

Original research article

Health seeking behaviour among parents of under: Five children in urban field practice area of medical college Bangalore

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Abstract

Introduction: Globally, over 80% of the under-five deaths are due to neonatal conditions and infectious diseases like pneumonia, diarrhoea, malaria, measles and meningitis, often compounded by malnutrition. Early recognition and early initiation of treatment saves life, most of the health seeking behaviours are determined by health care services provided, distance and affordability of the services, knowledge of the parents^[7]. Hence the present study was undertaken to assess the health seeking behaviour among parents of under five children during illness.

Methods: A cross sectional study was conducted in urban field practice area of Bangalore for a period of three months with a sample size of 100. All parents of under five children were included in the study by convenience sampling method and were interviewed using a pre-tested; semi structured proforma, which consisted of details on socio-demographic variables, child's immunization status and the health seeking behaviour during acute childhood illness. Proforma also includes morbidities of the under-five children, such as diarrhoea, Fever, respiratory infections or any other morbidity were noted. The data was entered in MS excel and analysed using SPSS V-20.

Results: Majority 30% were in the age group 31-35 years and mean age was 20±7.89 years. 85% of the parents were literate by education and majority 60% of them belongs to nuclear type of family, 68% of them followed Muslim by religion. Majority 60% of the children were suffering from acute respiratory infections, 25% diarrhoea and 5% didn't had any illness. 78% of the children were fully immunised and better health seeking behaviour regarding immunisation. 55% of the parents get vaccinate their children at primary health centre/Govt Hospitals. 61% perceive medical consultation after 24-48 hours, 45% prefer primary health centres/Govt Hospital as their health facility centres.

Conclusion: Health seeking behaviour was quite satisfactory and seeking health care facility within 24 hours was not satisfactory and regarding this more of awareness to be created among the care givers.

Keywords: Childhood illness, diarrhoea, under five, fever

Introduction

Every day, millions of children with potentially fatal illness are taken by their caregivers. In countries with a high burden of child mortality, a handful of conditions are responsible for these visits. Globally, over 80% of the under-five deaths are due to neonatal conditions and infectious diseases like pneumonia, diarrhoea, malaria, measles and meningitis, often compounded by malnutrition. Most childhood deaths can be prevented with effective interventions that are feasible for implementation, even in resource constrained settings^[1]. Under five children are most dependent on the care givers and also more prone for infections. Attitude of Health seeking behaviour of the parents has direct impact on children's health^[2]. The process of interaction with the health systems and is affected by many factors such as social, environmental, knowledge and health system factors and it is called as health seeking behaviour^[3]. Children with fever or symptoms of ARI in the last 2 weeks preceding the survey taken to a health facility 77.8% and Children with diarrhoea in the last 2 weeks taken to a health facility 64.2% in urban and 73.8% in rural area^[4]. The most vulnerable age group in any community are children; hence, the under-five mortality rate has become an important measure for welfare of any country^[5]. When parents do not take necessary actions to prevent or cure illnesses it becomes a threat to child survival and it is often because of lack of knowledge and poor health service reachability^[6]. Early recognition and early initiation of treatment saves life, most of the health seeking behaviours are determined by health care services provided, distance and affordability of the services, knowledge of the parents^[7]. Hence the

present study was undertaken to assess the health seeking behaviour among parents of under five children during illness.

Methods and Methodology

A cross sectional study was conducted in urban field practice area Medical College Bangalore for a period of three months i.e., from Jan 2018-Mar 2018. Based on NFHS-4 data Prevalence of children with diarrhoea in the last two weeks taken to health care facility in urban area was 64.2%^[4]. By Using $4pq/d^{[2]}$ formula sample was calculated and found to be 99.13 rounding off to 100 (d=15%). All the Parents of under five children were enrolled in the study after full filling inclusion and exclusion criteria by convenience sampling, prior to the study informed consent was taken to participate in the study. All the study subjects were interviewed using a pre-tested; semi structured proforma, which consisted of details on socio-demographic variables, child's immunization status and the health seeking behaviour during acute childhood illness whether early reporting to the health care facility, home remedies, Taking over the counter medicines from pharmacist. Reasons for not visiting the health care professionals at the earliest were also collected. Proforma also includes morbidities of the under-five children, such as diarrhoea, Fever, respiratory infections or any other morbidity were noted. The data was entered in MS excel and analysed using SPSS V-20.

Results

Table 1:Socio demographic profile of study subjects (n=100)

Characteristics	Variables	Percentage
Age (years)	≤ 20	06
	21-25	20
	26-30	24
	31-35	30
	≥36	20
Education	Illiterate	15
	Literate	85
Type of family	Nuclear	60
	Joint	28
	Three generation	12
Religion	Muslim	68
	Hindu	32
Occupation	Semi Professional	06
	Clerical/Shop owner	07
	Skilled worker	15
	Semi-skilled worker	15
	Unskilled worker	18
	Home Maker	39
Socio economic Scale	Upper	01
	Upper Middle	52
	Lower Middle	35
	Upper Lower	12

Table 2: Distribution of common acute childhood illness (n=100)

Common childhood illness	Percentage*
Acute respiratory infections	60
Diarrhoea	25
Fever	15
Other illness	05
No illness	05

*Multiple responses

Table 3: Utilisation of health service behaviour among study subjects (n=100)

Characteristics	Variables	Percentage
Immunisation	Fully Immunized	78
	Partially Immunized	22
Place of vaccination	Primary Health Centre/Govt Hospitals	55
	Anganwadi centres	40
	Private Clinics	05
Medical Care consultation	Within 24 hours	39
	After 24-48 hours	61

Type of health facility preferred	Primary Health Centre/Govt Hospitals	45
	Private Hospital/Clinics	33
	Quacks	15
	Pharmacy	07
Preferred practice of medicine	Allopathy	40
	Homeopathy	25
	Unani	30
	Ayurveda	05

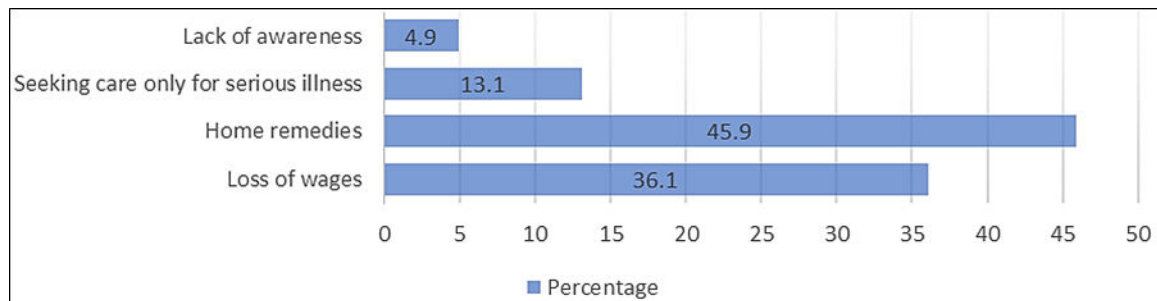


Fig 1: Reasons for not seeking early treatment (n=61)

The Present study showed that majority 30% were in the age group 31-35 years and mean age was 20 ± 7.89 years. 85% of the parents were literate by education and majority 60% of them belongs to nuclear type of family, 68% of them followed Muslim by religion. Majority 39% of the study participants were home maker by occupation. 52% of them belong to upper middle socio-economic status scale according to modified kuppaswamy scale. [Table 1]

Majority 60% of the children were suffering from acute respiratory infections, 25% diarrhoea and 5% didn't had any illness. [Table 2]

In the present study majority 78% of the children were fully immunised and better health seeking behaviour regarding immunisation. 55% of the parents get vaccinate their children at primary health centre/ Govt Hospitals, 40% at Anganwadi centres. Majority 61% perceive medical consultation after 24-48 hours, 45% prefer primary health centres/ Govt Hospital as their health facility centres, where as 40% of the parents prefer allopathy treatment and 30% prefer Unani medicine treatment [Table 3]

Among 100 respondents, majority 61% of them didn't seek health services immediately within 24 hours. Among 61, Majority 28(45.9) were using home remedies, 22(36.1) loss of wages, 08(13.1) seeking only for serious illness and 03(4.9) lack of awareness. [Fig 1]

Discussion

In the present study the mean age of the participants was 20 ± 7.89 years and most were in 31-35 years age group. 85% of the parents were literate by education and majority 60% of them belongs to nuclear type of family, 68% of them followed Muslim by religion. Majority 39% of the study participants were home maker by occupation. 52% of them belong to upper middle socio-economic status scale according to modified kuppaswamy scale. Mishra *et al.*, study revealed mean age 26 ± 4.31 years, in contradictory to the present study majority 80.08% followed Hindu by religion, most of them were home makers. Majority 57.31% belong to Upper lower-class socio-economic scale^[2]. Another Study done by Annadurai.K *et al.*, had almost similar findings with a mean age of the subjects was 25.68 ± 4.56 years, 76.54% were homemakers, 79.23% belong to nuclear type of family and majority 95.77% followed Hindu by religion. Study done by Indira Dey (Pal), *et al.*, showed 56.8% had ARI, followed by fever (23.8%) and diarrhoea (18.9%)^[8,7] Where as in the present study majority 60% of the children were suffering from acute respiratory infections, 25% diarrhoea. In Mishra *et al.*, study majority 84.23% received seek treatment from health facility within 24 hours of onset of illness, in the present study we had contradictory findings 61% didn't seek treatment within 24 hours. Among them majority 45.9% reasoned for not seeking care within 24 hours was usage of home remedies. Whereas study done in Hoogly district of West Bengal revealed 32.6% sought health care within 24 hours of the illness and in present study 39% of them visited health care services for the childhood illness within 24 hours^[2,7]. A study done in Kolvam village of Tamil Nadu showed 94.23% were Immunized up to date and 1.54% were unimmunised for the age where as in the present study 78% were fully immunized for the age and didn't find any unimmunised children for the age^[8].

Study done in urban slum of Bhubaneswar, Odisha showed Majority 30.59% prefer government hospital as health seeking facility and one more study done by Minhas *et al.*, showed 56.9% in urban areas visit secondary level of care in government sector but none of them were utilising Government Primary Health care services.^[2,9] In another study done by Borah *et al.*, showed 41.8% prefer visiting Government

facilities^[10].Where as in the present study also had similar findings majority were preferring Government Hospital as health care facility.

Health seeking behaviour was quite satisfactory and seeking health care facility within 24 hours was not satisfactory and regarding this more of awareness to be created among the care givers. As the present study was done in smaller sample size, it has to be done on larger sample size to generalise the results.

Ethical considerations: Institutional Ethical committee clearance was taken and informed consent was obtained before enrolling into the study.

Acknowledgement: None.

Conflict of interest: None.

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