



CARE SEEKING BEHAVIOR OF PARENTS FOR SICK CHILDREN

Pediatrics

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ABSTRACT

INTRODUCTION: Children form a vulnerable population across the globe. Majority of deaths occur in neonates and early infancy. In developing countries, most of the deaths are related to infection that can be prevented by early identification and proper treatment.

AIMS AND OBJECTIVES: A study was conducted to find out the care seeking behavior of parents towards sick children in an urban setup using a standardized questionnaire.

Methodology: Parents of 100 children attending outpatient department and admitted in pediatric ward were assessed for their care seeking behavior using a questionnaire.

RESULTS: Majority of the children attending Out Patient department (OPD) and admitted in wards (IPD) were 1st in birth order. There was a slight preponderance of male children attending OPD and admitted in wards. Fever, cough, vomiting and loose motions were the leading symptoms for which children were brought in OPD. Majority of children were admitted for gastrointestinal, respiratory tract and central nervous system involvement. Majority of parents were from upper middle income group and mothers were unemployed. Most of the babies attending OPD or admitted in IPD were seen by either MBBS doctor or a Pediatrician. Few parents consulted doctors from other pathies, pharmacist or relatives for illness of their children.

CONCLUSION: awareness needs to be generated among parents regarding childhood illness for early diagnosis and referral to reduce morbidity and mortality.

KEYWORDS

Sick Children, Health Seeking Behavior.

INTRODUCTION:

Children represent the most vulnerable age group in any community. About 7 million children worldwide under the age of 5 years died in last couple of years. More than half of these deaths were due to preventable conditions where access to simple and affordable interventions was possible ^[1,2]. As families are the first people responsible for child care, success requires a partnership between health workers and families with community support ^[1,3]. Care seeking behavior is an integral part of a person's, family's or community's identity, which has evolved from social, personal, cultural and experimental factors ^[1]. Factors that have been identified as the leading causes of poor utilization of primary health care services include poor socioeconomic status, lack of accessibility, cultural beliefs and perceptions, low literacy level of the mother's and large family size ^[4]. In developing countries, cultural practices and beliefs were the most prevalent ^[1]. Various studies from developing countries have reported that delay in seeking appropriate care and not seeking any care contributes to the large number of child deaths ^[5,6].

India is home to the largest number of children in the world. The country has 20% of the 0-4 years' child population of the world. The number of live births in the country is estimated to be 27 million which again constitutes 20% of the total number of live births in the world. India contributes to more than 20% of child deaths in world. About 1.83 million children die annually before completing their 5th birthday ^[8]. Most of them were due to preventable causes.

Thus improving family's care seeking behavior could contribute significantly to reducing child mortality in developing countries.

AIM:

The aim of the present study is to find out the care seeking behavior of the parents of children below 5 years of age.

OBJECTIVE:

The objective of the present study is to find out various factors contributing to their care seeking behavior.

MATERIAL AND METHODS:

This was a qualitative cross sectional observational study. The information about family's care seeking behavior was assessed by the standardized questionnaire. This study was performed on children's parents coming to outpatient department (OPD) and on parents whose

children are admitted in patient department (IPD) of the department of Pediatrics, Lata Mangeshkar hospital, Digdoh hills, Hingna, Nagpur. Parents were given a structured questionnaire to fill. Those who had problems in understanding the questions were given appropriate help to understand them. Sample size was 200 patients, 100 OPD (out-patient department) and 100 IPD (in-patient department) each.

ETHICAL STATEMENT

Ethical clearance was obtained from an ethical review board NKPSIMS & LMH Nagpur Maharashtra. The case file information was de-identified during data collection and was coded.

Statistical Techniques Used:

The obtained data will be statistically analyzed by applying descriptive (Average, percentile, mean) of significance of mean differences in term of various variable. We will enter all data and further Statistical Analysis will be done with the help of IBM- SPSS-25 software.

OBSERVATIONS AND RESULTS:

Table 1 describes the socioeconomic profile of parents.

Socioeconomic profile		IPD		OPD	
		Frequency	Percentage	Frequency	Percentage
Age of father (in years)	>40	1	1.00%	2	2.00%
	21 – 30	67	67.00%	61	61.00%
	31 – 40	32	32.00%	37	37.00%
Age of mother (in years)	>40	1	1.00%	0	0.00%
	21 – 30	90	90.00%	92	92.00%
	31 – 40	9	9.00%	8	8.00%
Educational status of father	Illiterate	12	12.00%	7	7.00%
	Primary school	9	9.00%	9	9.00%
	Middle school	7	7.00%	1	1.00%
	High school	36	36.00%	30	30.00%
	Post high school	19	19.00%	29	29.00%
	diplomat				
	Graduate/post graduate	17	17.00%	24	24.00%
Educational	Illiterate	21	21.00%	12	12.00%

status of mother	Primary school	9	9.00%	6	6.00%
	Middle school	3	3.00%	2	2.00%
	High school	33	33.00%	25	25.00%
	Post high school	13	13.00%	24	24.00%
	diplomat				
	Graduate/post graduate	21	21.00%	31	31.00%
Family income	<979	1	1.00%	0	0.00%
per month (in Rs)	980 - 2935	7	7.00%	4	4.00%
	2936 - 4893	14	14.00%	7	7.00%
	4894 - 7322	24	24.00%	11	11.00%
	7323 - 9787	4	4.00%	14	14.00%
	9788 - 19574	36	36.00%	41	41.00%
	>19574	14	14.00%	23	23.00%
Religion	Hindu	96	96.00%	93	93.00%
	Muslim	2	2.00%	6	6.00%
	Sikh	1	1.00%	0	0.00%
	Christian	1	1.00%	1	1.00%
Birth order of baby	1st	71	71.00%	69	69.00%
	2nd	24	24.00%	26	26.00%
	3rd	3	3.00%	2	2.00%
	4th	2	2.0%	3	3.00%
Sex of the baby	Male	56	56.00%	54	54.00%
	Female	44	44.00%	46	46.00%
Mother's occupation	Employed	6	6.00%	10	10.00%
	Unemployed	94	94.00%	90	90.00%
Kuppuswamy's socio economic status scale	Upper (I)	1	1.00%	2	2.00%
	Upper-middle (II)	49	49.00%	62	62.00%
	Lower-middle (III)	25	25.00%	20	20.00%
	Upper-lower (IV)	22	22.00%	14	14.00%
	Lower (V)	3	3.00%	2	2.00%

In both IPD and OPD groups, maximum percentage of parents was in the age group of 21-30 years. Maximum number of parents in both IPD and OPD were either high school passed or diploma holders. The monthly family income of nearly 50% children in both groups was more than Rs.9788. Hindus constituted the maximum number of patients in IPD and OPD. Nearly 70% of babies in OPD and IPD were 1st in birth order. There was slight preponderance of male babies attending OPD and admitted in IPD. Mothers of nearly 90% of the babies in OPD and IPD were unemployed. Nearly 70% of the babies in both IPD and OPD group belong to upper and lower middle income group according to Kuppuswamy scale.

Table No 2: Knowledge of parents about baby's illness

Knowledge of parents about baby's illness	IPD	OPD
	Frequency of Positive response (in %)	Frequency of positive response (in %)
Fever	70.00%	80.00%
Refusal to feed	31.00%	45.00%
Irritability	63.00%	62.00%
Repeated vomit or loose Stools	31.00%	30.00%
Passing mucous or blood in stools	1.00%	1.00%
Not passed urine for Hours	2.00%	7.00%
Respiratory difficulty or sounds attached	20.00%	19.00%
Convulsions	15.00%	7.00%
Excessive drowsy	14.00%	5.00%
Cyanosis	1.00%	3.00%
Extreme paleness	5.00%	2.00%
Bleeding from any site	1.00%	1.00%
Yellowish discoloration of mucosa or skin	0.00%	2.00%
Others	10.00%	7.00%

Table 2 describes the knowledge of parents about baby's illness. In out-patient department, parent's perceived fever in 80% followed by irritability in 62%, refusal to feed in 45% and repeated loose motions and vomiting in 30% children as illness. Less than 5% parents

perceived cyanosis, extreme paleness, and yellowish discoloration of mucosa or skin and cyanosis as illness in children. In in patient department, parents perceived fever in 70%, irritability in 63%, refusal to feed and repeated loose motions and vomiting in 31% each as illness as illness. Less than 5% of parents perceived cyanosis, bleeding from any site and dysentery as illness in both the groups.

Table No 3: Symptoms for which parents attended out-patient department (OPD)

Symptoms	Frequency (n = 100)	Percentage
Fever	80	80.00%
Cough	26	26.00%
Cold	12	12.00%
Vomiting	28	28.00%
Loose motions	27	27.00%
Jaundice	1	1.00%
Pain in abdomen	9	9.00%
Rashes	12	12.00%
Others	17	17.00%

Table 3 describes various symptoms for which parents brought their children to out-patient department. 80% of children had fever, 28% had vomiting, 27% had loose motions, 26% had cough. Only 1 child reported jaundice as the presenting symptom.

Table no. 4: Various systems involved in children admitted in Pediatric ward

Systems involved	Frequency (n = 100)	Percentage
Respiratory tract illness	23	23.00%
Gastrointestinal disorders	30	30.00%
Central nervous system	22	22.00%
Hematological disorders	1	1.00%
Cardiovascular disorders	1	1.00%
Other system disorder	26	26.00%

Table 4 describes involvement of various systems for which sick child was admitted in Pediatric ward. Most common system involved was gastrointestinal in 30% followed by respiratory system in 23% and central nervous system in 22%. Hematological and cardiovascular system involvement was least common.

Table 5 -Describes the type of care sought by parents for their child's illness.

Health care seeking behaviors	Frequency (in %) OPD		Frequency (in %) IPD	
	Yes	No	Yes	No
Taken to Pediatrician	24 (24.00%)	76 (76.00%)	40 (40.00%)	60 (60.00%)
Taken to MBBS Doctor	55 (55.00%)	45 (45.00%)	49 (49.00%)	51 (51.00%)
Taken to doctors from other Pathies	27 (27.00%)	73 (73.00%)	28 (28.00%)	72 (72.00%)
Taken to traditional healer	5 (5.00%)	95 (95.00%)	8 (8.00%)	92 (92.00%)
Advice from Pharmacist	3 (3.00%)	97 (97.00%)	1 (1.00%)	99 (99.00%)
Advice from Relatives	7 (7.00%)	93 (93.00%)	6 (6.00%)	94 (94.00%)
Self-medication Given	4 (4.00%)	96 (96.00%)	5 (5.00%)	95 (95.00%)
Time since onset of illness and medical care sought for (in days)	>30	1	>30	2
	1 - 10	97	1 - 10	95
	11 - 20	0	11 - 20	1
	21 - 30	2	21 - 30	2

Parents attending out-patient department, 55% of them took their child to a MBBS doctor followed by 24% to a Pediatrician. 7% took advice from relatives, 5% took to a traditional healer, 4% have given self-medication and 3% took advice from pharmacist.

49% of Parents whose children were admitted in Pediatric wards took their child to a MBBS doctor followed by 40% who took them to Pediatrician. 28% consulted doctors from other Pathies, 8% took to a traditional healer, 6% took advice from relatives, 5% have given self-medication and 1% took advice from pharmacist. More than 90% parents sought for medical help within 1-10 days of onset of illness.

DISCUSSION:

Health care scenario has changed a lot after independence. Life expectancy has improved from 32 years at the time of independence to currently at around 69 years. This success is contributed to health care reform by the government of India and also increase in literacy level especially among women. But still a huge gap exists between the different geographical areas and urban and rural sector. Perception towards disease and utilization of health care facilities varies among various different population. The individual health care seeking pattern in a community is determined by a complex inter- relationship between socio economic and physical environment along with individual characteristics and behavior^[8].

Present study was designed to find out health care seeking behavior of parents towards sick children. It was carried out in a tertiary care set up in urban area.

In the present study maximum number of parents was in the age group of 21-30 years. Most of the parents were from the upper middle class. Nearly 40% of the parents belong to lower middle or upper lower class. There was a male preponderance among the babies attending OPD and getting admitted in IPD. Nearly 95% of the subjects in the present study were Hindu. This could be explained because of majority of Hindu population in the surrounding area. Nearly 70% of the babies in OPD and IPD were 1st in birth order.

The study done by Indira Dey et al on health seeking behavior among under five children in Hooghly district of West Bengal showed that most of the children belonged to first order (47.1%) and both the genders had almost similar distribution of the birth orders^[12].

The study by Debadeep Kalita et al in rural block of Assam showed that 87% of the appropriate group belonged to lower class. It showed male child preponderance of 94% while females were 82%. 70% of the mothers were educated up to middle school^[9].

Haresh Chandwani et al studied the health care seeking behavior of mothers regarding their children in a tribal community in Gujarat. They studied 405 mothers of Dediapada block of Narmada district Gujarat, India, and found that 16.5% of males and 42% of females received no treatment, indicating towards gender inequality^[7].

Pravin Yerpude et al studied the factors which determine health seeking behavior of mothers for their under 5 children in rural area of Gujarat. A total of 237 children between the age group of 2 months and 5 years who attended rural health training centers were studied. Out of which 147 were male and only 90 were female. About 48% of the males got treatment at the public sector while 30% got treated at private sector. Almost 30% of female children did not receive any treatment, 47% received treatment at public sector and 23% at private sector^[13].

In the present study nearly 70% of parents in both the groups perceived fever, followed by irritability in 63%, refusal to feed in 40%, loose motions in 30% as illness in children.

Supa Promtussananon et al in their study in rural mothers of South Africa showed the majority of mothers took their child to a clinic for cough (79%), fever (68%), diarrhea (50%) and worms (11%)^[14]. In another study by Ajibade et al in Nigeria, mother perceived that their children needed to be taken for health care when there is sudden change in health in 66% followed by stopped playing in 26% and condition deteriorating in 8%^[15].

In the present study fever was the main symptom for which parents attended OPD in 80% cases, followed by vomiting and loose motions in 28% and cough 26%.

Similar findings were seen in the study conducted by Indira Dey et al where fever, cough, cold and diarrhea were the common illnesses among the children for attending OPD^[12]. Similar findings were seen in study conducted by Chauhan RC et al in rural population in coastal area of South India, wherein the presenting symptom were fever, cold and diarrhea for children attending OPD. Around 20% patients in their study group had musculoskeletal problems as a cause of attending OPD^[11].

The leading cause of admission of children to Pediatric ward in the present study was involvement of gastro-intestinal tract in 30%,

followed by respiratory tract 23% and central nervous system in 22%. In the present study, 55% of parents consulted MBBS doctors before coming to our OPD. Nearly, 27% of the parents took their children to doctors from other pathies and nearly 25% have consulted a Pediatrician. 7% took advice from the relatives and 5% from traditional healers.

Regarding babies who were admitted in pediatric wards nearly 50% have consulted at least MBBS doctor or Pediatrician. 28% of the parents took advice from doctors of other pathies. Nearly 8% took their children to traditional healer. Nearly 5% of parents gave medication by their own.

Debadeep Kalita et al studied 375 primary care givers of under 5 children in a rural block of Assam India. Of them 31% approached the government hospital while 23.7% went to private clinics, 17% practiced self-medication for the child, 16% did not sought outside advice and 5% went to traditional healers.^[9]

Akshay Minhas et al studied the health care seeking behavior of 2400 parents of under 5 children in district Kanga of Himachal Pradesh. 47% parents visited the health facility and 24% were dependent on home remedies. 30% took treatment from secondary level of health care, 28% took treatment from private Ayurvedic doctor and 13% visited quacks^[10].

In contradiction to our study, the study conducted by Mahejabin F et al in urban slum of Dhaka city, 50% of the parents consulted drug sellers and nearly 35% took their children to medical college hospitals^[1]. In study conducted by Indira Dey et al 20% parents consulted doctors from other pathies which was less than our study^[12]. In the study conducted by Supa Promtussananon et al home remedies were tried in 75% of cases of diarrhea. Less than 2% of parents took their children to faith healers.^[14]

CONCLUSION:

A large proportion of parents were not aware of the danger signs of the childhood illnesses. Total family income, parent's education, number of symptoms and parent's perception about severity of illness were the predictors of the seeking behavior. Association between health care seeking behavior of the parents and gender of the child is also significant. The findings of the study should be catalyst for a bigger study on health seeking behavior of parents in order to enhance health promotion activities among parents. Socioeconomic development of the urban community can improve care seeking behavior during the childhood illness. Health education programs should focus on the importance of seeking early treatment for the children and taking drugs as prescribed as well as on raising parent's awareness regarding childhood illness.

Limitation -

- Limited sample size
- Areas based research

Future research is required to further delineate and characterize the prevalence, frequency, of care seeking behavior of parents for sick children and behaviour difficulties.

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