International Journal of Health Sciences and Research
www.ijhsr.org ISSN: 2249-9571

Original Research Article

Factors Affecting Health Seeking Behaviors for Common Childhood Illnesses among Rural Mothers in Chitwan

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ABSTRACT

Introduction: Formal health seeking behavior has great potential to reduce life-threating childhood illness. This study aimed to determine the factors affecting health seeking behavior for common childhood illness among rural mothers.

Methods: A descriptive survey was conducted in Korak Village Development Committee and a total 162 mothers having under-five children common childhood problem especially acute respiratory illness and diarrhea were selected purposively. Data was collected from 27th February to 26th March, 2016, using semi-structured interview schedule in Nepali version. Association between variables was measured by Chi-square test and regression analysis was performed to identify the factors affecting health seeking behavior.

Results: Only 42.6% of mothers of under-five children had formal health seeking behavior for common childhood illness. Formal health seeking behaviors was significantly higher among the mothers who were ≤ 25 years (OR 2.003, 95% CI:1.046-3.834),literate (OR 2.113, 95% CI:1.064-4.197), involved in other occupation than agriculture (OR 2.578, 95% CI:1.359-4.889),delivered at health institution (OR 4.336, 95% CI:1.695-11.092),had enough household income (OR 2.341, 95% CI:1.198-4.574), involved in household decision making(OR 2.482, 95% CI:1.189-5.184), perceived illness as severe (OR 21.614, 95% CI:7.142-65.413),had health facility within 30 minutes distance (OR 7.783, 95% CI:3.704-16.356), and perceived affordable cost for treatment (OR 3.059, 95% CI:1.377-6.797).

Conclusion: Less than half of rural mothers with under-five children seek for formal health care for common childhood illness specifically on managing diarrhea and respiratory illness. Age, educational status, occupation, place of delivery, annual household income, decision making, perceived severity of illness, availability of health facility and affordable cost for treatment are the factors influencing health seeking behaviors of mothers of under-five children. Hence, these factors should be taken into account for the promotion of appropriate health seeking behaviors among mothers.

Key Words: *Common Childhood Illnesses, Health Seeking Behaviors, Rural Mothers*

INTRODUCTION

Child health indicator such as Infant Mortality Rate (IMR) and Under-five Mortality Rate (U5MR) reflect the state of healthcare provision and social development of a country. [(1)] Globally an estimated 5.9 million children under 5 years old died in 2015, with a global under-five mortality rate of 42.5 per 1000 live births. [(1)] Almost half of the children died due to infectious diseases and conditions such as pneumonia, diarrhea, malaria, meningitis, tetanus, measles, sepsis and AIDS. [(3)]

Child mortality rate is highest in sub-Saharan Africa where 1 child in 12 dies before their fifth birthday, followed by South-East Asia where 1 in 19 dies before reaching 5 years. [(1)] Nepal also have high mortality rate of under-five children. According to Nepal Demographic Health

Survey (NDHS), infant and under five mortality rates are 46 per 1000 live birth and 54 per 1000 live birth respectively. Acute respiratory infection (ARI) and diarrheal disease remain the most leading causes of child deaths in Nepal which are preventable and treatable. [(4)] Prevalence of acute respiratory tract infection is 5% and diarrhea is 14% of two weeks preceding the survey whereas formal health care seeking pattern for ARI and diarrhea is 50% and 38% respectively. At these mortality levels, one in every 22 Nepalese children dies before reaching age of1 year and one in every 19 does not survive to his or her fifth birthday. [(4)]

Appropriate family and community health practices are crucial for improving the health status of children and decreasing childhood mortality in the majority of developing countries. [(5)] Large numbers of children are dying without reaching a health care facility and delayed in seeking formal health care in most of the developing countries. World Health Organization estimated that 20 percent child deaths from ARI globally could be reduced through prompt and appropriate care. [(6)] Many factors are associated with the appropriate health seeking behaviors of mothers such as place of residence, educational status of the mothers/care givers, age of the mothers /care givers, sex of child, type of sickness of children, distance of the health facility, private drug shop owner and some traditional beliefs and practices. [(7-9)] In addition several scholars have developed explanatory frameworks identifying predictors of health care utilization in different health care settings. [(10)] Moreover, researcher reported that mothers in developing countries often do not have sufficient knowledge to recognize danger signs of their children. [(11)] They do not have adequate information concerning access to appropriate health services and knowledge about the appropriate treatment.

Health care seeking practices for the treatment of children during their illness is low in Nepal. A study [(9)] reported that only 56.9% of mothers in village development committee sought treatment from health facility, 25.5% from traditional healer and 17.6% did not sought treatment. Likewise, study in Western Nepal found that only 26.4% of children were treated from formal source of health care. Information about family's care seeking behavior for common childhood illnesses is required to design appropriate child survival strategies in the areas where infant mortality rate is high. [(12)] Moreover, researchers noted that care providers of the ill child in rural area are basically seeking health care treatment from home for mild illnesses and from traditional healers for moderate or severe illnesses before visiting other health workers. [(13)]

Exploring the practice of appropriate health care seeking has a great potential for the intervention of appropriate health actions which will ultimately reduce the severe and life-threatening childhood illnesses. To researchers' knowledge, there are limited information related to health seeking practices for common childhood illness and factors associated with it in Nepalese context. Hence, this study was undertaken to identify the factors affecting health seeking behavior for common childhood illnesses among rural mothers whose child suffered from common childhood illnesses such as diarrhea and acute respiratory infections (ARI).

MATERIALS AND METHODS

Descriptive cross-sectional research design was adopted to find out health seeking behavior regarding common childhood illnesses among mothers. Study was carried out in Korak Village Development Committee (VDC) of rural Chitwan in which many disadvantaged and marginalized people such as Chepang, and Tamang are residing.The study population consisted of mothers having under-five children residing in selected VDC for more than six months. Total 162 mothers who were having children with symptom related to childhood illnesses two months prior to the study were included in study by

adopting purposive sampling technique. Data was collected after getting the proposal approval from Research Committee of Maharajgunj Nursing Campus and ethical approval from Institutional Review Board of Tribhuvan University, Institute of Medicine. Before data collection, written permission was taken from Korak VDC.

First of all, Female Child Health Volunteers (FCHV) of Korak VDC was approached. Then, households of under-five children were identified with the help of them. After that mothers were asked if they had child with symptoms related to common childhood illnesses two month prior to the study. Mothers who met the inclusion criteria were explained one by one aboutthe purpose of the study and role of the mother in the study. Written informed consent was taken from the mothers and data was collected through face to face interview technique using Nepali version semi-structured interview schedule. Privacy was ensured by collecting data from each mother in a quiet place of their house. Each mother was interviewed about 25 to 30 minutes. Each mother was assured for voluntary participation and confidentiality of the information given by him/her. Data were collected from 27/2/2016 to 26/3/2016 by researchers themselves. Descriptive statistics such as frequency, and percentage for categorical and mean and standard deviation for continuous variable were used. Inferential statistics (Chi-square test and Fisher's exact test) was used to reveal the association between different characteristics and health care seeking behavior of the respondents considering *p*- value < 0.05 as a significant. The strength of association between health care seeking behavior and different characteristics were measured by logistic regression test at 95% confidence intervals.

RESULTS

Nearly one third (32.7%) of mothers were in age group 21-25 years with mean age 25.22 (±5.79) years. More than half of mothers belonged to Tamang (53.7%) community. Half of them followed Buddhism (51.2%). Two third (66.0%) of mothers were literate and 52.5% were involved in agriculture. Fifty percent of mothers belonged to joint family and average family size was 6.40 (±2.27).Regarding characteristics of child, 29.6% of mothers had children of age12 to 23 months with the mean age was 24.19(±13.83) months. More than half (52.5%) of children were male and 37.7% of the children were born as first child in the family. Most of the children (84.6%) were born at their home (As shown in Table 1).

TABLE 1: Socio-demographic Characteristics of Mothers

Characteristics	Number	Percentage
Age in years (n= 162)		
≤20	42	25.9
21 – 25	53	32.7
26 – 30	39	24.1
≥31	28	17.3
Mean age (±SD): 25.22 (±5.79) years		
Ethnicity (n= 162)		
Tamang	87	53.7
Chepang	70	43.2
Dalit	4	2.5
Bramhin/Chhetri	1	0.6
Religion (n= 162)		
Buddhism	83	51.2
Christianity	44	27.2
Hinduism	35	21.6
Educational status (n= 162)		
Illiterate	55	34.0
Literate	107	66.0
Occupation		
Agriculture	85	52.5
Home Maker	64	39.5
Business	11	6.8
Other (Service, Labor)	2	1.2
Family structure		
Nuclear	75	46.3
Joint	87	53.7
Child's age in months		
≤11	34	21.0
12 – 23	48	29.6
24 – 35	44	27.2
≥36	36	22.2
Mean(±SD)= 24.19 (±13.83)		
Sex of child		
Male	85	52.5
Female	77	47.5
Birth order of child		
1st	61	37.7
2nd	38	23.5
3rd	26	16.0
4th	37	22.8
Place of delivery		
Health Institution	25	15.4
Home	137	84.6

Table 2 shows that less than half (49.4%) of mothers' annual household income was just enough for 6 to 12 months to feed their family. Majority of mothers were involved

in decision making for the treatment of their sick child (43.8% in couple and 27.2% by self) and more than half (57.4%) of mothers perceived the severity of presented illness as moderate level. On health services, two third (66.7%) of mothers have their nearest health facility at more than half an hour distance and 51.9% of mothers reported that the treatment cost is affordable to them.

Regarding the health seeking behavior of mothers, only 42.6% of mothers sought formal health care. Among them 53.6% of mothers sought care from private clinic while 46.4% sought care from government clinic (as shown in table 3).

Characteristics	Number	Percentage
Economic status: annual household income adequacy		
Enough for upto 6 months	29	17.9
Enough for 6 to 12 months	80	49.4
Enough for more than 12 months and surplus	53	32.7
Primary decision maker for treatment		
Couple	71	43.8
Self	44	27.2
Mother in law	32	19.8
Husband	13	8.0
Father in law	2	1.2
Perceived level of severity of illnesses		
Mild	31	19.1
Moderate	93	57.4
Severe	38	23.5
Distance to nearest health facility (n=162)		
≤ ½ an hour	54	33.3
>½ an hour	108	66.7
Cost affordability (n=108)		
Affordable	56	51.9
Unaffordable	52	48.1

TABLE 2: Enabling, Need and Health Services Related Characteristics of Mothers

TABLE 3: Health Care Seeking Behaviors of Mothers

Health Care Seeking Behaviors	Number	Percentage
First source of treatment (n= 162)		
Sought from formal health care	69	42.6
Sought from informal health care	93	57.4
Source of formal health care (n=69)		
Private health sector	37	53.6
Government health sector	32	46.4
Reason for seeking formal health care (n=69)		
Illness was only curable by medical treatment	41	59.4
Had good experience in past	24	34.8
Suggestions from family members & friends	4	5.8
Source of informal health care (n=93)		
Traditional healer	42	45.1
Pray for god	30	32.3
Self-home remedies	18	19.4
Bought medicine without prescription	3	3.2
Reason for seeking informal health care (n=93)		
Faith on their own treatment	39	41.9
Had good experience in past	19	20.4
Long distance to health center	16	17.2
Suggestions from family members & friends	11	11.9
Cheaper than medical treatment	8	8.6

According to bivariate analysis, health seeking behavior was significantly associated with age of mother (UOR 2.003, CI 1.046-3.834, educational status (UOR 2.113, CI 1.064-4.197), occupation (UOR 2.578, CI 1.359-4.889), place of birth of child (UOR 4.336, CI 1.695-11.092), household income (UOR 2.341, CI 1.198-4.574), mother's involvement in decision making (UOR 2.482, CI 1.189-5.184), perceived severity of illness (UOR 21.614, CI 7.142-65.413), distance to health facility (UOR 7.783, CI 3.704-16.356) and cost affordability (UOR 3.059, CI 1.377-6.797).

Multivariate analysis revealed that mothers' with age ≤ 25 years were three times more likely to seek formal health care than those with age > 25 years (AOR= 2.823, 95% CI: 1.058- 7.532). Likewise, mothers who delivered at health institution were five times more likely to seek formal health care than those who delivered at home (AOR= 5.011, 95% CI: 1.607-15.620). Similarly, mothers' whose household annual income was enough for ≥12 months were 2 times more likely to seek formal health care than those whose house hold income was enough for <12 months (AOR= 2.467, 95% CI: 1.018-

5.981). Mothers' involved in decision making for the treatment of their child were five times more likely to seek formal health care than those who were not involved in decision making (AOR= 4.654, 95% CI: 1.698- 12.753). Mothers' who are residing ≤ 1/2 an hour distance from health facility have eight times more likely to seek formal health care than those who are residing >1/2 an hour distance (AOR= 7.783, 95% CI, 4.668- 27.199). The most identified factors affecting formal health care seeking are mothers' involvement indecision making, residence less than half an hour distance, and health institution delivery. Overall, this model described 46.0% variance in the formal health care seeking of mothers of under-five children with common childhood illness.

TABLE 4: Multivariate Logistic Regression for Determining Factors Affecting Health Seeking Behaviors of Mothers

Characteristics	Source of Health Seeking		*p*-value	UOR (95%CI)	AOR (95% CI)
	Informal (%) (n=93)	Formal (%) (n=69)			
Age of mother					
> 25 years	45 (67.2)	22 (32.8)	0.038*	2.003 (1.046-3.834)	2.823 (1.058-7.532)
≤ 25 years	48 (50.5)	47 (49.5)			
Educational status					
Illiterate	38 (69.1)	17 (30.9)	0.672	2.113 (1.064-4.197)	1.237 (0.462-3.308)
Literate	55 (51.4)	52 (48.6)			
Occupation					
Agriculture	58 (68.2)	27 (31.8)	0.573	2.578 (1.359-4.889)	1.285 (0.538- 3.066)
Others	35 (45.5)	42 (54.5)			
Place of birth					
Home	86 (62.8)	51 (37.2)	0.005*	4.336 (1.695-11.092)	5.011 (1.607-15.620)
Health Institution	7 (28.0)	18 (72.0)			
Household income					
Enough for <12 months	70 (64.2)	39 (35.8)	0.046*	2.341 (1.198-4.574)	2.467 (1.018- 5.981)
Enough for ≥12 months	23 (43.4)	30 (56.6)			
Decision maker					
Others	34 (72.3)	13 (27.7)	0.003*	2.482 (1.189-5.184)	4.654 (1.698-12.753)
Mother's involvement	59 (51.3)	56 (48.7)			
Perceived severity level					
Mild & Moderate	89(71.8)	35 (28.2)	<0.001[a]*	21.614 (7.142-65.413)	-
Severe	4 (10.5)	34 (89.5)			
Distance to health facility					
>½ an hour	79 (73.1)	29 (26.9)	<0.001*	7.783 (3.704-16.356)	11.268 (4.668-27.199)
≤ ½ an hour	14 (25.9)	40 (74.1)			
Cost affordability (n=108)					
Unaffordable	37(71.2)	15 (28.8)	0.005*	3.059 (1.377-6.797)	-
Affordable	25 (44.6)	31 (55.4)			

*p- value significant at < 0.05, AOR: Adjusted Odds Ratio, CI: Confidence Interval, R^2= 0.456, Hosmer and Lemeshow test (χ^2= 4.799, p= 0.684) a Fisher's Exact test,

DISCUSSION

This study showed that less than half of rural mothers having under-five children, utilized formal health care services for common childhood illness. Formal health seeking behavior was influenced by mothers' age, education, occupation, type of delivery, annual household income, and involvement in household decision making for the treatment of child, perceived severity of illness, availability and affordability of the cost for treatment.

In present study42.6% of mothers sought care from source of formal health care. This finding is supported by the study conducted in western Nepal [(12)] and the study by NDHS in 2011. [(4)] However, studies conducted in rural area of West Bengal, [(14)] and Karachi, Pakistan [(15)] revealed higher health care seeking from formal health care facilities among the mothers. This difference in findings might be due to difference in awareness level, education status of mother, and geographical variation.

In this study, mothers less than or equal to 25 years were more likely to seek formal health care (p= 0.035, OR= 2.003, 95% CI= 1.046-3.834) than mothers aged more than 25 years. This finding is

consistent with other studies in Nairobi [16] and in Ethiopia [7] in which younger or lower age group mothers were more likely to seek formal health care than those mother with higher age group.

Current study demonstrated that literate mothers were more likely to seek formal health care (*p*= 0.031, OR=2.113, 95% CI= 1.064- 4.197) than illiterate mothers. Among literate mothers whose education level was secondary and above were more likely to seek formal health care (*p*= 0.004, OR= 3.948, 95% CI= 1.492-10.450) than those whose education was below primary level. And these findings is similar with other studies in Yemen, [17] Ethiopia, [7] Rural Tanzania [18] and India. [19]

This study revealed that the mothers whose occupation was other than agriculture were more likely to seek formal health care (*p*= 0.003, OR= 2.578, 95% CI= 1.359-4.889) than mothers involved in agriculture. This finding is in coherence with the finding of study conducted in Ethiopia. [7] However, contrast finding was revealed in the studies conducted in Nairobi Slums, [16] Nigeria [20] and India. [19] The discrepancy in findings might be due to different study setting and inclusion of mothers with different type of occupations.

In this study mothers who gave birth at health center were more likely to seek formal health care (*p*= 0.001, OR=4.336, 95% CI= 1.695-11.092) than those who gave birth at home. This finding is supported by the national survey in India [21] which showed that child's place of delivery was associated with utilization of health services.

Present study showed that mothers whose annual household income was enough for more than 12 months and surplus were more likely to seek formal health care (*p*= 0.012, OR=2.341, 95% CI=1.198-4.574) than those whose annual household income was enough for less than 12 months. Similar findings are reported in the studies conducted in Ethiopia [6, 22] and Nigeria. [20]

This study revealed that mothers who involved in decision making for treatment of ill child were more likely to seek formal health care (*p*= 0.014, OR=2.482, 95% CI=1.189-5.184) than those who were not involved in making decision. Consistent to this, studies conducted in Western Kenya [23] and Rural Tanzania [18] revealed that low decision making power affect negatively on health seeking behavior of women.

Regarding accessibility of health services, mothers who resided less than half an hour to reach nearest health facility were more likely to seek formal health care (*p*<0.001, OR=7.783, 95% CI= 3.704-16.356) than those who resided more than half an hour distance from the nearest health facility. Similar findings were also reported by other studies in Ethiopia [7] and Rural Tanzania. [18]

Perceived severity of illness and affordability of health care cost were found as independent factors of health care seeking behavior of mothers in this study. Those mothers who perceived the present illness as severe and affordable cost for the utilization of health services were more likely to seek formal health care (*p*<0.001, OR=21.614, 95% CI= 7.142-65.413) than those mothers who perceived as mild/moderate condition and perceived the cost of health service as unaffordable. This finding is consistent with the study conducted in Ethiopia, [6] Yemen [17] and Karachi, Pakistan. [15]

CONCLUSION

Based on the findings it can be concluded that less than half of rural mothers with under-five children seek for formal health care for common childhood illness in Chitwan. In addition, mothers aged less than or equal to 25 years, literate, occupation other than agriculture, delivered child in health institutions, have enough annual household income, involve in decision making for the treatment of child, residing in nearer place to health facility and afford cost of treatment tends to seek formal

health care. Hence, there is need for the promotion of formal health care seeking behavior particularly among rural mothers who are illiterate, who belong to low household economic status and who do not involve in decision making for their child's treatment. In addition, health policies should give more consideration on facilitation of behavior change communication as well as accessibility of health services with affordable cost.

ACKNOWLEDGEMENTS

We would like to acknowledge to Institutional Research Committee of Institute Of Medicine, Nepal, Authorities of Maharajgunj Nursing Campus, Associate Prof, BhivavAdhikari. Also to all the respondents who participated on this study.

Limitations

Data on health seeking behaviors depends on verbal responses of the mother which could not be observed during the period of illness while seeking care to manage the illness.

Conflict of Interest

The authors declared that there are no potential conflicts of interest among authors, financial or otherwise.

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How to cite this article: Sigdel D, Onta M, Bista AP et.al. Factors affecting health seeking behaviors for common childhood illnesses among rural mothers in Chitwan. Int J Health Sci Res. 2018; 8(11):177-184.

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