

## Factors Affecting Health Seeking Behaviors on Common Childhood Illness among Mothers/Caregivers of Rural Households Having Under Five Children in, Yirga Chefe District, Gedeo Zone, SNNPR, Ethiopia 2018G.C

Girma Worku<sup>1\*</sup> and Deselegn Tesema<sup>2</sup>

<sup>1</sup>Department of Public Health, College of Health Science, Arsi University, Asella, Ethiopia

<sup>2</sup>College of Medical and Health Science, Dilla University, Dilla, Ethiopia

\*Corresponding Author: Girma Worku, Department of Public Health, College of Health Science, Arsi University, Asella, Ethiopia.

Received: September 16, 2022; Published: September 08, 2022

### Abstract

**Background:** Health care seeking behavior has been well-defined as any make to protect with each persons that understanding their not well feeling condition. The purpose of conducting this research was to determine magnitude and causes of wellbeing looking for actions on collective childhood illness.

**Methodology:** A community based cross-sectional study was conduct among 333 care givers that serve children below five years. November 2018.G.C. Systematic sampling technique was used. SPSS version 20.0 was used for analysis and binary and multiple logistic regressions were done to compute statistical significant at the P-value less than 0.05 with confidence interval 95%.

**Results:** Eighty percent of response rate were involved and 176 (66.2%) were seek curative care from health institutions. Mothers age (AOR = 2.42 (0.502, 1.402)), age of children (AOR = 3,560 (1.016, 1.247)), educational status [AOR = 1.94 (1.34, 2.81)], severity of illness (AOR = 13.973 (3.670, 61.577)) and family number (AOR = 8.564 (2.194, 33.428)) were the major predictors of health seeking behaviors of mothers/caregivers.

**Conclusion:** Health seeking behavior of the mothers/caregivers was found to be relatively low. Thus, factors delay health seeking behavior of consumers. As a result, heath services were provided at community level need community United Management of Childhood Illness, Information Education Communication to improve mothers' perception.

**Keywords:** Health Seeking Behavior; Mothers/Caregivers; Common Childhood Illness and Under Five Years; Gedeo Zone; Ethiopia

### Background

According to Harris and Gunman investigations the charter of individual that encourages, safeguards personal fitness in case of genuine or superficial wellbeing grade is known as health seeking behavior [1]. Health seeking behavior is headed by a choice creating course that is added ruled by discrete and/or domestic conduct, public customs and prospects as well as worker correlated appearances and conduct. Because of the environment of precaution looking for is not homogenous contingent on intellectual and non- intellectual factors

which request for a appropriate investigation of attention looking for comportsment [1,2]. The action for the comportsment of looking for is a energetic and repeated course which can be exaggerated with numerous influences. Rapid health-seeking is serious for proper running and as a result, considerate the determinants of health seeking behavior converts serious in the bid to deliver customer focused on amenities [2].

Industrializing seeking behavior is an involving extra concern in health care that most of the representations have been struggled to hypothesize the action seeking behavior universal dimensions and the situation sentimental influences. Although of it is challenging to recognize which determinants are utmost significant in the conclusion to operate health care. Aspects manipulating mutually the optimal to seek health care are culture, economics, access, perceptions, knowledge, belief in efficacy, age, gender roles, and social roles and the valuation of which health care choice to consume for hindrance and management of complaint [3].

Globally the burden of health and health related problem are the major concerns of governors especially Africa mostly sub-Sahara, the Far East and South America. Thus, different countries take different procedures. One of this is innovation of the health extension program which is implemented in Africa mostly Ethiopia and Ugandan [4]. In sub-Saharan Africa children are more than 15 times more likely to die before the age of five than children in industrialized counties. Around fifty percent of less than five years deaths occurred only in China, Democratic Republic of the Congo, India, Nigeria and Pakistan and more than a third of all under-five deaths accounted by India (21%) and Nigeria (13%) [4].

According to the results of Ethiopian demographic health survey (EDHS) conducted in 2010, the under-five mortality rates are higher among children from poor families than those from more prosperous families and children are at greater risk of dying before age five if they are a mother denied basic education and poor households [5].

Though, attention looking for mediations has the prospective to significantly decrease child death in non-industrialized countries, a great numerous of death of under five years children lacking healthcare service and have no facilitate effort in seeking care. Incapability to identify hypothetically serious circumstances and diverse care-seeking performs were influences of caregivers to postponements in looking for care. This stayed might distress child health and can tip to difficulties that mark the curative precaution less active and may be inoperable. Actions for collective babyhood infection like diarrhea, malaria and pneumonia are frequently actual active if care is required in phase [6,7].

As a result, sickness and mortality from these ailments can be condensed as soon as care is pursued early. Capability of mothers/caregivers to distinguish and look for proper care for these common childhood illnesses is instrumental in reducing child deaths in low-and middle-income countries. The significance of mothers'/caregivers' skill to distinguish and look for right care for their children is also one of the suggested crucial actions in the WHO's and UNICEF's Global. Action Plan for the Control of Pneumonia and Diarrhea [8,9]. Consequently, the determination of this study is to evaluate health seeking behaviors of mothers/care givers on collective childhood illness and identifying associated factors in order to improve child survival.

## **Materials and Methods**

### **Study design and period**

Community based cross-sectional study was conducted in rural kebeles of Yiriga chafe District, Gedeo Zone, Southern Ethiopia in November 2018. The district is located 395 kms south Addis Ababa, the capital of Ethiopia. It is cultivating cash crops like coffee and other cereals like maize, wheat and inset and Primary Healthcare unit was constructed in the district with the provision of health service such as prevention, promotion and care and treatment including extension packages.

### **Study population**

The study populations were all mothers/care givers who had under five years children present in their home during data collection period in selected Kebeles. Mothers/care givers with under five years children had got illness other than common childhood illness and cannot communicate due to illness were excluded from the study.

### **Sample size and sampling technique**

The sample size was calculated by using single proportion formula.  $n = Z (\alpha/2)^2 * p (1-p) / d^2$ . The proportion of caregivers' health seeking behavior for common childhood illness that was conducted in other region was 73% [10]. The assumptions was considered 95% confidence interval and the margin of error was 5%. Then:  $n = ((1.96)^2 * (.73 * .27) / (0.05)^2) = 303$  by adding 10% of non-responses rate finally 333 households which had under five years children were selected.

The number of Households was taken from health extension workers were made sampling frame. Then systematic sampling technique was carried out for households' comparably selected from each selected study site. The first household in the first interval was selected by simple random lottery methods and started from that house every picked (8<sup>th</sup>) interval households were selected. But the selected household's didn't full fill inclusion criteria; the next household in the other direction was used for interview.

### **Data collection**

The standard Questionnaire was prepared for data collection and English version of the questionnaire were transformed to local language was Amharic for well accepting of data gatherers and participants and as a final point coming back to English versions by alternative separable fluent in both languages. Data was composed by means of face to face interview based on guide line using a designed survey after getting oral approval from the participants. Six Data collectors and two supervisor were competent for two days on process of take out the desirable facts through questioning, how to fill the information on an organized form and the ethical aspect in potential the care givers which is in a well-mannered and humble way.

### **Data analysis**

Subsequently records gathering, each form was tested for comprehensiveness and coding was specified at them accurate side of the form tracked by practically all variables in the survey. The main researcher was arranged the data by means of EPI INFO version 7 and at that time the data was exported to SPSS version 20.0 statistical software packages for data scrubbing and exploration. Occurrences, percentage, bar graph and pie chart were used to designate the study participant in relative to significant variables. The mark of the relationship amongst the autonomous and reliant variables was computed using crude odds ratio with 95% confidence interval with respective to at p-value less than 0.05. Consecutively multiple logistic regression analysis was done by adjusting the possible confusing variables at the study to detect the autonomous determinants.

### **Operational definition**

- **Health seeking behavior:** Mother's/caregiver's first response was visiting health institution when their child has got common childhood illness.
- **Household:** A set of interrelated persons or domestic alive together.
- **Traditional medicine:** Mystical, spiritual and familiarity constructed acquaintance and exercise functional.

**Ethical considerations**

The study was official improved by Review Committee of Dilla University College of Medicine and Health Science. Approval was also fortified from Gedeo zone and Yiriga Chafe district and informed consent was got from study subjects. All applicants were conversant of their right to refuse at any time and not to write their names to ensure confidentiality.

**Result**

In this study, 266 mothers/caregivers were interviewed and 80% was response rate. Majority of study participants 258 (97%) were biological mothers of the selected child, 75 (28.2%) were in the age group of 25 to 29 and 179 (67%) were Gede'o ethnic groups and 134 (50%) were protestant interims of religion. Concerning to monthly income around 154 (58%) were between 1001 - 1500 Eth. birr and half of 133 (50%) were family members less than or equal to five (Table 1).

<b>Variables</b>	<b>Freq (n = 266)</b>	<b>Percent (%)</b>
<b>Age of mothers/caregivers</b>		
< 25 years	69	25.9
25 - 29 years	75	28.2
30 - 34 years	50	18.8
≥ 35 years	72	27.1
<b>Age of child</b>		
≤ 1 years	90	33.8
> 1 - 5 years	176	66.2
<b>Sex of children</b>		
Male	126	47.4
Female	140	52.6
<b>Marital status of mothers</b>		
Married	214	80.4
Single	4	1.5
Widowed	25	9.3
Divorced	23	8.8
<b>Religion of mothers/caregivers</b>		
Protestant	134	50.4
Orthodox	62	23.3
Muslim	40	15
Catholic	30	11.3
<b>Ethnicity of mothers/caregivers</b>		
Gedeo	131	49.2
Oromo	76	28.6
Amhara	42	15.8
Sidamo	17	6.4
<b>Educational status</b>		
Unable to read and write	36	13.5

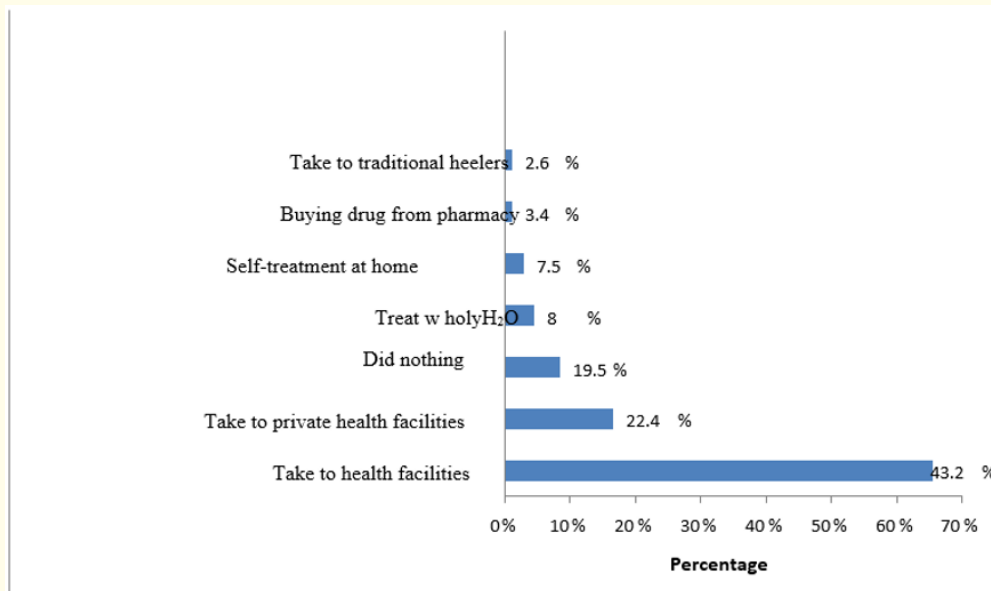
Read and write	89	33.8
Primary school	121	45.2
Secondary school	20	7.5
<b>Occupational of mothers/caregivers</b>		
House wife	125	47
Government work	3	1.1
Merchant	78	29.3
Labor work	37	14
Student	12	4.5
Farmer	11	4.2
<b>Monthly income</b>		
≤ 500	4	1.5
500 - 1000	88	33.1
1001 - 1500	154	57.9
1501 - 2000	18	6.8
> 2000	2	0.7
<b>Family members</b>		
Less than or equal 5	133	50
Greater than 5	133	50
<b>Number of under five year child</b>		
One	153	57.5
Greater or equal to two	113	42.4

**Table 1:** Socio demographic characteristics of mothers/caregivers and under five children's on common childhood illness in Yirgacheffe District, rural households, South Ethiopia, 2018.

### Health seeking behavior

Regarding to health seeking behavior, overall four weeks proportion of common child hood illness mostly complained by mothers/ care givers were 77 (29%), 46 (17%), 40 (15%), 33 (12%) and 23 (9%) cough, diarrhea difficulty of breathing, fever and Ear pain and discharge respectively. Among 176 mothers/caregivers, 88 (50%) of mothers made decision for seeking medical care when their children had got illness while 33 (19%) of decision were made by father. Out of 266 sick children, 106 (40%) and 70 (26%) were sought medical care to government and private health institutions respectively, while 52 (20%) caretakers did nothing in response to illnesses (Figure 1).

Among 266 mothers/caregivers, 176 (66.2%) were seeks medical care when their children had got illness, whereas 90 (33.9%) of the mother/caregivers not attempted to seek health care to their children. Their main reasons for not seeking care in health facility were perception of the illness thought; it would get better by itself 75 (28.2%), illness was mild and transportation difficulties 58 (21.8%) and 2 (0.8%) respectively. On the other hand identify the severity of illness by the child refused to eat 156 (58.6%) were taken their child to traditional healers because they believed they do not charge too much and that disease doesn't cure by medicine (Table 2).



**Figure 1:** Health seeking Behavior of mothers/care givers distribution of care among their children with common childhood illness in Yiriga Chafe district, Rural Households, southern Ethiopia, 2018.

Characters	Frequency	Percent (%)
Thought it would get better by itself	75	28.2%
Cost of medical care	58	21.8%
Illness was mild	57	21.4%
Shortage of money	32	12.0%
Transportation difficult	2	0.75%
Pervious bad experience with medical care	17	6.4%
Sickness is incurable	14	5.3%
Traditional healers' treatment is effective	11	4.1%

**Table 2:** Main reasons of mothers/caregivers for not seeking medical care for under five year children on common childhood illness in Yiriga chafe district, Rural Households, South Ethiopia, 2018Gc.

### Factors affecting health seeking behavior of mothers/caregivers on common childhood illness

In binary logistic regression analysis indicated that, age of mothers/caregivers, educational status, marital status, age of children’s, number of children less than five year in the family, family number and disease characteristics were statistically associated with health seeking behavior with p-value < 0.05 at 95% CI. After adjusting for controlling potential confounders in multivariate logistic regression analysis; such as educational status, numbers of children less than five year, age of mother/care giver, family numbers and severity of ill-

ness were significantly related with health seeking behavior. Educational status of secondary schools were 1.9 times more likely to seek medical care than those having less than educational status [AOR = 1.94 (1.34, 2.81)]. Number of children under five years greater or equal to two was 90% times less likely to seek medical care than those having one child under five years [AOR = 0.09 (0.04, 0.22)], the Number of family members less than or equal to five members having 76% times less likely resist to seek medical care compared to those having greater than five members [AOR = 0.24 (0.10, 0.56)] and mothers/caregivers superficial their childhood illness was sever around five times more likely to seek medical care compared to illness was mild [AOR = 5.19 (1.21, 18.63)]. Mothers/caretakers age greater than 29 years were also around 2.42 times likely seeking medical care than those have lower age groups (Table 3).

Variables	Health Seeking Behavior		95%CI	
	Yes (%)	No (%)	COR	AOR
<b>Age of mothers/caregivers</b>				
< 29 years	60 (22.5)	84 (31.6)	1	1
> = 29 years	100 (37.6)	22 (8.3)	2.51 (1.95,5.32)*	2.42 (1.53,4.48)*
<b>Education status of mothers/caregivers</b>				
Unable to read and write	11 (4.1)	25 (8.3)	1.34 (0.75, 2.38)	1.14 (0.57, 6.33)
Read and write	59 (22.2)	30 (11.3)	2.07 (1.43, 5.47)*	1.52 (0.25, 3.28)
Primary school	101 (37.9)	20 (7.7)	1	1
Secondary school	19 (7.1)	1 (0.4)	2.06 (1.23,3.47)**	1.94 (1.34, 2.81)*
<b>Marital status</b>				
Married	176 (66.2)	38 (14.3)	3.15 (1.95,5.74)*	2.03 (0.35, 5.63)
Single	4 (1.4)	0 (0)	0.91 (0.37, 1.64)	0.15 (0.71, 1.95)
Widowed	17 (6.4)	8 (3.0)	0.70 (0.23, 2.37)	0.11 (0.31, 3.15)
Divorced	6 (2.3)	17 (6.4)	1	1
<b>Number of Family members</b>				
Less than or equal to 5	100 (37.6)	33 (12.4)	0.17 (0.24, 0.68)*	0.24 (0.10, 0.56)*
Greater than 5	80 (30.1)	53 (19.9)	1	1
<b>Number of under five year child</b>				
One	103 (38.7)	53 (19.9)	1	1
Greater than or equal to 2	53 (19.9)	60 (22.5)	0.35 (0.18,0.63)*	0.09 (0.04,0.22)*
<b>Age of child</b>				
< 1 year	60 (22.5)	30 (11.4)	2.04 (1.92, 6.32)*	0.92 (0.57, 3.96)
> 1 - 5 years	111 (41.7)	65 (24.4)	1	1
<b>Severity of disease</b>				
Sever	73 (27.4)	4 (1.5)	6.81 (1.64,9.14)*	5.19 (1.21, 18.63)**
Moderate	67 (25.2)	6 (2.3)	3.11 (0.73, 4.59)	1.75 (0.86, 3.57)
Mild	46 (17.3)	70 (26.3)	1	1

**Table 3:** An associated factors of health seeking behavior of mothers/caregivers having child under five year children on common childhood illness in Yiriga chafe District rural household, Gedeo Zone Southern, Ethiopia 2018 (N = 266).

Note: P'0.05 = \*, P'0.01 = \*\*, P'0.001 = \*\*\*.

## **Discussion**

The study revealed that a number of variables affect mothers/caregivers health seeking behavior when under five years of age got common childhood illness. Overall, the mothers/caregivers, 66.2% of them were seek medical care. This finding was less than the study done in northwest Ethiopia which was 84.4% of them were seek medical care [11] and it is lower with a study done in Oromia region Ethiopia, 87% of them seeking medical care and Urban slum, 90% Of mothers/caregiver sought medical care [12,13]. On the contrary higher than the research done in Yemen, 51.42% of them were seek medical care [6]. The dissimilarity because of related to the socio-demographic variables like scholastic level, beliefs, reasonable status and study time.

The slightest repeated exploit in this study was take to traditional healer and treatment with holy water which explanations 2.6% and 0.8% respectively. This outcome was comparable to study done in North west Ethiopia only 1% of them care illness with holy water [11] but contrast to other studies done in Nigeria, 14.3% of them were treated with holy water [14]. This variance may be interrelated to the existence of combined health platform policy in Ethiopia like Health Allowance programs serve the community in dissimilar ways such as: given that health allied evidence's nearly infection and behaviors of diseases protect. Probably this may be also child and motherly health amenities had received administration consideration currently and health teaching has been given at large level to the paternities concerning children's health. As a result, they might not take to traditional healer.

Considering the factors affecting health seeking behavior, age of mothers or care givers, was one of the predictors of it in this stud. Following this the studies done in Nigeria and Ethiopia [11,15] had stated a constructive liaison among motherly age (older one) and HSB, which is supported with the present-day study. The finding of this study showed that mothers/caretakers age greater than 29 years around 2.42 highly to seek medical care than those have lower age groups. This implies that the age of mothers increase, the better HSB and this could be related to life experience that helps to easily identify type of illness and have an exposure or knowledge about treatment options to seek medical care than young mothers.

The others factors that determine health seeking behaviors in this study was number of under five years of children of mothers/caregivers who had greater or equal to two were around 90% times less likely seeking medical care than those had one child. The result is equivalent to study done in Kenya health care seeking on related subject [16,17] and the survey accompanied in North west Ethiopia [11]. This indicates that a single child might have high opportunity for treating on common childhood illness. Consequently, number of family members those have greater than five members highly delayed to seek medical care compared to those have less than or equal to five members. This result comparable to study in India factors like below poverty line card holder mothers and those exist in mutual household buildings are forecasting health seeking behaviors [18-20]. This may be associated to low-cost of the family and unavailability of medicinal behaviors.

According to this finding the educational status of mothers/caregivers was secondary school level good potential for seeking medical care and they perceived illness would get better by medical care treatment. Eventually in this study, mothers/caregivers supposed illness was severe around five times more likely to look for therapeutic care than slight ones and this finding is in contrast to a systemic review done in developing countries, study carried out in Yemen and Kenya (mothers more likely to seek medical care when disease conditions more sever) [6,21]. This dissimilarity associated to mother's/care givers were not look for caution is they apparent their children sickness was minor and thought it is improving by itself and delay till the children refused to eat and problems [6,11,16].

## **Limitation of the Study**

Qualitative study was not incorporated to investigate triangulation result that was measured subjectively as well as objective.



## **Conclusion and Recommendation**

This study indicated that, overall health seeking behaviors of mothers/caregivers were 66.2% and the figure is relatively lower than previous related studies. Education status, age of children's, family numbers, number of child and severity of illness are major factors that determine mothers/caregivers of Health Seeking Behaviors. Consequently, health care services would be fortified at public level through. Community United Running of Childhood Illness, Facts Training Announcement to expand mothers' health care on the lookout for actions. Besides this enhance awareness of the community in order to use Community Based Health insurance and facilitate family planning usage. Further investigators ought be measured via study to combination study plan that tangled qualitative revision.

## **Conflict of Interest**

The authors have not declared any conflict of interest.

## **Acknowledgement**

The authors are very grateful to School of Public Health Dilla University, for approval of ethical clearance. The authors are also grateful to all study participants and data collectors.

## **Bibliography**

1. Olenja J. "Editorial Health seeking behaviour in context". *East African Medical Journal* 80.2 (2003): 61-62.
2. Atashbahar O., et al. "An Examination of Treatment Seeking Behavior Affecting Factors". *World Applied Sciences Journal* 25.5 (2013): 774-781.
3. Bahrami MA., et al. Developing a valid tool of treatment seeking behavior survey for Iran (2014).
4. WHO. Children: reducing mortality. Geneva (Fact Sheet No 178) (2013).
5. Ministry of Finance and Economic Development, Federal Democratic Republic of Ethiopia". Ethiopia MDGs Report (2012).
6. Webair Hasan H and Bin-Gouth Salim A. "Factors affecting health seeking behavior for common childhood illnesses in Yemen". *Patient Preference and Adherence* 7 (2013): 1129.
7. Health Seeking Behaviour (2015).
8. Geldsetzer P., et al. "The recognition of and care seeking behaviour for childhood illness in developing countries". *PLOS ONE* 9.4 (2014): e93427.
9. United Nations (n.d.) Millennium Development Goals website (2013).
10. Awoke W. "Prevalence of childhood illness and mothers"/caregivers" care seeking behavior". *Open Journal of Preventive Medicine* 3.2 (2013): 155-159.
11. Assefa Y., et al. "Effect of residence on mothers " health care seeking behavior for common childhood illness". *BMC Research Notes* 7.705 (2014).
12. Assefa T., et al. "Mothers" health care seeking m behavior for childhood illnesses". *Ethiopian-Journal of Health Sciences* 18.3 (2008).

13. Mahejabin F., *et al.* "Mother"s/Care Giver"s Health Seeking Behaviour During Childhood Illness". *Original Article* (2014): 7.
14. Adegboyega AA OA and Salawu O. "Care-seeking behaviour of caregivers for common childhood illnesses in Lagos Island Local Government Area, Nigeria". *Unbound MEDLINE* 14 (2014): 65-71.
15. Ajibade BL., *et al.* "Determinants of mothers Health Seeking Behaviour for Their Children". *Journal of Nursing and Health Science* 1.6 (2013): 9-16.
16. Grace M Mbagaya., *et al.* "Mother"s health seeking behaviour during child illness". *African Health Sciences* 5.4 (2005): 322-327.
17. Nathan P Miller., *et al.* "Integrated Community Case Management of Childhood Illness". *American Society of Tropical Medicine and Hygiene* 91.2 (2014): 424-434.
18. Nilanjana G., *et al.* "Factors affecting the healthcare-seeking behavior of mothers regarding their children". *International Journal of Medicine and Public Health* 3.1 (2013).
19. Amare Belachew. Factors affecting health seeking behavior among mother/care givers having under five children (2015).
20. Sreeramareddy TC., *et al.* "Utilization of health care services for childhood morbidity and associated factors in India". *PLOS ONE* 7.12 (2012): e51904.
21. Katepa-Bwalya M., *et al.* "Prevalence of common childhood illness". *Journal of Public Health and Epidemiology* 6.8 (2014): 246-251.

**Volume 4 Issue 10 October 2022**

**©All rights reserved by Girma Worku and Deselegn Tesema.**