

Original Research Article

Healthcare seeking behavior among mothers of severely acute malnourished children in Central India

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ABSTRACT

Introduction: Health care seeking behavior has been defined as any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy Childhood malnutrition and their complications can be reduced if early intervention is made in terms of appropriate healthcare-seeking behavior is adopted by mothers of severely acute malnourished children.

Aim: 1) To assess the healthcare-seeking behaviors of mothers of severely acute malnourished children admitted in selected NRCs of Jabalpur district. 2) To determine the reasons for not seeking curative care for children who are perceived to be sick.

Material and Methods: This cross-sectional study was conducted on total 250 mothers of severely acute malnourished children admitted in nutritional rehabilitation centers of Jabalpur district from April 2019 to July 2020 for assessing health-seeking behavior.

Results: Out of total 250 mothers 80(32%) mothers takes self-medication, 114(45.6%) mothers choose govt. health facility, 46(18.4%) went to the private practitioner while 20(8%) went to the quacks during illness. Only 45(18%) mothers seek healthcare facility at same day or within 24hrs while 205(82%) mothers seek after 3-4 days of illness.

Conclusion: Mother's age, educational status, large family size, time interval to reach health facility, were the risk factors for not seeking healthcare behavior.

Keywords: Healthcare seeking behavior, mothers of severely acute malnourished children, health facility, time interval to reach health facility.

1. INTRODUCTION

Health or care seeking behavior has been defined as any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy^[3]. Health seeking behavior is preceded by a decision-making process that is further governed by individuals and/or household behavior, community norms, and expectations as well as provider-related characteristics and behavior^[2]. Childhood malnutrition remains a critical health concern in many low-and-middle-income countries. The mortality and morbidity from the malnutrition and their complications can be reduced if early intervention is made in terms of appropriate care and treatment^[1]. Thus utmost care should be taken to prevent diseases, recognize the danger signals and treat them urgently. Thus

healthcare-seeking behavior is prime importance and pivotal in the well-being of the individuals as well as the community.

OBJECTIVES

1) To assess the healthcare-seeking behaviors of mothers of severely acute malnourished children admitted in selected NRCs of Jabalpur district. 2) To determine the reasons for not seeking curative care for children who are perceived to be sick.

2. MATERIAL AND METHODS

Study Area and design: This cross-sectional study was carried out in the field Selected Nutritional Rehabilitation Centers of the Jabalpur city (NSCB Medical College NRC and Victoria Hospital NRC) from April 2019 to July 2020. These NRC from Jabalpur city were selected by simple random method using lottery method.

Sampling Method and Sample size: The sample size was estimated by using formula $N = Z^2 pq/d^2$ (Prevalence(P)=10.5%, taken from the previous study^[2], $q=(100-P)$, Absolute error d as 5% and Z as 1.96 with 95% confidence interval and 50% non-respondents). Total of **250** Mothers of severely acute malnourished children admitted in selected NRC (NSCB Medical College NRC and Victoria Hospital NRC) in Jabalpur city (M.P.) were taken as final sample size. Equal no. of study subjects were taken from these NRC, so total sample size divided into two equal parts. A total of 125 study subjects were taken from each NRC.

Sampling Technique-Consecutive/sequential sampling technique was used for the selection of study subjects. Sample collection from each NRC were done till the completion of required study subjects within due time. Subjects admitted at NRC were approached on planned weekly visit to the NRC. The subjects those were found to be admitted in last 14days at the time of visit were approached included in the study.

Inclusion Criteria: Mothers of severely acute malnourished children who were willing to participate in the study and mothers of severely acute malnourished children admitted again but with another child.

Exclusion Criteria: Those were admitted again with same child in the selected NRC during our study period and those were having critically ill child. **Data collection:** Data was collected by using the interview predesigned Questionnaire (semi-structured), which is also used for measuring socio-demographic profile and associated factor. Sample collection from each NRC were done till the completion of required study subjects within due time. Subjects admitted at NRC were approached on planned weekly visit to the NRC. The subjects those were found to be admitted in last 14days at the time of visit were approached included in the study. Written informed consent was obtained from the respondents for participation in the study.

Statistical Analysis: Data thus obtained was coded and entered into Microsoft excel worksheet. This was analyzed using SPSS 20.0 (free trial version). The frequency distribution of study subjects according to their health-seeking behavior and socio-demographic factors were analyzed. Health seeking behavior among mothers was found out by using predesigned semi-structured questionnaire. For determining the association of health-seeking behavior with the other factors chi-square test, t-test were applied.

3. RESULTS

Table no.1 show the demographic status of the mothers in terms of age of mother, age of mother at time of marriage, education status of mother, occupation status of father and type of family. According to table no.1 most of the mothers were of the age group 18-25years (180) followed by age group 26-30years (70), mean age of the mothers was found to be 23.54years (SD 2.43). 113 (45.2%) mothers were married at age 18 or <18 years and 137 (54.8%) mothers were married at age >18 years. 229(91.6 %)mothers were literate while 21(8.4%) mothers were illiterate in our study. 226(90.4%) mothers were from joint family and 24(9.6 %) mothers were from nuclear family. 162(64.8%) fathers were unskilled, while 88(35.2%)fathers were skilled by occupation.111(44.4%)mothers had 5 or <5 family members and 139(55.6%) had >5 family members.

Table 1: Distribution of mothers according to socio-demographic factors (n=250)

Socio-demographic factors	Frequency(n=250)	Percentage
Age of the mother in years		
18-25yrs	180	72%
26-30yrs	70	28%
Mean age	23.54±2.432	
Age of the mother at time of marriage		
≤18	113	45.2%
>18	137	54.8%
Education qualification of the mother		
Illiterate	21	8.4%
Literate	229	91.6%
Type of family		
Nuclear	24	9.6%
Joint	226	90.4%
Occupation of father		
Unskilled	162	64.8%
Skilled	88	35.2%
Total family members		
≤5	111	44.4%
>5	139	55.6%

Table no. 2 show child factors related to health seeking behavior like gender of child, exclusive breastfeeding, initiation of complementary feeding, any other co-morbidity present in child etc. In the present study,104(41.6%) mothers had male child and 146 (58.4%) had female child.168(67.2%) mothers started complementary feeding of their child at age of 6 months while 82(32.8%) mothers started <6 or >6 months.13(5.2%) child had co-morbidity while 237(94.8%) child had not any co-morbidity.

Table 2: Distribution of mothers according to child related factors (n=250)

Child factors	Frequency(n=250)	Percentage
Gender of child		
Male	104	41.6%
Female	146	58.4%
Exclusive breastfeeding		
Yes	190	76%
No	60	24%
Initiation of complementary feeding		
at 6 months	168	67.2%
<6 months or >6 months	82	32.8%
Any other co-morbidity present in child		
Yes	13	5.2%
No	237	94.8%

Table no. 3 shows health seeking behavior factors among mothers.80(32%) mothers takes self-medication,114(45.6%) mothers choose govt. health facility,46(18.4%) went to the private practitioner while 20(8%) went to the quacks during illness.183(73.2%) mothers choose particular health facility due to affordability and 67(26.8%) chosen due to staff availability and co-operation.45(18%) seek healthcare facility at same day or within 24hrs while 205(82%) seek after 3-4 days of illness. 139(55.6%)mothers by herself while 111(44.4%) mothers motivated by family members or peer-group for seeking health care facility.

Table 3: Distribution of mothers according to health care practices (n=250)

Health care practices	Frequency(n=250)	Percentage
First place of contact for health care		
self-medication	80	32%
govt. health facility	114	45.6%
private practitioner	46	18.4%
Quacks	20	8%
Reason to choose particular health facility		
Affordable	183	73.2%
Staff availability and co-operation	67	26.8%
Time interval illness and care-seeking		
Same day/within 24 hours	45	18%
3-4 days	205	82%
Source of motivation		
Self	139	55.6%
Family members/peer groups	111	44.4%
Reason to avoid govt. health facility		
Faraway	164	65.6%
long waiting time	86	34.4%

Table no. 4 shows health care practice among mothers in which 151(60.4%) mothers availed government health facility and 77(30.8%) mothers availed private health facility while 22(8%) availed both govt. and private health facility.133(53.2%) mothers reached health facility by walking, 10(4%) by bicycle,65(26%) by public transport and 42(16.8%) reached by own vehicle. Most of the mothers(97{38.8%}) takes 15-30 min. to reach nearest health facility. Majority of the 210(84%) mothers availed health facility by free of cost.

Table 4: Distribution of mothers according to health care practices (n=250)

Healthcare seeking practices	Frequency(n=250)	Percentage
Source of availing health facility		
Government	151	60.4%
Private	77	30.8%
Both(Govt. and Private)	22	8%
Way to reach health facility		
Walking	133	53.2%
Bicycle	10	4%
Transport services(Bus, taxi, train)	65	26%
Own Vehicle	42	16.8%
Time taken to reach nearest health facility		
<15 min.	40	16%
15-30 min.	97	38.8%
30-60 min.	68	27.2%
>60 min.	45	18%

Table no. 5 showing association between various factors with health care seeking behavior among mothers of SAM children. In these factors education qualification of the mothers, gender of the child, first place of contact during illness, reason to avoid health facility had the significant association with healthcare seeking behavior among mothers of SAM children.(p-value-<0.05)

Table 5: Association between various factors with health care seeking behavior among mothers of SAM children

Variable	Health seeking behavior present	Health seeking behavior absent	X ² /df	p-value
Education qualification of the mother				
Illiterate	11	10	60.2733/1	0.00001
Literate	222	7		
Gender of child				
Male	88	16	13.298/1	0.000266

Female	93	53		
First place of contact for health care				
self-medication	12	68	152.334/3	0.00001
govt. health facility	109	5		
private practitioner	40	6		
Quacks	16	4		
Reason to choose particular health facility				
Affordable	181	2	2.866/1	0.0904
Staff availability and co-operation	64	3		
Reason to avoid govt. health facility				
Faraway	113	51	18.648/1	0.000016
long waiting time	80	6		

4. DISCUSSION

Most of the mothers in our study were in 18-25yrs age group, this might be the reason for not seeking health facility, younger age of the mother causes lack of awareness towards healthcare seeking behavior. Similar to our findings found in the study of Biswas et al (2020)^[2] and Islary et al(2014)^[3]. In our study most of mothers were married at age of >18 yrs this might be the reason of seeking healthcare during illness in contrast to study done by Kakkar et al (2013)^[4] found most mothers married at <18 years of age. Most of the mothers were literate in our study which was significant(p-value <0.05) factor for seeking healthcare behavior it might be due to educated mothers become more aware towards healthcare of their family. Similar finding found in study of Reddy et al(2020)^[5]. Gender of the child was significant(p-value <0.05) factor with healthcare-seeking behavior it might be due to if mother is having male child it making mothers more aware towards their Child's health. Similar finding found in study of Patil et al (2016)^[6]. Majority of the mothers choose govt. health facility as first place of contact for health care the reason might be due to their nearby location, affordable, easy to access reason. This was a statistically non-significant factor(p-value->0.05). Similarly to our study Kumar et al (2019)^[7] found that first place of contact and reason to choose particular health facility was not significant(p value>0.05). Mother avoids to seek health facility during illness it might be due to the distant health facility which takes more time to reach as well as more money expenditure on transport. Similar finding found in study of Hareesh Chandwani et al (2015)^[8]. In our study joint family, unskilled occupation of father, large family size, female child, more time interval to seek healthcare facility, lack of appropriate way to reach the health facility were the factors among the mothers for not seeking health care behavior. Similar finding found in study done by Jana et al(2017)^[9] and Simineh et al(2019)^[10]

5. CONCLUSION

Mother's age, large family size, unskilled occupation of father, time interval to reach health facility, were the risk factors for not seeking healthcare behavior. While educational status of

the mother, gender of child, first place of contact during illness, reasons to avoid health facility had significant association with health seeking behavior among mothers.

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