

Evaluation of Factors influencing Health Care Seeking Behaviours among Caretakers of Children below 5 Years in Bugala Island, Kalangala District

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ABSTRACT

Childhood illnesses present a major public health challenges for a developing country like Uganda which is aggravated by a suboptimal health seeking behaviour by the parents or guardians. Appropriate medical care could prevent a significant number of child deaths and complications. The aim of this research was to determine the factors influencing health care seeking behaviours among caretakers of children below 5 years at Bugala Island, Kalangala district. A cross-sectional descriptive study design quantitative in nature was conducted in rural area of Bugala Island using simple random sampling, a total of 50 participants were recruited into the study. Results indicated that more than 60% had poor health seeking behaviours associated with increased number of children. Furthermore, poor means of transport, high costs of transport and user charges as well as others being delayed by traditional healers. Level of education was found to have high influence in early health care seeking behaviours. This study recommends that an intensive awareness campaigns through multimedia approach stressing on female literacy, improving on socio-economic status of people along with counselling on early health care seeking practices especially for under 5 years children should be encouraged. Also government should consider Bugala Island and Kalangala district in general as special area with unique challenges and put a health unit at village levels because of long distances from the town in order to reduce mortality and morbidity of under 5 years Children. A study on attitudes of health workers in relation to early health care seeking behaviours needs also to be carried out.

Keywords: Caretakers, Bugala Island, child deaths, health care

INTRODUCTION

Appropriate medical care seeking could prevent a significant number of child deaths and complications due to ill health [1-13]. Health care seeking behavior has been defined as any action taken by someone in order to find an appropriate remedy for themselves or for the person whom they take care of, when they have a health problem or illness[14].

Children represent the most vulnerable age group [15-26] in any community; therefore, the child mortality rate is widely used as a demographic measure and an important indicator of the level of welfare in countries [27]. About 7 million children worldwide under the age of 5 years died in 2011 [28]. More than half of these deaths were due to preventable conditions where

accesses to simple and affordable interventions were possible [29]. Leading causes of death were pneumonia, preterm birth complications, diarrhea, birth asphyxia, and malaria. Under-nutrition contributed to more than a third of these deaths [30].

Globally, mothers of children under 5 years face many factors which affect their health care seeking behaviors. However, this varies greatly between developed and developing countries as shown that in developed countries such as the USA, Germany and Japan, mothers do not encounter many factors while in developing countries such as Brazil and Mexico, there are factors such as accessibility and affordability of health

care services, reliance on cultural practices and beliefs among so many other factors [31].

In African countries such as Nigeria, Cameroon and South Africa, mothers of children under 5 years of age encounter many factors which affect their health seeking behavior yet delays in care-seeking contributes to the large number of child deaths in developing countries [32]. Factors such as pluralistic care-seeking practices, and the inability to recognize potentially life-threatening conditions, were found to be associated with the delay. This delay could affect child health significantly and can lead to

complications that make the medical care less effective and, in some cases, useless [33].

In East African countries including Kenya, Tanzania and Uganda, mothers of children under 5 years encounter many factors which affect their health seeking behaviors. These factors include over-reliance on traditional practices, beliefs and use of herbs, socio and economic factors such as poverty, long distance to service centers, lack of support from partners, accessibility and affordability of health care services among many others [34].

METHODOLOGY

Study Design and Rationale

This was a descriptive cross sectional study employing quantitative approach.

The above method was selected because it allowed easy data collection at single point in time and thus time saving and cheap to obtain the data relevant to the specific objectives.

Study Setting and Rationale

The study was conducted on Bugala Island which is located in Kalangala District. Kalangala district is bordered by waters of Lake Victoria, Mpigi district and Wakiso district to the north, Mukono district to the northeast and east, the Republic of Tanzania to the south, Rakai district to the south west, Masaka District to the west and kalungu district to the northwest. The district headquarters at Kalangala are located approximately 60 kilometers (37 miles) across water, south west of Entebbe in Wakiso district. Bugala Island has an estimated population of 12500 people and it is inhabited by Ugandans of various tribal backgrounds. The three major economic activities carried out on the island include fishing, tourism and agriculture. The study area was selected because the researcher had noted poor health care seeking behavior of caretakers of children below 5 years resulting to high mortality and morbidities.

Study Population

The study included male and female caretakers of children under 5 years residing on Bugala Island, Kalangala District.

Sample Size

The sample size was the number of observations in a sample. The sample size was calculated and determined using the formula below

$$n = \frac{N}{1+N(e)^2} \text{ (LoBiondo and Heber, 1998).}$$

Where n=Sample size, N=Population (target) is 50 male and female. e=Standard error or of margin -e is 5%.expected frequency. The confidence interval taken as 95% (LoBiondo and Heber, 2014).

$$\begin{aligned} n &= \frac{2250}{1 + 2250(0.05)^2} \\ &= \frac{2250}{1 + 2250(0.0025)} \\ &= \frac{2250}{5.6275} \\ &= \frac{2250}{5.6275} = 50 \text{ caretakers of children under 5 years.} \end{aligned}$$

Therefore, the sample size was 50 male and female caretakers of children under 5 years who were residing on Bugala Island, Kalangala district

Sampling Procedure and Rationale

The researcher utilized simple random sampling procedure to obtain the sample size for the study. The researcher gave all potential respondents who met study criteria an equal opportunity to participate in the study by picking papers from an enclosed box and any respondent who picked a paper with the word YES written on it was requested to participate in the study. This continued until the total of 50 respondents was achieved.

Inclusion Criteria

The study included only male and female caretakers of children under 5 years residing on Bugala Island, Kalangala District who were present and were willing to voluntarily consent to participate in the study.

Definition of Variables

The independent variables for the study included:

Health seeking behaviour for caretakers of children under 5 years

The dependent variables for the study included:

Socio factors, Economic factors and cultural factors

Research Instruments

Data was collected using a semi-structured questionnaire which consisted of both open and closed ended questions section A. assessed social demographic characteristics of respondents, section B. assessed social factors influencing health seeking behaviours of caretakers of children below 5 years. Section C. assessed economic factors that section D. questions assessing cultural factors influencing health seeking behaviours for care takers of children below 5 years.

Data Collection Procedure

The researcher administered questionnaires to caretakers of children under 5 years residing on Bugala Island, Kalangala District. The researcher interviewed 25 respondents per day for a total of 50 respondents in 2 days.

Data Analysis and Presentation

The collected data was entered into the computer for analysis and later researcher presented them in to tables, graphs and pie charts generated by Microsoft Excel.

Ethical Considerations

A letter of introduction was obtained from Kampala International University introducing the researcher to the local council administration of Kalangala Island and seeking permission to carry out the study. After permission was granted, the LC 1 chairpersons escorted and introduced the researcher to the respondents. Respondents were assured of maximum confidentiality and only numbers instead of names were used to identify the respondents. The study only commenced after the objectives of the study had been well explained to participants and they had consented to participate in the study.

RESULTS

Table I: Showing demographic characteristics; n=50

PARAMETERS	VARIABLES	FREQUENCY	PERCENTAGE
AGE	18-25	11	22
	26-35	24	48
	36 and above	15	30
	TOTAL	50	100
SEX	Male	08	16
	Female	42	84
	TOTAL	50	100
OCCUPATION	Fishing	25	50
	Farming	14	28
	Professional	11	22
	TOTAL	50	100
NO. OF CHILDREN	1	29	58
	2	17	34
	3 and above	4	8
	TOTAL	50	100
MARITAL STATUS	single	0	0
	married	39	78
	divorced	11	22
	TOTAL	50	100
EDUCATION LEVEL	primary	21	42
	secondary	13	26
	tertiary	11	22
	non formal	4	8
	TOTAL	50	100

From the table1 above, the majority of participants 24(48%) were aged between 26-35 years old, 15(30%) were aged above 36 years while the minority 11(22%) were aged between 18-25 years. In addition, majority 25(50%) of respondents were employed in the fishing business, 14 (28%) were farmers while 11(22%) were professional. Most of the respondents 21(42%) were found to be primary school drop outs, 13 (26%) were secondary drop

outs, then 4(8%) were Of none formal education and only 11(22%) had tertiary education. Regarding number of children, majority of the respondents 29(58 %) had one child under 5 years, 17(34%) had two children under 5 years and only 4(8%) had above 3 children under 5 years. Majority 39(78%) of the respondents were married, 11 (22%) were divorced and no single participated.

Socio Factors Influencing Health Care Seeking Behaviors of Caretakers of Children Below 5 Years.

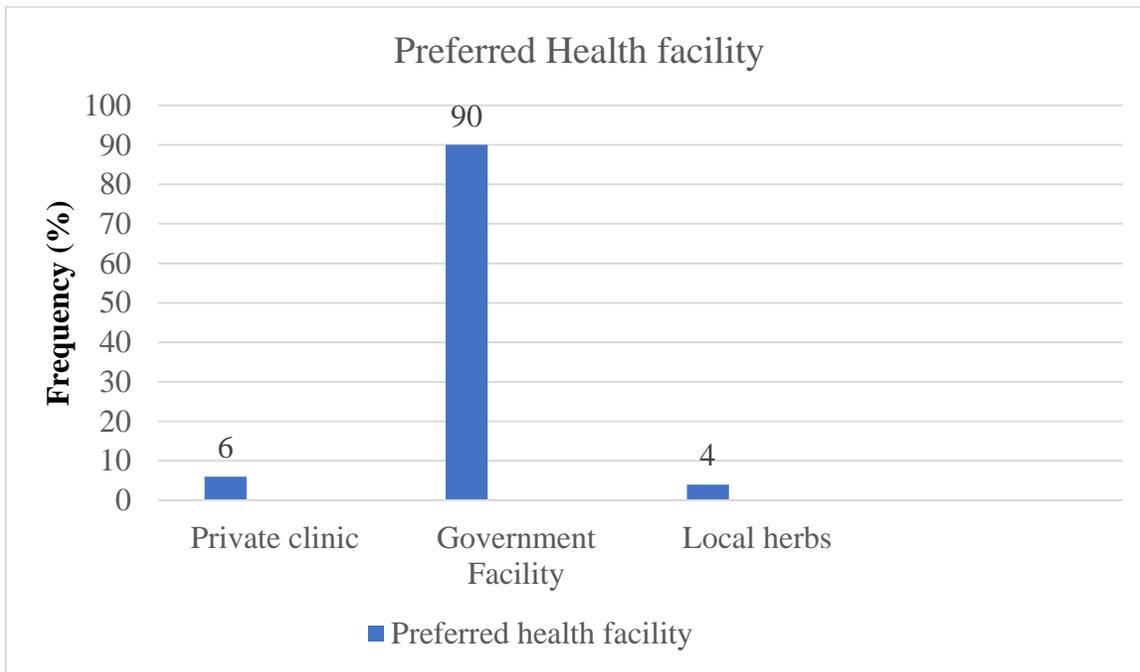


Figure 1: Showing Caretakers' preferred Health Facility; n= 50

From Figure 1, majority of the participants 45(90%) preferred using government facilities due to lack of money 47(94%). Furthermore, 43(86%) received adequate

services from their preferred health facilities however, majority 30(60%) spent 2-3 hours before being attended to.

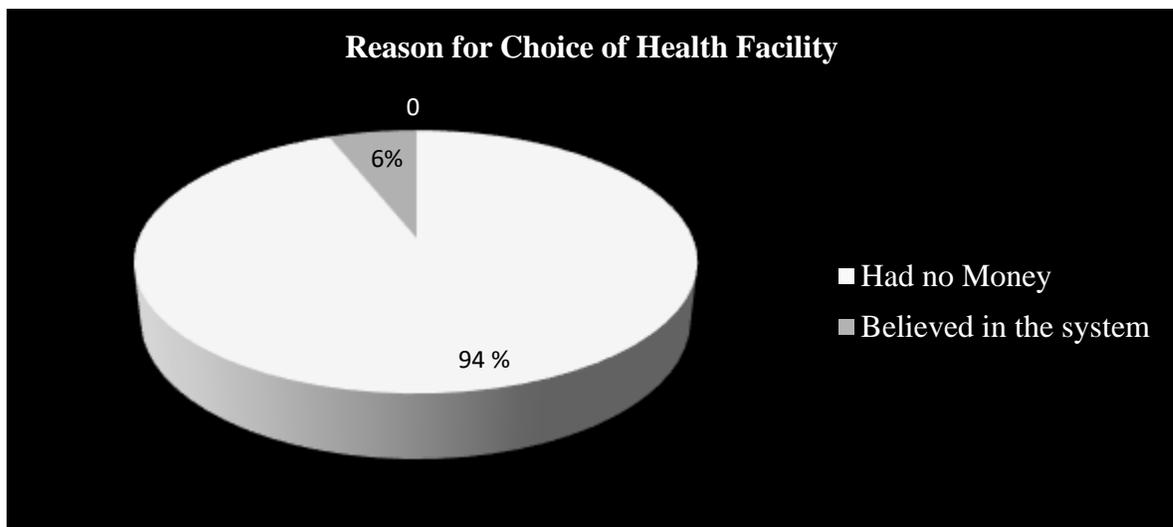


Figure 2: Showing reasons for the choice of Health facility; n=50

The major reason (94%) for the above choice of health facility was due to lack of

money followed by belief in the system (6%).

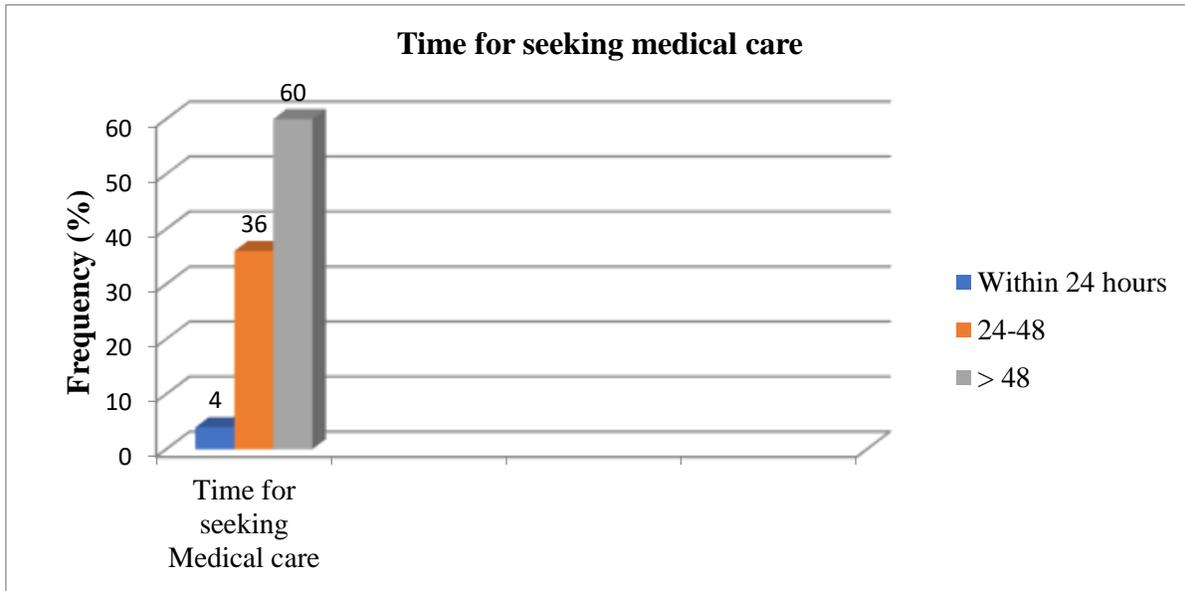


Figure 3: showing time which caretakers take before seeking care; n=50

Majority of the participants (60%) spent more than 48 hours before taking their children for medical care, some (36%)

within 24-48 hours while very few (4%) took their children within the first 24 hours.

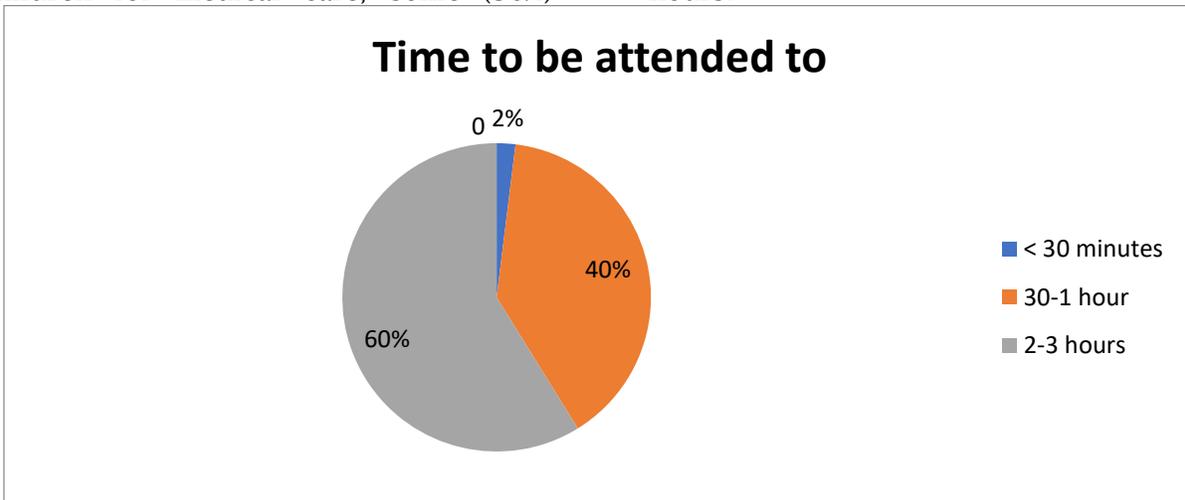


Figure 4: Showing time taken for care takers to be attended to; n=50

Most care takers (60%) reported spending 2-3 hours before being attended to, some (40%) were attended to within 30 minutes -

one hour while only (2%) were attended to within 30 minutes of arrival.

Economic Factors Influencing Health Care Seeking Behaviors of Caretakers of Children below 5 Years.

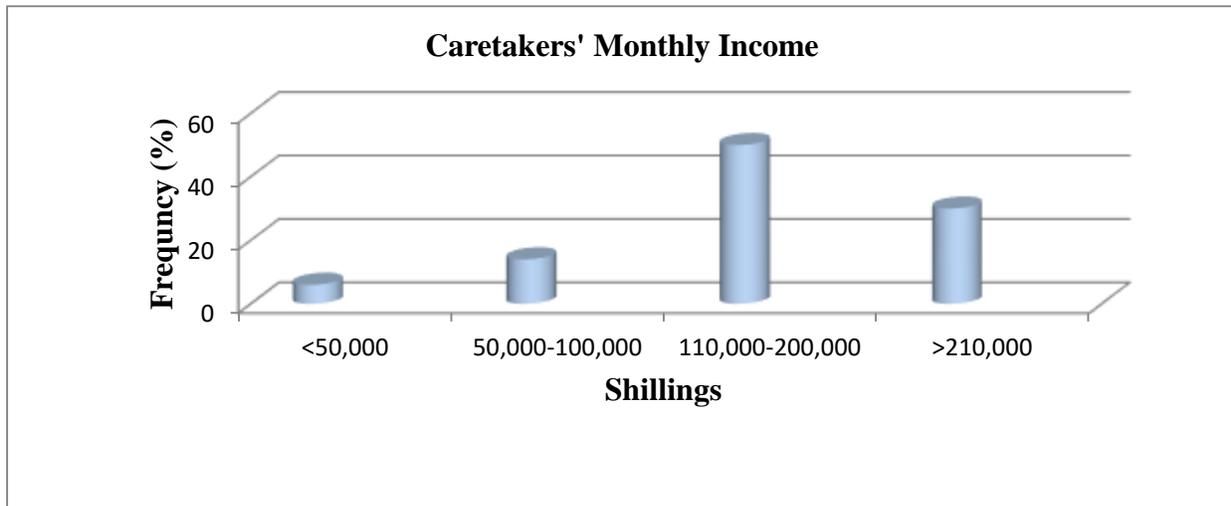


Figure 5: Showing caretakers' monthly income; n=50

Majority of the respondents 25(50%) had a monthly income between 110,000-200,000 shillings.

Distance from Health facility

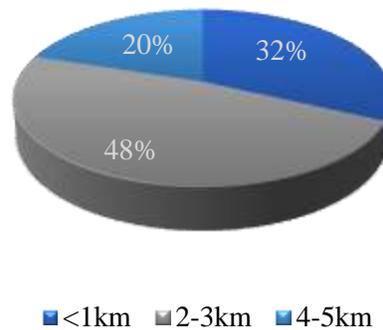


Figure 6: Showing caretaker’s distance from health facilities; n=50

Majority of the respondents 24(48%) moved a distance between 2-3km to their health facility followed by 32% who moved a distance between 4-5 km.

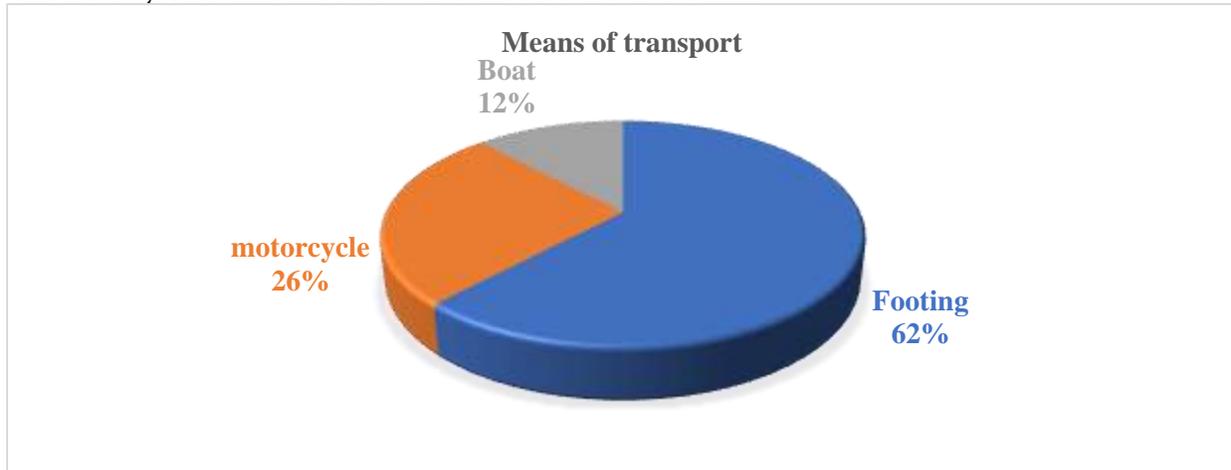


Figure 7: Showing caretakers’ means of transport to health facilities; n=50

Majority of the participants 31(62%) footed to the nearby health facility.

Cultural Factors Influencing Health Care Seeking Behaviours of Caretakers of Children below 5 Years



Figure 8: showing use of traditional medicine

Majority of the participants reported having never used traditional medicine. Majority 39(78%) of the participants

reported having been using traditional medicine.

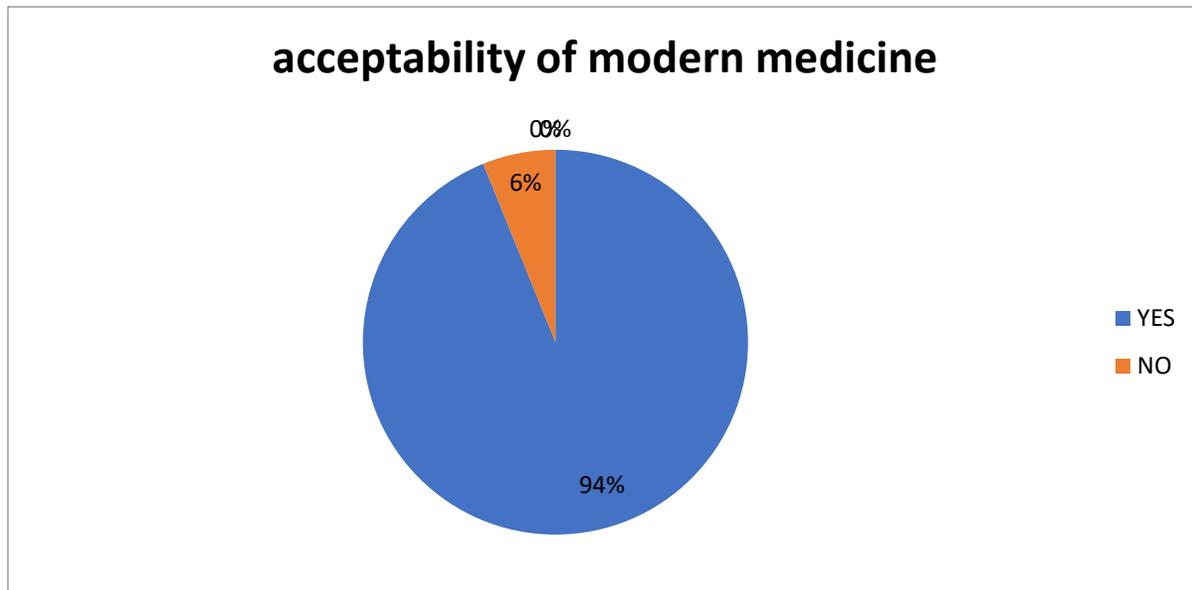


Figure 9: Showing caretakers' who find modern medicines acceptable at health facilities; n=50

Majority 94% of the respondents agree that modern medicine is acceptable for use however 6% of respondents noted that

some conditions are treated locally using cultural beliefs.

DISCUSSION

Healthcare seeking behaviours were found to be poor especially among the young non-educated caretakers majority 60% of the children were being taken for treatment after 48 hours. Lack of adequate education leads to a delay in health care-seeking by caregivers due to their inability to recognize potentially life-threatening conditions [26, 27, 28, 29, 30]. This delay could affect child health significantly and can lead to complications that make the medical care less effective and, in some cases, useless [31, 32, 33, 34, 35]. Furthermore, it has been reported that there is a positive relationship between maternal education and Health Seeking Behaviour of caretakers as it is in agreement with [27] study who found out that caretakers with secondary school education were six times more likely to seek medical care than non-educated ones. Implies that the higher the level of education, the better Health Seeking Behaviour [36, 37, 38, 39]. Education equips caretakers with knowledge about biological aspects of human beings,

common health problems, and healthy habits [40, 41, 42, 43]. Added to the above, educated caretakers are more likely to be able to read comprehensibly and thereby understand better thus they are expected to understand health education messages presented in mass media and through other methods more than the less-educated ones [35, 44, 45].

The study found out that long distances to the health facilities, resulting to high cost of transport and poor means of transport to the health facility contributed greatly to the poor health care seeking behaviour of majority of the care takers [40, 41, 42, 43, 44, 45]. Cost is often a barrier to seeking health services especially among the poor. Due to abolition of user fees at public health facilities, rural communities use them frequently. However, due to the limited number of public facilities particularly in rural areas, inhabitants are necessitated to use private health care providers at a cost. This thus hinders majority of the caretakers from seeking medical attention [28].

CONCLUSION

Health seeking behaviours were found to be poor especially among the non-educated caretakers where majority from this study participant 60% of children were taken for treatment after 48 hours.

The main contributing factors to late health seeking behaviours were include long distance associated with high costs of transport to government health units, high user fees in private clinics and possible use of traditional medicine.

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