

**FACTORS INFLUENCING HEALTH-SEEKING BEHAVIORS FOR CHILD HEALTH CARE SERVICES AMONG MOTHERS AT KAWAALA HEALTH CENTRE IV, KAMPALA DISTRICT. A CROSS SECTIONAL STUDY.**

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**Abstract.**

**Background**

This study aims to identify the factors influencing health-seeking behaviors for child health care services among mothers at Kawaala Health Centre IV, Kampala District.

**Methodology**

The study used a descriptive – cross-sectional study design that involved a quantitative data collection method and 30 mothers were selected using a simple random sampling method. Structured researcher-administered questionnaires were used to collect data that was analyzed using Microsoft Excel program 2016 for presentation into tables, graphs, and pie charts.

**Results**

This study identified Caretaker, Socio-Economic, and Health Facility Factors as those that influenced health-seeking behaviors for child health care services among mothers at Kawaala Health Centre IV, Kampala District. The study results showed that caretaker-related factors comprised; 76.7% practiced self-medication, 63.3% never had time to seek for child health care services. Socio-economic factors were; 50% were self-employed 56.7% were not supported by a partner and 83.3% knew that herbal medicine is the culturally recommended treatment for childhood illnesses. Health facility-related factors included; 70% reported absence of drugs at the health facility, 73.3% reported that health workers were rude and 50% had waited for more than 3 hours before receiving services.

**Conclusion**

Caretaker-related factors, socio-economic and health facility-related factors were influencing the poor health-seeking behaviors for child health care services.

**Recommendation**

It is therefore recommended that stakeholders should join hands to teach the public about the need to seek child health care services as well as improve the quality of child health care services.

**Keywords:** Health Seeking Behaviors, Caretaker Socio-Economic and Health Facility Factors, Child Health Kawaala Kampala.

**Submitted:** 2024-05-21 **Accepted:** 2024-08-05

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**Background of the study**

Child Health care (CHC) is the medical services that are provided by medical health professionals to children having disease or infection. The provision of CHC services is among the primary targets of the third sustainable development goals (SDGs) that encourages the utilization of quality and timely care services, (WHO, 2022). On the other hand, utilization of health services is any action undertaken by individuals who perceive themselves to be having a health problem for finding an appropriate treatment (Tiwari et al 2022).

A study carried out in Sub-Saharan Africa to determine the healthcare-seeking behavior of children with acute childhood illness and its related factors explored that young mothers had better health-seeking behaviors for

child healthcare services than older mothers. Study results revealed that 46.6% of mothers aged 15 – 24 years had utilized childhood treatment services at the health care services (Yaya et al 2021).

In a study on factors influencing mothers' health care-seeking behavior for their children revealed that a high level of education was associated with prompt health care-seeking behaviors for childhood illnesses. Mothers who had attained secondary education (86%) eagerly sought childhood healthcare services such as immunization as compared to mothers who had never gone to school (Adedokun & Yaya (2020).

A study about the healthcare-seeking behavior of mothers for common childhood illnesses and associated factors in Ethiopia explored how self-employment and income

status affected the utilization of child healthcare services. Self-employed mothers (39%) and high-income earners (51.1%) could seek child healthcare services unlike low-income earners (Demelash et al 2021). A study conducted in Tanzania by Idindili et al, (2018) found that financial challenges affected the utilization of healthcare services. These comprised of high costs of medication that mothers could not afford and unaffordable transport costs to the nearest health care facility which affected their ability to utilize these health care services. Another study done in the Khulna district of Bangladesh on factors influencing health service utilization among mothers for under-five children found that the cost of child health care services was significantly associated with the uptake of services (Akter 2022). A multi-country study about healthcare-seeking behavior for children with acute childhood illness and its related factors in Sub-Saharan Africa found that the number of children in the household affected the utilization of healthcare services. Families (47.5%) with 1 – 2 children were always taking their children to health facilities for any illness as compared to 27.7% of those with more than 5 children (Yaya et al, 2021). A study by Mukundane et al, (2016) carried out in Uganda revealed that behaviors and actions of health workers towards caretakers such as being abusive or unprofessional behavior affected the utilization of child health care services. These kinds of stories and experiences nevertheless appear to linger in the minds of some caretakers, possibly affecting their current attitudes toward government facilities affected their health-seeking behavior. The situation was worsened by health workers soliciting illegal fees from caretakers thereby making them unwilling to seek health care services for their children again. In a study by Mukundane et al, (2016) carried out in Uganda revealed that extremely long waiting times before being attended to affected the routine health-seeking behaviors for child health care services. Such long waiting time was witnessed at the immunization clinic and laboratory services. Furthermore, a study by Ekhaguere et al, (2021) found that time duration spent waiting before receiving healthcare services affected the health-seeking behaviors for child healthcare services. Therefore, the objective of this study is to identify the factors influencing health-seeking behaviors for child health care services among mothers at Kawaala Health Centre IV, Kampala District.

## **Methodology**

### **Study design and rationale**

The study employed a descriptive cross-sectional design that involved a quantitative method of data collection. The study opted for a cross-sectional study design because it was cheap and time-saving to use. A quantitative data collection method was used to collect data that can be expressed in numerical forms.

### **Study setting and rationale**

This was carried out at Kawaala Health Centre IV, Kampala District. The health center is located in the

Kawaala suburban area, Lubaga Division, Kampala District, Central Uganda about 5 kilometers by road. Kawaala is bordered by Nabweru to the north, Kazo to the northeast, Makerere to the east, Naakulabye to the south, Kasubi to the southwest, and Namungoona to the west. The health facility is a public facility under Kampala Capital City Authority (KCCA) offering outpatient services such as immunization, management of childhood illnesses, family planning dental, laboratory, and in-patient services such as maternity and medical admissions. The health center receives over 40 children per day from Kawaala and neighboring areas but reports show that most cases report in severe stages indicating a delayed seeking behavior.

Therefore, such an area provided a sufficient number of participants to be involved in the study.

### **Study population**

The study population comprised mothers of children below five years.

### **Sample size determination**

This study enrolled 30 respondents as guided by the UNMEB research guideline that recommends a minimum of 30 respondents.

### **Sampling procedure**

The study used a simple random sampling technique. This technique was chosen for this study because it ensures that the sample is representative of the study population as well as reducing bias in the sample. To obtain the participants, the researcher made 60 pieces of similar size 30 were written on *and* the rest *on P*. Eligible mothers picked a single paper at random.

Those who picked papers with the word *Q* were enrolled in the study.

### **Inclusion criteria**

One to participate in the study should be a mother to a child aged below five years and will be willing to voluntarily consent to participate in the study.

### **Independent variable**

Caretaker-related factors, socio-economic factors, and health facility-related factors.

### **Dependent variable**

Utilization of child health care services.

### **Research Instrument**

A structured questionnaire was used to obtain data from the respondents. This was divided into four parts; demographic characteristics, caretaker-related factors, socio-economic factors, and health facility-related factors. The questions were both open-ended and closed-ended. The questionnaire underwent pretesting at Kisenyi Health Centre IV to assess its accuracy, consistency, and reliability, and necessary adjustments and corrections

were made. The researcher opted for a questionnaire because it offered a high degree of privacy.

### Data Collection Procedures

Data collection was done by using a researcher-administered structured questionnaire. This involved the researcher asking respondents one by one questions as laid down on the interview guide as she recorded the responses. This was done for 3 days with 10 respondents interviewed on each data collection day.

### Data Management

To ensure the quality and safety of the collected data, the questionnaire was first checked for completion, correction of mistakes, and editing each day to avoid missing information after losing contact with the respondent. These were put and sealed in an envelope kept on a lockable shelf only accessible to the researcher. Soft copies were protected with a personal password known by the researcher only.

### Data Analysis and presentation

Analysis was initially done manually by tallying and coding and the summary of the findings was entered into the computer using Microsoft Excel where the data was presented into frequency tables, figures, graphs, and charts.

### Ethical considerations

The proposal was presented to the research committee of Lubaga Hospital Training School for approval. The research committee gave the researcher an introductory letter that was presented to the Directorate of Public Health KCCA seeking permission to conduct the study. The study began with the researcher introducing and explaining the topic and objectives to respondents. Informed consent was obtained from all the study respondents, and confidentiality was ensured throughout as respondents were not allowed to write their names on the questionnaire.

Questionnaires were kept safe by the researcher.

### Results

**Table 1: Demographic characteristics (n = 30)**

Variable	Category	Frequency (f)	Percentage (%)
Age (years)	15 – 24	7	23.3
	25 – 34	13	43.3
	35 – 44	5	16.7
	>45	5	16.7
	<b>Total</b>	<b>30</b>	<b>100</b>
Highest level of education	Never went to school	1	3.3
	Primary education	4	13.3
	Secondary education	17	56.7
	Tertiary/university	8	26.7
	<b>Total</b>	<b>30</b>	<b>100</b>
Residence	Rural	2	6.7
	Urban	28	93.3
	<b>Total</b>	<b>30</b>	<b>100</b>
Religion	Christian	19	63.3
	Muslim	11	36.7
	<b>Total</b>	<b>30</b>	<b>100</b>
Parity	<5 children	21	70
	>5 children	9	30
	<b>Total</b>	<b>30</b>	<b>100</b>

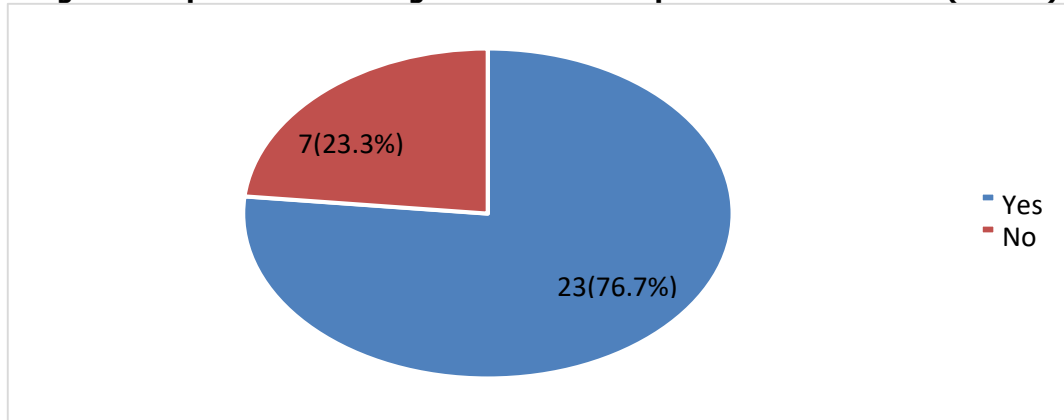
Source: Primary Data 2023

Table 1 shows that most of the respondents 13(43.3%) were aged 25 – 34 years while the least 5(16.7%) were aged above 45 years. The majority of the respondents 17(56.7%) had attained secondary education while the minority 1(3.3%) had never gone to school. Almost all respondents 28(93.3%) were urban residents while only 2(6.7%) were rural residents. The majority of the respondents 19(63.3%) were Christians while the

minority 11(36.7%) were Muslims. Most of the respondents 21(70%) had less than 5 children while the least 9(30%) had more than five children.

### Caretaker-related factors influencing health-seeking behaviors for child healthcare services

**Figure 1: A pie chart showing self-medication practices for children (n = 30)**



source: Primary Data 2023

Figure 1 shows that the majority of the respondents 23(76.7%) practiced self-medication for childhood illnesses while a minority 7(23.3%) never practiced self-medication for childhood illnesses.

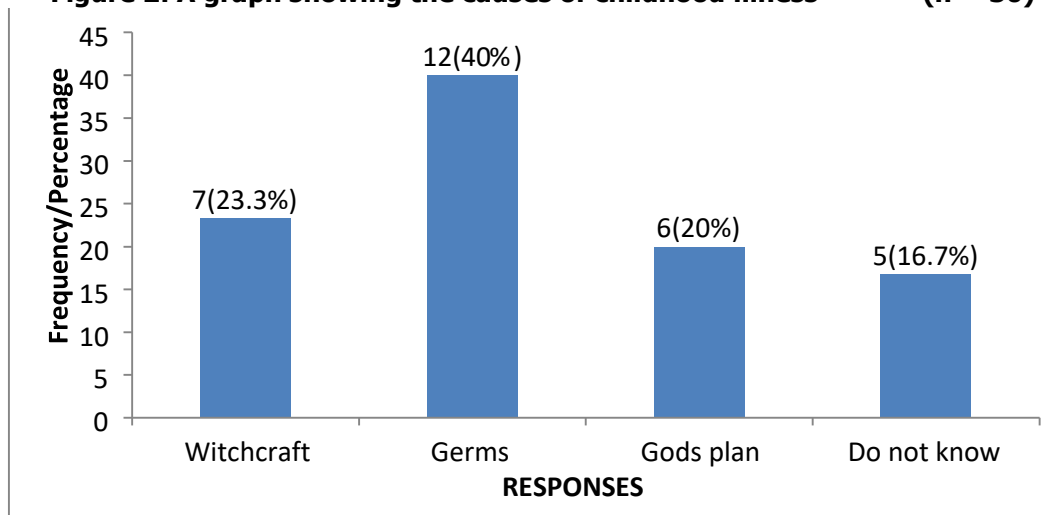
**Table 2: Showing awareness of symptoms that require medical attention (n= 30)**

Variable	Frequency (f)	Percentage (%)
Fever	19	63.3
Diarrhea	15	50
Cough and flue	5	16.7
Home accidents	18	60

Source: Primary Data 2023

Multiple responses in Table 2 show that the majority of the respondents 19(63.3%) knew fever as a symptom that requires medical attention while the minority 5(16.7%) knew cough and flue.

**Figure 2: A graph showing the causes of childhood illness (n = 30)**



Source: Primary Data 2023

Figure 2 shows that most of the respondents 12(40%) knew germs as the causes of childhood illness while the least 5(16.7%) did not know.

**Table 3: Showing classification of child’s illness at time of seeking health care services (n = 30)**

Variable	Frequency (f)	Percentage (%)
Mild	2	6.7
Moderate	7	23.3
Severe	21	70
<b>Total</b>	<b>30</b>	<b>100</b>

Source: Primary Data 2023

Table 3 shows that the majority of the respondents 21(70%) classified the child's illness to be severe while the minority 2(6.7%) classified it to be mild.

**Table 4: Availability of time to seek child health care services (n = 30)**

Variable	Frequency (f)	Percentage (%)
Always	3	10
Sometimes	8	26.7
Never	19	63.3
<b>Total</b>	<b>30</b>	<b>100</b>

Source: Primary Data 2023

According to Table 4, the majority of the respondents 19(63.3%) never had time to seek child health care services while the minority 3(10%) always had time.

**Socio-economic factors influencing health-seeking behaviors for child healthcare services**

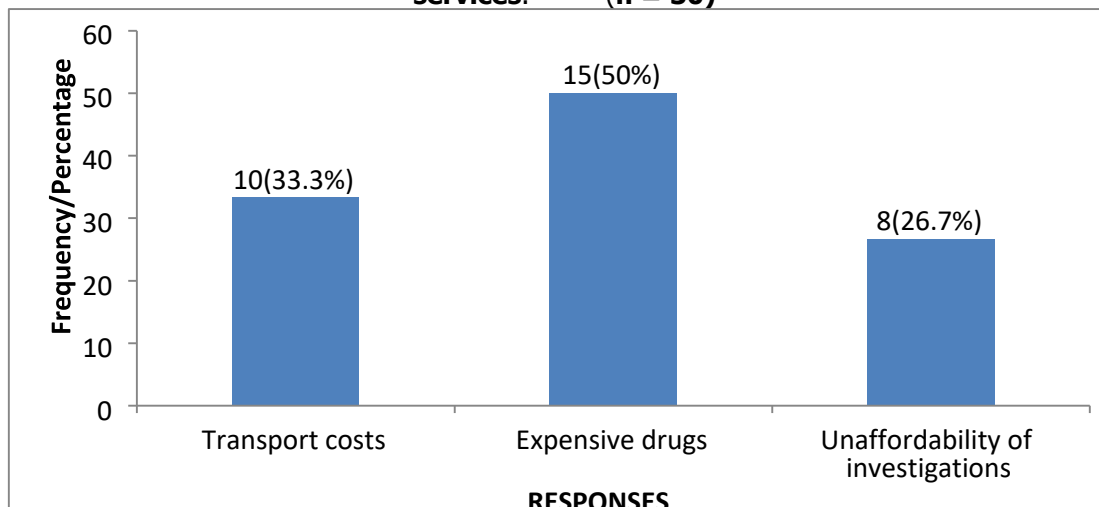
**Table 5: Showing employment status of respondents (n = 30)**

Variable	Frequency (f)	Percentage (%)
Unemployed	5	16.7
Self-employed	15	50
Employed	10	33.3
<b>Total</b>	<b>30</b>	<b>100</b>

Source: Primary Data 2023

Table 5 shows that half of the respondents 15(50%) were self-employed while a few 5(16.7%) were unemployed.

**Figure 3: A graph showing financial challenges experienced in utilizing health care services. (n = 30)**



Source: Primary Data 2023

Figure 3 shows that half of the respondents 15(50%) reported that drugs are expensive while the least 8(26.7%) reported unaffordability of investigations.

**Table 6: Showing marital status of respondents. (n = 30)**

Variable	Frequency (f)	Percentage (%)
Single	4	13.3
Married	12	40
Divorced	14	46.7
<b>Total</b>	<b>30</b>	<b>100</b>

Source: Primary Data 2023

Table 6 shows that most of the respondents 14(46.7%) had divorced while the least 4(13.3%) were single.

**Figure 4: A pie chart showing the presence of partner support towards utilization of child health care services. (n = 30)**

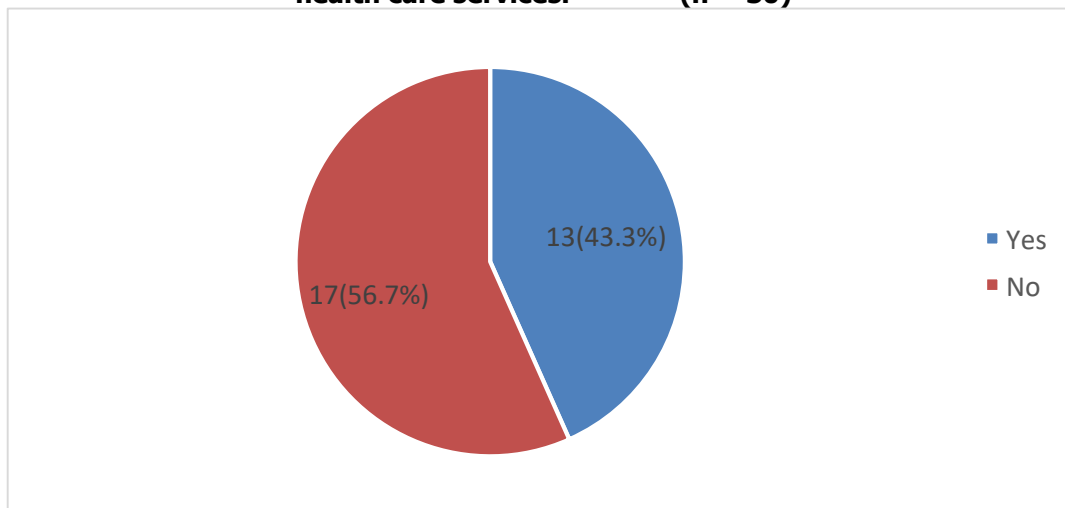


Figure 4 indicates that most of the respondents 17(56.7%) were not supported by the partner regarding the utilization of child health care services while the least 13(43.3%) were supported.

**Table 7: Showing decision makers for seeking child health care. (n = 30)**

Variable	Frequency (%)	Percentage (%)
Self	14	46.7
Husband	12	40
Joint decision	4	13.3
<b>Total</b>	<b>30</b>	<b>100</b>

Source: Primary Data 2023

Findings in Table 7 show that most of the respondents 14(46.7%) decided to seek childcare services by themselves while the least 4(13.3%) followed a joint decision.

**Table 8: Showing cultural recommendations for the treatment of childhood illnesses. (n= 30)**

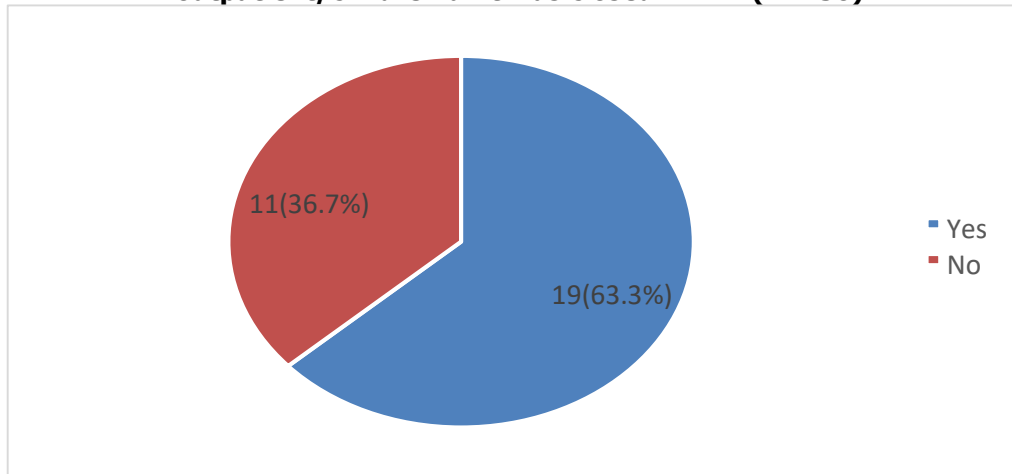
Variable	Frequency (%)	Percentage (%)
Herbal medicine	25	83.3
Spiritual intervention	4	13.3
Visit ancestral village	1	3.4
<b>Total</b>	<b>30</b>	<b>100</b>

Source: Primary Data 2023

Table 8 shows that most of the respondents 25(83.3%) knew that herbal medicine is the culturally recommended treatment for childhood illnesses while the least 1(3.4%) were recommended to visit the ancestral village.

**Health facility-related factors influencing health-seeking behaviors for child healthcare services**

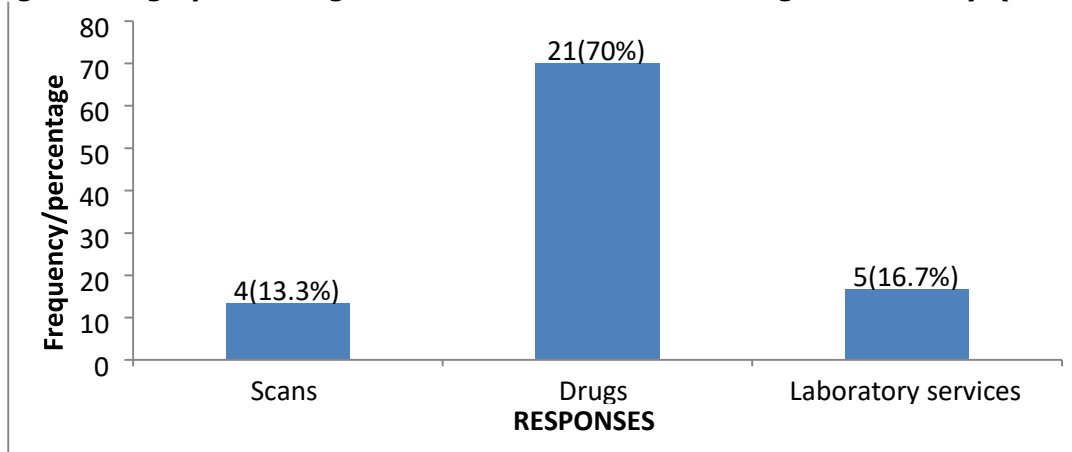
**Figure 5: A pie chart showing times when mothers sought child health services when the outpatient/children unit was closed. (n = 30)**



Source: Primary Data 2023

Figure 5 shows that the majority of respondents 19(63.3%) reported that had sought health care when the unit was closed while the minority 11(36.7%) had never experienced it.

**Figure 6: A graph showing child health care services lacking at the facility. (n = 30)**



Source: Primary Data 2023

Figure 6 shows that most of the respondents 21(70%) reported the absence of drugs at the health facility while the least 4(13.3%) reported a lack of scans.

**Table 9: Showing availability of health workers. (n = 30)**

Variable	Frequency (f)	Percentage (%)
Always	1	3.3
Sometimes	25	83.3
Never	4	13.3
<b>Total</b>	<b>30</b>	<b>100</b>

Source: Primary Data 2023

According to Table 9, the majority of the respondents 25(83.3%) reported that health workers were available sometimes while the minority 1(3.3%) reported that they were always available.

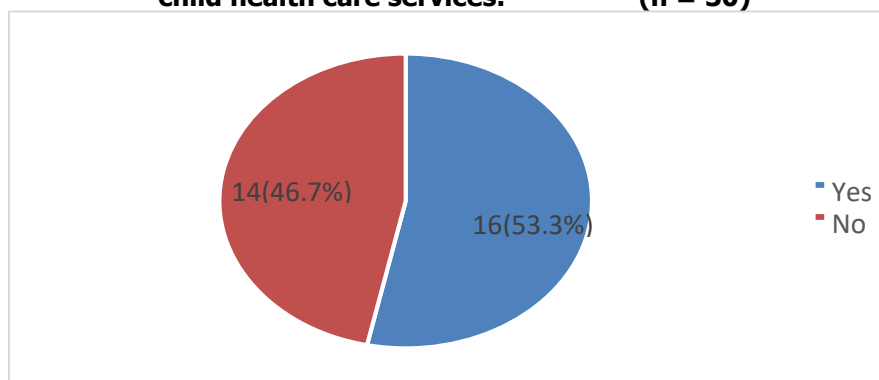
**Table 10: Showing the attitude of health workers. (n = 30)**

Variable	Frequency (f)	Percentage (%)
Rude	22	73.3
Friendly	5	16.7
Varies	3	10
<b>Total</b>	<b>30</b>	<b>100</b>

Source: Primary Data 2023

Table 10 indicates that the majority of the respondents 22(73.3%) reported that health workers were rude while the minority 3(10%) reported that the attitude of health workers varies.

**Figure 7: A pie chart showing whether distance to health facility affects utilization of child health care services. (n = 30)**



Source: Primary Data 2023

Figure 7 shows that most of the respondents 16(53.3%) were affected by distance to health facilities affecting utilization of child health care while the least 14(46.7%) were not affected.

**Table 11: Showing waiting times before receiving child health care services (n = 30)**

Variable	Frequency (f)	Percentage (%)
Less than 1 hour	2	6.7
1 – 3 hours	13	43.3
More than 3 hours.	15	50
<b>Total</b>	<b>30</b>	<b>100</b>

Source: Primary Data 2023

Table 11 shows that half of the respondents 15(50%) had waited for more than 3 hours before receiving services while only 2(6.7%) waited for less than 1 hour.

### Discussion

According to study results, the majority of the respondents 23(76.7%) practiced self-medication for childhood illnesses. This could lead to irrational drug use since parents lack medical knowledge about the management of childhood illnesses leading to drug resistance. This agrees with a study by Ge et al, (2021) conducted in China found



that 29.4% of the caregivers of children practiced self-medication for their children instead of seeking medical care services.

The study established, that most of the respondents 12(40%) knew germs as the causes of childhood illness. This might influence the appropriate seeking of medical interventions to effectively eradicate the causative agents. This agrees with a study by Ng'ambi et al, (2020) who found that mothers were knowledgeable that childhood illnesses are caused by germs.

From the study results, the majority of the respondents 21(70%) classified the child's illness to be severe. This meant that mothers would seek health care services for children with severe illnesses rather than preventive interventions. The finding is in agreement with a study by Tekalign et al (2022) who found out that children who present with severe illness cause worry to mothers thereby rushing the children to healthcare facilities unlike when children present with minor symptoms.

The study findings revealed that the majority of the respondents 19(63.3%) never had time to seek child health care services. this could be due to busy schedules at work and home cores hence affecting the uptake of child health care services. Similarly, the absence of time was associated with the underutilization of child healthcare services in Ethiopia (Terefe, 2021).

Half of the respondents 15(50%) were self-employed. This might lead to mothers spending most of their time at work with less attention given to child care hence affecting uptake of child health care services. This does not support a study by Demelash et al (2021) which found that self-employed mothers (39%) were capable of utilizing child healthcare services.

Study findings revealed that half of the respondents 15(50%) reported that drugs are expensive. This might be due to low incomes despite being employed hence many may fail to seek health care services. Similarly, a study by Idindili et al, (2018) found that high costs of medication that mothers could not afford affected the utilization of child healthcare services. In addition, a study by Akter (2022) revealed that the cost of child health care services was significantly associated with the uptake of services.

The findings of the study showed that most of the respondents 17(56.7%) were not supported by the partner regarding utilization of child health care services. This was because most of the mothers had divorced and hence were unable to receive support from the father of the children. This agrees with a study by Miller et al, (2021), it was found that the absence of support from the child's father hindered the utilization of health care services.

According to study results, most of the respondents 25(83.3%) knew that herbal medicine is the culturally recommended treatment for childhood illnesses. This could be because of perceptions that herbal medicine treats a variety of illnesses. Therefore, mothers will opt for traditional medicine rather than formal health care utilization. Similarly, a study by Kumar et al, (2021) found that recommendations for herbal medicine use were affecting the utilization of child healthcare services

The study established, the majority of respondents 19(63.3%) reported that they had sought health care when the unit was closed. This was probably because some units like outpatient and laboratory do not operate at night and on weekends hence underutilization of services at such moments. Similarly, a study by Miller et al, (2021) found out that inconsistent operating time characterized by recurrent closure of some units affected the utilization of child healthcare services.

From the study results, most of the respondents 21(70%) reported the absence of drugs at the health facility. This might be due to inadequate supply of drugs by National Medical Stores hence creating perceptions that seeking health care is useless in cases they are not provided with drugs. The findings agree with a study by Idindil et al, (2018) who found that a shortage of drugs affected the utilization of child healthcare services.

The study findings revealed that the majority of the respondents 25(83.3%) reported that health workers were available sometimes. This might be due to absenteeism among health workers which leads to a loss of confidence among mothers about the ability of health facilities to offer prompt care. In line with the findings, a study by Idindil et al, (2018) done in Tanzania revealed that the absence of healthcare workers affected the utilization of child healthcare services.

Study findings revealed that the majority of the respondents 22(73.3%) reported that health workers were rude. This could create fear among mothers from utilizing health care services for minor illnesses. Similarly, a study by Mukundane et al, (2016) carried out in Uganda revealed that behaviors and actions of health workers towards caretakers such as being abusive or unprofessional behavior affected the utilization of child health care services.

The findings of the study showed that half of the respondents 15(50%) had waited for more than 3 hours before receiving services. This might be due to the heavy workload against the staffing yet mothers have busy schedules. This supports a study by Mukundane et al, (2016) carried out in Uganda revealed that extremely long waiting times before being attended to affect the routine health-seeking behaviors for child health care services

### **Limitations of the study**

The researcher encountered financial constraints in gathering information from the Internet and libraries, printing, and transport costs. The researcher also encountered time constraints in the course of the study, balancing the research study and other demanding coursework.

### **Conclusion**

Caretaker-related, socio-economic, and health facility-related factors were leading to poor health-seeking behaviors for child health care services.

Individual factors that lead to poor health-seeking behaviors range from self-medication of sick children, absence of time to seek child health care services,

Socio-economic factors, unemployment unaffordability of drugs, and absence of partner support to the cultural recommendation of herbal medicine use affected the utilization of child health care services.

The absence of drugs and health workers, negative attitude of health workers, and long waiting times were the health facility-related factors responsible for the underutilization of child health care services.

### Recommendation

The Ministry of Health together with KCCA should ensure an adequate supply of drugs as well as recruitment of health workers at the facility which will aid in instilling confidence among mothers about the quality of services offered at the facility.

Kawaala Health Centre IV management should conduct community outreaches in its catchment area to sensitize mothers about the dangers of self-medication and herbal medicine use for childhood illness which will assist in enhancing the uptake of services.

Health workers should express an empathetic and welcoming attitude to mothers with sick children as this will motivate them to utilize the services in the future. Furthermore, health workers should engage in health education about the importance of seeking for health care services.

Mothers should opt for medical insurance for their children to address the financial challenges encountered while utilizing health care services.

### Acknowledgment

Firstly, I thank the almighty God for giving me the opportunity and wisdom to pursue this study and academic level.

I wish to acknowledge the efforts of my family members who have supported me through my life struggles. The foundation you laid has enabled me to become independent.

I sincerely thank my dedicated supervisor Mr Kimera Donatus for his tireless guidance throughout the entire research period.

I am indeed indebted to my various friends who gave me their encouragement and suggestions which enriched my research output.

Great thanks to the teaching and non-teaching staff of Lubaga Hospital Training School for the academic contribution you have added to me.

I wish to thank the management of Kawala Health Centre IV and the study participants for their positive reception and cooperation during my course of study.

### List of Abbreviations

**ART:** Acute Respiratory Infections

**CHC:** Child Health Care

**HBM:** Health Belief Model

**HMIS:** Health Management Information System

**HSB:** Health Seeking Behavior

**MCH:** Maternal and child health

**MDGs:** Millennium Development Goals

**MOH:** Ministry of Health

**PHC:** Primary Health Care

**SDGs:** Sustainable Development Goals

**UNICEF:** United Nations Children's Emergency Fund

**UNMEB:** Uganda Nurses and Midwives Examination Board

**VHTs:** Village Health Teams

**WHO:** World Health Organization

### Source of funding

This study was not funded

### Conflict of interest

No conflict of interest declared

### Author Biography

Irene Ayao is a student of the Diploma of Midwifery at Lubaga Hospital Training School, Donatus Kimera is a tutor at Lubaga Hospital Training School, and Jane Frances Namuddu is a principal tutor at Lubaga Hospital Training School.

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