Nigerian Journal of Clinical Practice
March 2010 Vol. 13(1):37-40

PATTERN OF HEALTH SEEKING BEHAVIOUR OF MOTHERS FOR COMMON CHILDHOOD ILLNESSES IN ENUGU METROPOLIS SOUTH EAST ZONE NIGERIA

***UE Ezeoke, *EA Nwobi, *OC Ekwueme, **B Tagbo, **E Aronu, **S Uwaezuoke**
*Departments of *Community Medicine, College of Medicine, University of Nigeria Enugu Campus, and **Paediatrics, University of Nigeria Teaching Hospital, Ituku Ozalla, Enugu.*

ABSTRACT

Objective: The Objective of the study is to assess the Health Seeking Behaviour of mothers when their children present with the common aliments and their preferred treatment options.

Materials And Methods: A cross sectional survey of 300 women that brought their children for routine immunization and growth monitoring to three health institutions in Enugu metropolis was carried out using an interviewer administered structured questionnaire.

Result: Majority of the mothers, 208(69.3%) used self treatment for their children at home when they presented with common illnesses. A total of 146(48.7%) made use of government health institutions, 117(39. 0%) attended private health institutions while 21(7.0%) consulted an elder woman and 9 (.0%) patronized prayer house. Only 3(1%) respondents sought the help of traditional healers.

Conclusion: In this study, the greater percentage of mothers used self medication for treatment of common childhood illnesses. The implication of this is that the majority of the mothers may not know the right treatment to institute at any point in time. This situation could lead to more complications of the illnesses or even loss of life. As a result, mothers should be educated on how best to take care of their sick children at home and be able to recognize when to seek appropriate help.

Keywords: Health Seeking Behavior, Mothers, Common Childhood Illnesses *(Accepted 2 February 2009)*

INTRODUCTION

In Nigeria, the infant mortality rate is 144 per 1000 live births, while the under five mortality rate, is 239/1000 live birth[1]. Reduction of this high under five childhood mortality remains a major challenge in developing countries[2]. Diarrhea disease, malaria and pneumonia are the major cause of childhood mortality and morbidity in Nigeria. These three conditions in addition to malnutrition account for 80% of childhood mortality in Nigeria[3]. Malaria accounts for 50% of childhood mortality[4]. As the prevalence of HIV infection rises, an increasing number of AIDS deaths in childhood are beginning to occur, about 25 40% of infants born to infected mothers will be developing AIDS and die within two years[5]. Measles has been noted as the fourth leading cause of death in children less than 5 years in Nigeria [6]. A study carried out in Nnewi Nigeria showed that all mothers had administered drugs at home before coming to the hospital[7]. In a 3 year community based longitudinal study conducted in Idikan, a semi-rural poor community within Ibadan, Nigeria, reported that in spite of easy accessibility of the Community's clinic, many mothers still treated their babies' symptoms of ARI (acute respiratory infection) at home[8]. Also a study done in Ebonyi State Nigeria revealed a poor treatment seeking behaviour and a low level of use of the health facilities for treatment of childhood disease[9]. A study in India reported that before mothers sought medical help for pneumonia in their children, 24% of those interviewed would have indulged in self medications[10]. A study carried out in Punjabi villages in Pakistan showed that cough and cold as well as pneumonia were initially treated with heat producing home remedies[11].

In Guatemala, it was revealed in a survey that most mothers interviewed (63% to 83%) relied on home care, and use of Western or traditional mode of treatment was low[12]. With the above burden of high morbidity and mortality from childhood diseases and the knowledge of the major role women play in the health care of the family and the children in particular it becomes necessary to ascertain the health seeking behaviour of these women toward their sick children.

Hence this paper contributes to the knowledge about the health seeking behaviour of mothers when their children present with common childhood ailments and to determine the reasons for their choice of action.

Correspondence: Dr (Mrs) U E Ezeoke

MATERIALS AND METHODS

The study was carried out in three health institutions in Enugu metropolis. These are Park Lane General Hospital, Mother of Christ Maternity hospital and a Private Pediatric Clinic. The health institutions in the metropolis were stratified as government owned, privately owned and those owned by religious institutions. From the listing of the health facilities from the strata, one was selected randomly using the basket method from each of the strata. The women were equally selected using the systematic sampling method from their attendance list in the health facilities. Sample size was calculated based on prevalence obtained from previous study conducted at Nnewi[7]. The questionnaire had three sections. Section A recorded information on demographic data, Section B had questions on the health seeking knowledge, attitude and practice of mothers on common childhood problems while section C addressed the determinants of choice of place of treatment.

Data was analysed using Epi- Info computer software.

RESULTS

The age of the women ranged between 18 years 45 years with mean age of 30.2 ± 6.1 years. Out of the 300 women, 290(96.7%) were married, 82(2.7%) were widowed, and 2(0.6%) were either divorced or separated. A total of 15(5%) had no formal education, 63(21,1%) had primary education, 128(42.7%) had secondary education, while 94(31.3%) had post secondary/tertiary education. The commonest childhood complaints recorded by respondents were fever 264(88%), cough 209(69.7%), diarrhea and vomiting 111(37%) and abdominal pain 95(31.7%). On the health seeking practice of the respondents, 208(69.3%) of the respondents used self medication, 146(48.7) used government hospitals, 117(39.0%) consulted older women, 9(3%) patronized prayer houses while 3(1.0%) went to see native doctors. some of the women gave multiple reasons for their practice. Out of the 146(48.7%) women that took their children to government hospitals, the reasons given were as follows: 127(86.9%) believe that they have better trained staff, 95(65.0%) gave their reason as having better services offered at the centres, 67(45.8%) believe they have better equipment at the facilities while 35(23.9%) gave their reasons as availability of drugs. For those 154 mothers that did not patronize government hospitals, their reasons were given as follows: Time wasting- 86(28.7%), not well attended to, especially if you do not know anybody 53(17.7%), rude and harsh attitude of staff 23(7.7%), drugs not easily available 20(6.7%). Among those who patronize private hospitals, the reasons were as follows: prompt and better attention 68(57.7%) friendliness of staff, 26(22.3%), availability of drugs 23(20%). For those 37 persons who do not patronize private hospitals, 6(17%) stated that private health facilities are very expensive, 4(11%) believe that they have poorly trained staff, while 12(33%) believe that the quality of service is poor. Regarding the duration of time a child is treated at home before going to see a doctor, those who spent 1-5 days were 228(75.3%), those who take the child to see a doctor immediately he is sick are 33(11.0%), those who wait for one week before seeing a doctor are 16(5.3%), while those that gave no definite length of time are 25(8.3%).

On the condition that determine when a child should be taken to see a doctor, 154(57.7%) stated that it is when the child is getting worse, 66(22.0%) believe it is when mother feels that a specialist attention is needed, 44(44.7%), feel that it is when treatment elsewhere has failed, while 36(12.0%) are not sure of when a child should be taken to see a doctor. On the women's response concerning the type of self medication they used, 286(95.3%) used western drugs, ORS 143(47.7%), herbs 16(5.3%). The mothers gave more than one response.

Table 1: **Health Seeking Practice of the Respondents.**

Health practice	No. of Respondents	Percentage%
Self Medication	208	69.3%
Patronize Government Hospital	146	48.7%
Patronize Private Hospital	117	39.0%
Seek the help of older women	21	7.0%
Patronize prayer house	9	3.0%
Patronize native doctor	3	1.0%

Multiple reasons were given by the women; some women gave more than one health seeking practice.

Table 2: **Reasons for Patronizing Government Hospital.**

Reasons for Patronizing Government Hospitals	No. of Respondents	Percentage
Having better trained staff	127	86.9%
Services are offered at the centers	95	65.0%
Having better equipment	67	45.8%
Availability of drugs	35	23.9%

Some of the women gave more than one answer in their responses.

Table 3: **Reasons for not Patronizing Government.**

Reasons for not patronizing Government Hospital	No. of Respondents	Percentage
Much time is wasted	86	28.7%
Not well attended to especially If you do not know anybody	53	117.7%
Rude and harsh attitude of staff	23	7.7%
Drugs not easily available	20	6.7%

The respondents gave more than one answer.

Table 4: **Reasons Given By Respondents for Patronizing Private Health Facility.**

Reasons for Patronizing Private Health Facility	No. of Respondent	Percentage
Prompt and better attention	68	57.7%
Friendliness of staff	26	22.3%
Availability of drugs	23	20%
Total	**117**	**100%**

Table 5: **Reasons Given By the Respondents for Not Patronizing Private Health Facility.**

Reasons for not Patronizing Private Health Facility	No. of Respondents	Percentage
Facilities are very expensive	6	17%
They have poorly trained staff	4	10%
The quality of service is poor	12	33%
No response	15	40%
Total	**37**	**100%**

Table 6: **Duration of Time a Child Is Treated At Home Before Going to See a Doctor.**

Duration of time	No. of Respondents	Percentage
1 – 5 Days	226	75.4%
Immediately he is sick	33	11.0%
One week	16	5.3%
No definite time	25	8.3%
Total	**300**	**100%**

Table 7: **Conditions That Determine When a Child Should Be Taken To See a Doctor.**

Condition	Number of Respondents	Percentage
When the child is getting worse	154	51.7%
When mother feels a specialist Attention is needed	66	22.0%
When treatment elsewhere has failed	44	14.7%
Not quite sure	36	12.0%
Total	**300**	**100%**

DISCUSSION

The present study reveals that 69.3% of mothers used self medication as first line treatment of their children. This agrees with a study done at the community level in Ibarapa and Igboetiti, Nigeria where it was noted that prompt "home care treatment appears to be the norm[14]. In a study at Nnewi also, all mothers were found to have administered drugs at home before going to a hospital[7]. The proportion of mothers who patronize government hospitals 48.8% are much lower than those who take to self medication (69.3%). This agrees with a study at Nnewi in which it was noted that mothers and patent medicine dealers decided mainly the drugs to be administered to the children. It was also noted that only 13.3% of the mothers consulted trained health care personnel[7]. On duration of time a child is treated at home before going to see a doctor, the findings in this study do not quite agree with a study in two Local Government Areas in Nigeria, Igboetiti and Ibarapa where it was recorded that mothers of pre-school children (96%) acted within 24 hours, 74% took some treatment action under 8 hours[14]. The delay in taking a sick child to see a doctor as witnessed in this study could be due to high percentage of the mothers (96.3%) taking to self medication. The women's response on the condition that determine when a child should be taken to see a doctor shows that majority stated that it is when the child is getting worse. This also conforms with a study carried out in Bangladesh where it was observed that mothers sought medical assistance when they perceived a worsening of child's condition[15].

On the type of self medication used by the respondents, majority used Western drugs. Low use of herbs was recorded in the study done in Guatemala[12] and is similar to the result of our study where 16(5-3%) of the women used ORS in sharp contrast to the Guatemala study where none of the mothers used ORS for home treatment of diarrhea[12]. This could be due to increased health awareness campaign being carried out in our communities even down to the grassroots.

CONCLUSION / RECOMMENDATIONS

From our study, since the majority of the women resort to self medication, there is need to institute health education and public health awareness programme for mothers on the best and most appropriate way to offer prompt and correct care at home to their children. Also emphasis should be laid on the need to take the child to the hospital within the earliest possible time if self treatment is not working.

Effort should be made to make our public health institutions more client friendly by reducing the waiting time, institute laboratory investigations based diagnosis, improving drug availability, ensure that staff are more friendly to clients and making services more affordable.

All these will most likely enhance the health care seeking behaviour and practices of the mothers towards their sick children.

REFERENCES

1. **Joshua DA, Ejembi CL. Igbinosun P, Daiyabu M, Nwagbo DE, Ogundeyi MO** Demographic and Health Profile, the status, of Primary Health Care in Nigeria May 2001, 1-2.

2. **Grant JP.** Capacity and Mortality. The State of the World Children, Oxford University Press, 1987, 1-2.

3. World Health Organization (WHO), Bulletin of WHO, Vol., 73, No 4, 1995.

4. FMOH: Strategic Plan for Rolling Back Malaria and its Treatment in rural villages of Aboh Mbaise, Imo State Nigeria, Acta Tropica,48, (1991), 17-24.

5. **Gwarzo NS, Gboun M, Muktar M, Osotimehin B, Akinshete I, Mafeni J, et al.** Child Survival: HIV & AIDS. What it means for Nigeria, 2002, 29.

6. FMOH, WHO: African Integrated Diseases Surveillance and Response, Epidemiology Division, Federal Ministry of health and Division of Communicable Disease, Prevention and Control and EPO Division of International Health of Centre for Disease Control May 2002, 1- 15.

7. **Ezechukwu CC, Egbuonu , Chukwuka JO.** Drug treatment of Common Childhood symptoms in Nnewi. What mothers do. Nig. J. Clin. Pract. 2005; 8(9): 1-3.

8. **Osinusi K, Oyejide C.** Child Care Practices with respect to ARI, in an urban community in Nigeria. Rev Infect Dis 1990; 12(51) 39 4.

9. **Agu AP, Nwojiji JO.** Childhood Malaria, Mothers Perception and treatment seeking behaviour in a community in Ebonyi State, South East Nigeria, Primary Health Care, 2005, 17(i), 45 50.

10. **Mishra S, Kumar H, Sharma D.** How do mothers recognize and treat Pneumonia at home? Ind Pediatric 1994; 31:15-18.

11. **Rehman GN, Qazi SA, Mill DS, Rhan MA.** ARI concepts of mothers in Punjabi Villages: a community based study. J Park Med. Assoc. 1994,44:185-8.

12. **Delgado E, Sorenseno SC, Van-der-Stuyft,** Health Seeking Behaviour for Self Treatment in Rural Guatemala, Ann-Soc Belg Med Trop, 1994; 74(2): 161-8

13. **Edelu B, Ikefuna A, Emodi I, Adimora G, Okoro J.** Home Treatment of presumed Malaria among Children in Enugu, Paper presented at the 32nd Annual General and Scientific Conference of West African College of Physicians, 2008,29.

14. **William R, Fred N, Asebowale A.** Summary of Status of Malaria Control Interventions at Community level in Nigeria. Paper prepared for technical discussion at African Heads of State Summit on Roll Back Malaria Abuja, Nigeria, April 2002.

15. UNICEF, Health Services, India Reaching 10 million. The State of the World's Children 1985.8.