



## A Study to Assess Mothers' Health Seeking Behavior for Childhood Illnesses in an Urban Settlement in Maharashtra, India

### KEYWORDS

Childhood illness, health seeking behaviour, under five children, mothers.

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**ABSTRACT** *Background and objectives:* Each year 27 million children are born in India. Around 10 per cent of them do not survive to 5 years of age. In absolute figures, India contributes to 25 per cent of the over 9.0 million under five deaths occurring worldwide every year. Nearly half of the under five deaths occur in neonatal period. In most developing countries, large number of children dies without ever reaching a health facility due to delays in seeking care. Mother's in developing countries, often do not have sufficient knowledge of signs that their child's health is in danger, or of appropriate treatments, or access to appropriate health services. Thus the aim of the study was to assess mother's health seeking behaviour for childhood illnesses. *Methods:* Total 386 numbers of mothers having under five children with h/o sickness within the last 3 months preceding the visit were interviewed over a period of 4 months. *Results:* Total 347 mothers actually involved in study whose mean age was 27 years while 402 were total no of children of which 305 were sick & mean age was 27.13 month. In which 152 were male and 153 were female children. Most of the children had ARI (175) followed by diarrhoea (102) and skin infection (12). Of all 82% children got treatment mainly at pharmacist 38.8%, private doctor 29.6 %, govt hospital 26.8%. Main reasons for not seeking treatment were not considered necessary by 43.6%, followed by self medication 34.5% and no money 14.5%. *Conclusion:* Around 3/4th of under five children were found to be sick. Treatment not considered necessary & self medication were the major reasons for not seeking care. Strengthening of the community health education awareness programme is needed to increase mothers' awareness about childhood illness.

### INTRODUCTION:

Some 80% of the world's under-five deaths in 2011 occurred in only 25 countries, and about half in only five countries: India, Nigeria, Democratic Republic of the Congo, Pakistan and China. India (24%) and Nigeria (11%) together account for more than a third of under-five deaths worldwide.<sup>1</sup>

In a country like India, the mortality of under five children is mainly due to acute respiratory infections (23%) and diarrheal diseases (18%) as per WHO report 2002. However these may be very low estimates as many children may not be brought to an accountable health care facility and they go unnoticed. Therefore the health seeking behavior for such sick children and the factors which determine the treatment need to be accused.<sup>2</sup>

UNICEF defines Child mortality rate as the "annual number of deaths of children age under 5 years, expressed as a rate per 1000 live births." More specifically, it measures the probability of dying between birth and exactly five years of age. UNICEF considers this as the best single indicator of social development and well being rather than GNP per capita, as the former reflects income, nutrition, health care and basic education etc.<sup>3</sup>

Poor or delayed health care seeking contributes to 70 per cent of child deaths.<sup>3</sup>

Thus the aim of the study was to assess mother's health seeking behaviour for childhood illnesses.

### METHODOLOGY:

Approval from the Institutional Ethics Committee was obtained. The study population comprised of mothers having sick under five children in last 3 months, residing in the urban slum and attending the clinic of Urban Health Centre

over a period of 4 months.

Verbal consent was sought and total 347 mothers having sick under five children were interviewed with pre tested, semi structured interview schedule.

Each mother required 5-10 minutes.

**Statistical analysis:** Descriptive statistics (percentage) were used to summarize responses of the study subjects. Data was analyzed using SPSS-16 statistical software.

### RESULTS:

Total 347 mothers were actually involved in the study whose mean age was 27 years while 402 were total no of children of which 305 were sick & their mean age was 27.13 month.

Majority of mothers 208(59.9%) were of 21-29 years of age group while 138 (39.8%) were illiterate.

Out of total 305 sick children, 136 (44.6%) were below 2 years of age group and

Main reason for sickness in children was acute respiratory illness (57.4%) followed by diarrhoea (33.4%), skin rashes (4%), burning micturition (2.6%), worm infestation (1.6%), jaundice (1%).

Total 250 (82%) children had sought treatment for their illness. Most of them sought treatment from pharmacist (38.8%) followed by private practitioners (29.6%) and govt doctors (26.8%).

Remaining 55 children who had not received any kind of treatment the main reasons for this were treatment not considered necessary (43.6%), self medication (34.5%), and

no money for treatment (14.5%).

**Table 1. Distribution of mothers of under five children by age & education.**

Age(year)	N	%
≤20	37	10.7
21-29	208	59.9
30-39	94	27.1
≥40-49	8	2.3
Education	N	%
Illiterate	138	39.8
< 10 std	135	38.9
10-12 std	47	13.5
Graduate & above	27	7.8

**Table 2. Distribution of sick under five by age & sex.**

Age (month)	n	%
0-12	68	22.3
12-24	68	22.3
24-36	50	16.4
36-48	56	18.4
48-60	63	20.6
Sex	n	%
Male	152	49.8
Female	153	50.2

**Table 3. Health seeking behaviour of mother.**

i) What was the sickness?	N	%
ARI	175	57.4
Diarrhoea	102	33.4
Skin rashes/infection	12	4.0
Burning micturition	8	2.6
Worm infestation	5	1.6
Jaundice	3	1
ii) Was treatment/advise sought for the sickness?	N	%
Yes	250	82.0
No	55	18.0
iii) Where was the treatment/advise sought	N	%
Govt. Hospital	67	26.8
Private clinic/doctor	74	29.6
Pharmacy	97	38.8
Traditional healer	11	4.4
AYUSH doctors	1	0.4
iv) What were the reasons for not seeking treatment?	n	%
Treatment not considered necessary	24	43.6
Self medication	19	34.5
No money for treatment	8	14.5
Mother was sick	2	3.6
Drug allergy	1	1.9
No time for treatment	1	1.9

## DISCUSSION:

India contributes to 25 per cent of the over 9.0 million under five deaths occurring worldwide every year. Nearly half of the under five deaths occur in neonatal period. At the national level the mortality rate was estimated at 16.9 per 1000 under five children.

In most developing countries, large number of children dies without ever reaching a health facility due to delays in seeking care. Mother's in developing countries, often

do not have sufficient knowledge of signs that their child's health is in danger, or of appropriate treatments, or access to appropriate health services

In the present study, nearly 82% of the sick children's mothers had sought treatment for their illness and most of them nearly 38.8 % got treatment from pharmacist. In a similar study by Haresh Chandwani<sup>4</sup> in Gujarat 29% of children received no treatment. While Mbagaya GM et al<sup>5</sup> in Kenya found that 44% mothers got medicines from pharmacist.

Thus, most of the mothers of children had sufficient knowledge about signs of sickness but not about the proper channel or mode of the treatment.

While the mothers of children who had not sought treatment for their illnesses had ignorance/ lack of knowledge or were reluctant to receive medication (43.6%). In a similar study by Mehjabin F et al<sup>6</sup> in Dhaka 52.5 % mothers had no money and 12.5 % had lack of knowledge.

Thus this study shows that health seeking behaviour was present in them which was a welcome finding but not in right direction or path. Increasing maternal education, intensified awareness generation through the mass media approach and counseling, may have positive implications in future.

So there is a need for creating awareness in the community among mothers about health seeking behaviour by giving them proper health education.

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