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Health Seeking Behavior of Mothers or Primary Caregivers and Associated Factors for Under Five Children with Illness among Mothers Attending Bake Jama Health Center, Nekemte, East Wollega, Oromia Regional State, Ethiopia

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Abstract

Introduction: Health-seeking behavior is a function not only by the availability of health facilities and other sources of healthcare but also the motivation and ability of individuals to seek medical treatment. Treatment or care-seeking is highly variable by illness symptoms, mothers or caregiver's perception of illness as well as cultural and societal perception of child in care in sub-region

Objectives: To assess health seeking behavior of mothers or primary caregivers and associated factors for fewer than five children with illness attending Bake Jama health center, Nekemte, East Wollega, Oromia Regional State, Ethiopia 2017.

Method: Institutional based cross-sectional study design was conducted. A total of 243 responds with 100% response rate was participating in the study. Pretest was conducted before actual time of data collection. Consecutive sampling was used to select the participants. Data was interred SPSS version 20 for further analysis and summarization. Descriptive statistic's was used to describe socio-demographic characteristics of participants and factors related to illness of under five children and health seeking of mothers or primary caregivers.

Results: A total of 243 study respondents with a response rate of (100%) of which 47 (19.3%) of mothers or primary care givers have child sickness prior to this contact. The mean age of mothers was (28.35 ± 5.8) SD year and of the children was 16.4 ± 10.173 months. Most of the children's mothers or primary caregivers come during time data collection were found between age group of 12-23 months 42.4%. Seeking health care after child sickness of among the respondents indicates 67.08% visit health facility after 3 days and above of infection.

Conclusion and recommendation: Significant number of children 19.3% of children had an illness prior to this visit. They're still a major challenge and treatment seeking behavior of mothers or primary care giver like that giving medication available at home, and traditional medicine which have a major impact over the health of children. Accordingly, we want to recommend health extension workers to work on sign of child illness and early identification and treatment seeking and type of childhood treatment.

Keywords: Caretakers; Childhood illness; Seeking behavior

Introduction

According to world health organization report of 2015 indicates 5.9 million children under age five died in 2015, nearly 16,000 every day 83% of deaths in children under age five are caused by infection, neonatal or nutritional conditions [1]. Treatment or care-seeking is highly variable by illness symptoms, mothers or caregiver's perception of illness as well as cultural and societal perception of child in care in sub-region. Treatment seeking across countries in Eastern Africa ranged from 14% to 72% for certain symptoms of childhood illness [2]. Poor recognition of danger signs was not the only barrier to care-seeking. Maternal or caregivers care-seeking can be inhabited by factors like that of having no money to pay doctor's fees (25%), having no money to purchase medicines (19%) and having no money for transport to the health center (11%) and to some extent it might raise the need to seek permission or collect money from a spouse and the seclusion of young infants during the first few months of life [3]. Most of mothers or primary caregivers knew danger sign of their child's illness as a study result from Pakistan indicates, None were aware of all danger signs and 27% were aware of fever, 24% knew about the child getting sicker, 12.8% knew about the child's fast breathing, 11% knew that child has difficulty in breathing and is not able to breast feed respectively [4]. Mothers or primary care givers attributes like socio-economic status, mother's knowledge, beliefs about cause of disease traditional beliefs, lifestyle, educational status and behavior have a greater impact on determining children health starting from health promotion, disease prevention, and assistance in early diagnosis and important part of their children care [5].

According to the result of analysis from Ethiopian Demographic and health survey of 2011 conducted in 2015 indicates, among total children having illness only 27.2% were taken to a health facility for care [6].

According to the result of a study from Zambia indicates not playing 79.2%, not eating or drinking 48.1%, difficult to wake 35.8%,

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high fever 88.2%, vomits everything 39.6%, difficulty of breathing 25%, convulsions 23.1% were used as sign of rating severity of childhood illness for mothers or primary caregivers with under five children [7].

An analytic study from Nigeria conducted in 2016 on care seeking behavior of parents for children suspected with pneumonia indicates, the mean (Standard Deviation (SD)) age of the children was 28.1 (17.3%) months with a range of 0-59 months [8].

Study from India indicates that 39% (463) children had got some health-related problems in the 15 days preceding the survey 2015. The most common problems faced by the children were cold and cough, crying for unknown reasons, and fever, the prevalence of which were found to be 34.7%, 32.7%, and 32%, respectively. Teething in children was also counted as a problem with mothers [9].

Study results from Nigeria in 2016 indicates that, living in an urban setting, maternal educational level, the total duration of maternal education, increasing paternal educational level, wealth index, and who the decision maker was regarding the mother's health were factors that significantly associated with care-seeking behavior for childhood illness [8].

Result from analysis of Ethiopian 2011 data in 2015 indicates that for both urban and rural residences, smaller family size and having had prenatal care were statistically significant contributors to help-seeking for childhood illness. For urban residence, mothers who had at least had primary education were also more likely to seek help [6].

Primary caregivers or mothers can be influenced by different factors like distance from health facility, lack of money, need permission from husband and hiding from other (seclusion) of young infants during the first few months as evidenced from Ghana indicates having no money to pay doctor's fees (25%), having no money to purchase medicines (19%) and having no money for transport to the health center (11%). Other barriers to care-seeking that was explored, but that were of lesser importance were: the need to seek permission or collect money from a spouse and the seclusion of young infants during the first few months of life. Issues around perceived quality of care were also mentioned, but rather than stopping care-seeking they resulted in caregivers bypassing smaller health facilities by preferring of larger one's life [3].

Childhood illness can be differ among different age groups of under five children, type of illness as well as marital status of primary care givers or mothers. The predominant age group affected by childhood illness was between the ages of 12 and 23 months (28.7%) children having fever were significantly associated with a decreased chance of seeking appropriate care were being married [10].

Care-seeking or health care seeking of primary care givers or mothers can be influenced by their educational status as well it will influence the type of treatment then seek for their children differ as their education status differ. Primary caregivers or mothers with tertiary education 70.0% used hospitals greater than to those with secondary 60%, primary 68%, and no education (60%). In another way primary caregivers or mothers with no formal education, 14.0% and those with primary education, 20% used traditionally and/or spiritual treatment greater than those with tertiary and secondary school education. Health care seeking or treatment seeking can be differ base on sex of children, even which can be evidenced by study from Tribal of India in 2015 no treatment for 16.5% of male while 42% of female, treatment of public sector, 68.3% and 44.8% females and treatment at private sector 15.2% for male and 13.2% for female children with illness [11].

Study from eastern Nigeria indicates that Mothers with single child at home with illness less than five years prefer to administer drugs at home, tepid sponge or stripe the baby naked compared to those with more children (2 and above) who prefer to use the hospital when the face illness [12]. The majority of mothers went for home remedies 50.1%, visiting private health care facilities 23.2%, visiting government health care facilities 15.5%, and medication by their own 11.2% for management of their child's illness as a study result from India indicates [9].

According to cross-sectional study research from India illustrates the majority of mothers sought health care for children in healthcare facilities after their illness of which 60% visited private health facilities. Little of mothers did not do anything for the treatment of health problems of their children and 3.3% visited some religious place or approached spiritual healers to seek care. Many mothers used home remedies for treatment of their child's illness [9]. Study from Nigeria in 2014 states that 38% of study participants will prefer to give drug at home, even if subsequent action is required in the future, 32% administer home drugs, 4% tepid sponge, 16% striped the baby naked, 48% of the took to hospital [12]. Result from study conducted on care seeking behaviors of developing country on danger sign of childhood pneumonia in developing country illustrates that 64% took their children to the hospital, 30.8% either bought drugs over the counter or visited the patent medicine dealer for treatment, 4.0% communicate with the traditionalist, and 1.2% took their child to the church for prayers and spiritual healing of their children illness [13].Community based cross-sectional study from Tribal of India states that 27.9% did not seek treatment for their children, 57.8% took their children to public sector and 14.3% of the visit health facility for treatment of their children [11].

The time for action taking might be different from individuals to individuals as wel1 as different from culture to culture or perception of primary care givers or mothers or differ from country to country this can be evidenced by a study from eastern Nigeria as the gap between the sign and symptom of disease and action taken 50% give management or took for treatment to their children 50% immediately, 40% action less than 24 hours, action more than 24 hours 10% [12]. Most primary care givers or mothers started giving home remedies to children on the same day of the onset of their child's illness. The Majority of primary care givers or mothers who sought care at health care facilities visited health facilities on the second or third day of the onset of illness [9].

Materials and Methods

Study design, setting and participants

Facility based cross-sectional study was employed in Nekemte town Bake Jama health center from April–May 2017. Nekemte is the capital city of East Wollega, which is located at 328 km in the west direction of the Addis Ababa capital of the country.

Sample size and sampling technique

The sample size was determined using a single population proportion formula with 72.7% prevalence of maternal or care givers, health seeking behavior for child to illness. Gives 221 and adding 10% non-response rates, the final sample size was 243.

Non-probability sampling technique was used to select patients, by considering mothers or primary caregivers having children with fewer 5 years old. Then each study participant was selected using a consecutive sampling technique until the sample size is maintained. Respondents are asked about the resent past 2 week history of the under five children

illness.

Data collection tools and methods of data collection

Data was gathered by 38 structured and semi structured questionnaire, containing 14 questions of socio-demographic, 10 questionnaires to assess health seeking behavior of primary caregivers and 14 questions to assess factors affecting health care seeking behavior of primary care givers related. The data were collected by four Bsc nurses, individuals and one senior nurse as supervisor assigned for data collection at the health center. Training was given for data collectors and supervisor in accordance with objective of the study. There was continuous monitoring and evaluation at time of data collection.

Data quality control and management

A questionnaire was first prepared in English and translated into Afan Oromo then back to English prior to study with another Language expert. Pretest was conducted on 5% (12) of the calculated sample size of mothers or primary caregivers, those who were not actual study participants at the Cheleleki health center before actual data collection period. The result based on the result of pretest necessary modification and adjustment was made on the tool. A Questionnaire was checked on a daily basis for completeness during actual data collection by supervisor.

Data analysis and interpretation

The collected data were entered into SPSS version 20 and necessary analysis and summarization of the data was made. Univariate analysis was made for socio-demographic, clinical and factors associated with the Health care seeking behavior of mothers or primary caregivers. Descriptive analysis was made to compare the variables with each other.

Ethical considerations

The study was approved and the ethical clearance letter was obtained from Institutional Review Board (IRB) of College of health science, Wollega University and was given to the east Wollega health department to undertake formal investigation. A consent sheet was prepared, translated to local language Afan Oromo and attached to the questionnaire on a separate page. Within consent sheet the purpose of the study was stated and there is explanation that there is no way to cause any harm to the study subjects. Oral consent and written consent were obtained from study participants. To ensure confidentiality: the consent sheet indicates that there was no participant's identifier to be written on the survey questionnaire. That there is no individual's child or care, primary caregivers will be reported. Everybody was participated voluntarily.

Results

Socio demographic characteristics of respondents

A total of 243 mothers/primary caregiver's data was included in this study with a response rate of 100%. The mean age of mothers was 28.35 ± 5.8 SD/year and of the children was 16.4 ± 10.173 months. Most of the children's mothers or primary caregivers come during time data collection were found between age group of 12-23 months 42.4% (Table 1).

Around half (51.4%) of mothers were between 25-29 years. Regarding to educational status, 224 (92.2%) mothers were educated. The majority (73.7%) of study participants were unemployed mothers. Most of study participants were urban residence with 237 (97.5%) and most of under five children the avail at health facility with 136 (56%) of female in sex (Table 1).

Variables	Category	Frequency	Percent
Age of mother	15-19	4	1.6
	20-24	50	20.6
	25-29	125	51.4
	30-34	45	18.5
	35-39	17	7
	40-44	1	0.4
	≥45	1	0.4
	Total	243	100
Age of the child	0-5 months	19	7.8
	6-11 months	74	30.5
	12-23 months	103	42.4
	24-35 months	28	11.5
	36-47	13	5.3
	48-49	6	2.5
	Total	243	100
Marital status	Married	230	94.2
	Divorce	12	4.9
	Widowed	2	0.8
	Total	243	100
Religion	Orthodox	73	30
	Muslim	77	31.7
	Protestant	93	38.3
	Total	243	100
Ethnicity	Oromo	209	86
	Amhara	27	11.1
	Others	4	1.6
	Tigre	3	1.2
	Total	243	100
Educational status of mothers/care giver's	Secondary	102	42
	Primary	73	30
	Diploma or above	46	18.9
	Illiterate	15	6.2
	Read and write	4	1.6
	Certificate	3	1.2
	Total	243	100
Occupational	House wife's	179	73.7
	Governmental work	52	21.4
	Daily worker	5	2.1
	Merchant	5	2.1
	Farmer	2	0.8
	Total	2432	100
Distance from nearest health institution	01-Mar	222	91.4
	>3	21	8.6
	Total	243	100
Family size	02-May	213	87.7
	>5	30	12.3
	Total	243	100

Table 1: Socio demographic characteristics of mothers/care-givers and the selected youngest child, in Bake Jama health center, Nekemte town, East Wollega, Ethiopia, 2017.

Clinical characteristics of Under-five children

Seeking health care after child sickness of among the respondents attending Bake Jama health center indicates 67.08% visit health facility after 3 days and above of infection and 3.29% on the same day of infection (Figure 1). A total of 243 mothers/primary caregivers was asked about the health status of the selected under five children in the

4 weeks proceeding to this study. The overall 4 weeks prevalence of childhood illness that had one or more symptoms of disease was 47 (19.3%). According to the mothers/care givers the causes of childhood illness were microorganism 23 (48.9%). Most of the mothers/care givers classified childhood illnesses as moderate were 36 (78.72%) and more than half of mothers/care givers identified the severity of childhood illness when a child refused to eat or breast feed were 35 (74.46%). Among all study participants 24 (51.1%) were used childhood illness sign and symptoms to identify the cause of illness. Most of the respondents 23 (48.9%) believed that the importance of identifying childhood illness were to decide its management (Table 2).

Factors affecting health care seeking behavior of primary caregivers

More than half of the mothers/care givers 142 (58.4%) perceived that identifying the severity of childhood illness were important to identify the cause of childhood illness and 227 (93.4%) mothers/care givers believed that Community or institution health workers were the most successful persons for treating childhood illness. In another way 227 (93.4%) mothers/care givers were perceived that treating childhood illness from governmental health care unit had importance. Most of the mothers/caregivers 188 (77.4%) were decided about their childhood illness, treatment with family member especially the husband.

The Majority of mothers were aged between 25-29of which 120 (96%) of them seek treatment for the recent illness while 20-24 year age mother around 4 (8%) did not health care for their recent childhood illness. Children with age group between 23-23 months seek health facility than other children with 98 (95.1%) of them seek health facility with mother/primary caregivers for their recent illness. Out all children 12 (4.9%) of them did not seek health facility for their recent illness) (Table 3).

Mothers/primary caregiver's educational level of Diploma/above 8 (3.3%) seek health facility on the same day of their children illness symptom. Most of illiterate mothers/primary caregivers 70 (28.8%) seek care for their child illness after three and above days. Even though housewife's has a high contact with their child most of them 72 (29.63%) took their child to a health facility after three and above days. Mothers or primary care givers 83 (34.17%) with an average monthly income of less than 500 Ethiopian Birr took their child after three or above of occurrence of sign and symptom (Table 4).

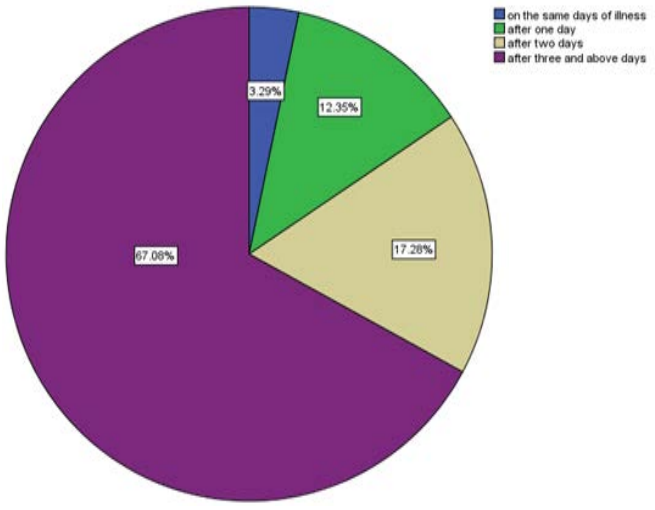

Figure 1: Shows days of seeking health care after child sickness of among the respondents attending Bake Jama health center, Nekemte town, East wollega, Ethiopia, May, 2017.

Variable	Category	Frequency	Percentile (%)
Child with sickness in the last four weeks	Yes	47	19.3
	No	196	80.7
	Total	243	100
Causes of childhood illness	Shortage of nutrient	8	17
	Microorganisms	23	48.9
	curse of God	2	4.25
	Teething	8	17
	Contaminated food and water	6	12.76
	Total	47	100
Action taken	I gave drugs available in the house	3	6.38
	took to private clinic	22	46.8
	took to government health facility	19	40.4
	traditional medicine	1	2.13
	gave nothing	1	2.13
	Total	47	100
how sever was your child illness	Severe	7	14.9
	Moderate	37	78.72
	Mild	3	6.38
	Total	47	100
The method used to identified severity of childhood illness	By collection of sign and symptoms(vomiting, fever)	7	14.9
	When refuse to eat or breast feed	35	74.46
	If the illness continue for long time	5	10.63
	Total	47	100
The use of identifying Childhood illness?	To Decide on management	23	48.9
	To identify the cause	24	51.1
	Total	47	100
Days of you seek care for your child illness.	after one day	2	4.3
	after two day	3	6.5
	after three and above days	42	91.3
	Total	47	100

Table 2: Clinical Attributors of Childhood Illness, Health seeking of Mothers/ Care givers in Bake Jama health center, East Wollega, Nekemte Town, 2017.

Among 47 mothers or primary caregivers with child illness 35 (21.5%) of the seek treatment after three days and above while most of children with illness were found between age group of 12-23 in months. According to our study 28 (19.7%) of mothers/primary caregivers were used childhood illness sign and symptoms for identifying causes of disease (Table 5).

Regarding treatment given to previous childhood illness prior to this visit all children between the age group of 36-47 months used government health facility for treatment of their illness. Mothers or primary caregivers with age group between 25-29 years used private clinics for their children illness 10 (58.8%) while those within the age group of between 30-34 years 6 (60%) used government health facility for treatment of their child's illness (Table 6).

		Treatment seek for recently observed symptoms		Total
		Yes	No	
Under-five classification	0-5 months	16 (84.2%)	3 (15.8%)	19 (100.0%)
	6-11 months	72 (97.3%)	2 (2.7%)	74 (100.0%)
	12-23 months	98 (95.1%)	5 (4.9%)	103 (100.0%)
	24-35 months	26 (92.9%)	2 (7.1%)	28 (100.0%)
	36-47months	13 (100.0%)		13 (100.0%)
	48-59 months	6 (100.0%)		6 (100.0%)
	Total	231 (95.1%)	12 (4.9%)	243 (100.0%)
Age classification of mothers	15-19	2 (50.0%)	2 (50.0%)	4 (100.0%)
	20-24	46 (92.0%)	4 (8.0%)	50 (100.0%)
	25-29	120 (96.0%)	5 (4.0%)	125 (100.0%)
	30-34	44 (97.8%)	1 (2.2%)	45 (100.0%)
	35-39	17 (100.0%)	-	17 (100.0%)
	40-44	1 (100.0%)	-	1 (100.0%)
	≥45	1 (100.0%)	-	1 (100.0%)
	Total	231 (95.1%)	12 (4.9%)	243 (100.0%)

Table 3: Treatment seeking behavior of primary care givers or mothers for recently observed sign and symptoms among primary care givers or mothers attending Bake Jama health center, at Nekemte, East Wollega, Oromia Regional State, Ethiopia 2017.

Variables	Category	Days of seeking care for child illness			
		On the same days	After one	After two days	After three and above days
Religion	Orthodox	0	8 (3.3%)	14 (5.8%)	63 (25.9%)
	Muslim	3 (1.23%)	12 (4.93%)	20 (8.23%)	47 (19.34%)
	Protestant	5 (2.05%)	10 (4.11%)	12 (4.93%)	53 (21.81%)
Education	Illiterate	0	0	12 (4.93%)	70 (28.8%)
	Read and write	0	5 (2.05%)	16 (6.6%)	30 (12.34%)
	Primary	0	6 (2.5%)	10 (4.11%)	23 (9.5%)
	Secondary	0	5 (2.05%)	8 (3.3%)	25 (10.29%)
	Certificate	0	8 (3.3%)	6 (2.5%)	10 (4.11%)
	Diploma/above	8 (3.3%)	6 (2.5%)	2 (0.82%)	5 (2.05%)
Occupation	House wife's	0	2 (0.82%)	10 (4.11%)	72 (29.63%)
	Governmental	8 (3.3%)	20 (8.23%)	16 (6.6%)	10 (4.11%)
	Merchant	0	2 (0.82%)	6 (2.5%)	23 (9.5%)
	Farmer	0	4 (1.65)	4 (1.65)	27 (11.11%)
	Daily laborer	0	2 (0.82%)	6 (2.5%)	31 (12.76%)
Income	<500	0	1 (0.41%)	12 (4.93%)	83 (34.17%)
	501-1000	1 (0.41%)	4 (1.65)	8 (3.3%)	40 (16.46%)
	1001-1500	1 (0.41%)	6 (2.5%)	3 (1.23%)	17 (6.99%)
	1501-2000	2 (0.82%)	4 (1.65)	2 (0.82%)	65 (26.74%)
	2001-2500	3 (1.23%)	11 (4.5%)	4 (1.65)	4 (1.65%)
	>2500	1 (0.41%)	4 (1.65)	3 (1.23%)	6 (2.5%)
With whom you decide child treatment	Previous experience	3 (1.23%)	10 (4.11%)	17 (6.99%)	86 (35.39%)
	with family	4 (1.65)	16(6.6%)	18 (7.41%)	104 (42.8%)
	with health worker	1 (0.41%)	4 (1.65)	5 (2.05%)	23 (9.5%)

Table 4: Occurrence of childhood illness and days of seeking care health care Mothers/primary care givers among attending Bake Jama health center, at Nekemte, East Wollega, Oromia Regional State, Ethiopia 2017.

Discussion

In our study maternal or primary caregiver health seeking behavior was 231 (95.1%) of study respondents seek health facility for their recently observed symptoms which indicates a slight modification than study conducted in Bahirdar in 2013 which was 72.7%. The difference might be due difference in study respondents place of residence and time of the study [14].

In another day around 47 (19.3%) of study respondents have childhood illness in the last four weeks prior to this visit to health facility which has a slight modification than study conducted in Bahirdar Ethiopia in 2013 which was 26.5% the difference might be due to difference in health care system utilization by mothers or primary care and health care workers' effort within our study area since most respondents were from urban [14].

Commonest age group affected by sickness in our study was 21.4%, which in line with a study conducted in Nigeria on health seeking

		Child sickness past four weeks		Total
		Yes	No	
Treatment seeking time	on the same days of illness	1 (12.5%)	7 (87.5%)	8 (100.0%)
	after one day	3 (10.0%)	27 (90.0%)	30 (100.0%)
	after three and above days	35 (21.5%)	128 (78.5%)	163 (100.0%)
	Total	47 (19.3%)	196 (80.7%)	243 (100.0%)
Participant of decision making to select site of child illness treatment	from previous experience	10 (32.3%)	21 (67.7%)	31 (100.0%)
	with one of family members	36 (19.1%)	152 (80.9%)	188 (100.0%)
	with health workers	1 (4.2%)	23 (95.8%)	24 (100.0%)
	Total	47 (19.3%)	196 (80.7%)	243 (100.0%)
Advantage of identifying child illness sign and symptom	to decide its treatment	19 (18.8%)	82 (81.2%)	243 (100.0%)
	to identify the cause	28 (19.7%)	114 (80.3%)	142 (100.0%)
	Total	47 (19.3%)	196 (80.7%)	243 (100.0%)
Age of mother	15-19	2 (50.0%)	2 (50.0%)	4 (100.0%)
	20-24	11 (22.0%)	39 (78.0%)	50 (100.0%)
	25-29	17 (13.6%)	108 (86.4%)	125 (100.0%)
	30-34	11 (24.4%)	34 (75.6%)	45 (100.0%)
	35-39	6 (35.3%)	11 (64.7%)	17 (100.0%)
	40-44	0	1 (100.0%)	1 (100.0%)
	≥45	0	1 (100.0%)	1 (100.0%)
	Total	47 (18.8%)	196 (80.7%)	243 (100%)
Severity rating of child illness prior to this contact	Sever	3 (12.0%)	22 (88.0%)	25 (100.0%)
	Moderate	40 (19.2%)	168 (80.8%)	208 (100.0%)
	Mild	4 (40.0%)	6 (60.0%)	10 (100.0%)
	Total	47 (19.3%)	196 (80.7%)	243 (100.0%)
Under-five classification	0-5 months	5 (26.3%)	14 (73.7%)	19 (100.0%)
	6-11 months	13 (17.6%)	61 (82.4%)	74 (100.0%)
	12-23 months	22 (21.4%)	81 (78.6%)	103 (100.0%)
	24-35 months	4 (14.3%)	24 (85.7%)	28 (100.0%)
	36-47months	2 (15.4%)	11 (84.6%)	13 (100.0%)
	48-59 months	1 (16.7%)	5 (83.3%)	6 (100.0%)
	Total	47 (19.3%)	196 (80.7%)	243 (100.0%)

Table 5: Child sickness and variables compared with child sickness of health care seeking behavior of primary care givers among mothers attending Bake Jama health center, at Nekemte, East Wollega, Oromia Regional State, Ethiopia 2017.

		What treatment you gave?					Total
		Home treatment with available drug	Took to private clinic	Took to government health facility	Traditional medicine	Gave nothing	
age of the mother	15-19	1 (50.0%)	0	1 (50.0%)	0	0	2 (100.0)
	20-24	1 (9.1%)	4 (36.4%)	4 (36.4%)	1 (9.1%)	1 (9.1%)	11 (100.0%)
	25-29	1 (5.9%)	10 (58.8%)	6 (35.3%)	0	0	17 (100.0%)
	30-34	0	4 (40.0%)	6 (60.0%)	0	0	10 (100.0%)
	35-39	0	4 (66.7%)	2 (33.3%)	0	0	6 (100.0%)
Under five classification	0-5 months	0	3 (75.0%)	1 (25.0%)	0	0	4 (100.0%)
	6-11 months	2 (15.4%)	6 (46.2%)	5 (38.5%)	0	0	13 (100.0%)
	12-23 months	0	12()	10()	0	0	22 (100.0%)
	24-35 months	1 (25.0%)	1 (25.0%)	1 (25.0%)	1 (25.0%)	0	4 (100.0%)
	36-47months	0	0	2 (100.0%)	0	0	2 (100.0%)
	48-59 months	0	0	0	0	1 (100.0%)	1 (100.0%)

Table 6: Child sickness and treatment given for child hood illness prior to this this visit with child sickness of health care seeking behavior of primary care givers among mothers attending Bake Jama health center, at Nekemte, East Wollega, Oromia Regional State, Ethiopia 2017.

behavior of mother our primary care on febrile illness in 2016 [10].

Mothers will undertake different activities to manage their childhood illness at home or by taking their child into different modern traditional illness treating institution. Accordingly, in our study 22 (46.8%) of respondents took their children to private clinics which is slightly less than study conducted in India, which was 60% [9]. The difference might be difference of cultural and educational background of study participants. In this study 19 (40.4%) took to governmental health facility before the current visit illness of their children, which is consistent with a study conducted in Zambia which was 40.2% [7], and in Nigeria which was 48% [12]. The result was slightly higher than study conducted in Ethiopia from data 2011, Tanzania and Pakistan, which were (27.2%), (21%) and (11.7%) respectively, were taken to a

health facility for care [4,6,15]. The difference might be due difference in information status of study respondents and place of residence in which of most this study respondents were from urban residence. In another way 3 (6.38%) in Zambia which was 9.2% gave drugs available at their home and around 2 of respondents took to traditional medicine and give nothing until improvement for their childhood illness which is similar study result from Zambia in 2012 [7].

In our study 35 (74.46%) of respondents use their child refusal of eating to level severity of the illness 7 (14.9%) use sign and symptoms like vomiting and fever of children to estimate their children while 5 (10.63%) of them use duration of illness of their children which in line with a study conducted in rural Zambia in 2012 [7].

Mothers or primary caregivers seek health facility at different time after their child's illness prior to this visit which may differ from individual to individual accordingly in this study, 67.08% of respondents seek health facility after three and above days of their child's illness which in line with studies conducted in 2015 which states majority of study respondents take action for their prior illness after two, three and above days of their child's illness [9]. While 3.29% seek health facility on the same day of their childhood illness which is contradictory with a study conducted in Nigeria 2014 which was 40% of study respondents seek intervention for their children for less than one day when their child face stated significantly [12].

Conclusion and Recommendation

Significant number of children 19.3% of children had an illness prior to this visit. They're still a major challenge and treatment seeking behavior of mothers or primary care giver like that giving medication available at home, and traditional medicine which have a major impact over the health of children. Most of respondents did not go to health facility and treatment early which again have an impact over the growth and future health status of children. Accordingly, we want to recommend health extension workers to work on sign of child illness and early identification and treatment seeking and type of childhood treatment. Researchers have to conduct study by using advanced method for identification of other factors contributing for childhood illness and mothers or primary caregiver's behavior.

Competing of Interests

There is no competing interest

Authors' Contribution

GF, BW and LD, were participated in proposal development, field work, data analysis and interpretation, report writing, and manuscript preparation in addition GF drafted the manuscript. All authors reviewed, read and approved the final version of the manuscript.

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