

Caregivers Healthcare Seeking Behavior and Associated Factors for common Childhood Illness, Haro Gibe Kebele, Asendabo Town, Southwest Ethiopia

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Abstract

Background: Despite the availability of low-cost interventions to prevent and treat the main causes of child mortality, considerable numbers of the children continue to die without ever reaching health facility or due to delays in seeking appropriate healthcare in developing countries.

Objective: To assess Caregivers' healthcare seeking behavior and associated factors for common childhood illness, Haro Gibe Kebele, Asendabo Town, Southwest Ethiopia.

Methods: A Community based cross sectional study design was undertaken among 286 caregivers who had a child or children under 5 years of age who experienced any common childhood illnesses in Haro Gibe kebele, Asendabo town, Southwest Ethiopia.

Results: Overall, 51% of the respondents had Sought care for their sick Children of which 17.8% had taken their children to traditional healers, 58.9% had influenced by worsening of child illness and only 8.2% had taken their children to health facility immediately after the onset of illnesses. Child age between 25-36 months (AOR .21, 95%CI: .069-.646), Monthly income between 1001-2000 Ethiopian birr (ETB) (AOR .33, 95%CI .138-.78) and illness being perceived as severe (AOR 3.16, 95%CI 1.36-6.69), child illness for more than two weeks (AOR 0.52, 95%CI 0.29-0.93), presence of Diarrhea (AOR 2.77, 95%CI: 1.42-5.39) and danger signs (AOR 13.7, 95%CI: 4-46.7) were found to be significantly associated caregivers' care seeking behavior for common childhood illnesses.

Conclusion: Caregivers' healthcare-seeking behavior was not only low but also influenced by the severity of the illness and the presence of danger signs. Thus, a measure aimed at increasing healthcare-seeking behavior should be taken to promote and enhance caregivers' healthcare-seeking behavior for common childhood illnesses.

Keywords: Health care; Children; illness; Seeking behavior; Caregivers

INTRODUCTION

Background: Health Care Seeking Behaviors is any behavior of individuals that promotes, protects, or maintains one's health regardless of actual or perceived health status [1] Health-seeking behavior is a function not only of the availability of health facilities and other sources of healthcare but also the motivation and ability of individuals to seek medical treatment.

In Ethiopia the major causes of under-five morbidity and mortality which are responsible for more than 90% of the mortality in this age group are pneumonia 28%, neonatal problems 25%, malaria 20%, diarrhea 20%, measles 4%, AIDS 1% and other causes 2%.

Most of these lives could have been saved through affordable treatment measures like antibiotics for acute respiratory infections, oral rehydration for diarrheal diseases, and the use of appropriate drugs for malaria. Despite the availability of these low-cost interventions to prevent and treat the main causes of child mortality, still, considerable numbers of the children continue to die without proper treatment and ever reaching health facility or due to delays in seeking appropriate healthcare in developing countries.

Success in reducing childhood mortality involves the availability of adequate health services with well-trained health workers, effective management of common childhood illness, and partnership between families and health workers. For sick children, families should seek appropriate and timely assistance from health workers and give the recommended treatments appropriately.

Improving families' care-seeking behavior could contribute significantly to reduce child mortality in developing countries, where common childhood illnesses are the main problem [1-5].

The prevalence of appropriate care-seeking for common childhood illness is low in most developing countries; only 26.4% of the mothers sought appropriate care during the child's illness.

In Ethiopia, healthcare-seeking behavior is poor and only a small proportion of children receive appropriate treatment. Nationally, only 27% of under-five children with a symptom of acute respiratory infection, 24.2% with fever, and 32% with diarrhea were taken to a health facility for 5 years preceding 2011.

Some reports identified that healthcare was sought only for below half of the child illnesses. According to the 2011 Ethiopian Demographic and Health Survey, treatment from a health facility or provider was sought only for 27%, 24%, and 31% of children with Acute Respiratory Infection (ARI), fever, and diarrhea, respectively. Evidence have established that appropriate care-seeking behavior plays a significant role to substantially reduce child mortalities. For instance, one report has estimated that seeking prompt and appropriate care could reduce child deaths due to ARI by 20%. Delay in seeking proper healthcare is one of the main factors leading to severe disease among children presenting to hospitals with severe forms of febrile illnesses, pneumonia, and diarrhea[6-10].

Despite some studies have been done on healthcare-seeking behaviors for common childhood illnesses in different parts of northern Ethiopia, research was yet not documented in Southwestern parts of the country particularly in Haro Gibe kebele of Asendabo town. Therefore, the purpose of this study was to assess the caregivers' healthcare-seeking behavior for common childhood illness and associated factors in Haro Gibe Kebele, Asendabo town, Southwest Ethiopia.

Methods

Study area and period

The study was conducted in Haro Kebele in Asendabo town, Omo Nada district, Oromia Region, Southwest Ethiopia. Kebele is the smallest administrative unit in Ethiopia. It is located 303 km away from Addis Ababa. According to the information taken from Asendabo Administration, the total population counted in Haro Gibe Kebele is about 9050 out of which 2986 are males and 2684 are females and about 1748 house holds. According to unpublished data from the Zonal Health Office, the district has only one health center that serves about a population of 33,981. The study was undertaken from April 1 to 25, 2019.

Study Design

A community-based cross-sectional study designed was conducted

Study participants

All caregivers who were living in Haro Gibe Kebele and who had a child or children under 5 years of age with a history of any common childhood illness like diarrhea, fever, and/or ARI four weeks preceding the survey were included. The households with an under-five child with a history of any common childhood

illness in the last four weeks were identified by Health Extension Worker working in the Haro Gibe Kebele.

Operational definitions

Healthcare-seeking behavior: Is care sought for a child with any common childhood illness.

Caregiver: in this study caregiver is a person who is responsible for taking care of a child; he or she can be the relative of the child or the mother.

Common childhood illnesses. In this particular study, common childhood illnesses were comprised of acute respiratory infections (ARI), diarrheal diseases, and febrile illnesses.

Fever: Is perceived or considered as hot body or fever by caregivers for their sick children at any time within the four weeks preceding the survey[11-15].

ARI: Is a cough for less than two weeks at any time within the four weeks before the survey which was accompanied by the difficulty of breathing.

Diarrhea: If the caregivers explained their unwell children had 3 or more loose or watery stools per day at any time within the four weeks before the study.

Danger signs: If the caregivers their sick child had inability to drink or breast feed, unconsciousness, vomiting everything, and convulsions.

Data Collection techniques and tools

Data were collected by using, structured self-administered questionnaires which were mainly from different kinds of literature that have similar purposes of study(Sisay et al., 2015,. The questionnaire consists of socio-demographic information, healthcare-seeking behaviors of caregivers on childhood illnesses, and factors associated with caregiver's healthcare-seeking behaviors. The quality of the data collected was guaranteed by pretesting being done on 5% caregivers in Serbo town before actual data collection. The researchers trained the professional nurses on how to collect data from caregivers to augment data accuracy and validity. The collected data were reviewed and checked for its' completeness before data entry. There was close supervision of the data collectors by the principal investigators.

Data analysis

Data collected were coded and entered into Epi Data 3.1 and exported to SPSS version 23.0 for cleaning and analysis. Data were summarized using simple frequency tables, and a pie chart. Bivariate analysis of candidate associated factors for multivariate analysis at the p-value of <0.25 and multivariate analysis was employed, in order to assess the relative effect of independent variables on dependent variables and statistically significant association was declared at the p-value of less than 0.05[16-20].

Results

Sociodemographic characteristics of study participants

A total of 286 participants were enrolled in this study with a 100% of response rate. Most of the participants were female (n=264;92.3%), with higher frequency at the age of more than 30 years old (n=152;53.1%). Most of the participants were mother (n=265;92.7%), married (n=271;94.8%), Muslim (n=219;76.6%) and come from Oromo ethnic group (n=240;83.9%). More than half of participants had followed formal education (n=166;58.0%) with a higher rate of becoming housewives (n=170;59.4%), (n=166;58.0%) with one child under five years of age (n=119;41.6%). More than half participants had more than or equal to 4 of parity experiences (n=142;53.8%), had greater than or equal to 7 in family size (n=148;51.7%), one-third of them (n=86;30.1%) had an annual income of greater than 5000ETB, live at less than 6 km away from the nearest health facility (n=106;37.1%) and takes less than half an hour by walking to reach health facility (n=103;36%). Regarding indexed child data, 147 (51.4%) out of the 286 children were males with higher frequency at the age of 49-60 months old (n=79;27.6%). Overall, sociodemographic characteristics are summarized in (Table 1).

Variables		Frequency	Percentage
Sex	Male	22	7.7%
	Female	264	92.3%
Age	Less than 30	134	46.9%
	Greater than 30	152	53.1%
caregivers relation to child	Mother	265	92.7%
	Father	14	4.9%
	Others*	7	2.4%
Marital status	Married	271	94.8%
	Divorced	13	4.5%
	currently unmarried	2	0.7%
Religion	Muslim	219	76.6%
	Orthodox	43	15.0%
	Protestant	23	8.0%
	Wakefata	1	0.3%
Ethnicity	Oromo	240	83.9%
	Amhara	13	4.5%
	Wolaita	11	3.8%
	Dawuro	15	5.2%
	Others**	7	2.5%
Education	has formal education	162	56.6%

	Has no formal education	124	43.4%
Occupation	Farmer	33	11.5%
	Merchant	71	24.8%
	Housewives	170	59.4%
	Others***	12	4.2%
No of children	1	119	41.6%
	2	44	15.4%
	3	68	23.8%
	4	54	18.9%
	greater than 4	1	0.3%
Parity	less than or equal to 3	122	46.2%
	Greater than or equal to 4	142	53.8%
Family size	Less than or equal to 6	138	48.3%
	Greater than or equal to 7	148	51.7%
Income per month	less than 1000	22	7.7%
	1001-2000	41	14.3%
	2001-3000	31	10.8%
	3001-4000	34	11.9%
	4001-5000	72	25.2%
child sex	greater than 5000	86	30.1%
	Male	147	51.4%
	Female	139	48.6%
Childs age	Less than 12 months	25	8.7%
	12-24 months	61	21.3%
	25- 36 months	55	19.2%
	37- 48 months	66	23.1%
	49-60 months	79	27.6%
Distance to the nearest Health Facility (HF) by Km	less than 6km	106	37.1%
	6-10km	81	28.3%
	greater than 10km	98	34.3%
	Do not know.	1	0.3%
Distance to HF (by Hr)	less than 1/2 hour	103	36.0%
	1-2 hours	91	31.8%

	greater than 2 hours	92	32.2%
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Table 1: Distribution of sociodemographic characteristics among the study participants of Haro kebele, Asendabo town, Southwest Ethiopia, N=286.

Childhood illness-related Characteristics

Childhood illness characteristics are presented in Table 2. The main clinical manifestation of indexed child reported by caregivers was Diarrhoea (n=134;46.9%) followed by fever (n=73;25.5%). More than one third (n=100;35%) of the caregivers perceived microorganisms as the cause of child's illness. Nearly half of the caregivers perceived the severity of their child's illness were at a moderate level (n=140;49%) and 136 (47.6%) of caregivers identified the severity of child illness by observing whether the child refused to eat or drink/breastfeed. Less than three fourth of the caregivers reported that their children had been suffered from the illness for the duration of less than 2 weeks (n=203;71%).

Variables		Frequency	Percentage
Reported common child illness	Cough	48	16.8%
	Fever	73	25.5%
	Diarrhea	134	46.9%
	Danger sign	31	10.8%
	Total	286	100.0%
Perceived cause of child illness	Curse from God	2	0.7%
	Microorganisms	100	35.0%
	Evil Eye	43	15.0%
	Teething	36	12.6%
	Food and water contamination	72	25.2%
	Shortage of Nutrients	28	9.8%
	Others	5	1.7%
	Total	286	100.0%
Severity of child illness	Mild	88	30.8%
	Moderate	140	49.0%
	Severe	58	20.3%
	Total	286	100.0%
Method of identifying severity	By combined symptoms	91	31.8%
	If the child refused to eat or drink	136	47.6%
	If the illness continues for a long time	54	18.9%
	Others	5	1.7%

	Total	286	100.0%
Duration of the illness	less than 2 weeks	203	71.0%
	greater than 2 weeks	83	29.0%
	Total	286	100.0%

Table 2: Distribution of childhood illness-related characteristics among the study participants, Haro Kebele, Asendabo town, Southwest Ethiopia.

Healthcare-Seeking Behaviors Related Characteristics among the Study Participants

Among the total study participants more than half 146(51.0%) of them had sought healthcare for common childhood illnesses. The majority of caregivers mentioned that they made the decision for child treatment with their husband (n=174;60.8%) and started seeking health care on the 4th and 5th days after onset of illness (n=56;38.4%). Out of caregivers who had sought care, Less than three fourth (n=103; 70.55%) of them had sought care for their children from the health facilities followed by traditional healers (n=26;17.8%), and the majority of them were driven by worsening of the illness (n=86;58.9%). Among caregivers who had sought healthcare from traditional healers (n=10;38.5%) of them sought care because they believed that the treatments were effective. Spiritual care (n=15;57.7%) and massage (n= 9;34.6%) were the common type of medicine sought by caregivers from traditional healers (Table 3)[21-25].

Variables		Frequency	Percentage
Sought healthcare for their childhood illness	Yes	146	51.0%
	No	140	49.0%
	Total	286	100.0%
Decision to seek health care at health institution during child illness made with	Husband	174	60.8%
	Health Professional	34	11.9%
	Have Previous experience	29	10.1%
	Neighbors	33	11.5%
	Religious leader	16	5.6%
	Total	286	100.0%
Reason for seeking healthcare	Worsening of the illness	86	58.9%
	Advice from the others	60	41.1%
	Total	146	100.0%
Time to care-seeking after the	Immediately	12	8.2%
	First day	18	12.3%

onset of their children illnesses	2nd day and 3rd days	19	13.0%
	4th days and 5th days	56	38.4%
	After 5th days	41	28.1%
	Total	146	100.0%
Source from where care was sought	Health facilities	103	70.55
	Medicine purchased from Pharmacies	17	11.65
	Traditional healers	26	17.8
The reason why care was sought from Traditional Healers	they do not charge too much	2	7.7%
	There is no long waiting time	7	26.9%
	They are near	1	3.8%
	Treatment is Effective	10	38.5%
	Maintain Confidentiality	4	15.4%
	Maintain Privacy	2	7.7%
	Total	26	100.0%
Type of medicine sought from Traditional healers	Herbal Medication	2	7.7%
	Massage	9	34.6%
	Spiritual care	15	57.7%
	Total	26	100.0%

Table 3: Distribution of healthcare-seeking behaviors related characteristics among the study participants in Haro Kebele, Asendabo Town, Southwest Ethiopia.

Reason for not Sought healthcare for common child illness

From those caregivers who had not sought healthcare (n=140; 48%), the main reason why they had not sought healthcare was lack of money (n=41;29.3%) as it is shown in (Figure 1).

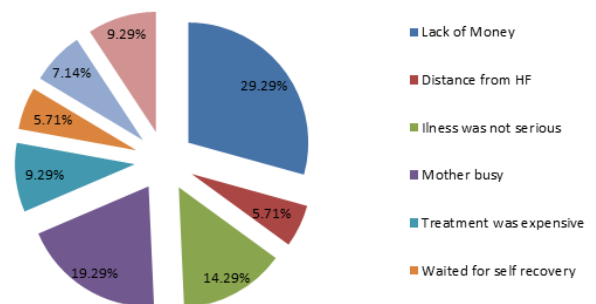


Figure 1: Reasons for not seeking healthcare for a child's illness, Haro Gibe Kebele, Asendabo Town, Southwest Ethiopia.

Multivariate Analysis of Sociodemographic Characteristics of the Study Participants

Using multivariate analysis, to test the association of sociodemographic variables with caregivers' healthcare-seeking behaviors (HCSB) for common childhood illness, caregivers' monthly income and child age were found to be significantly associated with caregivers' health-seeking behaviors.

A caregiver who had a monthly income of 1001-2000 Ethiopian Birr (ETB) was 67% less likely to seek healthcare for common childhood illness compared to those who had a monthly income of above five thousand Ethiopian Birr (AOR .33,95%CI .138,.78). Similarly, caregivers who had a monthly income of 3001-4000ETB were 65% less likely to seek healthcare for common childhood illnesses compared to those caregivers who had a monthly income of above 5000 ETB (AOR .35, 95%CI .143,.829). The chance of seeking healthcare for common childhood decreased as the caregivers' monthly income decreased.

The caregivers who had children aged between 25 and 36 months were 79% less likely to seek healthcare for common childhood illness compared to those caregivers who had children aged less than 12 months (AOR .21,95%CI .069,.646). Caregivers who had children aged 37-48 months were 68% less likely to seek healthcare for common childhood illnesses compared to caregivers who had children aged less than 12 months (Table 4) [25-30].

VARIABLES		HCSB				Crude odd Ratio COR (95% CI)	Adjusted odd Ratio AOR(95%CI)
		Not sought		Sought			
		No,	(%)	No,	(%)		
Sex	Male	8	(2.8)	14	(4.9)	1.75(.71-4.31)	
	Female	132	(46.2)	132	(46.2)	1	

	Total	140	(49.0)	146	(51.0)		
Age	Less than 30	69	(24.1)	65	(22.7)	.83(.52-1.32)	
	Greater than 30	71	(24.8)	81	(28.3)	1	
	Total	140	(49.0)	146	(51.0)		
caregivers relation to child	Mother	127	(44.4)	138	(48.3)	1	
	Father	9	(3.1)	5	(1.7)	.51(.17-1.57)	.38(.113-1.25)
	Others	4	(1.4)	3	(1.0)	.69(.15-3.14)	1.076(.20-5.78)
	Total	140	(49.0)	146	(51.0)		
Marital status	Married	130	(45.5)	140	(49.0)	1	
	Divorced	8	(2.8)	5	(1.7)	.58(.18-1.82)	
	currently unmarried	2	(.7)	1	(.3)	.46(.042-5.18)	
	Total	140	(49.0)	146	(51.0)		
Religion	Muslim	109	(38.1)	110	(38.5)	1	
	Orthodox	21	(7.3)	22	(7.7)	1.04(.54-1.99)	
	Protestant	10	(3.5)	14	(4.5)	1.38(.59-3.26)	
	Wakfata	0	(.0)	1	(.3)		
	Total	140	(49.0)	146	(51.0)		
Ethnicity	Oromo	117	(40.9)	123	(43.)		
	Amhara	10	(3.5)	3	(1.0)	.69(.15-3.14)	
	Wolaita	3	(1)	8	(2.8)	2.54(.66-9.79)	
	Dawuro	6	(1.4)	9	(3.1)	1.43(.49-4.13)	
	Others	4	(1.4)	3	(1)	.71(.16-3.26)	
	Total	140	(49.0)	146	(51.0)		
Education	has formal	76	(26.6)	86	(30.1)	1	

	education						
	Has no formal education	64	(22.4)	60	(21.0)	.83(.52-1.323)	
	Total	140	(49.0)	146	(51.0)		
Occupation	Farmer	13	(4.5)	20	(7.0)		
	Mercant	32	(11.2)	39	(13.6)	.79(.34-1.84)	
	Housewives	91	(31.8)	79	(27.6)	.56(.26-1.21)	
	Others	4	(1.4)	8	(2.8)	1.3(.32-5.21)	
	Total	140	(49.0)	146	(51.0)		
No of U5 children	1	51	(17.8)	68	(23.8)	1	
	2	23	(8.0)	20	(7.0)	.65(.32-1.32)	
	3	33	(11.5)	35	(12.2)	.79(.44-1.45)	
	4	32	(11.2)	22	(7.7)	.52(.27-.99)	
	greater than 4	1	(.3)	1	(.3)	.75(.046-1.228)	
	Total	140	(49.0)	146	(51.0)		
Parity	less than or equal to 3	57	(21.6)	65	(24.6)	1	
	Greater than or equal to 4	75	(28.4)	67	(25.4)	.78(.48-1.27)	
	Total	132	(50.0)	132	(50.0)		
Family size	Less than or equal to 6	60	(21.0)	78	(27.3)	1	1
	Greater than or equal to 7	80	(28.0)	68	(23.8)	.65(.41-1.04)	.68(.411-1.132)
	Total	140	(49.0)	146	(51.0)		

Income per month In ETB	less than 1000	11	(3.8)	11	(3.8)	.72(.28-.1.84)	.49(.17-1.45)
	1001-2000	25	(8.7)	16	(5.6)	.46(.22-.99)	.33(.138-.78)*
	2001-3000	18	(6.3)	13	(4.5)	.52(.23-1.195)	.50(.21-1.228)
	3001-4000	22	(7.7)	12	(4.2)	.39(.17-.895)	.35(.143-.829)*
	4001-5000	28	(9.8)	44	(15.4)	1.13(.59-2.14)	.99(.498-1.96)
	greater than 5000	36	(12.6)	50	(17.5)	1	1
	Total	140	(49.0)	146	(51.0)		
child sex	Male	70	(24.5)	77	(26.9)	1	
	Female	70	(24.5)	69	(24.1)	.89(.56-1.43)	
	Total	140	(49.0)	146	(51.0)		
Child's age	Less than 12 months	9	(3.1)	16	(5.6)	1	1
	12-24 months	31	(10.8)	30	(10.5)	.54(.21-1.42)	.42(.147-1.19)
	25-36 months	32	(11.2)	23	(8.0)	.41(.15-1.07)	.21(.069-.646)*
	37-48 months	34	(11.9)	32	(11.2)	.53(.21-1.38)	.32(.107-.928)*
	49-60 months	34	(11.9)	45	(15.7)	.74(.29-1.89)	.457(.161-1.29)
	Total	140	(49.0)	146	(51.0)		
Distance to the nearest Health Facility (HF) by Km	less than 6km	41	(14.3)	65	(22.7)	1	1
	6-10km	44	(15.4)	37	(12.9)	.53(.295-.95)	1.016(.25-4.19)
	greater than 10km	55	(19.2)	44	(15.4)	.51(.29-.88)	.33(.069-1.57)
	Total	140	(49.0)	146	(51.0)		
Distance to HF	less than	40	(14.0)	63	(22.0)	1	1

(by hour)	1/2 hour						
	1-2 hours	50	(17.5)	41	(14.3)	.52(.29-.923)	.63(.158-2.40)
	greater than 2 hours	50	(17.5)	42	(14.7)	.53(.302-.94)	1.96(.394-9.75)
	Total	140	(49.0)	146	(51.0)		

Table 4: Multivariate analysis of sociodemographic characteristics of the study participants in Haro Kebele, Asendabo Town, Southwest Ethiopia.

Multivariate and Univariate Analysis of Child Illness Related factors Associated with Caregivers' Healthcare Seeking Behaviors

Univariate logistic regression analysis was performed separately for each childhood illness related factors and any factors that showed significant association ($P < 0.25$) with the outcome were selected for multivariate analysis. While testing the association of childhood illness-related factors with the caregivers' healthcare-seeking behavior using binary logistic regressions, six variables were significantly associated with caregivers' healthcare-seeking behavior. In multivariate analysis, four variables were found to be the significant predictors of caregivers' healthcare-seeking behaviors. The odds of seeking healthcare among caregivers who perceived that their child had a severe illness were 3 times higher than that of caregivers who perceived that their child had a mild illness (AOR 3.16, 95%CI 1.41, 7.07).

This study also showed that caregivers who reported that their child had an illness for more than two weeks were 48% less likely to seek healthcare compared to those caregivers who reported that their child had an illness for less than two weeks (AOR 0.52, 95%CI 0.29, 0.93).

Caregivers who perceived that their child had diarrhea were 2.8 times higher odds of seeking healthcare compared to those who reported their child had no diarrhea. Similarly, the odds of seeking healthcare among caregivers who perceived that their child had danger signs were 13.7 times higher compared to their counterparts [31-32]. The caregivers who perceived that the causes of their child's illness were the shortage of nutrients and teething were 66% and 75% less likely to seek healthcare respectively compared to those caregivers who perceived the cause of their child's illness was microorganisms (Table 5).

Variables	HCSB			COR(95%CI)	AOR(95%CI)
	not care	sought	Sought care		

		No.	(%)	No.	(%)		
Severity of child illnesses	Mild	48	(16.8)	40	(14.0)	1	
	Mode rate	76	(26.6)	64	(22.4)	1.01(.59-1.73)	1.18(.65-2.14)
	Severe	16	(5.6)	42	(14.7)	3.15(1.55-6.42)	3.16(1.41-7.07)*
	Total	140	(49.0)	146	(51.0)		
Duration of the illnesses	Less than 2 weeks	91	(31.8)	112	(39.2)	1	
	greater than 2 weeks	49	(17.1)	34	(11.9)	.56(.336-.946)	.52(.29-.93)*
	Total	140	(49.0)	146	(51.0)		
with whom you decide about your child treatment	Husband	83	(29.0)	91	(31.8)	1	
	Health Professional	18	(6.3)	16	(5.6)	.81(.388-1.693)	
	Have Previous experience	18	(6.3)	11	(3.8)	.56(.25-1.25)	
	Neighbours	17	(5.9)	16	(5.6)	.85(.408-1.808)	
	Religious leader	4	(1.4)	12	(4.2)	2.74(.85-8.817)	
	Total	140	(49.0)	146	(51.0)		
Cough	Yes	23	(8)	25	(8.7)	1.05(.57-1.96)	
	No	117	(40.9)	121	(42.3)	1	
Fever	Yes	44	(15.4)	29	(10.1)	.54(.32-.93)	.98(.47-2.07)
	No	96	(33.6)	117	(40.9)	1	1
Diarrhea	Yes	54	(18.9)	80	(27.9)	1.9(1.21-3.09)	2.77(1.42-5.39)*
	no	86	(30.1)	65	(22.7)	1	1
Danger sign	Yes	4	(1.4)	27	(9.4)	7.7(2.62-22.68)	13.7(4-46.7)**
	No	136	(47.6)	119	(41.6)	1	1

perceived cause of child illnesses	micro organisms	44	(15.4)	56	(19.6)	1	1
	short age of nutrient	19	(6.6)	9	(3.1)	.37(.153-.903)	.34(.13-.87)*
	Eating contaminated food and water	33	(11.5)	39	(13.6)	.92(.505-1.707)	.82(.42-1.61)
	Teething	24	(8.4)	12	(4.2)	.39(.177-.872)	.25(.10-.62)*
	Evil eyes	19	(6.6)	24	(8.4)	.99(.483-2.039)	.81(.36-1.84)
	Others	1	(.3)	6	(2.1)	4.72(.547-40.62)	6.7(.73-61.19)
Total		140	(49.0)	146	(51.0)		

Table 5: Multivariate and univariate analysis of Childhood Illness Related factors associated with caregivers Health seeking Behaviors, Haro Kebele, Asendabo Town, Southwest Ethiopia.

Discussions

Common childhood illnesses which are responsible for the major causes of death in under-five children are largely preventable if appropriate care is sought early. With this in mind, the present study aimed to assess caregivers' healthcare-seeking behavior for these common childhood illnesses. The finding from this study revealed that only half (51%) of caregivers sought health care for their children who had suffered from a common childhood illness. This finding is lower than a prior study conducted in the Jeldu district (74.6%) and Bar Dar city of northern Ethiopia 72.7%. The observed difference might be due to the difference in the study setting and sample size. The present study was conducted in one smallest administrative unit of one small rural town while prior studies were undertaken in more than three administrative units of bigger cities. Beside this Urban population have more access to information, transportations, and healthcare facilities than rural populations, therefore they are more likely to seek healthcare compared to rural population.

In Pakistan, the main reason for not seeking healthcare for common childhood illness was financial constraints. Similarly, in the current study lack of money was the main reason for not seeking healthcare for common childhood illnesses and only 30% study participants had monthly income of more than 5000 ETB.

This study showed that 58.9% of study participants had sought care after the worsening of child symptoms and of those

seeking care outside home 17.8% of caregivers had been seeking care from traditional healers. This finding is higher than other previous studies conducted in Rwanda and Ethiopia. The observed difference might be related to access to healthcare facility as there was only one health center in this study area while prior studies were conducted in more developed city like Bahir Dar and Kigali which might have more healthcare facilities than that of this study area.

Prompt and proper healthcare care-seeking practices have importance to prevent many deaths attributed to delays and not seeking care particularly in developing nations (Assefa T, Belachew T, Tegegn A, 2008). In this study, however, only 8.2% of caregivers sought healthcare immediately after the onset of child illness. Delay in care-seeking was also observed in other similar studies conducted around the globe (Kassile et al., 2014; Mitiku & Assefa, 2017). The possible reason that caregivers tend to delay seeking healthcare might be due to lack of money, trying of home care including traditional treatment, recognition of illness as mild, the expectation that illness would recover soon and lack of access to health facilities as there was only one health center the present study setting.

The findings of multivariate indicated that child age and monthly income were associated with healthcare-seeking behaviors. The odds of seeking care was decreased as the monthly income decreased. This was consistent with other similar studies carried out in different parts of the developing countries.

Moreover, the perceived severity of illnesses, the presence of danger signs, having diarrhea, and the duration of the child's illness were found to be significantly associated with healthcare-seeking behaviors. Caregivers were more likely to seek healthcare when they perceived that the child's illness was severe, the child had danger signs and diarrhea and less likely to seek healthcare two weeks after the onset of child illness. The current finding is in line with other prior studies that were undertaken in different parts of Ethiopia. This indicates that the healthcare-seeking behaviors were influenced by the severity of the child's illness and the presence of danger signs.

In this study, a considerable number of children with diarrhea had taken to healthcare facilities than those with cough and fever which is inconsistent with the study in Mandura District, West Ethiopia where the remarkable number of children with fever had taken to health center than those with diarrhea and cough. The observed difference might be due to the difference in the epidemiologic distribution of the diseases in different parts of the country. The findings of this study should be interpreted in light of its limitations. We conducted this study in one smallest administrative unit of Asendabo town, Southwest Ethiopia. The target population comprised of caregivers who have at least one under-five years old child who had experienced diseases within the last four weeks before the survey. Similar study units in southwest Ethiopia may share some of their characteristics but they are by no means homogeneous, and any generalization of the finding of the current study must be made with caution. Therefore, the finding can be generalized only to the study setting.

Conclusion

Caregivers' healthcare-seeking behavior for common childhood illness was not only low but also influenced by the severity of the illness and the presence of danger signs. Monthly income, child age, the severity of illness, duration of the illness, and having diarrhea and danger signs were found to be significantly associated with caregivers' healthcare seeking behaviors. Therefore, a measure aimed at increasing healthcare-seeking behavior should be taken to promote and enhance caregivers' healthcare-seeking behavior for common childhood illnesses. Moreover, a further large-scale community-based study with a representative sample size is recommended.

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