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Health seeking behaviour on child morbidity among minority group of people of Chandranighapur VDC, Rautahat district, Nepal

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Abstract: *Background and Objectives:* Health seeking behavior is the behavior of seeking health care during diseased condition. Various studies from developing countries have reported that delay in seeking appropriate care and not seeking any care contributes to the large number can lead to large number of child deaths. The study was carried out to assess the health seeking behavior during child morbidity and availability of modern health care facilities among Minority groups of people. *Methods:* A descriptive cross- sectional study was conducted among the minority group in Chandranighapur VDC of Rautahat District of Nepal. Among the total respondents only 100 respondents were selected purposively having child below 5 years of age on the household basis. *Results:* The study revealed that during the period of last one year all children were found to be exposed to any type of illness. Diarrhea, common cold and fever were the most leading cause of illness. One year incidence of childhood illness was higher among children of uneducated mothers. Similarly, children from joint families and from traditional household were found to be more likely to be exposed to sickness. Likewise, all of the respondents accepted treatment from modern health care services. Treatment success rate was found to be 100 percent. Feeding practices during diseased conditions were not found to be satisfactory and very few respondents knew about proper home care of these disease condition. *Conclusions:* Majority of respondents were found to seek modern health care for one year. Majority of respondents didn't have access to modern health care facilities due to high transportation cost and high cost for medicine.

Keywords: Health Seeking Behavior, Child Morbidity, Minority group

Introduction

Nepal is a Himalayan Country located between China and India. Infant mortality rate in Nepal was 48 per 1000 live births in 2006. Among childhood deaths in developing countries, around 27 percent result from Acute Respiratory Infections (ARI) and another 23 percent from diarrhea [1]. Acute Diarrheal Diseases (ADD) and ARI are seen as most important causes of morbidity and mortality among the children in Nepal as well [1-3].

The World Health Organization estimates that seeking prompt and appropriate care could reduce child deaths due to Acute Respiratory Infections by 20 percent. The Integrated Management of Childhood Illness (IMCI) strategy, besides improving providers' skills in managing childhood illness also aims to improve families' care seeking behavior [4]. The health workers are trained to teach the mothers about danger signs and counsel them about the need to seek care promptly if such signs occur. Information on the health seeking behavior helps the policy makers set strategies to decrease the mortality due to common childhood illnesses. For the best of our knowledge no such studies have been reported from Nepal [5]. Throughout their history, Minority groups of people have been deprived, both economically and socially, by longstanding traditions, and during some periods, by law (Civil Code 1853). Recent laws (New Civil Code 1963, Constitution of Nepal 1990) have banned untouchability, abolished discriminatory legal provisions, and enshrined in the Constitution statements ensuring equality for all citizens irrespective of caste, creed, or gender [6]. However, discrimination based on caste is still a fact of life in Nepal. The study was carried out to assess the health seeking behavior during child morbidity and availability of modern health care facilities among Minority groups of people [4, 7-9).

Material and Methods

The study design was a descriptive study which was focused to the minority groups of people of Chandranighapur V.D.C, Rautahat district. This research have tried to analyze the gap between health seeking behavior and the factors affecting the health seeking behavior causing child morbidity of age under five. The sample size of the study was taken only from 100 respondents. The Chandranighapur V.D.C was selected by the purposive sampling for the feasiblity of the researcher as majority of the minority groups resided in the VDC. It includes taking the respondents from the household having children less than five years. The primary quantitative data was obtained by semi- structured questionnaire schedule. The primary raw data was processed by using computer software Statistical Package for Social Science (SPSS). Frequency tables, mean tables, cross tables were calculated whenever necessary.

Results

Table-1: Demographic distribution of total population of selected sample respondents

		Frequency	%age
Age Group (Years)	Less than 5	155	27.8
	More than 5	406	72.2
	Total	**561**	**100**
	Mean Age=39.7 years; SD=4.04years		
Sex	Male	257	45.8
	Female	304	54.2
	Total	**561**	**100.0**
Caste / Religion	Majhi	239	42.6
	Danuwar	140	25.0
	Musahar	81	14.4
	Biswokarma	68	12.1
	Pariyar	33	5.9
	Total	**561**	**100**
Education Status	Illeterate	324	57.7
	Primary School (1 to 5)	181	32.3
	Higher Primary (6 to 7)	33	5.9
	High School (8 to 10)	23	4.1
	Total	**561**	**100**

Table-2: Percentage distribution of total children from selected sample respondents by their prevalence from different diseases (Multiple Choices)

Name of disease	Prevalence
Diarrhea	41
Dysentery	25
Common cold	43
Pneumonia	40
Fever	46
Ear disease	16
Skin disease	13

Table-3: Percentage distributions of selected sample respondents by their Health seeking behavior during disease condition

Description	Number (n=100)	Percentage
Home/self	27	27
Traditional healers	7	7
Government service	9	9
Private Clinic	49	49
Not stated	8	8

Result of the first time care and next step taken: Cure rate was almost 100 percent among the respondents seeking modern health care system either in private clinics 49 percent or government services 9 percent and the lowest among the respondents who followed traditional treatment 7 percent and others rely on home based treatment. On the other hand, the disease condition worse in children who sought for traditional treatment and lowest in children who sought for modern treatment. Also, result of home based treatment seemed better than doing nothing. It proves something is better than nothing.

Also, whenever the first line treatment was not found to be productive and leads health condition to worsen, most .e. around two third sought home treatment and few resorted to jadibuti (herbal treatment remedies).

Table-4: Comparison of Availability of modern health care facilities according to the respondent's age group, sex, occupation

	Availability of any modern health facility				Total	
	Yes		No		Number	Percent
	Number	percent	Number	percent		
Age of respondent						
20-25	4	4	2	2.1	6	6.1
26-30	11	11.1	29	29.3	40	40.4
31-35	4	4	22	22.2	26	26.3
36-40	0	0	17	17.2	17	17.2
41-45	0	0	5	5	5	5
46-50	0	0	2	2	2	2
51-55	0	0	3	3	3	3
Occupation						
Daily Wages	19	19	80	80	99	99
Abroad	1	1	0	0	1	1
Sex of respondents						
Male	5	5	45	45	50	50
Female	15	15	35	35	50	50

Discussion

The global burden of disease indicates that these conditions will continue to be major contributors to child deaths by the year 2020, unless significantly greater efforts are made to control them [10]. In addition three in four episodes of childhood illness are caused by one of these five illnesses [9, 11]. This condition is further worst in rural communities of Nepal like Dalit community where one in two children is exposed to any type of illness within last one to two weeks. Similarly the children below five years of age are more likely to be sick than other family members also as supported by results from Nepal Demographic Health Survey, Nepal [12].

Traditionally, the minority groups of people have been considered as doing dirty works or working in mines, and as a result, have been considered unclean and therefore "untouchable by the higher-caste groups who have reserved for themselves the right to do business, run the government, and educate themselves [13-14]. Throughout their history, the minority groups of people have denied access to education. Even today, their access to education and other resources for escaping poverty is limited, as evidenced by their low literacy rate of less than 15 percent (for Dalit women, 3.2 percent). The Minority groups of people have historically been engaged in non farming occupations, with farm income representing only a small portion of their total income. They therefore have had little to fall back on when demand for their services. Health service is one of them. Mainly cough and cold seems to be very high if compared to NDHS report 2006 or annual report of Central Health Service Directorate (CHSD) [15-16]. Likewise, Prevalence of diarrhea is also more as compared to national report. The prevalence pattern is in consistence with top ten disease of annual report of Department of Health Services (DoHS) [17].

Regarding health seeking behavior during illness, it was seen that majority of the people were seeking modern health care system. Due to lack of the government services which is very far from the residential area they are compelled to seek modern health care facilities in the private clinics (49 percent) which are more costly than the government

services. The utilization of the government services is only (9 percent). Also majority of the respondents are pursuing either the home treatment (27 percent) or the traditional treatment i.e. referring to dhami/jhakri (7 percent). There is also lack of FCHV (Female Community Health Volunteers) services in the minority group of community as compared to other communities. It can also be regarded as one of the reasons for people not going to health posts or primary health care centers.

Cure rate was almost 100 percent among the respondents seeking modern health care system either in private clinics 49 percent or government services 9 percent and the lowest among the respondents who followed traditional treatment 7 percent and others rely on home based treatment. On the other hand, the disease condition worse in children who sought for traditional treatment and lowest in children who sought for modern treatment. Also, result of home based treatment seemed better than doing nothing. It proves something is better than nothing. Also, whenever the first line treatment was not found to be productive and leads health condition to worsen, most .e. around two third sought home treatment and few resorted to jadibuti (herbal treatment remedies).

As, mothers are mainly responsible for caring for their sick children, the outcome of such acute illness episodes is influenced by their management of conditions in the home and making decisions whenever the symptoms are serious enough to seek outside medical care. One of the reason for high mortality due to acute illness of sick children is considered to be because of late visit to health facilities. Government of Nepal has stated that government essential health care services will be available to 70 percent of the people at the end of Tenth plan [18]. However service utilization among minority groups of people of Chandranighapur V.D.C seem less than expected. It may be due to the government health services having least availability of medicine, poor condition of health facilities etc. these conditions are further worsened in last five years in context of minority groups of people of Chandranighapur V.D.C. The study itself had explored that health service is sought with regard to availability of health service in 5 percent of cases.

Conclusion

The utilization of a health care system, public or private, formal or non-formal, depends upon the socio demographic factors, social structures, level of education, cultural beliefs and practices, gender discrimination, status of women, economic and political and political systems environmental conditions, and the disease pattern and health care system itself.

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