

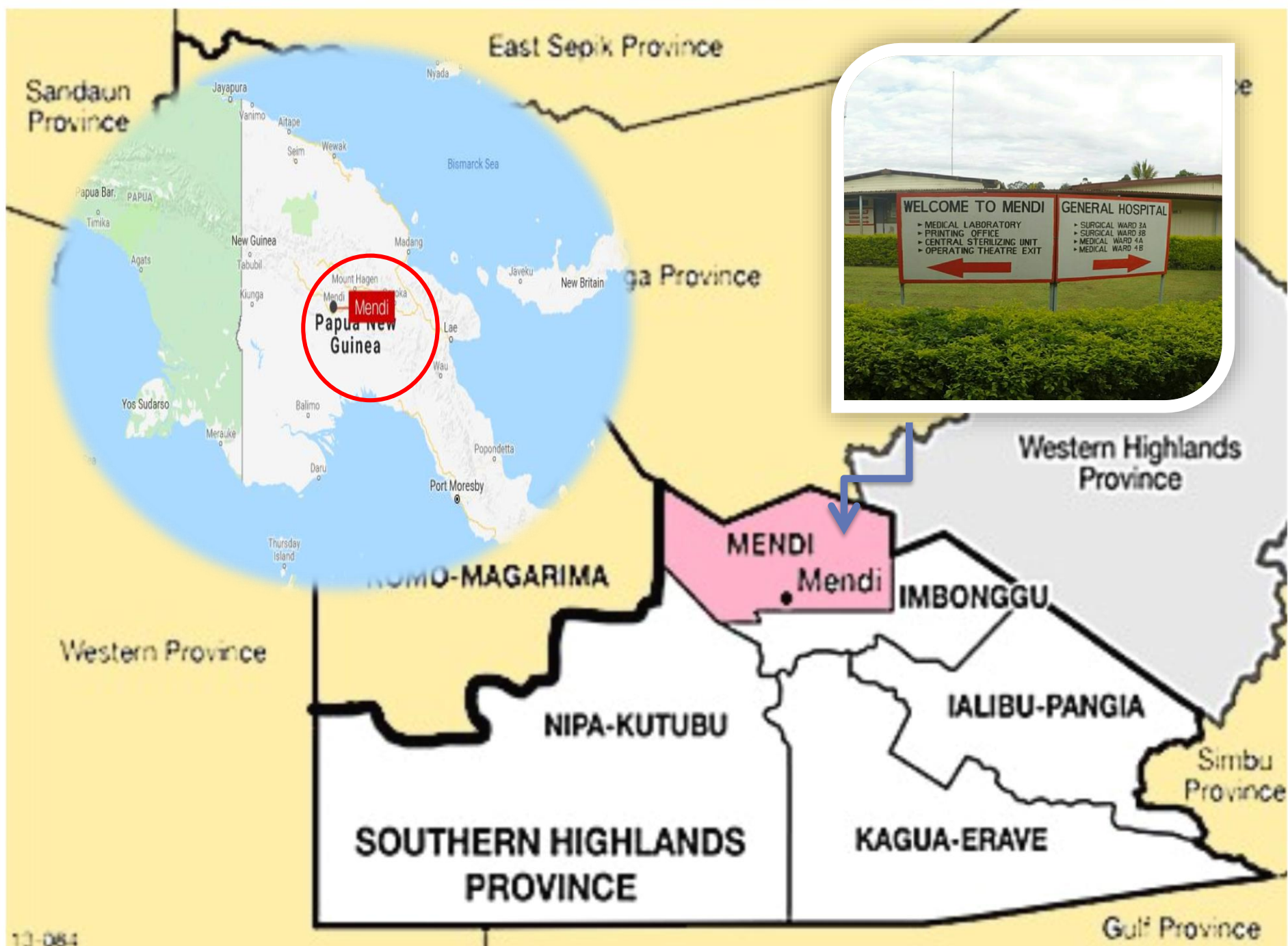
Care-seeking behaviour amongst parents of children under 5 years presenting with pneumonia and diarrhoea to Mendi Provincial Hospital

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Background

What is care-seeking or health-seeking behaviour?

- ‘Any action undertaken by individuals who perceived themselves to be ill for the purpose of finding an appropriate remedy’ (Ward, et al; 1997)
- Information on health-seeking behaviour has important policy implications in the development of health systems.
- Information on care-seeking behaviour in PNG is scanty and maybe lacking.



- Pneumonia and diarrhoea continue to kill millions of children around the globe despite the availability of effective treatment
- According to WHO and UNICEF, diarrhoea and pneumonia together accounts for 29% of all deaths in children under 5 years of age.
- In 2016, 14 hospitals in PNG reported an overall CFR of 4.1% for pneumonia (231/5688) and 6.1% for diarrhoea (149/2433).

- 5 509 (21%) children were treated for pneumonia and diarrhoea at Mendi's COPD in 2016. Of those, 831 (15%) were admitted and 16 (2%) died – i.e. 20% of all paediatric deaths that year.
- Although effective treatments for pneumonia and diarrhoea exist, utilization of those effective interventions remain low.
- Studies done in other developing countries identified delayed care-seeking as one of the main contributing factor to high mortality.
- This study aims to assess timeliness in seeking appropriate care and identify some of the delays in care seeking.

Methodology

- Descriptive study using convenience sampling method and conducted over 4 months (April to mid-August, 2018) at the children's outpatient department and paediatric ward in Mendi Provincial Hospital.
- Parents of all children ages between 1 month and 5 years who had clinical features of pneumonia and diarrhoea were interviewed using pre-tested questionnaires.
- Clinical diagnosis were guided by WHO case definitions of pneumonia and diarrhoea.

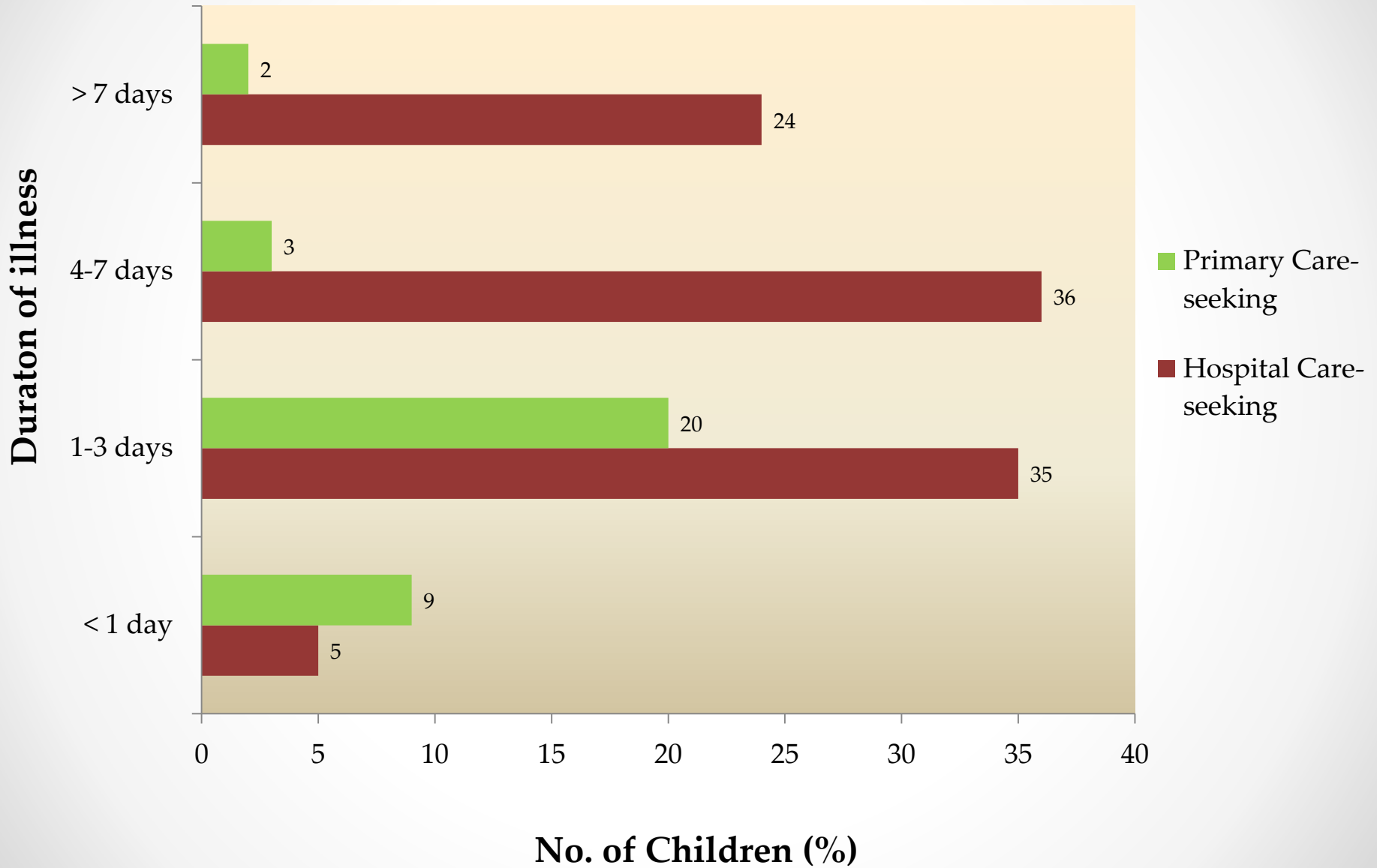
- Interviews were conducted by myself and a pre-trained HEO after verbal consents were obtained.
- Data was analysed using excel and SPSS v.20.
- Ethical approval was granted by the MPH administration.



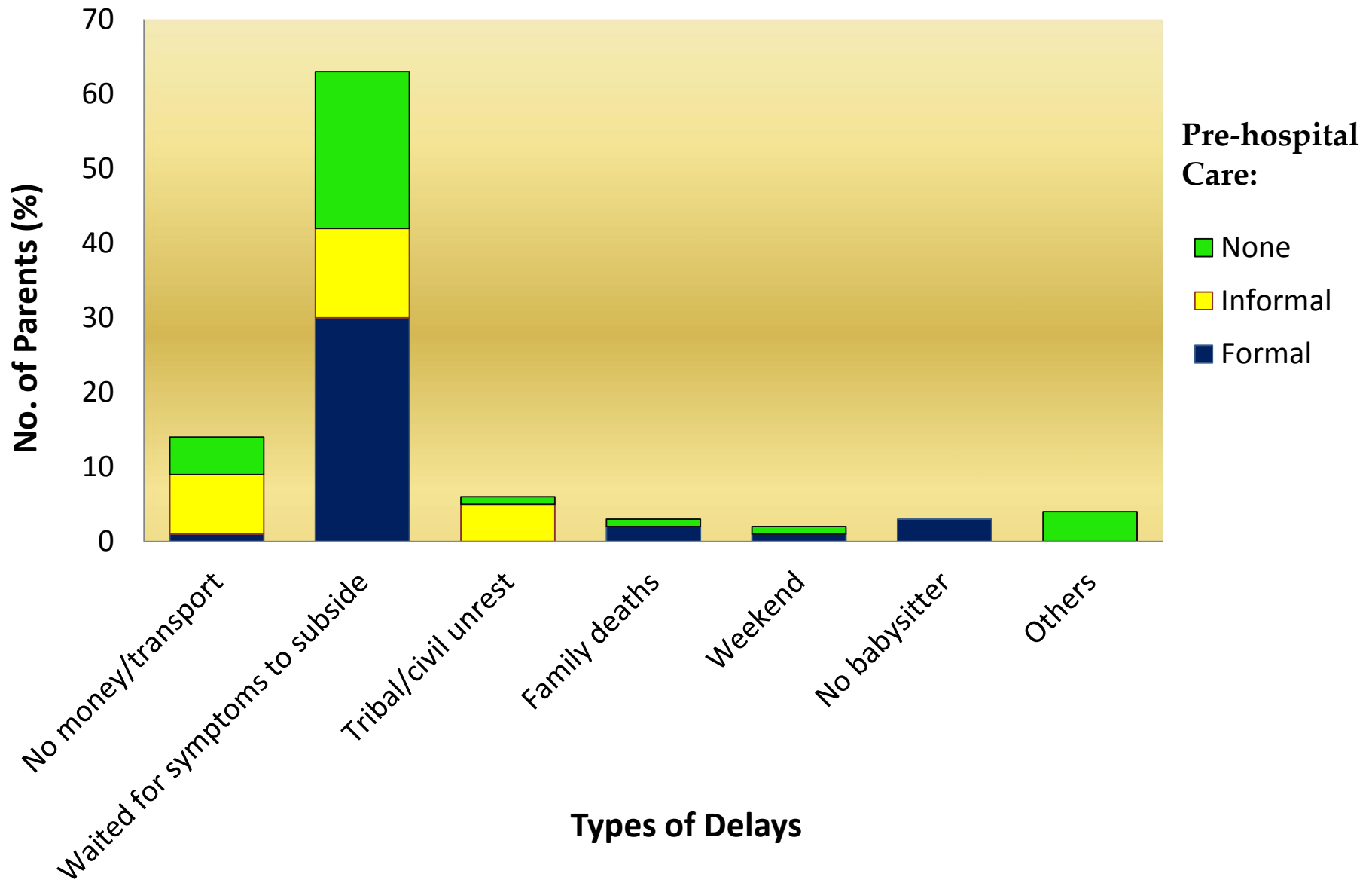
Results

- 100 parents interviewed - 99 mothers and 1 father. Of those, 91 were biological parents and 9 were adoptive.
- Males (62%); females (38%).
- Majority of the children were infants (70%).
- **Pre-hospital care seeking**
 - 34% came directly to the hospital
 - 64% sought pre-hospital care
 - formal – 38%
 - informal – 26%
 - Most visited their local clinics and health centres before presenting to the hospital.
- 53% pneumonia, 43% diarrhoea, 4% both illnesses.
- 90% of the children had ≥ 2 symptoms with shortness of breath (40%) and watery stool (17%).

Timing in Care-Seeking



Reasons for Delayed (>24h) Hospital Care- Seeking



Determinants	Category	Duration of Illness		
		<1 day	≥ 1 day	Total
Districts:	Mendi-Munihiu	4	62	66
	Imbongu	1	18	19
	Nipa-Kutubu	0	8	8
	Ialibu-Pangia	0	2	2
	Kagua-Erave	0	5	5
		5	95	100 (%)
Travel time (by bus to the hospital):	≤ 1 hr	5	62	67
	> 1 hr	0	33	33
		5	95	100 (%)
No. of symptoms:	1	1	6	7
	≥2	4	89	53
		5	95	100
Employment:	Employed	4	30	34
	Unemployed	1	65	66
		5	95	100
Income per fortnight	≤ K100	1	58	59
	> K100	4	37	41
		5	95	100

Discussion

- Many parents sought hospital treatment >24 hours after onset of illness despite the fact that most of them reside within an hour from the hospital.
- Given the good road links in the province, <1 hour travel time by bus is accepted as reasonable access in this survey.
- A qualitative study by Allen et al in Uganda found accessibility to not only related to distance but also to transport costs, road conditions and weather patterns.

- Not only geographical factors compel parents to delay care seeking. Another factor is local perception of illness.
- Most parents delayed care seeking by waiting for the symptoms to subside, thinking that the symptoms were not serious.
- The presence of >1 symptom seem to be a motivating factor to seek care. Parents believe it is directly related to increased severity of illness.
- Some had false beliefs about the cause of diarrhoea. It was seen as normal phase in child development – “*mi ting bebi laik sanap na wokabout olsem na em pekpek wara*”

- A survey done in Thailand found that diarrhoea in most infants is perceived to be '**su**', a normal developmental stage which needs no treatment. This delays care seeking, a risk of dehydration (Shawyer et al, 1996:111).
- Another barrier is rural health facility delays. Of the 34 children who had formal pre-hospital care; 29 sought help early and waited for the treatment to work. Daily monitoring of illness and early referral maybe inadequate.
- Mothers also raised concerns about health workers' absence and constant shortage of basic drugs.
- Quality of health service is associated with drug availability, manpower, facilities, staff attitude and knowledge on standard treatment protocols.

Conclusion

- Prompt and appropriate care seeking behaviour is poor
 - primary care seeking: 9%
 - hospital care seeking: 5%
- The critical predictors of care seeking behaviour identified are: perception of illness and socio-economic status.
- Quality of care in children with diarrhoea and pneumonia at the primary health facilities is uncertain.
- Unfortunately, primary care-seeking wasn't fully assessed in this study. Due to safety concerns, we couldn't collect data from the primary health facilities.

Recommendations

- I. Public health programs in the country/province should focus on improving illness recognition skills of care givers and emphasize on the importance of timely medical care.
- II. Improving quality of care provided at different levels of facility through facility upgrade, resource mobilization, staff training on standard treatment protocols and early referral is vital in reduction of mortality.
- III. Awareness on literacy and improving socio-economic condition of the general population may also lead to better health outcomes.



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Acknowledgement

Special gratitude to;

- ❖ Parents of children who participated in the study.
- ❖ HEO Ruth Alalo for assisting with data collection.
- ❖ Dr Martin Saavu and Prof Trevor Duke for supervising the research.