Original article

Mothers' health care seeking behavior for childhood illnesses in Southwestern Ethiopia

Abebe G/ Mariam[1], Hailu Nida[2], Solomon Gebre-Selassie[3]

Abstract

Background: In Ethiopia, there is low and inadequate health service utilization. Caretakers do not make maximum use of health services for childhood illnesses.

Objective: To assess care seeking behavior of mothers for childhood illnesses.

Methods: This study was conducted in Kersa Woreda in October 2004. A total of 710 mothers/ caretakers who had 1074 under five children residing in Servo town and rural kebeles were included. Study subjects were randomly selected from the census data. A structured questionnaire was employed to collect data on demographic, socioeconomic and health related information.

Results: Of 710 mothers/caregivers and children participated in the study, 404(56.9%) of the children were sick within the previous 2 weeks. The major illness signs observed included fever, cough, diarrhea and other illnesses in 148(36.5%) , 129(31.9%), 103(25.5%), 24(5.9%) respectively. The majority of mothers, 298(73.8%) took their sick children to health facilities, other 75(18.6%) took no care, while 6.2% used home care. Decisions for child care were made by fathers in 236(58.4%), by mothers in 146(36.1%) and others in 22(5.5%). Only 115(38.6%) children were taken to health institution within 3-4days of onset of illnesses. The main reasons for not taking the children early to health institutions were due to lack of money (38.6%),distance or far health facility (20.5%) and considering that the illnesses were mild (10.1%). Logistic regression analysis showed that the probabilities of a child reported as ill was significantly associated with low income (p=0.001), higher number of children under 5 living in the household (p=0.002) and the child's age (younger children more likely to be reported as ill, p= 0.002).

Conclusion: The health seeking behavior of mothers for sick children was relatively high but the majority were taken late. Fathers were dominant in the decision-making on the choice of health service delivery for their children.

[*Ethiop. J. Health Dev.* 2005; 19(0):00-000]

Introduction

Improved child survival depends on the availability of preventive and curative health services. In all these services, the roles of mothers or care-takers can not be overemphasized. One of the main factors associated with mortality in children is delay in diagnosis and management. Although distance of health service
Providers, cost of health services and lack of information could explain the delay in health care seeking behaviors, mothers ' decision making are by and large unknown(1).

According to the 2002/3 report of the Ministry of Health of Ethiopia, the health service coverage of the country is 61.3%. The infant and under five mortality rates in Ethiopia are 96.8 and 152/1000 live births respectively (2). Child survival depends to a large extent on the adequacy of care provided by mothers or care-takers (3).

A study conducted in Butajira showed that mothers don't recognize pneumonia, one of the commonest causes of death in young children. Mother's perception of cause of whooping cough included wind, dust, and lack of cleanliness (3,4). Recognition of rapid breathing, chest in drawing, nasal flaring, grunting, cyanosis, wheezing, altered consciousness and severe malnutrition by mothers was poor. Lack of awareness of serious signs of illness could be a reason for delayed care seeking behavior and may be a contributor to death (3). In Bangladesh, mothers recognized pneumonia and attributed the cause to " exposure to cold", wind, lack of cleanliness and God's courses. Steward observed that mothers were able to identify labored breathing, chest retractions, lethargy, and inability to feed as signs of severe disease in Bangladesh (5).

The success of any health program depends on appropriate utilization of the services. In one survey, 48.3% of respondents said they had faced difficulties while seeking health care. The utilization of MCH services was also found to be low and the major constraints include unaffordable, persisting traditional illness beliefs, lack of effective community health services, and perceptions and attitudes to wards services.

Most women who had not sought help at health car units ascribed the illness and death of their children to supernatural forces (4-6). Only about 10% of those reporting illness obtain treatment (6). In a study in 3 communities in Ethiopia, Kitaw (7) has shown that 21% of ill individuals received no treatment while 33% had lay care. The national rural health survey revealed that more than half of all health seekers used traditional healers, lay or self-treatment. The popularity of traditional medicine appears to be cultural resonance, nature of illness, efficacy, geographic proximity and economic affordability (4,8,9).

[1] Dept. of Population and Family health Sciences, Public Health Faculty, Jimma University, P.O.Box 378, Jimma
[2] Dept. of Pediatrics and Child health, Faculty of Medical Sciences, Jimma University; P.O.Box 378, Jimma, Ethiopia;
[3] Dept. of Microbiology, Immunology and Parasitiology, Faculty of Medical Sciences, Jimma University, P.O.Box 310

In Adami-Tullu, East Shoa , only 25% of the children with diarrhea were taken to health care providers (10).

Actions mothers take depend largely on their beliefs and illness perception. In a study by Muhe et al (11), mothers believed that modern medication prevents the appearance of rash of measles which they thought was necessary for recovery. For this reason, many mothers of sick children due to measles do not take them to health facilities. Although few take their children to health center when they develop signs of pneumonia, others try to treat them with herbal roots, coffee, tea, eggs and cow milk.

Residing in rural areas, educational status of the mother and household income are determinant factors for seeking treatment. Educated mothers tend to see treatment. High income and availability of a clinic nearby by would increase the probability of seeking treatment. Private dispensaries are the most important source of treatment for those with low income (6,7,12).

Strategies designed to reduce morbidity and mortality in children should explore the care seeking behavior of mothers, where mothers should take their children for what and when, and the factors, which prompted the decision need to be determined. However, information on mothers' care seeking behavior is lacking in Ethiopian, particularly in the Southwestern part of the country.

The aim of this study was to assess the care seeking behaviour of mothers for childhood illness as a preliminary work for a planned community intervention on reducing child mortality.

Methods

Study design, site and period:- This cross- sectional, community –based study was conducted in 5 kebeles (1 urban and 4 rural) in Serbo District, in Jimma zone, South western Ethiopia during October 2004. Jimma zone consists of 13 Districts with estimated total population of 2,478,1666. In the zone, there are 14 health posts, 68 health stations, 13 health centers and 2 hospitals. There were 26 CHA's , 60 TTBAS and 54 CBD agents.

As far as health personnel are concerned, there are 12 medical practitioners, 8 midwives, 14 pharmacy technicians, 12 lab technicians and 16 environmental health experts. Almost about 50 % of the urban /rural kebeles (smallest administrative units) are reported to be malarias. The under five population constitute about 18% and females 15-19 constitute about 21% of the total population. The estimated average household size is 5.0 in urban and in 4.8 rural areas. The source population included all women in reproductive age (N=22,934) living in the selected woredas. The study population consisted of women aged 15-49 years who had either a low (1-3) or high (4 and +) number of live births living in the urban and rural kebeles. A total of 710 mothers/ caretakers who had a total of 1074 under five children were included in the study. The mothers /caregivers participated in the study had a total of 1074 children under 5 years of age.

A two-stage sampling technique was employed. Out of the total 20 rural and urban kebeles, 4 (1 urban and 3 rural) were selected for the study. Representative sample of households were drawn from these kebeles with probability proportional to size. Using systematic sampling technique, selection of households in all kebeles was made. Sample size was determined using the standard formula and multiplying by the design effect of cluster sampling.

Data was collected by 12 trained female high school complete students who spoke the local language (Oromiffa) using a pre-tested questionnaire. The questionnaire consisted of demographic, socio-economic and proportions of mothers of health-seeking behaviours. Supervision during data collection process was made by the investigators and by coordinating health officer. The questionnaire, prepared in English, was translated to local language and back into English. Logistic regression was used to reduce the effect of confounding factors.

The protocol of the study was ethically cleared by Jimma University and local administrators were communicated through official letter. Mothers' who participated in the study after informed consents was obtained from each.

Data was entered into a computer, edited, coding and verification done using SPSS/PC software version 11.01.

Results

Of the 710 mothers/caregivers enrolled in the study, 301(42.4%) of them were in the age group 24-34 years with overall mean age of 27.4 (SD=± 6.7 years). Of the women , 588(82.8%) were married, 309(43.9%) illiterate, 404(56.9%) housewives and 270(38.0%) had monthly income of less than 200 Birr (8.622 Birr= 1 USD). Of the mothers, 308(53.5%) of them had single child each, 294(41.4%), 35(4.9%) and 1(0.2%) had 2,3, and 4 children respectively (Table 1). Of the total 1074 children, more than half, (56.9%) were sick within the previous two weeks. The major illness signs observed included fever, cough, diarrhea and other illnesses in 148(36.5%), 129(31.9%), 103(25.5%), 24(5.9%) respectively. Concerning measures taken by care-takers, 298(73.8%) took their sick children to health institutions, 75(18.6%) did nothing, 25(6.2%) used lay care, 6(1.4%) used holy water. Mostly the decisions on the choice of health care were made by fathers 236(58.4%), mothers 146(36.1%) and others /grandparents, neighbors/ in 22(5.5%) [Table 2].

FAMILY HEALTH

Lecture Note

FOR

HEALTH EXTENSION TRAINEES IN ETHIOPIA

Abebe Gebremariam

Jimma University

FEDERAL MINISTRY
OF
HEALTH

FEDERAL MINISTRY
OF
EDUCATION

This activity was funded under USAID Cooperative Agreement
Number 663-A-00-00-0358-00

THE
CARTER CENTER

ETHIOPIA PUBLIC HEALTH TRAINING INITIATIVE

FAMILY HEALTH

Lecture Note

FOR

HEALTH EXTENSION TRAINEES IN ETHIOPIA

November 2004

Acknowledgements

The development of this lecture note for training Health Extension workers is an arduous assignment for Ato Abebe Gebremariam at Jimma University.

Essentially, it required the consolidation and merging of existing in depth training materials, examination of Health Extension Package manuals and the Curriculum.

Recognizing the importance of and the need for the preparation of the lecture note for the Training of Health Extension workers THE CARTER CENTER (TCC) ETHIOPIA PUBLIC HEALTH TRAINING INITIATIVE (EPHTI) facilitated the task for Jimma University to write the lecture note in consultation with the Health Extension Coordinating Office of the Federal Ministry of Health.

Finally the Federal Ministry of Health would like to express special words of gratitude for those who contributed and endeavored to the development of this lecture note and to TCC/USAID for the technical and financial support.

Introduction

This lecture note is designed for health extension workers who need to get a background in family health. The aim is intended as ready reference for health extension workers taking to overcome the shortage of guidebooks.

Health extension workers have an increasing role in providing family health education to the community. It is important, then, to familiarize oneself with the methods appropriate to study this note to contribute to the maternal and child survival goals.

This compiled lecture note is arranged in nine chapters. It included the major health problems of mothers and children, the important maternal & children health services such as antenatal, delivery, postnatal, immunization, breastfeeding, maternal nutrition, traditional practices affecting mothers and children, sexual and Reproductive rights and empowerment of women and men. The author believes that the lecture note is important to all health extension workers and others working in community health and other paramedical dealing in family health services.

I hope this simplified teaching material will contribute to a better understanding of the family health care. Even though the material is not exhaustive, it can alleviate the reference book shortage problem. The author welcomes any comments or suggestions for the betterment of this teaching material.

CURRICULUM VITAE

I. Personal Information

1. Name	Abebe G/Mariam Hailu
2. Sex	Male
3. Date birth	1-11-1959
4. Marital Status	Married with 3 children
5. Present Position	Associate professor

II. Educational Qualifications

1976	Addis Ababa University Public Health College, Gondar University (Bsc. PH.)
1988	Tulane School of PH and TM (USA) _ MPH in MCH/FP
1994	Tulane School of PHTM (USA) _ Certificate in Social Mobilization
1997	Manchester University (UK) Certificate in Gender, Education and PHC,
1999	Jimma University Certificate in Case Management Course on IMCI
2000	Jimma University Certificate in Follow-up skills on IMCI
2000	Jimma University Certificate in Facilitation skills on IMCI

Work experience

1. In the Health Sector

1969 – 1971 E.C	Health officer in charge, wacca health center,
1971 – 19 72 E.C	Health officer in charge, Bonga Health center,
1973 – 1975 E.C	Health Officers in charge, Jimma Health center

I have served as a medical and pubic health expert in the above mentioned health centers, in these institutions my main responsibility was: planning, implementing and managing the health services of the district. In addition to the se tasks I was responsible to run the routine promotive, preventive, curative and rehabilitation services of assigned areas.

1975 – 1983 E.C I was a medical practitioner and director Jimma Hospital.
As a manager, I was responsible for planning, implementing, evaluation and administering of the hospital services.

In the education sector

1983 – One of the founding members of Jimma Institute of Health Sciences an innovative curriculum for health sciences. A member of architect for the innovative programs of the institute - Community-based education

2002/04 – Lead member development of curriculum for RH/MPH.

1. Community-based education

Member in the development of guidelines for TTP, CBTP and SRP

IV. Teaching experience

Undergraduate (14 years)

Course taught MCH/FP, Communicable disease & Population/Demography for

- Medical students,
- Health officers,
- MCH/FP and post basic Bsc. Nurse students
- Health Education and BS. Students
- Environmental health students

Post graduate teaching experience (4 years)

Courses taught

- Introduction to RH/FP.
- Adolescent, and Adolescent Health
- Gender, Health, Sexuality and Development
- Maternal and child health and family planning
- Public health aspects of STI/HIV/AIDS

IV. Experience on organizing/consultancy workshops

- National Training of trainers for social mobilization in health
- TOT in social mobilization for health development workers in Hosaina (SNNRS)
- TOT in RH in collaboration with CRS

V. Research Undertaken

Published Manuscripts

1. **Abebe G.M.**, Aynalem A., Sissay W. and Sileshi D. A review of first pregnancy in Jimma hospital; *Bulletin of JIHS 1993; 3(1): 41 - 50.*
2. Mebrat K., **Abebe G.M.**, and Frew L. Assessment of the user characteristics of the OPD service of Jimma Hospital. *J. Health Dev. 1996; 10(1): 53 - 56.*
3. Yilikal A., Frew L., and **Abebe G.M.** Utilization of Traditional Medicine TM among inpatient of Jimm Hospital. *Bulletin of JIHS 1994; 4(1): 30 - 39.*
4. Frew L. and **Abebe G.M.** Xerophthalmia and Malnutrition among pre-school children in Agaro town *East Afr.Med.J 1996; 73(3): 179 - 181.*
5. **Abebe G.M** and Yohannis A. Birth Interval and Pregnancy out come in Jimma town. *East Afr. Me 1996; 73(8): 552 - 555.*
6. **Abebe G/M** and Fekadu A. Maternal Comprehension of Growth Chart/Card and its effect on the growth of the child. *Ethiop. J. Health Dev. 1996; 10(1): 111 - 115.*
7. Nega B., **Abebe G/Mariam**. A two Year Review of Injury Related Admissions to Jimma Hospital, South West Ethiopia. *Ethiop. J Health Sci. 1998; 8(2): 83 - 88.*
8. Lisanemariam T., **Abebe G.** Mariam, Alemseged J. Induced Abortion among Jimma Comprehensive High School: Knowledge, Attitude and Practice. *Ethiop J of Health Sciences 1999; 9(1): 25 - 31.*
9. **Abebe G. Mariam**, Fekadu A. Health Concern and Challenges among School Adolescents. *Ethiop J Health Sciences 2000; 10 (1):37 - 46.*
10. **Abebe G/Mariam**. Health & Psychosocial Problems of School Adolescents in Jimma Zone, Southw Ethiopia. *Ethiop J of Health Dev. 2001; (15(2): 97 – 107.*
11. Solomon W., **Abebe G/M.** practice of self medication in Jimma Town. *Ethiop J of Health Dev. 2003; 17(2): 1 116.*
12. **Abebe G.** Mariam, Fekadu Ayele, Sileshi T. Mariam, Mirgisa Kaba and Habtamu Argaw, 1998. Manu for Training of Trainers (TOT) in Communication and Social Mobilization. UNICEF, MOH & JIHS, 199
13. **Abebe G/M.** Lecture note in family health for health extension workers. The carter center, FMOH USAID, 2005.
14. **Abebe G/M Tefera Belachew,** et. al. Manual on Reproductive Health. *The carter center, FMOH, USAID, 2005.*
15. **Tefera Belachew, Abebe G/M,** et. al. Module in Micronutrients deficiency. *The carter center, FM USAID, 2005.*
16. **Abebe G/M,** overview of safe mother hood. Beteseb(FGAE SW) 2003;1(1):39-40
17. **Abebe G/M,** Solomon G/S and Hailue Nida, Health seeking behavior for children under five (accep for Publication *East Afr. Med. J 2007*)
18. **Abebe G/M.** A two year retrospective review of reasons for pediatric admissions to Chiro hospi

East Ethiopia. *Eth Med J 2005; 43(4): 241-249.*

19. **A.** Gebremariam. Factors Predisposing to Low Birth weight in Jimma Hospital Southwestern Ethio *East Afri. Med. J 2005; 82(11): 554-558.*

20. Gezahegn N. **Abebe G/Mariam**. Analysis of Birth Weight in Metu Karl Hospital: South We Ethiopia. *Ethiopian Med. J. 2007; 45(2): 195 - 2007.*

21. Worku D; **G., Abebe**; Jayalakshmi, S. Child Sexual abuse and its outcomes among high school students in South West Ethiopia, *Tropical Doctor 2006; pp. 137-140.*

22. **Abebe G/mariam,** Minas WT., Yosef G. patterns of accidents among children visiting Jim University Hospital, Ethiop. Med. J 41(4): 339-345.

23. Bontu F. Abebe G/M. antenatal care service utilization and factors Associeted in Jimma Town Ethi Med J 2007; 45 (2) : 123-133

24. Beeletsega Tibebu, Abebe GM, Tefera B. Knowledge, Attitude & Practice of Home-Based Care HIV/AIDS Patients by their Family/caregivers at Jimma town Ethiop Med J. 2007; 45(3): 283 - 292.

Lists of articles submitted for publication

25. Shimelis B. **Abebe GM.** Sexual violence among high school students of Asendabo- submitted publication *(TD 07-155).*

26. Abiye G. Abebe GM. Meseret Y. Khat use and risky sexual behavior among youth in Asendabo tow South West Ethiopia.- Ethiop JHS.

27. Abiye G. Abebe GM. Meseret Y. Sxual and non Sexual risk behavior and reproductive health amo youth in Asendabo town: South West Ethiopia. - (Ethiop JHS).

28. Misra A., Abebe G/Mariam. Clients' Satisfaction on Voluntary Counseling and Testing amo clients using VCT Services in Jimma Town South West Ethiopia. - (Ethiop JHS)

Ongoing projects

I am one of the team member as well as vice coordinator of the Jimma Longitudinal Family Survey of Yo ıich started in 2005. It is representative of Jimma town, the small towns of Yebu, Serbo, and Sheki, a arby rural areas. The sample includes 3500 households and 2100 boys and girls ages 13 to 17, yield out 700 adolescents each for Jimma Town, the small towns, and the rural areas.

The Jimma Longitudinal Family Survey of Youth is an interdisciplinary effort to examine critical challeng ıt youth face such as health, education and training, employment and earnings, forming families, a coming productive citizens. A special focus of the study is on key sources of support for youth as they m ese challenges including parent and kin investments, household resources, parent and kin guidance, lo nmunity infrastructure, and informal support networks.

Policy Briefs Prepared with other team members *Based on data fro*
Round 1 of the Jimma Longitudinal Family Survey of Youth (September 2005-March 2006)

Policy Brief Number	Date	Titles	Description
Policy Brief #1	August 2006	**Social Support in Jimma Zone**	Examines the exchange of general support between households, as well as support to help children in other households attend school and find employment
Policy Brief # 2	August 2006	**Adolescent Assessments of HIV/AIDS**	Examines knowledge & perceptions of the prevalence and risk of contracting HIV/AIDS among adolescent boys and girls by participation in youth clubs.
Policy Brief # 3	August 2006	**Hygiene in Jimma Zone**	This Policy Brief documents non-hygienic practices of Ethiopian households by place of residence and identifies factors that increase Hygienic practices.
Policy Brief # 4	August 2006	**Health Risk Behaviors of Adolescents in Jimma Zone**	This Policy Brief examines health risk behaviors of adolescents, and differences in these behaviors by place of residence, between boys and girls, and by age.
Policy Brief # 5	August 2006	**Adolescent Depression in Jimma Zone**	This Policy Brief examines the prevalence of depression among youth and its relationship with other stress and risk factors in young peoples' lives.
Policy Brief # 6	August 2006	**Food Security in Jimma Zone**	This Policy Brief describes the prevalence of food insecurity among families, adults, and children, and identifies factors that increase food security.
Policy Brief # 7	November 2006	**School Attendance of Adolescents in Jimma Zone**	This Policy Brief examines school enrollment and attendance and reasons for non-enrollment among boys and girls by place of residence and food security.
Policy Brief # 8	November 2006	**Food Insecurity among Adolescents in Jimma Zone**	This policy brief describes the prevalence of food insecurity among adolescent boys and girls and its effects on health.
Policy Brief # 9	November 2006	**Knowledge and Attitudes about Infant Feeding among Adolescent Girls in Jimma Zone**	This Policy Brief examines the beliefs of adolescent girls about appropriate feeding practices for infants and young children, and the extent to which their beliefs match recommendations of the World Health Organization (WHO).

Policy Brief # 10	January 2007	**Decision-Making Autonomy among Adolescents in Jimma Zone**	This Policy Brief examines how much influence youth feel they have in planning their futures.
Policy Brief # 11	January 2007	**Gender Differences in Household Activities among Adolescents in Jimma Zone**	This Policy Brief examines the tasks that boys and girls perform in their households, and gender differences in the amount of household work.
Policy Brief # 12	February 2007	**Healthcare Services Utilization among Adolescents in Jimma Zone**	This Policy Brief examines health-seeking behavior among adolescent boys and girls and reasons for nonuse of formal health services.
Policy Brief # 13	February 2007	**Malaria Prevalence and Bed Net Use among** Adolescents in Jimma Zone	This Policy Brief examines prevalence of malaria and the use of insecticide-treated mosquito bed nets.
Policy Brief # 14	March 2007	**Dietary Diversity among Adolescents in Jimma Zone**	This Policy Brief uses two indicators of dietary quality (dietary diversity and animal source food consumption) to examine the extent to which access to high-quality diets depends on place of residence, gender, household income, and educational resources.
Policy Brief # 15	April 2007	**The Emergence of a Modern Labor Market in Jimma Zone**	This Policy Brief examines adolescent beliefs about the educational requirements for and economic payoffs of different jobs, and the factors that are important in getting jobs.
Policy Brief # 16	April 2007	**Perceptions of Health Risks among Adolescents in Jimma Zone**	This Policy Brief examines adolescent boys' and girls' perceptions of health risks in Jimma Zone.
Policy Brief # 17	April 2007	**Knowledge of Mother-to-Child HIV Transmission through Breast Milk among Adolescents in Jimma Zone**	This Policy Brief examines adolescent knowledge of mother-to-child HIV transmission through breast milk and beliefs about whether HIV-positive mothers should breastfeed their infants.
Policy Brief # 18	April 2007	**Self-Reported Health Status among Adolescents in Jimma Zone**	This Policy Brief examines adolescent self-reports of health status and the relationship of health status to place of residence, gender, and food insecurity.
Policy Brief # 19	May 2007	**Adolescent Attitudes about Male and Female Equality in Jimma Zone**	This Policy Brief describes the extent to which boys and girls believe in gender equality in family roles, and identifies factors that promote egalitarian gender roles.
Policy Brief # 20	May 2007	**Female Genital Cutting in Jimma Zone**	This Policy Brief examines attitudes about female genital cutting (FGC) among adolescent boys and girls.

Date of Preparation: November, 2007.

Abebe G/ Mariam,

Associate Professor,

Department of Population & Family Health, Public health Faculty, Jimma University, Po. Box 480, Jimma,

Ethiopia. Tell: 251-07- 047-111-92 99 (off), 251-07- 047-111-27 47 (Residence).

e-mail: abebe_gebremariam@yahoo.com