

Health Care Seeking Behavior during Childhood Illness among Mothers of Under Five Children Residing in Slum Areas of Kathmandu, Nepal

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Abstract- Childhood disease is most common among the children residing in slum area due to inadequate water and sanitation facilities. Large number of children still dies in the developing countries without seeking any health care facilities. Thus the study aims to assess the health care seeking behavior during childhood illness among mother of under five children residing in slum area of Kathmandu, Nepal. A descriptive cross-sectional study was conducted among the 78 mothers have under five children in the selected slum areas of Kathmandu. A pretested semi-structured questionnaire was used to the sample selected purposively. Descriptive and bivariate analysis was used. Among 78 respondents, 73.07% of the respondent's sought inappropriate care at the time of childhood illness. About 43.6% of the respondent's sought health care from hospital and most common childhood illness was cough and cold (93.5%). The association between health care seeking behavior and religion of respondent was statistically significant. This study showed that just above one fourth of the respondent's sought appropriate and prompt care from health facilities at the time of childhood illness. Therefore, awareness raising program should be designed for the slum area focusing on the health care seeking behavior and childhood illness.

Index Terms- Health Seeking Behavior, Slum, Childhood Illness, Kathmandu, Nepal

I. INTRODUCTION

Health care seeking behavior is defined as any action taken by a mother in response for the perception of sign and symptoms of illness to reduce severity, complication after she recognized her child's illness and if she reported visiting any hospital, health center, health post or at least community health worker etc. Mother that did not report visiting any health institution for the perceived illness were consider as health care non-seeker. [1] According to WHO, globally, about 6.3 million children under the age of 15 years died in 2017 in which 5.4 million of them were under the age of five is recorded annually mainly from preventable diseases where access to simple and affordable interventions was possible and 2.5 million of those died within first month. More than half of the deaths occur in developing countries. [2] Nepal is among the country of highest childhood mortality. According to NDHS 2016 survey, Infant mortality and Under five mortality rate was are respectively 32 and 39 per 1000 live births. [3]

Globally, it is estimated that 828 million people live in slum conditions, representing around one third of the world's urban population. Rural-urban migration has resulted in the rapid growth of slums and squatter settlements in the Kathmandu Valley. Children living in Nepal's slums face a high risk of diarrhea, acute respiratory disease and malnutrition. [4] Globally, in 2015, 5.9 million children aged less than 5 years died because of conditions such as diarrheal disease, pneumonia, malaria, and malnutrition etc which are treatable and preventable with available, cost-effective interventions. [5] Severe illness resulting from delayed health care seeking results in large proportion of under-five child mortality. Among childhood deaths in developing countries around, 27% result from acute respiratory infection (ARI) and another 23% from diarrhea. [1] So, appropriate care seeking behavior intervention has the potential to reduce occurrence of severe and life-threatening illness, in the country where common childhood illnesses are a major problem. [5]

The World Health Organization (WHO) estimates that seeking prompt and appropriate care could reduce child deaths by 20% due to acute respiratory infection (ARI). The integrated management of childhood illness (IMCI) strategy, in improving provider's skills in managing childhood illness also aims to improve families' care seeking behavior. [6] Delay in health care seeking by mothers can lead to large proportion of child deaths in developing countries. Delay in seeking initiation within 2-3 days of illness for appropriate care and not seeking any health care can result to severe complications which can make the medical care less effective and death. [1] Considering all these facts the study aims to assess health care seeking behavior during childhood illness among mother of under five children residing in slum areas of Kathmandu, Nepal.

II. METHOD OF STUDY

A descriptive cross-sectional study was conducted among the 78 mothers with under five children residing in slum areas of Kathmandu, Nepal.

Sample Size Estimation

$$\text{Sample size (n)} = Z^2 \times p \times q / d^2$$

Where,

n = required sample size

z = 1.96 for 95% confidence level

p= estimated proportion in the population= 69% {from previous study “Health seeking behavior among mother of sick children by Purna devi shrestha in lalitpur (2015) 69% mother sought treatment from health facility }

q= (1-p)

d = error allowed in the study = 0.05

Therefore, n= 78

Sampling Technique

Non-probability sampling technique was applied due to unavailability of sampling frame. Three slum areas were selected by convenience sampling method which were Sinamangal (bhimsenkholra ward 31), Thapathali(ward 11) and Sankhamul(Ward 10). Then respondents from those slum areas were purposively selected.

Data Collection Tools and Technique

A pre- tested Semi-structured questionnaire was developed based on the extensive literature review and through the guidance from expert. The questionnaire included two section Socio-demographic and questions related to Health seeking behavior of under-five mother. The researcher herself collected the data through face to face interview using questionnaire converted in Nepali language.

Data Analysis Procedure

Data were entered in Microsoft excel and analysis was done using Statistical Package for Social Science (SPSS) Version 11.5. Frequency, percentage, mean, and standard deviation was applied for descriptive analysis whereas chi-square test was used to test the association between health seeking behavior and selected variables at 0.05 level significance.

Ethical Consideration

Ethical approval was taken from Institutional Review Committee Kathmandu University School of Medical Science (IRC-KUSMS) with protocol approval number 98/19. Verbal consent was taken prior to interview from each respondent.

III. RESULTS

Most of the respondents were Hindu (79.5%). The mean age of the respondent was 26 years whereas majority of them were literate (75.6%). Just above the half of the respondents 51(65.4%) were homemaker. About 47.4% of the respondent’s views regarding family income were sufficient. (Table 1)

TABLE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF REPENDENTS (n=78)

Characteristics	Frequency	Percent
Religion		
Hindu	62	79.5
Muslim	8	10.3
Buddhist	5	6.4
Christian	3	3.8
Age of respondents		
<20	4	5.1
20-30	53	67.9
30-40	21	26.9

Educational Status		
Literate	59	75.6
Illiterates	19	24.4
Occupational Status		
Homemaker	51	65.4
Domestic worker	12	15.4
Business	10	12.8
Service holder	5	6.4
Respondent's view regarding family income		
Sufficient	37	47.4
Not sufficient	29	37.2
Can be saved	12	15.4

The respondent reported cough and cold (93.5%) as most common childhood illness followed by diarrhea, fever, pneumonia and jaundice depicted in table 2.

TABLE 2: INFORMATION RELATED TO CHILDHOOD ILLNESS (n=78)

Characteristics	Frequency	Percent
Reported childhood illness*		
Cough and cold	73	93.5
Diarrhea	29	37.1
Fever	29	37.1
Pneumonia	2	2.5
Jaundice	2	2.5

*Multiple response

Out of 78 respondent 55.1% did not seek the health care during their children suffering from childhood illness and rest (44.9%) sought the health care. From those who sought health care, 26.9% initiated health care seeking within 1 day. Most of the respondent 44.9% prefer the health care as health facility was easily available and has better treatment. About 43.6% of respondent took their children to hospital for the care. Child condition not so serious (95.3%) was the reason provided by those who did not seek care. Of all 78 respondents only 26.9% showed appropriate and prompt health care seeking behavior. (Table 3)

TABLE 3: HEALTH CARE SEEKING BEHAVIOR OF RESPONDENT DURING CHILDHOOD ILLNES (n=78)

Characteristics	Frequency	Percent
Health care sought		
Yes	35	44.9
No	43	55.1
Initiation of health care seeking (n=35)		
Within 1 day	21	26.9
Within 2 days	4	5.1
Within 3 days	5	6.4
Within 4 days	2	2.5
More than 4 days	3	3.8
Reasons for preferring care* (n=35)		
Health facility easily available	35	44.9
Health facility has better treatment	35	44.9
Health facility is affordable	21	26.9
Someone recommended	5	6.4

Type of health care sought* (n=35)		
Taken to hospital	32	43.6
Purchased medicine from pharmacy	28	32.1
Taken to traditional healer	17	24.9
Home remedies	14	16.4
Reason for not seeking care* (n=43)		
Child condition not so serious	34	95.3
No knowledge about the disease condition	21	39.5
No money to visit hospital	9	13.9
Increase waiting time in hospital	9	13.9
Health care seeking behavior		
Appropriate and prompt care	21	26.9
Inappropriate care	57	73.1

*Multiple response

Table 4 illustrate, there is significant association between health care seeking behavior and religion of the respondents whereas age, educational status and occupational has no effect on health care seeking behavior.

TABLE 4: HEALTH CARE SEEKING BEHAVIOR AND SOCI-DEMOGRAPHIC VARIABLES

Characteristics	Appropriate health care seeking behavior		P- value
	Yes	No	
Religion			
Hindu	29(49.2%)	30(50.8%)	0.036*
Other	6(31.6%)	13(68.4%)	
Age of respondents			
≤26	24(48%)	26(52%)	0.458
>26	11(39.3)	17(60.7%)	
Educational Status			
Literate	29(49.2%)	30(50.8%)	0.180
illiterate	6(31.6%)	13(68.4%)	
Occupational Status			
Homemaker	23(45.1%)	28(54.9%)	0.835
Other	12(44.4)	15(55.6%)	

*Significant Association (p-value<0.05)

IV. DISCUSSION

Here A descriptive cross sectional study using non probability sampling technique was conducted to assess health care seeking behavior during childhood illness among mother of under five children residing in slum areas of Kathmandu.

In this study, most commonly reported childhood illness was found to be Cough and Cold (93.58%) which was higher than the findings of similar study conducted in Rautahat, Nepal 2015 (43%). [7] This might be due to geographical and seasonal difference. According to the result present study, 43.6% of the respondent sought health care from hospital while 32.1% purchased medicine from pharmacy, 24.9% traditional healers and 16.4% home remedies when child suffered from childhood illness. This finding is lower than the study conducted in Lalitpur, Nepal where 69% sought treatment from health facility and 31% sought treatment from traditional healers. [8]

In this study 26.9% of the respondent’s sought appropriate and prompt care for childhood illness which is contrast with the finding of the study conducted in Ethiopia i.e. only 13.7% sought appropriate and prompt care. [9] This difference may be due to differences in socio demographic characteristics i.e. educational status, low income, and culture of the respondents. The possible reasons for delay in

seeking health care and not seeking any health care could be due to trying of home remedies, traditional treatment, waited for illness to subside before seeking health care. In response to not preferring health care during childhood illness, most of the respondents believed the child condition were not so serious and no money to visit hospital.

This study established an association between health care seeking behavior and respondent's religion. This result is not consistent with the studies conducted in Vanarasi and Mumbai of India in which there is no association between health care seeking behavior and respondent's religion. [10][11] There was no significant association between health care seeking behavior and age of the respondents, educational status in the study. This result is supported by study conducted in Yemen, Nigeria and India. [12] [13][11] However, the finding is inconsistent with study from Ethiopia and India. [9][14]

V. CONCLUSION

Analyze Children living in Nepal's slums face a high risk of childhood illness due to poor sanitation, water hygiene, overcrowding, pollution and other hazards. So, the health seeking behavior among their mothers would also predict the probable health outcomes of children in those areas. The study enlightens just above one fourth of respondent sought appropriate and prompt care. The study indicated mother sought health care from hospital and those who did not seek health care were because they believed child condition not so serious. The religion of respondents has effect on the health seeking behavior. The study further provide base for the study to be conducted in large scale within slum area using probability sampling so that the findings can be generalized.

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