

Health Seeking Behavior among Mothers of Sick Children

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ABSTRACT

Background: Infant and under-five mortality rate in Nepal are 46 and 54 deaths per 1,000 live births, respectively. These mortality indicates, one in every 22 Nepalese children dies before reaching age 1, and one in every 19 does not survive to his or her fifth birthday. Delay in seeking appropriate care and not seeking any care contributes to the large number of child deaths. Existing interventions could prevent many deaths among children if they are presented at health facility and timely care.

Methods: A descriptive research was carried out in Lele VDC, ward no.7, Lalitpur. The objective of this study was to find out health seeking behavior among mothers of sick children. Non probability, purposive sampling method was used. Sample size was 102 mothers who had sick children from 0 to 59 months. A set of semi structured questionnaire was used to obtain the data.

Results: The mean age of the respondent was 25.8 years and child was 29 months. Respondents' children who suffered with pneumonia, diarrhoea and malnutrition were 64(62.7%), 29(28%), 9(8.8%) respectively. Majority 84(81.4%) mothers had sought treatment and among them 58(69%) sought treatment from health facility whereas 26(31%) sought treatment from traditional healer. There was significant relationship between education of the mother ($p=0.05$), sex of the child ($p=0.004$), type of sickness of children ($p=0.001$) of the mother and health seeking behaviour of mothers. However occupation of the mothers for seeking treatment ($p=0.66$) and treatment seeking at first ($p=0.82$) were not significant. So there was no relationship between occupation of the mothers and health seeking behaviour.

Conclusions: Majority of the mothers sought treatment from health facility, yet around one fourth went at traditional healers. Education of the mother, sex of the child, sickness of child and mother's awareness are the factors affecting health seeking behavior of the mothers.

Keywords: Health seeking behaviour; sick children.

INTRODUCTION

Forty one percent of the children under five years of age are stunted, 11% are wasted, and 29% are under weight in Nepal.¹ Infant mortality and under-five child mortality are more specific in representing the health in the poorest sections of a population. Changes in these classic measures are especially useful when focusing on health equity. The integrated management of childhood illness (IMCI) strategy, besides improving providers' skills in managing childhood illness also aims to improve families' care seeking behaviour.²

In 2008, 8.8 million children under- five died, mostly from preventable causes such as pneumonia, diarrhoea, malaria and neonatal condition. Most child deaths occur in low- and middle-income countries.^{3,4}

Health practices are the manifestations of behavior, a number of factors including traditional beliefs, economic condition and education etc. are related to the health care behavior.⁵ Maternal recognition of certain signs and symptoms of child illness has been cited as a critical factor determining health care-seeking behaviour.

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Among childhood deaths in developing countries around 27% result from acute respiratory infections and another 23% from diarrhoea. ⁶

METHODS

A descriptive cross sectional study design was adopted to study all the mothers of Lele VDC, ward no.7 having under- five children was the unit of population. The sampling method of the study was non probability, purposive technique. Interviewer administered questionnaire consisting of a semi-structured items was developed. Data was collected from 22nd August to 12th September, 2010. The record from birth registration of the under- five children from the Lele VDC, Lele PHC and Immunization programme including Vit A registered by Female Community Health Volunteers (FCHV) were reviewed. Study was conducted after written permission from Nursing Campus Maharajgunj. Informed consent was obtained verbally from subjects for study. Participant's confidentiality was maintained. Data was collected by door to door visit of 205 households. Among them 102 mothers whose child was suffered from ARI, diarrhoea and malnutrition were interviewed. The collected data was analyzed by means of descriptive and inferential statistics. Chi square and Fisher exact test was used to analyze the relationship between selected variables and health seeking behavior of mother.

RESULTS

Table 1. Distribution of the respondents' sick children.

| Variables | Frequency (n=102) | Percent |
|---------------------------|-------------------|---------|
| Sex of child | | |
| Male | 52 | 51.0 |
| Female | 50 | 49.0 |
| Age of the child (months) | | |
| Under12 | 13 | 12.7 |
| 13-36 | 54 | 53.0 |
| 37-60 | 35 | 34.3 |
| Mean Age | 29.4 | |
| SD | 13.3 | |

Table 1 reveals that most of the respondent's sick children were male (51%). Majority 53% of the sick children were 13-36 months of age group. The mean age of the children was 29.4 months and SD was 13.3.

Table 2. Type of sickness in respondents' children.

| n=102 | | |
|--------------|--------|---------|
| Sickness | Number | Percent |
| Pneumonia | 64 | 62.75 |
| Diarrhoea | 29 | 28.43 |
| Malnutrition | 9 | 8.82 |

Table 2 shows that out of 102 respondents, majority of the respondents (62.75%) children had pneumonia. Twenty eight percent of the respondents' children had diarrhoea and few (8.82%) children suffered from malnutrition.

Out of 102 respondents, majority of the respondents (81.4%) sought for treatment, in health facility or by traditional healer while 18.6% of mothers did not seek treatment. Respondents who had sought for treatment, majority (46.4%) of the decision was made by husband. 77.5% lived in half an hour walking distance from health facility. 72.2% of the mothers who did not seek treatment had not perceived the sickness as need for their sick children. Similarly, 27.8% of mothers reported that their responsible person was not at home for seeking treatment to their sick child. So the reasons were found as barrier to the mothers for not seeking treatment.

Table 3. Relationship between different factors and health seeking behaviour.

| n= 102 | | | | |
|--------------------------|---------------|-------------------|------------|---------|
| Variables | | Seeking treatment | | p value |
| | | Yes No. (%) | No No. (%) | |
| Education of the mother | Below primary | 62(78.5) | 17(21.5) | 0.05 |
| | Above Primary | 22(95.7) | 1(4.3) | |
| Occupation of the mother | Household | 69(82.1) | 15(17.9) | 0.66 |
| | Business | 15(83.3) | 3(16.7) | |
| Sex of the child | Male | 49(94.2) | 3(5.8) | 0.004 |
| | Female | 35(70) | 15(30) | |
| Sickness of the child | Diarrhoea | 18(62.1) | 11(37.9) | 0.001 |
| | Pneumonia | 57(89.1) | 7(10.9) | |
| | Malnutrition | 8(88.9) | 1(11.1) | |

All the tests are at 0.05CI

Table 4 presents that out of 84 of the respondents, 95.6% mothers who had above primary level sought treatment. The result ($p=0.05$) is significant, that is, there is significant relationship between education of the mother and health seeking behavior.

According to occupation of the mothers, 83.3% mothers who worked outside home had sought treatment. The result ($p=0.66$) is insignificant, which means that there is no significant relationship between occupation of the mothers and health seeking behavior.

In terms of sex of the child, though confounders were not controlled, majority (94.2%) of mothers sought for treatment for male child. This revealed that there is statistically highly significant relationship between sex of the child and health seeking behavior of the mother.

Majority (89.1%) of the mothers whose child had pneumonia sought treatment. The result ($p=0.001$) is highly significant. There is highly significant relationship between type of sickness of child and health seeking behavior of mothers.

DISCUSSION

This study revealed that 47(46.1%) mothers were from 21 to 25years of age groups, where as nearly 3.9% respondents were from less than 20 years. Fifty two percent of the respondents were Nagarkoti and similarly followed by non Nagarkoti (Chettri, Bhramin, other Newar and Tamang) which varies to other place of Nepal. Majority (79)77.5% had education below primary level. Most of the (84)82.4% respondents were housewives and 40(39.2%) respondents husband were labourers.

This study revealed that 64(62.7%) respondent's child had pneumonia. Twenty eight percent of the respondent's child had diarrhoea and 9(8.8%) children were suffered with malnutrition. This findings supports with findings, 14% of the children were sick in the study period, which included acute respiratory infections (5.6%), acute diarrhea (4.7%), and fever (3.7%) in a fisherman village, Veerampattinam⁷, and the report of NDHS,2007 also support this study, among childhood deaths in developing countries around 27% result from ARI and another 23% from diarrhoea. ARI is the first killer disease and acute diarrhoeal diseases (ADD) is the next important causes of morbidity and mortality among the children in Nepal as well. This study also supported by the findings in NDHS 2006, that one in every two children in Nepal is undernourished placing the country at the 10th position among countries with the highest prevalence of stunting.

This study indicates that 58(69%) sought treatment at first from health facility and 26(31%) had sought from traditional healer. This finding was different than the study finding of the observation of large portion of mother (59%) were seeking treatment other than health workers and 41% sought at first with health worker in the study of Harmi VDC in Gorkha. Large portion of mother who did not seek appropriate treatment and most often the care was sought from pharmacies instead of qualified medical practitioners of western Nepal.⁸ This difference

may be due to accessibility of Anandaban hospital and Lele Primary Health Centre from study setting which is 79(77.5%) mother had half hour distance of health facility by walking.

Decision for seeking treatment was made by husband of the respondents 39(46.4%), this factor may be the cause of appropriate health seeking of the sick child. Thirteen (72.2%) mothers among who did not seek treatment did not perceived the sickness as need to seek health care for their sick child. Five (27.8%) of mothers reported that their responsible person was not at home for seeking treatment to their sick child. So the decisive role was found as barrier to the mothers for not seeking health care. Therefore they are the target group, which needed educational intervention for appropriate health seeking.

This study reveals that there is ($p=0.004$) highly significant relationship between sex of the child and seeking behavior of the mother. Majority (81.6%) mothers of male child sought treatment in health facility. This study is similar to the findings by a study done by Nuruddin⁹, where there were 25 more girl deaths than boys per 1000 live births (95% CI: 13.9, 48.6) among post-neonates and 38 more among children aged 12-59 months (95% CI: 10.5, 65.5). Mothers having child with pneumonia had sought treatment. The result ($p=0.001$) is highly significant. For diarrhoeal disease there was more than one fourth mother did not sought for the treatment. This might be due to anxious on seriousness of the pneumonia disease.

Majority (63.6%) of mothers from above primary educational level made self decision for seeking treatment to their sick child. This indicates that mother's education plays great role in making decision to seek treatment.

CONCLUSIONS

Based on the study findings it is concluded that respondent sought treatment from health facility and traditional healer. Mothers tend to be aware of the signs and symptoms of pneumonia. However they lack information on preventive measures of malnutrition. In regard to various factors, education of the mother, sex of the child, sickness of child and mother's awareness are the factors affecting health seeking behavior of the mothers.

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