking behaviour of a mother has an important role in reducing morbidity and mortality related common childhood illness amongst under-five children. The main objective of this study was to identify the health care seeking behaviour of mothers who attended tertiary level hospital in Kathmandu for common childhood illness. The study was conducted in the paediatrics out-patient department of Tribhuvan University Teaching Hospital Kathmandu by employing a descriptive design under the quantitative research approach. Similarly, a non-probability convenience sampling technique was used in the study in which 151 mothers having 0-24 months (0-2 years old) children attending in OPD were included. Prior to data collection, written approval of the proposal was obtained from Research Department and Institutional Review Board, Institute of Medicine and Director of TUTH. The data were collected with the help of interview schedule and analyzed by using descriptive statistics. Result of this study found that 85.4% mothers had information regarding common childhood illness. All respondents were found seeking care when their children got sick. Out of the total respondents, 90% of them took their children in health facility whereas remaining 10% took their children to the traditional healer for treatment. Out of the total respondents taking their children in health facility, 80.8% mentioned that the children's condition was worsened and, among them 65.4% preferred government health facility. Reason for not taking to health facilities were far distance, expensive treatment, lack of money, lack of faith and mothers' perception of severity of illness. From this study, it can be concluded that the service provided through government health facilities needs to be improved and focus should be given on health education to mother regarding common childhood illness and its severity. Likewise, it is also necessary to increase mothers' positive attitude and perception toward medical treatment when a child gets sick.

Key words: Childhood illness, Health seeking behaviour, Mothers**INTRODUCTION**

Globally, despite a significant progress has been made in reducing mortality in children under five years of age, about 6.9 million children of under five years died in 2011.¹ Pneumonia and diarrhoea are leading killers of the world's youngest children, accounting for 29 percent of deaths among children under 5 years of age worldwide. Nearly 90 percent of deaths due to pneumonia and diarrhoea occur in Sub-Saharan Africa and South Asia.²

Nepal is one of the poorest countries in the world. The total population of the country is 26494502, out of which 2984000 are of under age of five years.³ In Nepal, even though there is significant decrease in

infant and child mortality from year 1990 to 2010, still large numbers of children are suffering from diarrhoea and respiratory problems and ranked as major killer health problems in the country. Acute diarrhoeal diseases (ADD) and ARI (Acute Respiratory tract Infections) are most important causes of morbidity and mortality among the children in Nepal as well.⁴

Improving families' care seeking behaviour could contribute significantly to reduce child mortality in developing countries. Seeking prompt and appropriate care could reduce child deaths due to acute respiratory infections by 20%.⁵ Various studies

from developing countries have reported that delay in seeking appropriate care and not seeking any care contributes to the large number of child's deaths and existing interventions could prevent many deaths among children if they are presented for appropriate and timely care.⁶

Study on changing poor mother's care seeking behaviours in response to childhood illness in Nicaragua⁷ reported that more than 75 % of the mothers involved in the study selected public health facilities as their first choice when they face a childhood illness. This is because of low consultations cost and regular community visits by government health staff. Similar scenario is seen in Nepal where out of total cases, 72% of ARI cases were treated by female community health volunteers in community level.⁷

Prevalence of childhood illness and mothers' care seeking behaviour in Ethiopia showed that out of 415 mothers, 72.7 % sought treatment from health care facilities for sick children. Those mothers who were not seeking medical care from health care facilities, 53.3% mentioned that illness was not serious, 26.7% lack of money and 13.3% did not seek any benefits from such childhood illness.⁸

In recent years, epidemiologist and social scientists have focused their study toward health seeking behaviour associated with the two leading causes of child mortality, namely diarrhoea and ARI .Yet, the information about how and when families in developing countries seek treatment for these prevalent illness remains seriously incomplete.⁹ So far very less study found investigating health care seeking behaviours for common childhood illness among mothers in Nepal which has significant role in reducing under five morbidity and mortality associated with common childhood illness especially ARI and Diarrhoea. Therefore, this study was carried out on health care seeking behaviour of mothers having under 24 months old child attending in OPD so as to find out their care seeking behaviours.

METHODS

Ethical approval was taken from Research Department, and Institutional Review Board, Institute

of Medicine and Director of TUTH. This descriptive cross-sectional study was designed to find out the mothers' health care seeking behaviour having under 24 months old child attending Paediatric Out Patient Department (OPD) of Tribhuvan University Teaching Tribhuvan (TUTH), Kathmandu January 2016- April 2016. A non-probability convenience sampling method was used to select mothers attending the OPD (bringing their child for health check up). One hundred fifty-one mothers who had at least one (0-24 month's old) child and who had suffered from diarrhoea, fever, cough and cold during the previous 1month period of data collection were included in the study. Responses were collected through face to face semi-structured interviews. The semi-structured questionnaires were developed based on the research objectives. Developed semi- structured questionnaires guide was divided into two parts:

Part I: It included personal data of mothers (age, ethnicity, religion, education, occupation, number of under five children), household characteristics (type of family, income of family, family size, main source of income) and information related to child's birth order, age, place of birth and immunization status etc. s

Part II: It included questions related to mothers' awareness and perception toward common childhood illness including their source of information, symptoms of sickness, causes, danger signs, availability and accessibility of health services and perception regarding severity of child's illness, mother's health care-seeking behaviours for their children's illness such as diarrhoea, fever, cough and cold at present and past episodes. Behaviours were: sought medical care, did not seek medical care (drug vendor, traditional healer, faith healer, self treatment and no action).

Data were collected from 2016 January to 2016 April. Data were checked, organized, reviewed, and coded daily for its completeness, consistency and accuracy. Data were entered in SPSS 19 Software Package and analysis was done using simple descriptive statistics and presented in table.

RESULTS

The results of responses are displayed under individual question asked from the participants:

Table 1: Awareness on Common Childhood Illness

Variables	Number	Percent
Awareness on Common Childhood Illness (n=151)		
Yes	129	85.4
No	22	14.6
Sources of Information* (n=129)		
Mass media	39	31.9
Health workers	62	48.0
Previous experience	58	44.9
Friends	21	16.3
Relatives	53	41.1
Others	0.0	0.0

Table 1 shows that majority of respondents (i.e.85.4%) said that they had information about common childhood illness. Among them 48.0% had obtained information from health workers, 44.9% got information from previous experience and 41.1% received information from relatives. Regarding respondents level of knowledge, 17.4% of respondents had poor knowledge, 29.4% respondents had good knowledge and 53.2% respondents had fair knowledge.

Table 2: Awareness on Causes of Common Childhood Illness (n=151)

Variables*	Number	Percent
Bad weather	136	90.1
Dirty environment	115	76.2
Absence of water	20	13.2
Organism	25	16.6
Teething or growing up	67	44.4
Mosquito bites	14	9.3
From god's or evil	50	33.1
Witch craft	42	27.8
Worms	14	9.3
Impure blood	17	11.3
Lack of immunization	30	19.9
Lack of time to care	3	1.9
Lack of adequate care	9	6.0
Lack of immunity in child	1	0.7
Climate change	1	0.7
Food and water problems	3	1.9
Don't know	5	3.3

*= Multiple responses

The above table shows that majority of the mothers (90.1%) believe bad weather (cold /catarrh) to be the main cause of common childhood illness followed by (76.2%) dirty environment, (44.4%) teething, (33.1%) god or evil, (27.8%) witchcraft, (19.9%) lack of immunization, (16.6%) organism, (13.2%) absence

of water, (9.3%) mosquito bite and worm infestation and some others lack of care such as foods and water problems, lack of immunity and climate changes. Even in this era, few mothers believe evil power being the cause of common childhood illness.

Table 3: Perception of Mother's toward Childhood Illness (n=151)

Variables	Number	Percent
Perception toward Severity of Childhood Illness		
Mild	19	12.6
Moderate	54	35.8
Severe	70	46.4
Don't know	8	5.29
Perception about Symptoms/Signs Need Immediate Treatment*		
Child looks unwell	9	6
Child develops high fever more than 24 hours	104	68.9
Vomiting	67	44.4
Fast breathing / Difficult breath	90	59.65
Diarrhoea	85	56.3
Blood in Stool	29	23.2
Poor/Unable to eat /Drink	35	23.2
Cough	21	13.9
Unable to awake	25	1.66
Convulsion	78	51.7
Unconsciousness	75	49.7
Others (excessive cry, abdominal distension	14	9.3
Don't know	3	1.9

*= Multiple responses

Table 3 shows that 46.4% mothers perceived their child's illness as severe one. In contrast, only 5.29 % of mothers said they didn't know the severity of their child's illness. Regarding the understanding of severity of symptoms that need immediate treatment, two third of the respondents (i.e.68.9%)

indicated to high fever or fever persisting more than 24 hours, 59.65% to breathing problems, 56.3% to diarrhoea, 51.7% to convulsion, 49.7% to unconsciousness, 44.4% to vomiting, 23.2% to blood in stool and poor drinking respectively. Whereas, remaining 1.9% said that they don't know.

Table 4: Health Care Seeking Behaviours of Mother's

Variables	Number	Percent
Seek treatment while child get sick		
Yes	151	100.0
Place of treatment seek (151)		
Health facility	136	90.06
Traditional Healer	15	9.93

Variables	Number	Percent
Reason to seek care from health facilities (136)		
Child condition worsened	110	80.8
Encourage to take to health facility for treatment	19	14.0
For prevention of complications	3	2.2
Others (faith, sensitive to health, easy access and comprehensive care)	4	2.9
Type of health facility consulted (136)		
Private Medical Shop/Dispensary	26	19.1
Government Health Facility	86	63.23
Private Health Facility	24	
Child taken for treatment at first (136)		
<24 hrs of onset of illness	37	27.2
>24 hrs of onset of illness	99	72.8

Table 4 shows that all respondents sought treatment while a child got sick. Out of the total respondents, 90.0% said they took their child to health facility when she/he became sick and remaining 9.93% took their children to the traditional healer for treatment. While giving reason for visiting health facility, 80.8% respondents viewed to be the worsening health condition of their child. In contrast, a very few 2.2%

said that reason for visiting health facility was for prevention of further complications. Majority of children 63.23% were taken to government health facility whereas a few of them (17.6%) were taken to private health facility to seek care. Likewise, nearly two-thirds (72.8%) of children were taken to health facility after 24 hours of onset of illness.

Table 5: Health Care Seeking Behaviours of Mother's (n=15)

Variables	Number	Percent
Reason for not seeking health facility for treatment		
Lack of awareness	2	13.3
Lack of money	1	6.6
Expensive treatment	4	26.6
Lack of family support	4	26.6
No time to take child to health facility	1	6.6
Diseases are not severe enough	3	20.0
Lack of faith on health worker/health facility	1	6.6
Long distance from health facilities	5	33.3
Long queuing and waiting time	2	13.3
Reason for seek care from traditional healer		
Faith on Traditional healer	12	80.0
Cheap/free of cost	10	66.6
Easily available	10	66.6
Family Pressure	13	86.0
Used to treat with traditional healer	5	33.3
Others	2	13.3

*= Multiple responses

Table 5 demonstrates that among the mother respondents who didn't visit health facility, 33.3% said that reason for not seeking health facility for treatment was long distance from health facilities followed by 26.6% expensive treatment and lack of family support, 20% disease not severe, 13.3% lack of money and long waiting hours and remaining 6.6% lack of faith and accessibility of service respectively. Among the respondents who took their children to traditional healers, 86% mentioned that it was due to the family pressure, other 80% said that it was due to their faith on traditional healers, whereas 66.6% felt that the treatment was cheaper and easily available. In contrast, remaining 13.3% said that the reason were others than those mentioned above.

DISCUSSION

This study found that majority of respondents (85.4%) had information about common childhood illness. Among them 48.0% respondents had obtained information from health workers, 44.9% obtained from previous experience and only 16.3% had gained information from friends.

In response to causes of common childhood illness, majority of the respondents (i.e.90.1%) viewed bad weather (cold /catarrh) to be the cause of common childhood illness whereas 76.2% viewed to be dirty environment, 44.4% viewed to teething 33.1% viewed to god' or evil, 27.8% viewed to be witchcraft, 19.9% viewed to the lack of immunization,16.6% viewed to organism, 13.2% to absence of water, 9.3% to mosquito bite and worm infestation and others viewed it to be the lack of care , foods and water problems, lack of immunity and climate changes respectively. From the findings presented above, it can be inferred that mothers still have ingrained belief on evil power that can cause common childhood illness which is not true.

Drawing from the perception of respondents toward childhood illness, it is found that 46.4% respondents perceived their child illness as severe one. But, in contrast, a study conducted in Ethiopia among 612 mothers on health care seeking behaviours for childhood illness had found that less number of mothers' perceived illness was not serious and not taken for treatment.⁸ Likewise, regarding the perception about danger signs and symptoms

of common childhood illness need immediate treatment, this study showed that more than 2/3rd (68.9%) of respondents perceived that high fever or fever that persists more than 24 hours as danger signs and symptoms that need immediate treatment followed by 59.65% breathing problems. Nearly similar result was reported on the study conducted by Sreeramareddy et al. 2006¹⁰ in which fever, difficulty in breathing and drinking poorly were mentioned as danger signs of common childhood illness.

A study conducted in Yemen in 2013 on factor affecting health seeking behaviour for common childhood illness among 212 mothers reported that 51.42% respondents sought medical care during their child sickness.¹¹ But study conducted in Ethiopia showed that out of 415 mothers, 72.7% sought treatment from health care facilities for sick children.⁸ In this study, findings showed that 100% respondents sought treatment while child got sick, of which 90.0% took their child to health facility or sought medical care when she/he was sick. Out of them who sought medical care, 63.23% preferred government health facility. Nearly similar result was reported by a study conducted in Nicaragua where 75% mothers sought treatment from public health facility.⁷ In search of the reason for not seeking health facility or not seeking medical treatment, this study found that out of 151 respondents, 15 of them did not take their child to health facility during illness. Of which, 33.3% said that the reason behind not seeking health facility or not seeking medical care for treatment was long distance from health facilities followed by (26.6%) expensive treatment and lack of family support, (20%) disease not severe, (13.3%) lack of money, lack of faith on service respectively. Similar results were reported in a study conducted in Ethiopia, where far distance from facilities, lack of money, illness was not serious and lack of faith were respectively found as factors for not seeking health facility (Ethopia).⁸ Likewise, Webair & Bingouth (2013) also reported that perception toward severity of illness, symptoms, and lack of faith on medical treatment were affecting to seek medical care.¹¹ From this it can be concluded that far distance from health facilities, perception toward severity of illness, lack of money, lack of family support and faith on services appear to be the factors affecting for health care seeking behaviour of mothers. Among the mothers who took their children

to traditional healer during child illness, 86% mentioned that family pressure followed by 80% faith on traditional healer, 66.6% felt treatment was cheaper and easily available.

CONCLUSION

Mother's health care seeking behaviour has a vital role to reduce under five deaths caused by common childhood illness especially acute respiratory infection, fever and diarrhoea in developing countries including Nepal. From the findings of this study, it can be concluded that the mother's awareness on symptoms, causes and danger signs about common childhood illness was good but not enough because the responses on different options were less except few options. This study results also concluded that reported almost all mother used to seek care while child get sick. Of which, few mothers still seek care from traditional healer as first choice of treatment. Regarding factors affecting care seeking behaviour of mothers were far distance of health facilities, lack of money, perception toward severity of illness and lack of family support, expensive treatment and lack of faith on treatment provided by health facility. Study also found that mothers who used to take their child to health facilities during common illness preferred government health facilities. So, health worker should focus toward educating mothers on different aspects of common childhood illness during their visit with their child.

On the basis of study result it can be recommended that government health facilities should focused their programme toward educating mothers about common childhood illness which can prevent major part of under five deaths due to common illness.

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