ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCE

SCHOOL OF ALLIED HEALTH SCIENCES

DEPARTMENT OF NURSING AND MIDWIFERY

ASSESSMENT OF PREVALENCE AND FACTORS AFFECTING HEALTH SEEKING BEHAVIORS ON COMMON CHILDHOOD ILLNESS AMONG MOTHERS HAVING UNDER FIVE CHILDREN IN DANGILA TOWN, NORTH WEST ETHIOPIA, 2015.

BY

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ACRONYM AND ABBREVIATIONS

AOR	Adjusted Odds Ratio
ARI	Acute Respiratory Tract Infection
COR	Crude Odds Ratio
EDHS	Ethiopian Demographic Health Survey
FMOH	Federal Ministry of Health
HCP	Health Care Provider
HSB	Health Seeking Behavior
IRB	Institutional Review Board
LMICS	Low and Middle Income Countries
PPE	Proportional to Sample Size
UMR	Urban Mortality Rate
UNICEF	United Nation International Children's Emergency Fund
WHO	World Health Organizations

ABSTRACTS

Background - Health care seeking behavior has been defined as any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy when they have a health problem or illness. In most developing countries, the health of the children is strongly dependant on maternal healthcare behavior how ever there is few studies conducted to assess magnitude and factors associated to it .

Objective - To assess prevalence and factors affecting health seeking behaviors on common childhood illness among mothers with under five children in Dangila town, North West Ethiopia, 2015.

Methodology - A community based cross-sectional study was conducted among 273 mothers /care givers with under five children in Dangila town from April 15 to May 15, 2015. Sample size was allotted to each kebeles and systematic sampling technique was used to select study participants. An interview based structured questionnaire were used for data collections and pre-testing was conducted on 5% of sample size prior to the actual data collection process. The collected data was entered into Epi info version 7 and exported to SPSS version 20.0 for analysis and results was displayed with Frequencies distribution, binary and multiple logistic regressions was done. OR and 95% confidence interval was computed.

Results: A total of 273 respondents were involved with a response rate of 100 %. Among them, 224(82.1% o) were seek medical care from health institutions. Illness was mild 12(24.5%), lack of money (16.3%) and thought sickness is incurable (16.3%) were the major reasons for not seeking medical care. Mothers age (AOR=2.42(1.085, 5.399), age of children (AOR=6.96(2.85, 22.177), severity of illness (AOR=5.191(1.211, 22.608) and family number (AOR=6.442(2.054, 20.203) were identified as the major predictors of health seeking behaviors of mothers/caregivers.

Conclusions and Recommendations: Majority of the mothers/ caregivers preferred to take their children to government health institutions when sick. Age of children, mothers age, family number and severity of illness were main factors of health seeking behaviors . Therefore, health care services should be strengthened at community level through Community Integrated Management of Childhood Illness, Information, Education Communication / Behavioral Change Communication strategies to improve mothers‟ health care seeking behaviors.

Key Words= Health Seeking Behavior, Under five children's, common childhood illness and caregivers.

1. INTRODUCTION

1.1 Back ground

Behavior is the internal coordinated responses of individuals and groups to external and internal stimulus that it is changeable. Health or care seeking behavior defined as any action undertaken by individuals who perceived themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy. Health seeking behavior is preceded by a decision making process that is further governed by individual and/or household behavior, community norms and expectations as well as provider related characteristics and behavior. For this reason the nature of care seeking is not homogenous depending on cognitive and non-cognitive factors that call for a contextual analysis of care seeking behavior(1).

Care seeking behavior is the process of care seeking by individuals for improving the perceived disease and it is a reflection of the prevailing conditions, which interact synergistically to produce a pattern of care seeking but which remains fluid and therefore amenable to change . Health seeking behavior is complex and no one-single method may be used to explain or establish any pattern. The decision making for the treatment of seeking is a dynamic and continual process which can be affected with various factors. Prompt health-seeking is critical for appropriate management and for this reason, understanding the determinants of health seeking behavior becomes critical in the bid to provide client oriented services(2).

Treatment seeking behavior is a multidimensional issue in health care that various models offered about effective dimensions and factors on it. Some of these models can mention Rosenstock‟s health belief model, Andersen‟s health behavior model, and Young‟s choice-making model. All of these models have been attempted to conceptualize the treatment seeking behavior general dimensions and its affective factors. In spite of it is difficult to identify which determinants are most influential in the decision to utilize health care. Factors influencing both the choice to seek health care are culture, economics, access, perceptions, knowledge, belief in efficacy, age, gender roles, and social roles and the assessment of which health care option to utilize for prevention and treatment of illness(3).

1.2. Statement of the problem

Worldwide, around 6.3 million children under the age of five died in 2013. More than half of these early child deaths are due to conditions that could be prevented or treated with access to simple, affordable interventions. Pneumonia, diarrhea and malaria are leading causes of death in under-five children. Children in sub-Saharan Africa are more than 15 times more likely to die before the age of five than children in developed regions. About half of under-five deaths occurs only in China, Democratic Republic of the Congo, India, Nigeria and Pakistan. More than a third of all under-five deaths accounted by India (21%) and Nigeria (13%) (4).

In Ethiopia, under-five child mortality has substantially declined by 28.4% over the period of five years from 2005 up to 2011. However, the level of decline varies by household wealth category and level of mother‟s education . According to the result of Ethiopian demographic health survey (EDHS) conducted in 2010, the under-five mortality rates are higher among children from poor families than those from more prosperous families. Similarly, children whose mothers completed higher education had the lowest under-five mortality rate 24/1000 live births compared to children whose mothers had no formal education 121/1000 live births. There are significant variations between rural and urban settings with Urban mortality rate (UMR) in urban area estimated at 83/1000 live birth. Children are at greater risk of dying before age five if they are a mother denied basic education and poor households (5).

Although care seeking interventions have the potential to substantially reduce child mortality in developing countries, large number of children die without ever reaching a health facility and due to delays in seeking care. Inability to recognize potentially life-threatening conditions and pluralistic care-seeking practices were factors of caregivers to delays in seeking care. This delay could affect child health and can lead to complications that make the medical care less effective and may be useless. Treatments for common childhood illness like diarrhea, malaria and pneumonia are usually very effective if care is sought in time. However, the challenge is to implement on-going programs which educate caregivers to recognize when to seek care and which facilitate appropriate care seeking behavior (6, 7)

.

Therefore, morbidity and mortality from these diseases can be reduced when care is sought early. Ability of caregivers to recognize and seek appropriate care for these common childhood illnesses is instrumental in reducing child deaths in low-and middle-income countries (LMICs) and in reaching the Millennium Development Goal 4 target of reducing child mortality by two thirds by 2015. Appropriate medical care seeking can prevent a significant number of child deaths and complications due to ill health. The importance of caregivers‟ ability to recognize and seek appropriate care for their children is also one of the recommended key activities in the WHO‟s and UNICEF‟s Global Action Plan for the Control of Pneumonia and Diarrhea(8, 9).

Generally, there is a growing amount of literature on HSB and the predictors of health services utilization, especially in developing countries but there is no study conducted to identify associated factors that affect mothers/ care givers health seeking behavior in this study area.

There for the purpose of this study is to assess mother's/ care givers health seeking behaviors for common childhood illness and identifying associated factors in order to improve child survival.

1.3 . Significance of the study

Worldwide the most common causes of death in children less than five years are pneumonia, diarrhea, preterm birth complications and malaria which is similar to in Ethiopia and it is easily prevented by avoiding delay in health seeking behaviors . There is a few research conducted to assess factors affecting mothers/care givers health seeking behavior on common childhood illness in different regions of Ethiopia. Therefore this study helps on different area as follows.

- At the community level, information regarding service utilization and preferences can be used to improve the appropriateness of the medical and health care services offered.
- This study enables to understand how to influence caretakers‟ behaviors by identifying associated factors and it helps to seek appropriate care for their children without delay.
- Identifying associated factors that influences care seeking behavior is important to government officials to create awareness to the community through mass media and create the policies that improve good health seeking behavior in order to promote child health.
- Moreover, the information for the present study used as a base line for other researches who wants conduct further research and in general doing this research has paramount significant to bridging the information gap.

2. LITERATURE REVIEW

2.1 Common childhood illness

A study in India shows prevalence of diarrhea, fever and cough have 9.1%, 14.8% and 17.67% respectively. Nearly two-thirds of children with diarrhea and fever/cough received treatment were from private health care providers (HCPs) whereas one-third of the children did not receive any treatment. Children aged 1–2 years and those born at health facility (public/private) were more likely to be taken to any type of HCP during illness whereas wealthier households were 2.5 times more likely to choose private HCPs for any illness compared to poorer household (10).

A study in Pakistan shows that 24% of mothers were aware of the dangers of a child getting more sick while 27% and 12.8% of them were aware having fever and fast breathing or is not able to breast feed respectively. Only 5% waited at home for the illness to subside on its own. Although 90.1% of them sought 'appropriate" care for childhood illness, 69.4% of them were sought care from private doctors instead of government medical practitioners where as another study in Guatemala stated that mothers consulted treatment advice and sought help from older woman in the family were mainly for diarrhea (82%) and fever(64%) than cough(46%) (11, 12).

In Zambia, the most common childhood illness and the most leading cause of morbidity and mortality in children less than five years of age were diarrhea , pneumonia and malaria . Diarrhea (37.7%), fever (31.1 %) and cough (48.1 %) were the commonest symptoms reported in this study area but when come in to Ethiopia acute respiratory infection (ARI), fever, and dehydration from diarrhea are important contributing causes of childhood morbidity and mortality. According to EDHS 2011, 7 % of children under age five showed symptoms of ARI, 17 % exhibited fever, and 13% experienced diarrhea in the two weeks preceding the survey. Treatment from a health facility or provider was sought for 27 % of the children with ARI symptoms, 24 % of the children with fever symptoms and 31 % of children with diarrhea (13, 14).

Millennium Development Goal 4 (MDG 4) calls for reducing the under-five mortality rate by two-thirds between 1990 and 2015. Worldwide the most common cause of under five children deaths are pneumonia (18%), diarrhea(11%), preterm birth complications(14%) and malaria (7%). Among these causes nearly 90 % of child deaths due to pneumonia and diarrhea occur in

sub-Saharan Africa and South Asia whereas in Ethiopia, the leading causes of mortality in children under 5 years old are diarrhea (66%), pneumonia (15%) and ear infection (12%) were the most common illnesses (15, 16).

2.2 Health seeking behavior

Understanding health seeking behavior, health promotion programs worldwide have long been premised on the idea that providing knowledge about causes of ill health and choices available will go a long way towards promoting a change in individual behavior, towards more beneficial health seeking behavior. However, there is growing recognition, in both the developed and developing countries, that providing education and knowledge at the individual level is not sufficient in itself to promote a change in behavior.

In India, all the mothers were practiced preventive healthcare-seeking behavior where as regarding to curative aspect of healthcare-seeking behavior, among a total of 142 male children 68.3% of cases were received treatment at the public sector, 15.5% of cases were received treatment at private sector and 16.2% of the cases weren't received treatment. However, among the studied 114 female children 44.7% of cases were received treatment at public sector, 42.1% of cases weren't received treatment and treatment at private sector was 7.5%. Generally treatment received is highly influenced by gender(17).

A study done in Yemen shows that among 212 sick children 51.42% of them were sought medical care, but 9.91% of mothers/caretakers did nothing in response to illnesses when their children had faced a common childhood illness. Although seeking medical care was the most frequent HSB pattern in this study, it was not usually done as the first choice. The most frequent first response was purchasing over-the-counter drugs (37.74%). The mean length of time before seeking medical care was 3 days and mostly decision was made by both parents (35.38%) where as in western Nepal out of 292 children who had one or more symptoms, 88.4% received some kind of care outside the home, 8.9% 0f children received traditional/ home remedies and no care was sought for sick children was 2.7% . Among 69.8% of who sought care during childhood illness reported that the reason for seeking care was 'thought child's illness was serious' (6, 18).

A systematic review on recognition of and care seeking behavior for childhood illness in Developing Countries stated as a median of 73.0% (range: 5.3%–100.0%) of caregivers were sought care from a healthcare provider when their child was suffering from diarrhea, malaria or pneumonia and a median of 44.9% (range: 6.1%–100.0%) sought care from appropriate providers and the more severe caregivers perceived the child‟s illness to be, the more likely they were to seek care. In this review, with a median of 20.8% of caregivers seek care for pneumonia were consulted most frequently traditional healers in Africa. Cost , ease of access , and perceived severity or mildness of disease were reasons of consulting traditional healers. Majority of care givers were care seeking from pharmacies and drug vendors for malaria in Africa (median: 30.8%)(19).

A study in Nigeria shows out of 390 mothers/caregivers, 86.1% of children had symptoms suggestive of malaria, acute respiratory infections, diarrhea and measles. 65.7% of them were sought Care outside the home at the onset of symptoms, 34.3% were treated at home. Even though majority of them not treated at home, 68.6 % of them were attempt self treatment. Similarly a study done in Nairobi slums 60.5% of the sick children sought health care outside their home. Private clinics, drug shops/chemists, clinics run by faith - based institutions were the most popular destinations for child health care seeking in slum respectively where as public clinics and hospitals are not primary sites for health care seeking. Health care seeking was highest for the youngest age group (62.9%) and slowly declined thereafter for older groups, where it reached 42.5% for children older than 4 years(20, 21).

Another study done in rural community of Kenya around 32.4 % of care givers were seek care by Purchased drugs, 30.4% seek medical care and 12.1 % did nothing when their children faced a health problems. In this study, most mothers did nothing as their first response to the symptom of illness experienced by their children regardless of perceived severity. Generally in this study families are more likely to seek treatment when a child experiences fever, diarrhea and vomiting as compared coughs (22).

In Ethiopia, a study done on a community based comparative cross – sectional study shows that the health care seeking behavior of mothers for common childhood illness in urban was 84.8% . Majority of respondents recognize the severity of the symptoms and prefer modern over traditional care and self treatment. The least frequent action of mothers/ care givers is self

treatment at home which accounts .4%. Another community based cross sectional study done in Oromiya region on health seeking behavior for childhood illness, 87% of mothers sought medical care when their children were sick and mostly care seeking was started on the second and subsequent days. Worsening of illness initiated almost all mothers to visit health facility. Trying of home care including traditional treatment, lack of money and access to health facilities were the possible reason of delaying to seek care where as a study in BahirDar, 73% of them were sought medical care when their children is sick (23-25).

In slums, among 439 mothers / care givers, 90% of them sought health care services during their children‟s illness, 50% of them consulted drug sellers of medicine shops during their children‟s illness, 9.1% of the respondents did not seek any health care. Main reason for not seeking medical care were waited for self recovery 65.7%, had lack of money 52.5%, did not receive any advice to receive treatment 12.55 and 7.5% respondents did not feel that treatment was necessary. [Educated mothers/caregivers were highly significant with health seeking behavior compared to non educated ones](26).

2.3 Factors affecting health seeking behavior

Andersen and Newman framework of health services utilization to develop a behavioral model that provides measures of access to medical care explains an individual's access to and use of health services is considered to be a function of three characteristics: This are, Predisposing Factors like socio-cultural characteristics of individuals that exist prior to their illness, education, occupation, age and gender. Enabling Factors like logistical aspects of obtaining care , means and know how to access health services, income, travel available health personnel and facilities, and waiting time. Need factors like most immediate cause of health service use, from functional and health problems that generate the need for health care services(27).

A systemic review done in developing countries shows that geography factors (urban care givers are more likely to seek medical care than rural), severity of illness (mothers more likely to seek medical care when disease conditions more sever), socioeconomic status and cost of health care, and gender were main factors influencing care seeking for childhood illness. Gender (studies in Kenya, Ethiopia, Pakistan and Sri Lanka found no significant difference in care seeking rates between male and female children whereas studies carried out in Indonesia and Burkina Faso, however, found that cares were more likely to seek care for boys than girls whereas in India, Factors like mass media exposure of mothers, literacy status of mothers, below poverty line card holder mothers, and those residing in joint family structures (17, 19).

According to a research done in Yemen, main reasons of mothers/care givers for not seeking medical care were illness was mild (39%) and illness is not for medical treatment (31%). Thought the illness was mild/will resolve by itself was main reason for delaying seeking medical care for more than 3 days(66.32%) . This study shows that caretakers with secondary school education were six times more likely to seek medical care than non educated ones. Perceiving illnesses as severe was five times more likely to be associated with medical care seeking as compared to not severe.(6).

In Kenya, the main reasons behind the failure to seek health care outside the home were lack of money (49.6%) and a perception that the illness was not serious (28.1%). Health care seeking was highest for the youngest age group(62.9%) and slowly declined thereafter for older groups, where it reached (42.5%) for children older than 4 years. Private clinics, drug shops/chemists and clinics run by faith-based institutions were most popular area of mothers/care givers to seek care

whereas public clinics and hospitals are not primary sites for health care seeking by slum residents while study in Nigeria, mothers income(90%), age of mother (old mothers are more experience to identify sick children), educations (Educated women tend to more likely to seek help when a child is ill), mothers‟ occupation determines when and where their child will be taken to in order to receive and health care when sick, type of support (Mothers have highly financial support are more likely to seek care (60%) than psychological support) were main predictors of mothers towards seeking care for their children while a study (22, 28).

A study done in Oromiya region, Derra district shows that lack of money (36%), far distance from health facility (27.7%) and perceived illness was not serious (25.3%) as presented were mothers‟ main reasons for not seeking care from health facilities . In this study mothers who live in urban area and who had good knowledge about childhood illnesses were more likely to seek care from the health facilities than the others.(24).

The study done in north west Ethiopia residence effects on health seeking behavior , the main reason for not seeking health care was Perceived disease resolves by itself (56.7%), lack of money in urban 24 % and illness was not sever enough 18% . Gender (mothers had male children were more likely to seek health care than who had female), residence (urban mothers seek health care more), age and occupation of the mothers', educational level of the fathers , wealth quintiles, age of child and types of reported illness were predictors of health seeking behavior whereas in Amhara region the most important reasons for not visiting health institutions were believed that the disease did not need treatment in health institutions (31.9%), bought drugs from drug vendors (27.2%), visited traditional healers (20.2%) and Used holy water (10%) (23, 29).

2.4. Conceptual frame work

This conceptual frame work is adopt from Yemen(6) and the variables that affects the outcome variable are broadly classified as sociodemographic characteristics, characteristics of illness, health service characteristics and belief of traditional practices, self treatment and pharmacies or drug sellers**.**

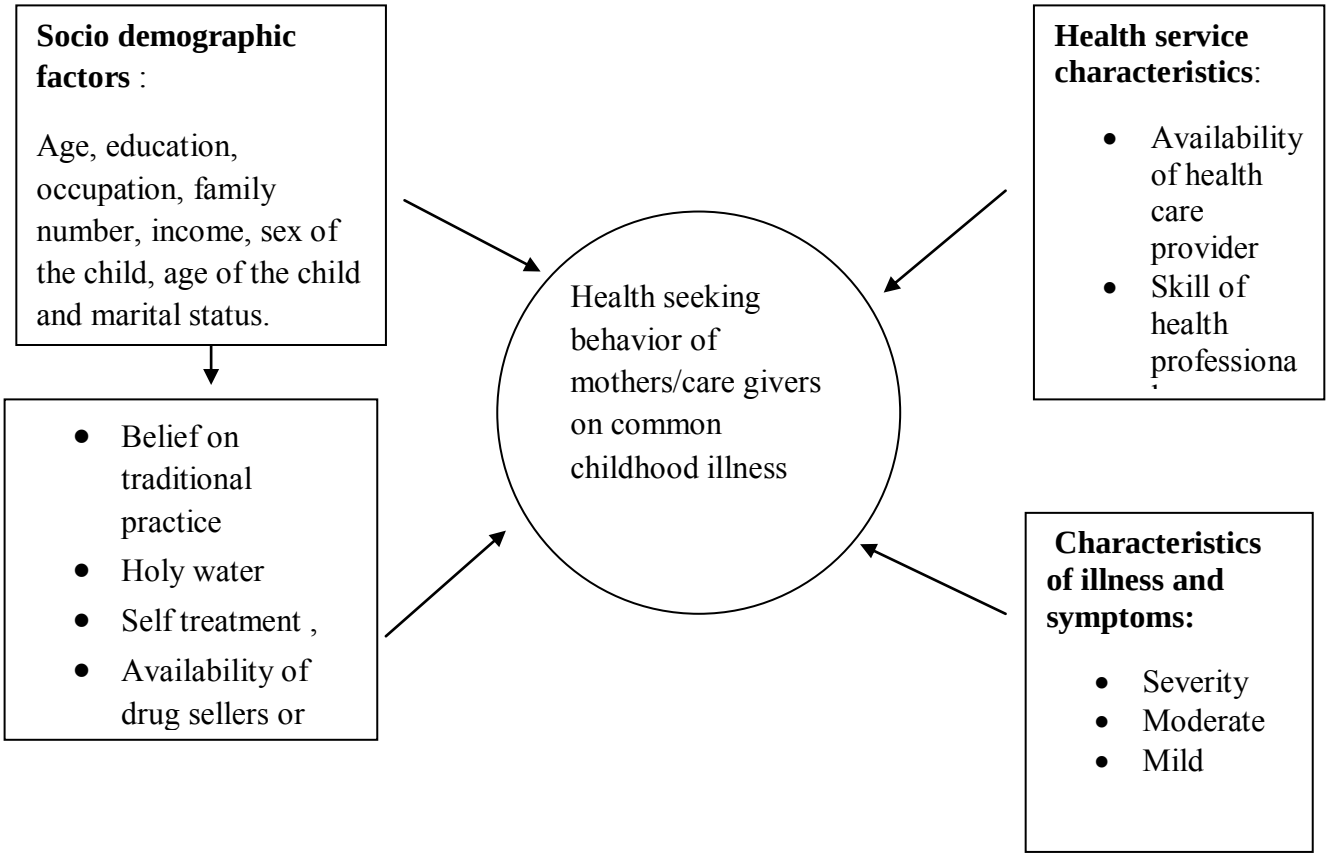

Figure . Conceptual frame work adopted from literature review and research done by Hana Hassen in Yemen 2013 was modified based on Ethiopian context.

3. OBJECTIVE

3. 1 Genera objective

- To assess prevalence and factors affecting health seeking behavior on common childhood illness among mothers/caregivers with under five children in Dangila town, Northwest Ethiopia, 2015.

3.2 Specific objective

- To determine prevalence of health seeking behaviors of mothers or care givers for common child- hood illnesses.
- To identify associated factors affecting health seeking behaviors among mothers with under five children for common childhood illnesses.

4. METHODS

4.1 Study area and period

The study was conducted in Dangila town, Awi zone, Amhara Regional State, Ethiopia. Dangila town is located 485 kilometers (k.ms) north west from Addis Ababa and 78 km from BahirDar, capital city of Amhara region. The town has five kebeles. Most of the climatic condition of the district is woynadega. According to information obtained from the woreda office, the total population of the town was 30147 and total households were 5256. Out of these 1937 were under five children. The town had one health center and two private clinics which have been promoting to health. The study period was from April 15 to May 15, 2015.

4.2 Study design

A community based cross-sectional study design was employed.

4.3 Source population

All mothers /care givers who had under five children in Dangila town.

4.4 Study population

Mothers / care givers who had under five children present in their home during data collection period in Dangila town.

4.5 Inclusion and Exclusion criteria

- **Inclusion criteria:-**

  Mothers/ care givers who had under five children in selected kebeles

  History of common childhood illness within one month.

- **Exclusion criteria:-**

  Mothers/care givers that had serious mental problem and those who were sick.

  Mothers/caregivers with under five children's had got illness other than common childhood illness.

4.6 Sample size determinations

The sample size was determined by using single proportion formula.

$$n = \frac{Z(\alpha/2)2 * p(1-p).}{d^2}$$

The following assumptions was considered: -

"n" was the required sample size

"Z" was a standard score corresponding to 95% confidence level

"P" the proportion of mothers health seeking behavior for common childhood illness and , there was a study done in BahirDar that states mother's health seeking behavior for common childhood illness was 73% (25).

; "d '" was the margin of error 5%

10% allowance for non-responses were taken.

$$n = z_{a/2}^2 . p(1-p)/d^2 = (1.96)^2 \text{ x.73 x.27 / } (0.05)^2 = 303$$

- Since the total household was less than 10,000, correction formula was used and the minimum sample size required become.

$$\frac{N * n}{N + n} = \frac{1400 \text{ X}302}{1400 + 303} = 248$$

- and times 10 % non response is equal to 273 households which had under five children were selected.

4. 7 Sampling technique and sampling procedure.

A total of 273 households were distributed to proportion to sample size in each kebeles. Household numbers were taken from health extension workers and made sampling frame from it. Then Systematic sampling technique was employed for households selection from each kebeles. The first household in the first 5th interval was selected by simple random lottery methods and start from that house every five households was selected . But the selected households didn't full fill inclusion criteria next household in the left direction was used. There were sick at the same time, the youngest child was considered.

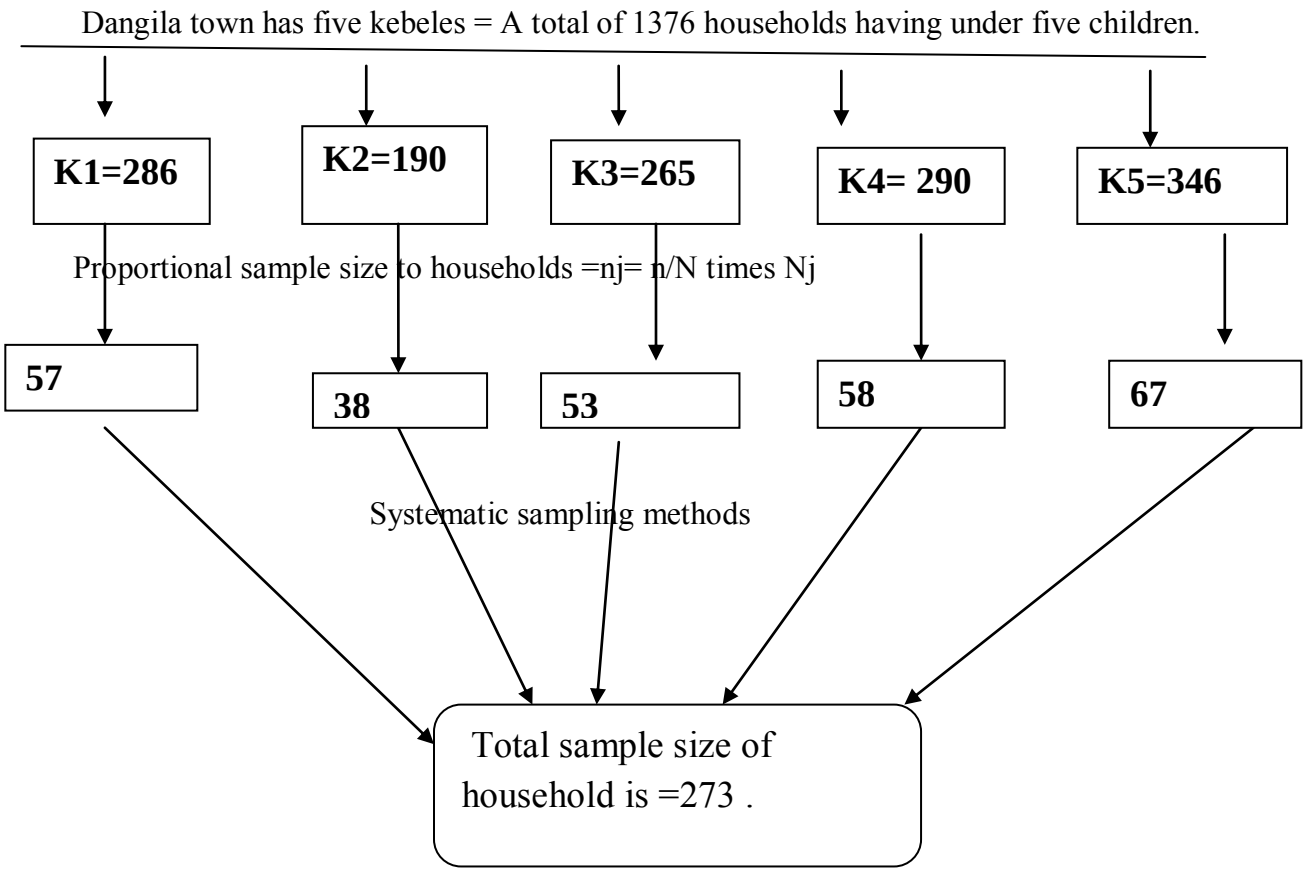

Figure . Schematic presentations of household selections which has under five children in Dangila town, 2015.

4.8 Data collection tools and procedures

Structured questionnaire was used to collect the data. The questionnaire had three parts: part I , sociodemographic characteristics of mothers/care givers(11), part II, health seeking behavior of mothers/care givers(4), and part III factors affecting of mothers/care givers health seeking behavior (5). Questionnaire was adopted from previous researches done in Yemen(6) with permissions and this questionnaire was modified according to Ethiopia context. English version of the questionnaire was translated in to Amharic language for better understanding by the data collectors and respondents and back to English versions.

Consistency was checked by translating the Amharic version back to English by another individual fluent in both languages. Data was collected using face to face interview after receiving verbal consent from the respondents. The time needed to complete the interview was from 15-30 minutes.

4.9 Data collectors

Data collectors were four health extension workers those were working in Dangila town and two Diploma Nurses. Two BSC Nurses working from Dangila health center for supervision activities. Training was given for data collectors and supervisor for two days on method of extracting the needed information through interviewing, how to fill the information on a structured questionnaire and the ethical aspect in approaching the care givers which was in a polite and respectful manner. The interviewers were collected the information based on the given guide line using a structured questionnaire. The supervisors were monitored the data collection process of the interviewers and solved problems by themselves and with the principal investigator.

4.10 Data quality control

In order to achieve a good data quality: Questionnaires was prepared in English and translate into Amharic language and then back to English to keep its consistency.

Data collectors were selected based on profession and previous experience of data collection. Pre-testing was conducted on 5% of sample size prior to the actual data collection process in Durebetie town. Then a pretested structured questionnaire was used to collect data on care seeking behavior of mothers/care givers of under five years of age and factors affecting of it.

Training was provided to selected data collectors for two days about the objective and process of data collection. Vague points and other problems encountered about the questionnaire given explanations and clarifications. Closer supervision was undertaken during data collection.

Every questionnaire was crosschecked daily by the supervisors and the principal

investigator.

Problems on data collection or doubt was discussed over night with data collectors and the supervisors and clarified with them.

4.10. Data processing and analysis

After data collection, each questionnaire was checked for completeness and coding was given at the right margin of the questionnaire followed by almost all variables in the questionnaire. The template scheme for data entry was developed and pre-tested for ranges, skipping patterns and allowed legal values by entering about 15 questionnaires. After this validation the principal investigator was sorted the data using EPI INFO version 7 and then the data was exported to SPSS version 20.0 statistical software packages for data cleaning and analysis.

Frequencies, percentage, bar graph and pie chart was used to describe the study participant in relation to relevant variables. The degree of association between independent and dependent variables were assessed using crude odds ratio with 95% confidence interval or with respective to p-value. Consecutively multiple logistic regression analysis was performed to control the potential confounding variables under the study to identify the independent determinant factors.

4.13 Variables

4.13.1 Dependent variable

- Health seeking behaviors of mothers/care givers.

4.13.2 Independent variable

- Socio demographic characteristics of mothers/ care givers : Age, marital status, education, occupation , family number and income.
- Socio demographic characteristics of children: age of child and sex of child.
- Characteristics of illness : the severity and symptom type : sever , mild and moderate.

- Health service characteristics :Availability of health care provider and skill , cost and waiting time.

4.14 Operational definitions

- **Health seeking behavior**: Mother's/caregiver's first response was visiting health institutions when their child has got common childhood illness.

4.14 Ethical considerations

Ethical approval was obtained from the department of Nursing and Midwifery, Addis Ababa University. A formal letter was written to Dangila town health bureau for permission and support. The town health department had also written a letter to all concerned bodies**.** At each level the aim of the study was explained for community leaders and heads of the house- holds and informed oral consent was obtained. Additionally, during the data collection at each selected household the aim of the study was clearly explained for the heads of the households and for mothers/caregivers of children of under five years of age. Respondents was assured about the confidentiality of the information they provided as well as their right to withdraw at any time during data collection.

4.15. Dissemination of result

The result of this study submitted to Department of Nursing and Midwifery, School of Allied Health Sciences, College of Health Sciences, Addis Ababa University. The study result will be submitted to Dangila town Health Administration, Awi Zonal Health District and Amhara Region Health Office. Effort will be made to present the result in locally or internationally held conferences and meetings. For the publication purpose, the abstract of this thesis will be submitted to national or international peer reviewed medical journals.

5. RESULTS

5.1. Socio demographic characteristics.

In this study, 273 mothers/caregivers were interviewed and majority of study participants 268 (98%) were biological mothers of the selected child, 102 (37.4%) were in the age group of 25 to 29 years with mean age of 28, 173 (63.4%) were from the Amhara ethnic groups, and 220 (80.6%) were Orthodox Christians. Sixty six (24.2%) were unable to read and write, 220 (80.6%) were married, 134(49.1%) were house wife's, 99(36.3%) were monthly income of greater than 2000 birr, 249 (91.2%) were family members less than or equal to five and 229(83.9%) were mothers/care givers having one under five children.

With regard to the socio demographic characteristics of the youngest under five years of children, 146 (53.6) were female and 190(69.6%) were in the age group above 1 years. *(Table 1).*

Table - . Socio demographic characteristics of mothers/caregivers and under five children's in Dangila Town, Northwest Ethiopia, 2015.

Variable	Frequency(N=273)	Percent(%)
Age of mothers/caregivers		
<25 years	55	20.1
25-29 years	102	37.4
30-34 years	65	23.8
≥35 years	51	18.7
Age of child		
≤1years	83	30.4
>1-5 years	190	69.6

Sex of children		
Male	127	46.5
Female	146	53.5
Marital status of mothers.		
Married	220	80.6
Divorced	43	15.8
Widowed	10	3.7
Religion of Mothers/care givers.		
Orthodox	220	80.6
Muslim	53	19.4
Ethnicity of mothers/ caregivers		
Amhara	173	63.4
Tigray	3	1.1
Oromo	7	2.6
Awi	89	32.6
Others	1	.4
Educational status		
Unable to Write and read.	66	24.2
Read and write	37	13.6
Primary school	40	14.7
Secondary school	58	21.2

12^{+}	72	26.4
Occupation of mothers/ care givers.		
House wife	134	49.1
Government work	48	17.6
Merchants	62	22.7
Labor worker	29	10.6
Monthly income.		
≤500	3	1.1
501-1000	54	19.8
1001-1500	56	20.5
1501-2000	61	22.3
>2000	99	36.3
Family members		
≤5	249	91.2
>5	24	8.8
Number of under five children		
1	229	83.9
≥2	44	16.1

5.2. Health seeking behavior

The overall four weeks proportion of common child hood illness mostly complained by mothers/care givers were cough 70(26%), fever65(24%) and diarrhea55 (20%). Among 224 mothers/caregivers, 177(90%) of mothers made decision for seeking medical care when their children had got illness while only 17(7.6%) of decision were made by fathers. *(Table2).*

Table - . Proportion of common childhood illness among mothers/caregivers with under five children's in Dangila Town, Northwest Ethiopia, 2015.

Variable	**Frequency(N=273)**	**Percent(%)**
Complains of mothers/care givers.		
Cough	70	26
Difficulty of breathing	31	11
Fever	65	24
Diarrhea	55	20
Ear infection	8	3
Two and above symptoms	44	16
Decision makers for medical treatment		
Mothers	177	79.0
Fathers	17	7.6
Grand parents	5	2.2
Both mothers and fathers.	25	11.2

Out of 273 sick children , 179(65.6%) and 45(16.5%) were sought medical care to government and private health intitutions respectively, while 12 (4.4%) caretakers did nothing in response to illnesses . (Fig3).

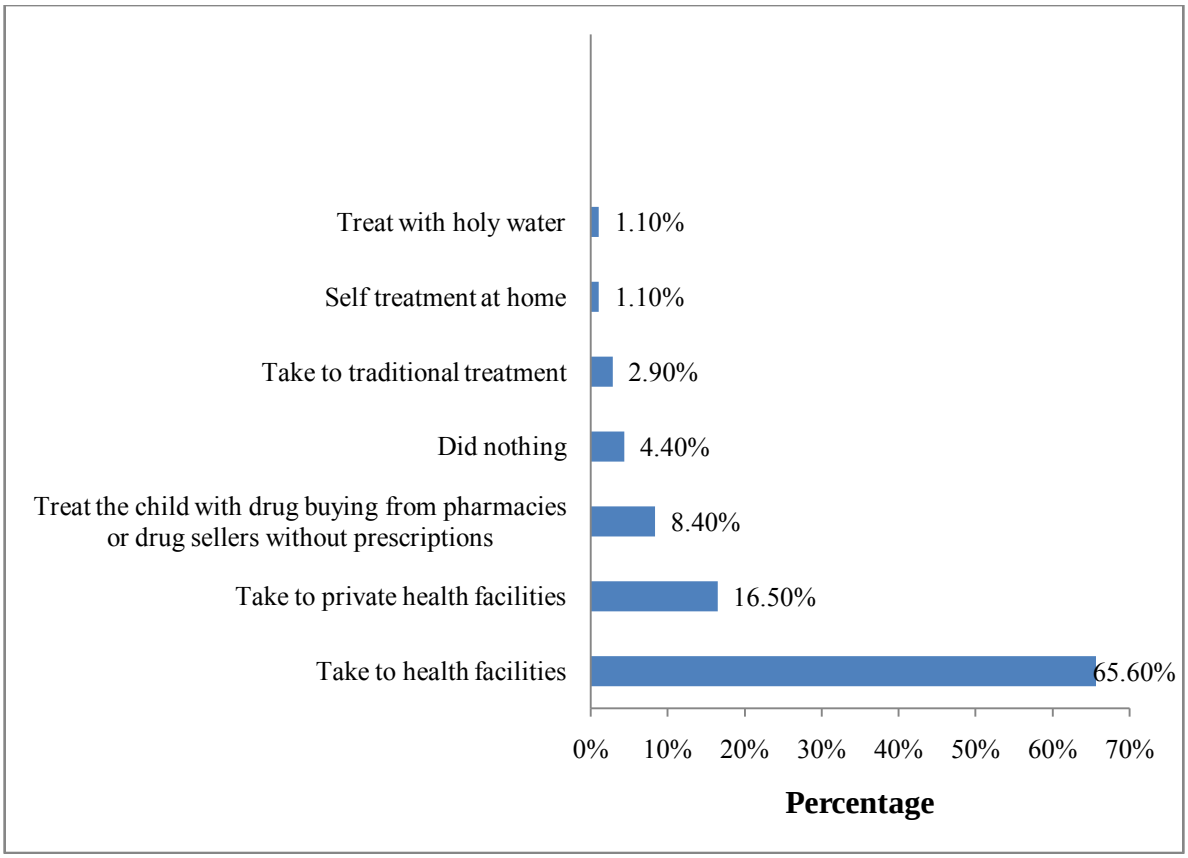

Figure . Health seeking Behavior of mothers/care givers distribution of care among their children with common child hood illness in Dangila Town, Northwest Ethiopia, 2015.

Among 273 mothers/caregivers, 224(82.1%) were seeks medical care when their children had got illness, where as 49(17.9%) of the mother/ caregivers not attempted to seek health care to their children (Fig 4).

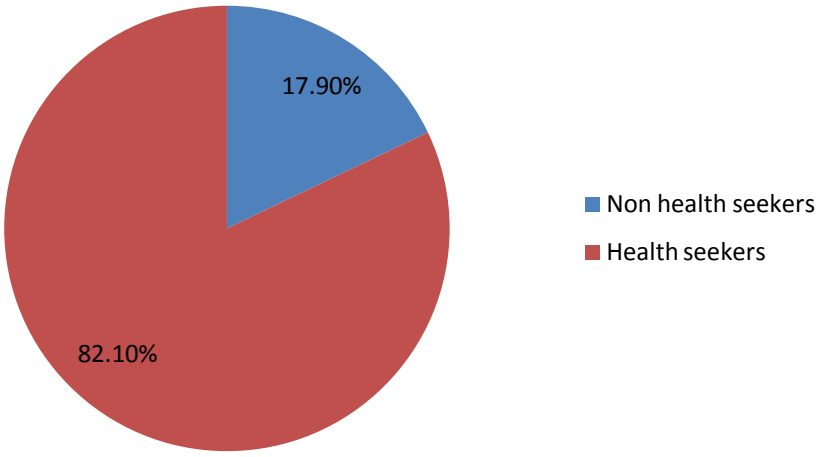

Figure . Prevalence of health seeking behaviors on common childhood illness among mothers / caregivers having under five children's in Dangila Town, Northwest Ethiopia, 2015

Of the total medical treated episodes of illnesses, care was sought After first day of perceived onset of illness were 104(46.4%) . For the rest, 51(22.8%) and 39 (17.4%) of episodes of illnesses, care seeking was started on the same and after two days of perceived onset of illnesses respectively. The mean length of stay of mothers /caregivers for seeking medical care were two days onset of childhood illness. Fig(5).

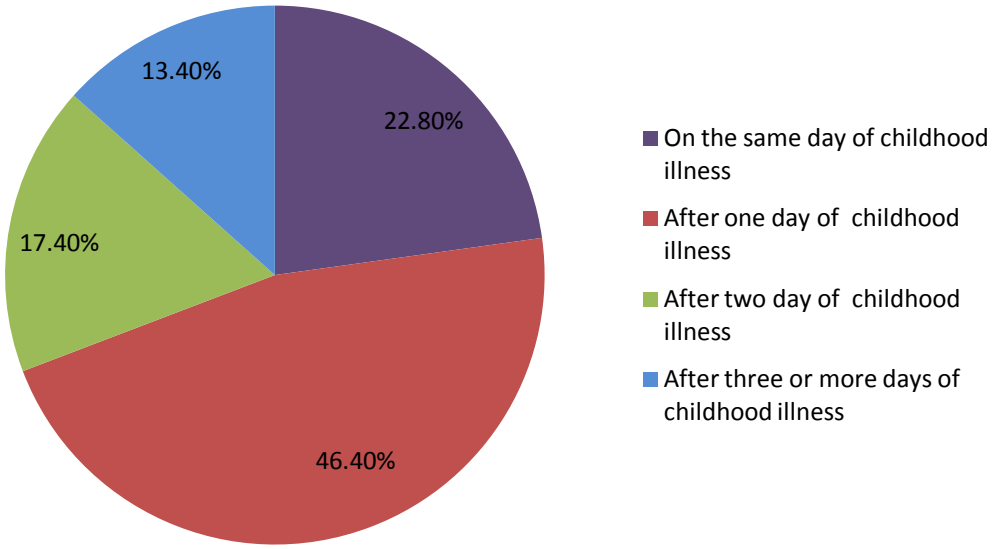

Figure . Perceived illness stayed for medical care among mothers/care givers having under five children's for those had common childhood illness in Dangila Town, Northwest Ethiopia, 2015.

Regard to perception of illness, 129(47.3%) were perceived their childhood illness was moderate, 156(57.1%) were identify the severity of illness by viewing different symptoms, 8(2.9%) were taken their child to traditional healers for treatment and 3 out of 8 individuals uses traditional treatments because they believed that disease doesn't cure by medicine.*(Table 3).*

Table .Perception of mothers/caregivers about severity of common childhood illness among mothers/caregivers having under five children's in Dangila Town, Northwest Ethiopia, 2015.

variable	Frequency(N=273)	Percent(%)
Perception of mothers/caregivers about severity of illness.		
Severe	125	45.8
Moderate	129	47.3
Mild	19	7
Mothers/caregivers ways of identification for the severity of children's disease.		
By combined symptoms of the disease .	156	57.1
My child refused to eat	59	21.6
The illness continue for long time	58	21.2
Mothers/ caregivers wants to seek care by traditional healers.		
No	265	97.1
Yes	8	2.9
Main reasons mothers/caregivers to select traditional healers.		
Don't get cure from medical care	3	37.5
Treatment is effective	3	37.5
Because family recommend to it	2	25

Mothers / care givers main reasons for not seeking care in health facility were perception of the illness was mild 12 (24.5%), thought sickness is incurable and lack of money which accounts 8(16.3%). (Fig 6).

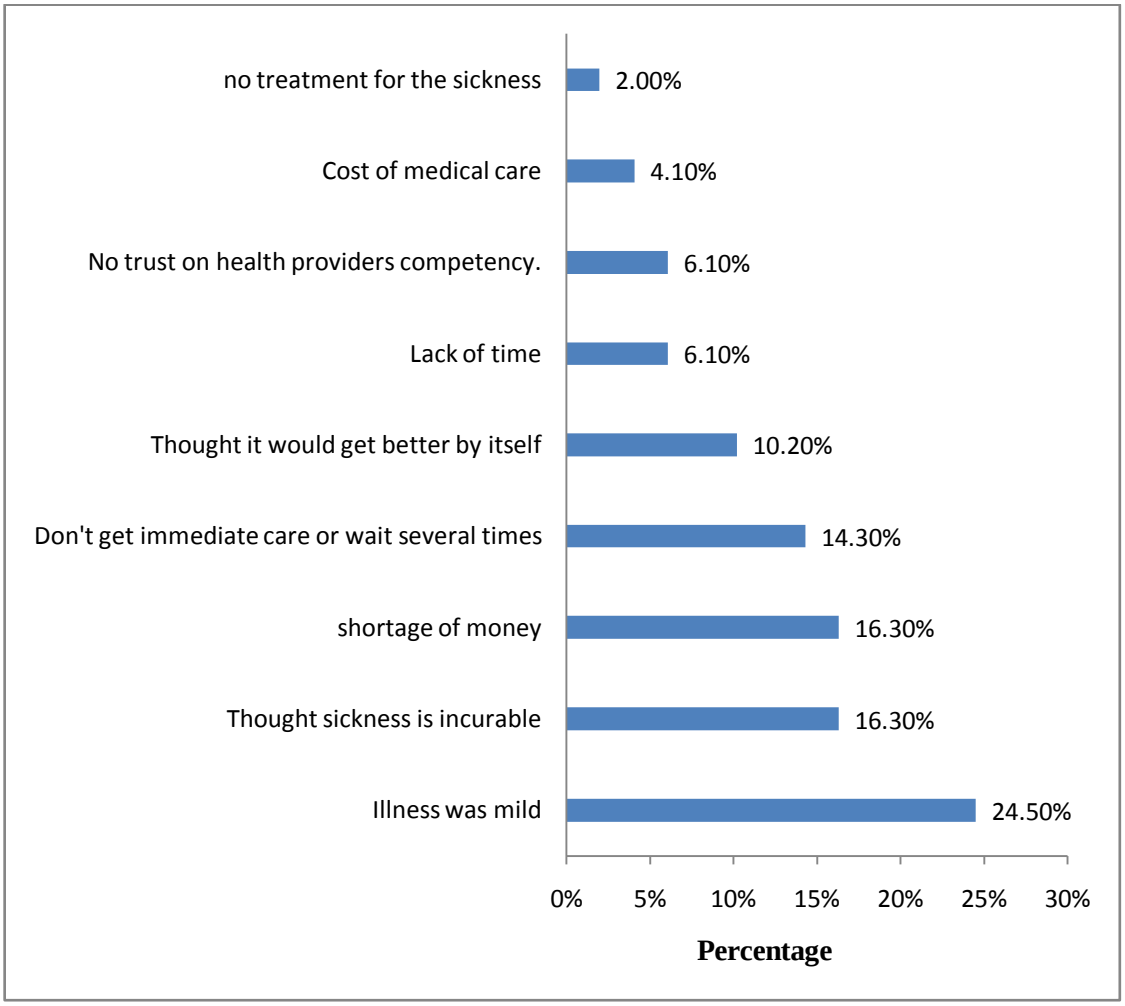

Figure . Main reasons of mothers/caregivers for not seeking medical care in Dangila Town, Northwest Ethiopia, 2015.

5.3. Factors affecting health seeking behavior of mothers/caregivers on common childhood illness.

In bivariate logistic regression analysis; age of mothers/caregivers, parental occupational status , marital status, age of children's, family number and disease characteristics were statistically associated with health seeking behavior with p-value <0.05 at 95% C.I.(Table 4).

After bivariate analysis only those variables which were significantly related (p- value <0.05) were entered for further multivariate analysis.

After adjusting for potential confounders in multivariate logistic regression analysis; only age of mothers/caregivers, age of children's, family numbers and severity of illness were significantly related with health seeking behavior . But marital status and occupational status weren"t significantly associated with health seeking behavior in multivariate analysis.

Mothers/caregivers age for those had greater than or equal to 28 years of age were 2.42 times more likely to seek medical care than those having less than 28 years [AOR =2.42(1.085, 5.399)]. Mothers/care givers who had children less than one years of age were 6.96 times more likely to seek medical care than those having greater than one year's [AOR=6.96(2.85, 22.177)].Number of family less than or equal to five members having 6.442 times more likely to seek medical care compared to those having greater than five members[AOR= 6.442(2.054, 20.203)] and mothers/caregivers perceived their child hood illness was sever around five times more likely to seek medical care compared to illness was mild[AOR=5.191(1.211, 22.608)]. *(Table4).*

Table . Association of socio-Demographic Characteristics of mothers/caregivers and characteristics of illness with their health seeking behavior, in Dangila Town, Northwest Ethiopia, 2015.

Variables	**Health Seeking Behavior**		**COR (95% CI)**	**AOR(95%CI)**
	Yes Freq. (%)	No Freq. (%)		
Mothers age				
<28	94(34.4)	30(11)	1	
≥28	130(47.6)	19(7)	2.184(1.16-4.112)*	**2.42(1.085, 5.399)****
Age of children's				
≤1 years	79 (28.9)	4(1.5)	6.129(2.126-17.669)*	**6.96(2.85,22.177)****
>1-5 years	145(53.1)	45(16.9)	1	
Marital status of mothers				
Married	189(69.2)	31(11.4)	4.065(1.085, 15.229)*	6.285(.899, 43.934)
divorced	29(110.6	14(5.1)	1.381(.335, 5.695)	1.686(.230, 12.363)
widowed	4(1.5)	6(2.2)	1	
Number of family members				
≤5	210(76.9)	39(14.3)	3.846(1.594, 9.278)*	**6.442(2.054, 20.203)****
>5	14(5.1)	10(3.7)	1	

Occupation of mothers/caregivers				
House wife	110(40.3)	24(8.8)	2.062(.837-5.084)	1.021(.291, 3.591)
Government work	44(16.1)	4(1.5)	4.950(1.36-18.00)*****	2.823 (.575, 13.853)
Merchant	50(18.3)	12(4.4)	1.875(.084-5.137)	.914(.239, 3.503)
Labor worker	20(7.3)	9(3.3)	1	
Severity of illness				
Sever	118(43.2)	7(2.6)	6.02(1.683- 21.532) *****	**5.191(1.211, 22.608)****
Moderate	92(33.7)	37(13.6)	0.888(.299- 2.641)	.741(.211 , 2.596)
Mild	14(5.1)	5(1.8)	1	

Note:

* Statistically significant on bi-variant logistic regression analysis.

** Statistically significant on multi-variant logistic regression analysis.

6. DISCUSSION

This study aimed to assess prevalence and explore factors affecting health seeking behavior on common childhood illness among mothers/care givers having under five children in Dangila town, Northwest Ethiopia .

Nearly a third of mothers/care givers participated in this study were between the age of 25-29 years with the mean age of 28 years. This result was comparable with a study conducted in Yemen(6).

The current study shows 26%, 24 % and 20% of their children had cough, fever and diarrhea respectively. This finding is similar to Pakistan, 27% of them had fever but lower compared to study done in Zambia, 37.1% and 31.1% of them had diarrhea and fever and higher to India, 9.1%, 14.8% and 17.67% of their children had diarrhea, fever and cough (11,13,10).

Of all the mothers/caregivers, 82.1% of them were seek medical care. This finding was similar to study done in north west Ethiopia, 84.4% of them were seek medical care(23), higher than the research done in Yemen, 51.42% of them were seek medical care (6). However it is lower with a study done in Oromiya region Ethiopia, 87% of them seeking medical care and Urban slum, 90% 0f mothers/caregiver sought medical care (24, 26). This difference may be related to the socio-demographic characteristics like educational status, culture, economical status and study period.

The least frequent action in this study was self-treatment at home and treatment with holy water which accounts 1.09% . This finding was similar to study carried out in North west Ethiopia only 0.4% of them treat illness at home(23) but contrast to other studies done in Nigeria, 34.3% of them were treated at home(20). This difference may be related to the presence of health package policy in Ethiopia like Health Extension programs serve the community in different ways like providing health related information's about illness and treatments of diseases. Probably this may be also child and maternal health service had received government attention currently and health education has been given at large level to the parents regarding children‟s health . As a result, they might not use self treatments at home.

In this study, 177(79%) of mothers were decision makers for seeking medical care which is comparable to other studies and the mean length of stay for treatment is two days. This result is similar to study done in Oromiya region Ethiopia (24) mean length of stay for medical treatment is two and subsequent days, slightly faster compared to study done in Yemen shows most of mothers seek medical care for three days after onset of illness (6). This could be due to sociodemographic characteristics and health seeking behavior differences. This may also related to expansion of urban health extension programs creates awareness to the community about importance of early health seeking behaviors.

Considering the factors affecting HSB, age of mothers, age of children, family number and severity of illness are predictors of it in this study . Studies done in Nigeria and Ethiopia(28,23) had reported a positive relationship between maternal age(older one) and HSB, which is in agreement with the present study. The finding of this study shows that mothers/caretakers age greater than 28 years around 2.42 highly to seek medical care than those have lower age groups. This implies that the age of mothers increases, the better HSB and this could be related to life experiences that helps to easily identify type of illness and have an exposure or knowledge about treatment options to seek medical care than young mothers.

The second factors that determine health seeking behaviors in this study was age of children's. Mothers/caregivers who had infants were around seven times more likely seeking medical care than those have children's. This finding is comparable to study done in Kenya health care seeking was highest for the youngest age group(62.9%) and slowly declined thereafter for older groups,42.5% (22) and study conducted in North west Ethiopia (23). This may be due to young infants were highly vulnerable to common childhood illness than elder ones and mothers/care givers more sicker due to frustration of illness or perceived the illness was more sever.

Number of family members those have less than or equal to five members around six times higher to seek medical care compared to those have greater than five members. This results comparable to study in India factors like below poverty line card holder mothers and those residing in joint family structures are predicting health seeking behaviors(17). This may be related to economy of the family and shortage of money for medical treatments.

In the current study, mothers/caregivers perceived illness was severe five times more likely to seek medical care than mild ones and this finding is similar to a systemic review done in developing countries, study carried out in Yemen and Kenya (mothers more likely to seek medical care when disease conditions more sever) (19, 6, 22). This difference related to mothers/ care givers were not seek care is they perceived their children illness was mild and believed it is improve by itself and wait until the children shows different manifestations and complications.

Probably majority of mothers/ care givers were seek medical care after two and consecutive day onset of child hood illness and it may lead to complication or aggravate the severity of illness.

According to this research the main reasons for not seeking medical care was they percived illness was mild 12 (24.5%), thought sickness is incurable by medicine and shortage of money which accounts 8(16.3%) and 2% of them belived no treatement for sickness and this is an agreement with studies in Yemen illness was mild (39%), illness was not for medical treatment (31%) but contrast to studies conducted in Amhara region the disease did not need treatment in health institutions (31.9%) and bought drugs from drug vendors (27.2%) and another study conducted in Northwest Ethiopia Perceived disease resolves by itself (56.7%), lack of money in urban 24 % (29, 23).

7 :STRENGTH AND LIMITATIONS

7.1. Strength;

- ✓ In this study 100% response rate was obtained.
- ✓ The research with this thematic area (will no done before in this area) give appropriate information about health seeking behaviors of mothers/caregivers.

7.2. Limitations;

- Qualitative study was not incorporated.

8. CONCLUSION AND RECOMMENDATIONS

8.1. Conclusions

The overall health seeking behaviors of mothers/ caregivers were 82.1%. Caretakers‟ age, age of children's, family number and severity of illness are major factors that determine mothers/caregivers of Health Seeking Behaviors. The main reason's of mothers/caregivers were not going to health institutions were they perceived illness was mild, shortage of money and thought sickness was incurables by medicine.

8.2: Recommendations

To FMOH and Policy makers

- They should inform the district health office to initiate and facilitate family planning usage to the community.

Health care professionals

- Education, support and counseling should be given to community at large and particularly to the women regarding the importance of seeking medical care.
- Crate an awareness to the community in order to use Health insurance.
- Health extension workers should give health education about childhood illness in religious, schools and meetings of the community in order to increase awareness of mothers/care givers about common childhood illness.

To Researchers

- Further national wide research (quantitative and qualitative) should be done including children‟s characteristics.

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ANNEX

Annex-I : Information sheet and consent form

I am a Master‟s student from Addis Ababa University, currently carrying out my research on „factors affecting health seeking behaviors on common childhood illness among mothers with under five children in Dangila, Awi zone, Amhara region, Ethiopia .

You are randomly selected to participate in the study. The interviewer asks for verbal consent from each mother/caretaker, who meets the inclusion criteria, to take her agreement to participate. The interviewer clarifies for each respondent the purpose of the interview, which is simply to know: How does the caretaker act when her child under five years of age gets sick? We also confirm that we respect the privacy of respondents, and the collected data will be used for the purpose of scientific research only.

Informed consent

I will be explained all information and procedures that are part of this research study .I have understood the same. I understand that the research will be imposes no risk on my life and therefore no compensation would be provided.

I hereby agree to participate in this research study and give my voluntary consent. I hereby also give rights to the researcher for collecting the data that are required for the study.

Agreed _____ Disagreed_____

Name of the interviewer: _____Sign. _____Date of interview_____

Name of the supervisor: _____ Sign. _____ Date_____

Principal investigator: Amare Belachew

Address: phone: 0913 83 83 68 or 09 34 57 88 54

Email: dagnewamare@gmail.com

Annex II: English version questionnaires

Section 1:- General information about child and mothers / care givers sociodemographic characteristics.

101	Age of mother/ care giver.	1. <25 years 2. 25-29 years 3. 30-34 years 4. >35 years	
102	Age of the child	1. ≤ 1years 2. >1 years	
103	Sex of the child	1. Male 2. Female	
104	Marital status	1. Single 2. Married 3. Divorced 4. Widowed	
105	Religion of mothers/care givers	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other(specify---)	
106	Ethnicity	1. Amhara 2. Tigray 3. Oromo 4. Awi 5. Other (specify….)	
107	Educational status of	1. Unable to read and write.	

	mothers/care giver"s	2. Read and write 3. Primary school 4. Secondary school 5. Certificate course 6. Diploma and above	
108	Occupational status	1. House wife"s 2. Governmental work 3. Merchant 4. Farmer 5. Labor worker 6. Student 7. Other (specify…....)	
109	Monthly income	1. ≤500 2. 501-1000 3.1001- 1500 4.1501- 2000 5. >2000	
110	Number of family members	1. ≤5 2.>5	
111	The number of children less than five years in the family	1 ≥2	

SECTION 2; - Health seeking behaviors of mothers /caregivers for common childhood illness.

No	Questionnaires	Options	Skip to
201	What kind of symptom you have observed from your child in the past one month?	1. Cough 2. Difficulty of breathing 3. Fever 4. Diarrhea 5. Ear infection	
202	What was your first response when your child had got illness?	1. Take to health facilities 2. Take to private health facilities 3. Take to traditional treatment 4. Self treatment at home 5. Treat the child with drug buying from pharmacies or drug sellers without prescriptions 6. Treat with holy water 7. Did nothing	If not tick number 1&2 skip to 301.
203	How long your child had illness before seeking medical care?	1. On the same day of childhood illness 2. After one day of childhood illness 3. After two day of childhood illness 4 .After three or more days of childhood illness	
205	Who was decided to take the child for medical treatment?.	1. My self 2. Fathers 3. Grand parents 4.other specify.....	

Section 3: Factors affecting health care seeking behaviors of mothers / care givers.

No	Questionnaires	options	Skip to
301	If your child have got a sickness, according to your perception, how sever was your child illness.	1. Sever 2. Moderate 3. Mild	
302	How do you identified the severity of illness on your child	1. By combined symptoms of the disease . 2. My child refused to eat 3. The illness continue for long time 4. Others (specify….)	
303	What was the main reasons you were not seek medical care when the child has got illness immediately ?	1. Thought sickness is incurable 2. Previous bad experience with medical care. 3. Transportation difficulties. 4. Cost of medical care 5. No trust on health providers competency. 6. Don't get immediate care or wait several times 7. Do not know where it can be treated 8. Thought it would get better by itself 9. no treatment for the sickness 10. Lack of time 11. shortage of money 12. Illness was mild	

		13. No health facilities available	
304	When the child become sick did you treat your child by traditional healers	1. Yes 2. No	If tick number 2 skip the questions.
305	If you select traditional healer, what is the most important reason for sorting traditional healers	1. Don‟t get cure from medical care 2. They do not charge to much 3. They are respectful 4. There is no long waiting time 5. Treatment is effective 6. Maintain confidentiality 7. Maintain privacy 8. Because, family recommended it 9. Because, they are near 10. Others (specify….)	

Annex - III . Information sheet and consent form (Amharic version)

የምርምር/ጥናት/ ማብራሪያና የስምምነት መግለጫ ቅጽ

የምርምር ፕሮጀክቱ

መግቢያ

እኔ ---------- አባላስሁ፡፡ ስማረ በላቸው በተባለ ተመራማሪ እናቶች ልጆቻቸው ሲታመሙ ወደ ዘመናዊ ህክምና የማይወስዱበትን ምክንያት ለማወቅ በተዘጋጀ ጥናት ላይ መረጃ ሰብሳቢ ሠራተኛ ስሆን ይህንንም ጥናት ለማሳካት የእርስዎ ቅንነት የተሞላበት ተሳትፎ ወሳኝነት አለው፡፡ የዚህ የምርምር ማብራሪያና የስምምነት ቅጽ ዓላማ አሁን እርሰዎ እንዲሳተፉበት የምንጠይቀዎተን የምርምር ጥናት ምንነት ማብራራት ነው፡፡ በዚህ የምርምር ፕሮጀክት ለመሳተፍ ከመወሰንዎ በፊት ይህንን የማብራሪያ ቅጽ በጥንቃቄ በማንበብ ጥያቄዎች ካሉዎት ይጠይቁ፡፡ በተጨማሪም በጥናቱ መሳተፍ ከጀመሩ በኃላ በማንኛውም ጊዜ ጥያቄዎች ካሉዎት መጠየቅ ይችላሉ፡፡

የምርምር ፕሮጀክቱ ዓላማ

እናቶች ልጆቻቸው ሲታመሙ ወደ ዘመናዊ ህክምና የማይወስዱበትን ምክንያት ለማወቅና እናቶች ለልጆቻቸው ያላቸውን የጤና አጠባበቅ ግንዛቤ ለመጨመር ነው ፡፡

የአሰራር ሂደት

ይህንን ጥናት ዓላማ የተፈለገው ግብ እንዲመታና በጥናቱ መሠረት የሚለዩ የተለያዩ ችግሮችን በመንግሥትና በሌሎች ድጋፍ ሰጪ ድርጅቶች አካላት ትብብር ለማካኘነት በጥናቱ የተደረሰባቸውን ችግሮች ለመፍታት እርስዎና ህፃንዎ እንዲሳተፉ ተጋብዘዋል፡፡ በዚህ ጥናት ውስጥ ለመሳተፍ ከተስማሙ ስምምነቱን በደንብ መረዳትና እንዲሁም መፈረም ይገባዎታል፡፡ ከዚያ በመቀጠል በጥናቱ መረጃ ሰብሳቢዎች ለሚጠየቁት ጥያቄ እንዲመልሱ ፈቃደኝነትዎ ይጠየቃል፡፡ በዚህ ጥናት ሲሳተፉ የሚሠጡት መልስም ሆነ የሚገኘው ውጤት በምስጢር ይጠበቃል፡፡

ሊከሰቱ የሚችሉ ስጋቶችና ምቾት መንደሎች

በዚህ ጥናት መሳተፍዎ ምናልባት ጊዜዎን ሊሻማብዎ ይችል ይሆናል፡፡ ነገር ግን የጥናቱ ውጤት ወደፊት ከሚሠጠው ጥቅም አንጻር ይህን ያህል አይደለም፡፡ በዚህ ጥናት በመሳተፍዎ ምንም ዓይነት ስጋት (ችግር) አያጋጥምዎትም፡፡

ጥቅሞች

በዚህ ጥናት በመሳተፍዎ የተለየ ጥቅም አያገኝም። ነገር ግን የርሰዎ በጥናቱ መሳተፍወ ለጥናቱ መሳካት በጥናቱ በተለዩ ችግሮች መፍትሄ ሲሰጥ እረስዎ እና ሌሎች እናቶች ተጠቃሚ ይሆናሉ።።

ማካካሻ

በዚህ ጥናት በመሳተፍዎ ምንም ዓይነት ማካካሻ አይሠጥዎትም። ነገር ግን በጥናቱ በመሳተፍዎ ምስጋናችን ከፍተኛ ነው።

ምስጢር ስለመጠበቅ

ከዚህ ጥናት የሚገኝ መረጃ በሙሉ በምስጢራዊነት ይጠበቃል።. ለዚህ ጥናት የሚሠበሰበው እርሰዎን የሚመለከት መረጃ በማህደር የሚቀመጥ ሲሆን ማህደረም በስመዎ ሳይሆን በተለዩ ኮድ ሲቀመጥ ኮዱ ከዋናው ተመራማሪ ውጭ ለማንም አይገለጽም።

በጥናቱ ያለመሳተፍ ወይም ራስን የማግለል መብት

በጥናቱ ላለመሳተፍ ከፈለጉ በዚህ ጥናት ያለመሳተፍ ወይም ከአንድ በላይ ወይም ሁሉንም ጥያቄዎች ለመመለስ ይችላሉ። በዚህ ጥናት ባለመሳተፍዎ ወይም በከፊልም ሆነ በሙሉ ጥያቄዎችን ባለመመለስዎ ማንኛውንም አገልግሎት ከማግኘት አይከለከሉም።

የሚገናኟቸው ሠዎች

በጥናቱ ዙሪያ ማንኛውም ጥያቄ ካለዎት ከሚከተሉት ውስጥ ማንኛውንም ሠው በሚፈለጉት ጊዜ ማነጋገር ይችላሉ።

አማረ በላቸው - አዲስ አበባ ዩንበርስቲ

ሞባይል ቁጥር - 0913838368

Annex -IV . Amharic version questionnaire

የአማረኛ መጠይቅ

ክፍል አንድ፡ ማህበራዊ እና ስነህዝባዊ መረጃ መጠይቅ

ክፍል አንድ፡ ማህበራዊ እና ስነህዝባዊ መረጃ መጠይቅ

ተ.ቁ	መጠይቅ	አማራጭ መልስ	እለፍ
101	የእናትየዋ እድሜ ስንት ነው?	--------ዓመት	
102	የህጻኑ/ዋ ዕድሜ	……ዓመት	
103	የህጻኑ/ዋ ጾታ	1.ወንድ 2.ሴት	
104	የአሁን የትዳር ሁኔታ	1.ያላገባች 2.ያገባች 3.የፈታች 4.ባል የሞተባት	
105	የትኛው ሃይማኖት ተከታይ ነሞት?	1.ኦርቶዶክስ 2.እስልምና 3.ፕሮቴስታንት 4. ካቶሊክ 5.ሌላ ……..	
106	ብሔረሰብሞ ምንድን ነው?	1.አማራ 2. ትግሬ 3. ኦሮሞ 4.አዊ	

		4.ሌላ	
107	የትምህርት ደረጃ	1.ያልተማረ 2. ማንበብና መጻፍ የሚችል 3.ክፍል 1-8 4.9-12 ክፍል 5. ሰርተፍኬት 6. ዲፕሎማ እና ከዚያ በላይ	
108	ዋና ሥራዎ ምንድን ነው?	1.የቤት እመቤት 2.የመንግስት ሠራተኛ 3 . ነጋዴ 4. ግብርና 5.የቀን ሠራተኛ 6. ተማሪ 7..ሌላ…….	
109	የወር ጠቅላላ ገቢዎ ስንት ነው?	1. ≤500 2.501-1000 3.1001-1500 4. 1501-2005 5.>2000	
110	አጠቃላ የቤተሰብ ብዛት	_____	
111	ከ አምስት አመት በታች ስንት ህፃን አልወት	_____	

	ክፍል ሁለት ፡- እናቶች ልጆቻቸው ሲታመሙ ያላቸው ጤናን የመሻት ፍላጎት		
ተ.ቁ	መጠይቅ	አማራጭ መልስ	እለፍ
201	ልጅዋ በታመመ ጊዜ ከሚከተሉት ምልክቶች ውስጥ የትኞችን ተመልክተዋል?	1. ሳል 2. የመተንፈስ ችግር 3. ትኩሳት 4. ተቅማጥ 5.ከጆሮ ውስጥ የሚወጣ ፈሳሽ	
202	ልጅዋ ሲታመም ለመጀመሪያ ጊዜ ያደረጉለት እርዳታ ምንድን ነው?	1. ወደ መንግስት ጤና ተቋም መውሰድ 2.ወደ ግል ተቋም መውሰድ 3.ወደ ባህል ህክምና መውሰድ 4. የቤት ውስጥ ህክምና መስጠት 5. መድሀኒት ፋርማሲ ላይ ገዝቶ መስጠት 6. ወደ ፀበል ቦታ መውሰድ 7. ምንም እርዳታ አለመስጠት	
203	ልጅዋ ሲታመም ወደ ህክምና ተቆም የሚወስዱት በ ምን ያህል ጊዜ ነው?	1. ህመሙ እንደጀመረው 2. ከአንድ ቀን በሆላ 3.ከ ሁለት ቀን በሆላ 4. ሦስትና ከዚ ቀን በሆላ	
204	ልጅዋ ሲታመም ህክምና እንዲያገኝ ውሳኔ የሚሰጥ ማን ነው?	1. እናት 2.አባት 3. አህያት 4. ሌላ ካለ ይጥቀሱ-.....	

	ክፍል ሦስት፡ እናቶች ወደ ህክምና ተቋም እንዳይሄዱ የሚያደርጓቸው ምክንያቶች		
ተ.ቁ	መጠይቅ	አማራጭ መልስ	እለፍ
301	በእርስዋ እይታ የልጅዋ የህመም ስሜት ከየትኛው ክፍል ይመደባል?	1. ከፍተኛ 2.መካከለኛ 3. ዝቅተኛ	
302	የልጅዋ የህመም ስሜት እየተባባሰ መሆኑን በምን ያውቃሉ?	1. የተለያዩ የህመም ምልክቶችን ሲያዩ 2.ህጻኑ መመገብ ሲያቆም 3.የህመም ስሜቱ ለብዙ ጊዜ ሲቆይ 4. ሌላ ካለ ይጥቀሱ.....	
303	ልጅወ ታሞ በነበረበት ስአት ወደህክምና ተቋም ያልሄዱበት ምክንያት ምንድን ነው?	1. ህመሙ በህክምና ይድናል ብለን ሰለማናስብ 2. ለዘመናዊ ህክምና ያለን ጥሩ ያልሆነ አመለካከት 3.በቂ የሆነ ትራንስፖርት ስለማይኖር 4.ከፍያው አቅምን ያላገናዘበ ስለሆነ 5.በጤና ባለሞያዋች ብቃት አለመተማመን 6.የህክምና እርዳታ ለማግኘት ብዙ ጊዜ ስለምንጠብቅ 7. መታከሚያ ቦታውን ስለማላውቅ 8. ህመሙ በራሱ ጊዜ ይለዋል ብየ ስለማስብ 9. ለህመሙ መድሀኒት የለዉም ብየ ስለማስብ 10.በቂ የሆነ ጊዜ ስለማይኖረኝ	

		11. ለህክምና የሚሆን ገንዘብ ስለማይኖረኝ 12. የህመሙ ስሜት ዝቅተኛ ስልሆነ 13 . በቂ የሆነ የጤና ተቋም ባለመኖሩ	
304	**ልጅዋ ታሞ ሳለ የታከመው በባህል ህክምና ነው?**	1. አዎ 2.አይድለም	
305	**መልስዋ አዎ ከሆነ የባህል ህክምና የመረጡበት ምክንያት ምንድን ነው?**	1.ህመሙ በህክምና ስለማይድን 2.ብዙ ክፍያ ስለማያስከፍሉ 3.ስለሚንከባከብዋት 4. ብዙ ጊዜ ስለማያስጠብቀዋት 5.የብህል ህክምናዉ በጣም አሪፍ ስለሆነ 6.ሚስጥር ጠባቂ ስለሆኑ 7. የራስዋን ፍላጎት ስለማይጋፉ 8. ቤተሰብ እንደጠቀም ስለሚገፍፉኝ 9. ቦታዉ ቅርብ ስለሆነ 10. ሌላ.....	

Declaration

I the undersigned, declare that this MSc. thesis is my original work and it has not been presented for a degree in this or any other university. All source materials used for the thesis have been fully acknowledged.

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Signature: _____ Date of submission: _____

This thesis has been submitted for examination with my approval as university advisor

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