# Health-Care Seeking Behaviour of Nursing Mothers on Childhood Killer Diseases in Rural Communities of Ondo State, Nigeria

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**Abstract**
Successive administrations in Nigeria have been battling with the challenges of reducing the rate of infant mortality, by improving medical services to the nursing mothers. While available statistics have showed an appreciable drop of infant mortality in cities and urban centres due to curbing child-killer diseases, the same feat has not been recorded in rural communities. This study therefore assessed health-care seeking behaviour of nursing mothers, especially on selected childhood killer diseases, viz: measles, tetanus, polio and jaundice in rural communities of Ondo State, Nigeria. Communities in Ese-Odo local government were randomly selected, 125 nursing mothers participated in the study with the aid of an interview-based questionnaire. Results of the Analysis of Variance (ANOVA) depicted a significant difference on preference for health-care centre (government hospital, spiritual homes and traditional healing homes) on Measles $F(3,124)=28.67, P<.05$) and Jaundice: $F(3,124=8.69, P<.05)$. Further analysis confirmed that some participants have no government hospital or health centre in their community; as a result, many tended to patronize spiritual homes and traditional healing homes for their baby deliveries and health care. The study therefore concluded that rural dwellers have confidence in traditional health practitioners and spiritual healers. It recommended that government should expand the health-care system in the state to the rural areas, including spiritual and healing homes; and train their practitioners in modern-day health procedures and first aid administration.

**Keywords**: Health-Care, Nursing-Mothers, Ondo State, Rural Communities, Vaccine Preventable Diseases (VPD).

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## Introduction

The inability of Nigeria to meet-up with the Millennium Development Goals (MDGs) health care delivery system that ended in 2015 did not come as a surprise. This is not to say that the three tiers of governments did not strive to achieve the goals through policy formulation and implementation, but the gaps were to clearing and obvious. For instance, we observed gaps in the commitment and budgetary allocation (to health sector) across the tiers of government, there were infrastructural gaps across in health care centres and most importantly, there were apparent apathy of citizenry on appropriate health-care seeking behaviour.

Health seeking behaviour could be described as the sequence of actions taken to promote health and prevent disease (Likawunt, Samuel & Yitagessu, 2018). Health-care seeking behaviour is a function of many factors. The factors include the physical environment, the individuals' social economic class, and belief system amongst others (Ajibade, Amoo, Adeleke, Oyadiran, Kolade & Olagunju, 2013). In effect, provision of good health-care system alone is not enough to achieve targets of health-care delivery projections, but peoples' dispositions, attitudes and characteristics determine to a great extent in achieving the set goals. Though, Nigeria like other countries in the globe has subscribed to the Sustainable Development Goals (SDGs), it is not out of place to evaluate the Millennium Development Goals (MDGs) that preceded SDG, especially on the health-care delivery goals four and five that concentrated on reducing child mortality and improving maternal health respectively. This will help to evaluate the MDGs in order to provide correction for the attainment of the Goal 3 –Good Health and Wellbeing of the SDGs on or before year 2030.

In health-care delivery system, certain group of people are dependent upon the decision of others, from which their health status will be determined. For instance, infants and children are at the mercies of their mothers' for major decisions in their health-care seeking behaviour. The early or late detection of symptoms of illness, the decisions to treat or not to treat and where to treat them depends entirely on the nursing mothers. Ironically, infants and children are relatively more susceptible to diseases and infections than adults, and where the right decisions are not taken; there might be a high rate of infant mortality (Ahmed, Sobhan, Islam & Khuda, 2001).

Therefore, if Goal 3 of the SDG will be fully achieved, the health-care seeking behaviour of mothers should be looked into beyond mere provisions of health-care facilities and professionals in government hospitals. The attitude of mothers to health-care system could be explained in a number of ways; Atwine, Hultsjo, Albin and Hjelm (2015) and Ajibade et al. (2013), opined that the key determinants of child's access to health care centred on: accessibility to health care services, type and severity of disease, parent's educational level, attitude of users to health professionals, transportation system, parent's propensity to self-medicate among others. In other words, a combination of factors which are government and parents based determines the health-care services enjoyed by a child in a given society. In most African countries, rural communities' dwellers are more than the urban in population, but, social amenities deficit are largely recorded in rural communities; this probably impacts on rural dwellers health-care seeking behaviour and life chances of the new-born in the rural communities.

Studies have also shown that average Africans is driven by a very strong belief system that evolved through the process of socialization, this belief system cut across different facets of life including the health-care services. This to a large extent determines what they give meanings to and what meaning they give to them. Consequently, the study is out to investigate the related factors which influence infant access to health-care services in rural communities of Ondo State.

**Scholarly Perspective on Health-Care Seeking Behaviour**

Health care seeking behaviour of mothers to a large extent determines the healthiness or un-healthiness of the child (Bisiriyu & Ojewumi, 2014). This is so because; mothers are first decision makers concerning the preferential health care system(s) for their child, in time of illness. Ghulam (1996), referred to women as the first providers of healthcare in the home. However, it is important to note that the decision of these mothers to take their child to a particular health care centre is informed by a number of factors such as: their physical environment, socio-economic class, demographic characteristics' and religious belief systems (Ajibade et al., 2013; Ghulam, 1996; Kotecha, Patel, Shah, Katara & Madan, 2012). Specifically, factors that determines child's access to health care are, accessibility to health care services, type and severity of disease, parent's gender, parent's educational level, attitude of users to health professionals', transportation system, parents' propensity to self-medicate (Ajibade et al, 2013; Atwine et al., 2015).

The behaviour of an individual on health related challenges matters greatly in the aspect of health-care system sought, whenever there is any ailment or disease occurrence. This cuts across people of all ages but more critical in infants. For instance, health-care seeking studies have shown that Africans used an array of health-care practices which includes self-care, family and friends, over-the-counter treatments in vendor shops, traditional healers (sacred or secular), health care staff in health care institutions (private, government, religious/ mission hospitals) (Atwine et al. 2013; Ajibade et al. 2015).

The study of health-care seeking behaviour is very crucial for determining the health status of a child and the rate of child mortality and morbidity in a society. Manjubala, (2018), asserted that, 10 million children die annually before their fifth birthday, most of them in their neonatal period and that 98% of these deaths occur in few developing countries, while many developed countries experience 2% of child under-five mortality rate. In the words of Ajibade et al. (2015) and Bisiriyu et al. (2014), out of every 1,000 births in Nigeria, 75 of them do not grow beyond (infanthood) a year of their birth. Studies have also asserted that the high death rate is as a result of health seeking behaviour of caregivers as the survival of a child is largely dependent on the behaviour of the mother, such as the willingness to seek help for her child, where to seek the help and the acceptance or rejection of the health care offered, and of course, the use of alternative health care systems.

Furthermore, Bisiriyu et al (2014) opined that out of every 10 million under-five mortality, 3 million of these deaths are instigated by six major classes of disease referred here to as Vaccine Preventable Disease (VPD). These include, Measles, Pertussis (whooping cough), Tetanus, Polio, Tuberculosis and Diphtheria. VPD are diseases that can be suppressed by immunization services. The Global Immunization Vision and Strategy (GIVS) was initiated by WHO purposively to reach 90% immunization coverage in all countries between 2006-2015. Though, as many as 122 countries have met the landmark, 36 others have reached 80%, while, Nigeria and some other few countries (Chad, Equatorial Guinea, Gabon, Somalia and Palau etc.) achieved a meagre national coverage of less than 50% due to the record of large birth rates (WHO, 2010). In Nigeria, the WHO (2010), affirmed that national immunization coverage rate is still approximately 23%.

In health care seeking behaviour, the timing to seek health care is also very crucial as prompt intervention can save lots of life and reduce mortality. This formed the basis of the Integrated Management of Childhood Illness (IMCI) developed by WHO and United Nations Children's Fund (UNICEF), which enunciate the importance of seeking early care in family and community health practices as germane for improving the health status of children and decreasing

childhood mortality and morbidity in developing countries like Nigeria (Chandwani & Pandor 2015; Manjubala 2018). Also, Adika, Baralate, Agada & Nneoma (2013, p.7) emphasized that 'appropriate care-seeking requires that a household-mother recognizes when a child is ill, can interpret when an illness needs to be treated outside home and seeks timely and appropriate medical care'. Aigbokhaode, Isah & Isara (2014), reported in their studies that, in most developing countries such as Nigeria, under-five aged child deaths majorly occurs at home, without any contact with a health care facility. Amongst patterns depicted in Ajibade et al. (2013), study on caregivers' determinants of decisions to take their children to a health care system include: child reduced play, deteriorating health condition and or sudden change in health. Manjubala (2018), argued that as a good driver is vast in 'first aid' on what actions and inactions to take in case of an accident, also, caregivers should also be taught knowledge on notable signs to look out for in children of under-five age danger signs, early identification and proper management.

**Theoretical Orientation**

This study is built on the theoretical structure of reasoned action and planned behaviour theory as postulated by Ajzen (1991). The theorist depicts that individuals' actions and inactions, which in this case is the decision a caregiver takes on a child necessary health care service, is hinged on three principles. These are, individual attitudes to the behaviour (the general feeling of favourableness or unfavourableness toward various stimulus objects), Subjective Norms (perceived social pressure from friends, family, relatives, media etc. to perform a desired behaviour) and Perceived Behavioural Control (PBC) which bothers on (people's perceived ease or difficulty to perform a given behaviour). Therefore, the rational choice of a nursing mother to seek a particular health service is dependent upon the nursing mother personal belief and preference for health service centre, influence from societal forces (friends, media, workplace etc.) and the easiness or difficulty in adopting a particular health care.

By aligning these theoretical variables to the factors that determines a child access to a health care, attitude puts into consideration, factors prior to health care adopted by caregivers; subjective norm considers religious belief, physical environment and PBC deduces available transportation system, distance to utilize a particular health care, type and severity of disease. In this study, attitude refers to the preferences of nursing mothers for a particular health-care system; subjective norm however comes from the nursing mothers' spouses, mother-in-laws, extended family members and relatives while PBC concerns the nearness of available health-care systems, accessibility to transport services etc. All of these factors culminate in the decision to adopt a particular health-care system amongst traditional homes, spiritual places and health-centres and the time to seek for health-care after identifying disease symptoms and signs. However, this study shall only concentrate on the first variable of the theory of reasoned and planned behaviour (individual attitude to the behaviour), with an objective to understand the preference of health-care system amongst nursing mothers in Ondo State, Nigeria.

**Materials and Methods**

Nursing mothers in Ondo state constitute the population of studies from which a sample of 125 was randomly selected from rural communities in Ese-Odo Local Government area. Ese-Odo local council is a rural setting in riverine area in Ondo state with about two-thousand (2,000) inhabitants who are predominantly fishermen and petty traders. The council has primary health care centres and a fair share of social amenities from the State government.

Cross-sectional descriptive survey design was used for this study and this enabled nursing mothers of different backgrounds and characteristics to be studied, and their characteristics fully described. Quantitative method (use of questionnaire) and qualitative method (oral interview) were used for data collection, while the three major treatment centres implicated in the preliminary investigation (government health centres, religious/spiritual healing homes, traditional healing homes) were critically examined. The child-killer diseases considered were measles, polio, tetanus and jaundice. The questionnaire was structured in a way that it elicited responses on mothers' preferences for treatment centres for themselves and their babies in addition to their socio-demographic characteristics such as mothers' age, educational background, working status, family status (intact vs separated), religion, number of children, and awareness of immunization services amongst others. These characteristics were analysed using simple descriptive statistics such as frequency distribution and percentages, while the hypothesis that posited a non-significant difference in mothers' preference for treatment centres was tested using Analysis of Variance (ANOVA).

**Results**

The analysis of mothers' age that participated in the study ranges from below 20 years and above 40 years. Twelve percent of them were 20 years and below, 16% were between 21-25 years and 26-30 years, 20% were between 31-35 years; while 36% were 40 years and above. Thus, the survey covered both young and relatively old nursing mothers in the community. Participants educational background were also sampled and it was discovered that, 32% did not have any formal education, 16% had primary education, 8% had Junior Secondary School Education, 20% had Senior Secondary School education, 16% had Ordinary National Diploma (OND) or National Certificate of Education (NCE) certifications, 40% had Higher National Diploma (HND) or University first degree while those with Master's Degree and higher tertiary educational attainment were 4%. Thus, literacy and illiteracy levels of the participants were controlled for in the study.

The distribution of mothers' status showed that 32% of the participants were government workers, 8% were company workers while 60% were self-employed. Therefore, a cross-section of working status was investigated to forestall its influence on mothers' health-care seeking behaviour. In the same vein, the family status of the participating mothers was sampled. The descriptive analysis showed that, 72% of them were from intact families (a family where the husband and wife stay together), whereas, 28% were from separated homes. Thus, the involvement of the two classes of participants neutralized the influence of family status on health-care seeking behaviour in rural communities of Ondo State.

The analysis of participant by religious faith revealed that 76% were Christians, 16% were Muslims while 8% were traditional religious worshippers. This account controls for influence of religion on health-care seeking behaviour among rural communities in Ondo State. To control for the influence of number of children on mothers' health-care seeking behaviour, the finding revealed that, 48% of the participants have one-three children, 44% have four-six children and 8% have more than six children. So many of the participating mothers were experienced nursing mothers and their responses accurately represent their attitudes towards health-care seeking behaviour overtime.

It was hypothesized that there is no significant difference on preference for health care services among nursing mothers on childhood killer diseases (measles, tetanus, polio and jaundice) with respect to treatment in government hospitals, spiritual homes and traditional healers' homes in rural communities of Ondo State. The hypothesis was tested using Analysis of Variance (ANOVA) as depicted in table 1.

Table 1: Analysis of Variance showing differences in preference for Health-care Centre among Nursing Mothers on childhood-killer diseases (Measles, Tetanus, Polio and Jaundice) in Rural Communities in Ondo State.

**ANOVA**

| | | **Sum of Squares** | **df** | **Mean Square** | **F** | **p-value** |
|---|---|---|---|---|---|---|
| | Between Groups | 17.950 | 3 | 5.983 | 28.673 | .000 |
| **Measles** | Within Groups | 25.250 | 121 | .209 | | |
| | **Total** | 43.200 | 124 | | | |
| | Between Groups | 1.467 | 3 | .489 | 2.164 | .096 |
| **Tetanus** | Within Groups | 27.333 | 121 | .226 | | |
| | **Total** | 28.800 | 124 | | | |
| | Between Groups | .450 | 3 | .150 | 2.074 | .107 |
| **Polio** | Within Groups | 8.750 | 121 | .072 | | |
| | Total | 9.200 | 124 | | | |
| | Between Groups | 5.533 | 3 | 1.844 | 8.695 | .000 |
| **Jaundice** | Within Groups | 25.667 | 121 | .212 | | |
| | **Total** | **31.200** | **124** | | | |

**Source: Researcher's Field SPSS Analysis Survey, 2018.**

The result of analysis of variance results in table 1 showed variations on preference for health-care centres by nursing mothers for the treatment of different types of childhood killer diseases in rural communities of Ondo State. For instance, the hypothesis that posited a non-significant difference in preference for health care centre for the treatment of measles was rejected and alternate hypothesis accepted with $F(3,124) = 28.67$, $P < .05$. This implies that nursing mothers exhibited varying preferences for health care seeking behaviour on the treatment of measles among children in rural communities in Ondo State. It suggests that while some patronized government health centres, some others prefer traditional healers' homes and/or spiritual healing homes.

The hypothesis that posited a non-significant difference in preference for health-care centre by nursing mothers for the treatment of tetanus disease was accepted, $F(3,124) = 2.164$, $P>.05$. The finding suggests that nursing mothers do not differ appreciably in their preference for the treatment of tetanus among children in rural communities in the study area. With respect to the treatment of polio, the null hypothesis was accepted [$F(3,124) = 2.074$, $P>.05$], while the alternate

hypothesis was rejected. This implies that, nursing mothers do not exhibit preference for a specific centre over others for the treatment of polio in the study area.

Lastly, the null significant hypothesis on the difference for treatment of Jaundice was rejected, $F(3,124) = 8.695$, $p<.05$. This implies that nursing mothers' choice of health-care delivery service system for the treatment of jaundice is not by chance, but a deliberate preference of a particular health-care system over another.

Further descriptive analysis was carried out on the disposition of nursing mothers to patronage of the three health centres with respect to baby delivery, personal health care, and baby treatment. Their responses are presented in table 2 below:

Table 2: Responses on Caregivers Preference for Health-care Systems available in Ese-Odo Local Government

| **Responses** | **Frequency** | **Percentage (%)** |
|---|---|---|
| **i. Presence of Government Hospital/Health Centre** | | |
| Yes | 90 | 72.0 |
| No | 35 | 28.0 |
| **Total** | **125** | **100** |
| **ii. Utilization of Health-care System for Baby Delivery** | | |
| Hospital | 45 | 36.0 |
| Spiritual/maternity home | 30 | 24.0 |
| Homes | 50 | 40.0 |
| **Total** | **125** | **100** |
| **iii. Preference for Health-care Personnel for Delivery** | | |
| Midwife | 55 | 44.0 |
| Spiritual mother | 10 | 8.0 |
| Traditional birth attendant | 40 | 32.0 |
| My mother/mother-in-law | 20 | 16.0 |
| **Total** | **125** | **100** |
| **iv. Nursing Mother Preferred Places of Treatment for themselves** | | |
| Hospital | 60 | 48.0 |
| Spiritual home | 10 | 8.0 |
| Traditional healers homes | 40 | 32.0 |

| | | |
|---|---|---|
| All of the above | 15 | 12.0 |
| **Total** | **125** | **100** |
| **v. Nursing Mother Preferred Places of Treatment for their babies** | | |
| Hospital | 30 | 24.0 |
| Spiritual home | 10 | 8.0 |
| Traditional healers homes | 60 | 48.0 |
| All of the above | 25 | 20.0 |
| **Total** | **125** | **100** |

**Source:** Researcher's Field SPSS Analysis Survey, 2018.

The question as to whether or not there were government hospitals or health care centres' around the participants was asked. 72% confirmed the availability of hospitals or health centres around them, while 28% denied availability of such facilities. This implies that even though majority of the rural nursing mothers have government health-care centres close to them, a little effort need to be provided for easy accessibility of a professional health-care centre for the almost one-third of the rural dwellers that participated in the study.

A question as to where participant often deliver their babies was asked and 36% indicated government hospital, 24% indicated spiritual or maternity homes, while 40% indicated they deliver in their private homes. The result indicates that, although, professional health-centres were available for most of the rural dwellers, its utilization is low compared to the adoption of their private rooms and or spiritual/maternity homes. It is important to say that those that however delivers at home can adopt any of the personnel of the different health-centres ranging from professional midwives, spiritual mothers, traditional birth attendants or pregnant women mothers/mother-in-laws who can deliver them at their homes.

Participants were divided on who conducted their deliveries. 44% indicated professional government trained midwives, 8% indicated spiritual/ religious mothers, and 32% indicated the traditional birth attendants while 16% indicated their mothers and mother-in-laws. The responses affirmed that, majority of the caregivers do not patronise government designated health centres for the delivery of their babies either due to non-availability, loss of confidence in their services or a plethora of bottlenecks for their utilization.

Responses were also obtained on nursing mothers preferences for treatment centres. Fourty-eight (48%) preferred government hospitals, 8% preferred spiritual homes, 32% preferred the traditional healers' homes while 12% combines two or more of these options of health centres. We also sought participants' preference centre for treating their babies. 24% patronises government hospitals, 8% attends spiritual homes, 48% attends traditional healers' homes while 20% combines all of the above. The results suggest without doubt that, even when majority of the caregivers adopted professional health-centres for their homes, an alternative is usually sought in the treatment of their babies at traditional healers' homes. The finding in Table 2(v) corroborates with 2(ii & iii) in that, majority of the births delivery by nursing mothers' homes are conducted by traditional birth attendants (TBAs).

**Discussion**

In a bid to ensure the increased life chances and health deliveries of the citizenry especially as regards the reduction of maternal and child mortality and morbidity, several governmental agencies have since commenced efforts to ensure that the Goal 3 of the SDGs is realized. The study on nursing mothers' health seeking behaviour regarding childhood killer diseases, especially at the rural centres is an academic contribution to pave way for such realization by exposing existing problems that should be solved, especially in the rural areas of Ondo state.

The findings of this study confirmed the prevalence of certain childhood killer diseases such as measles, jaundice, polio and tetanus in Ese-Odo local government area of Ondo State. However, this prevalence could not be attributed to lack of government hospitals/health centres in the area but the attitude of the nursing mothers to health care services in the rural communities. For instance, if the nursing mothers were to have positive attitude towards government health-care services, they should have vaccinated their children against these diseases referred to as Vaccine Preventable Diseases (VPD) as enumerated by Bisiriyu (2014). Though, some nursing mothers from riverine areas alleged non-availability of government health centres in their areas, which may account for non-vaccination of their children, vaccination services are not tied to government centre alone nor children residents in not too easily accessible areas deprived of vaccination. However, with good and positive health care seeking behaviour, nursing mothers could go to any length to seek vaccination for their babies.

The findings also revealed that a sizable number of nursing mothers patronize the spiritual healing homes and traditional healing centres for health care services for themselves and their babies. This confirms the continuous belief of Africans in alternative medicine services regardless of their age and educational status. This is consistent with the submission of Adika et al. (2013), who confirmed a major adoption of traditional/herbalist homes in the treatment of measles in South-West, Nigeria. More so, it also corroborates the finding of Mbagaya, Odhiambo & Oniang'o (2005), who reported non-consultation of health-care facility by many people when seeking health care for their children. Many rural dwellers would rather look for over the counter drugs with self-prescription attitude. Strikingly, the results depicted showed that majority of the nursing mothers preferred professional health centres in the treatment of childhood killer diseases.

As the test of hypothesis revealed, nursing adopted differences approaches of seeking health care for the children depending on the diseases that the child suffered. For instance, in the treatment of measles and jaundice, the findings affirmed that no significant difference exists in the choice of health care. However, for the treatment of tetanus and polio differences existed. This indicated not only the availability of a plethora of health-care systems for the treatment of childhood diseases in the rural areas but also differences in the choice of where to go for health by nursing mothers. The difference in utilization of health-care systems for jaundice and measles may probably be a function of the perceived severity of the disease, while the adoption and concentration on one of the several health-care systems for diseases like tetanus and polio is a cause of the confidence in the ability of a system to monitor the process and deliver healthy results. The result is in congruence with Adika et al. (2013), who reported a multiple adoption of health-care systems in the treatment of measles; the nursing mothers were reported to adopt at first vendor shops, however, when the disease persists, they later adopt other health-care systems especially the health centres with reasons cited such as lack of finance.

From the findings of the results, it can be affirmed that there is a large acceptance of immunization in the study area; although, more work still need to be done to ensure the total realization of the Global Immunization Vision and Strategy (GIVS), which seeks to realize a 90%

immunization coverage in all countries (WHO, 2010). It was also discovered that there is negligence in the utilization of professional medical homes for the treatment of children under five, as majority of the participants take child bearing cases as matters of traditions and spirituality. The study proposition here can be buttressed by the underpinnings of the first variable (individual attitudes) in the theory of reason action and planned behaviour (Ajzen, 1991). It can be perceived that the nursing mothers have favourableness towards the adoption of primitive healing methods for children care. The nursing mothers have a precept attitude and belief that, children are given by God or gods, therefore, the treatment of children has to align with metaphysical healing methodologies.

A social study is always with its limitations, which usually give way for recommendations on further studies. The study failed to look at the cause of the difference in the hypothesis findings and what accounts for the differences in choice of where to seek health care by the nursing mothers. A study should therefore be engaged to find explanations in the differences on the choice of health system for the treatment of childhood killer diseases. It is also recommended that future studies on nursing mothers' health-care seeking behaviour should concentrate on providing reasons why the rural dwellers take child bearing issues as traditional or spiritual matters.

**Recommendations**

The study recommends that in order to meet up with the lag in the healthcare goals of the MDG and to appropriately realize the second goal-setting agenda of the SDG, especially as regards child mortality and morbidity, it is important that health stakeholders takes the following crucial:

a) The government should make effort to un-train, train and retrain spiritual healers and traditional birth attendants (TBAs) to adopt some basic medical trainings, as the study participants believe that childbirth issues are primarily issues associated with the unseen world.
b) There is need for awareness creation and massive sensitization in the rural area about child killer diseases and the need for nursing mother to patronize government health care centres for immunization.

**References**


Adika, Victor O., Sambo Baralate, Jimmy J Agada & Nzewi Nneoma (2013). Mothers perceived cause and health seeking behaviour of childhood measles in Bayelsa, Nigeria. *Journal of Research in Nursing and Midwifery (JRNM)*, 2(1), 6 - 12.

Ahmed, S, Sobhan F, Islam A. & Barkat-e-Khuda (2001). Neonatal morbidity and care-seeking behaviour in rural Bangladesh. *Journal of Tropical Pediatrics*, 47, 98 - 105.

Aigbokhaode, A.Q, Isah E.C., Isara A.R. (2014). Health seeking behaviour among caregivers of under five children in Edo State, Nigeria. *SEEJPH*, DOI: 10.12908/SEEJPH-2014-41.

Ajibade, B. L., Amoo, P. O., Kolade O.A, Adeleke, M. A., & Olagunju R.O (2013). Determinants of mothers health seeking behaviour for their Children in a Nigerian teaching hospital. *IOSR Journal of Nursing and Health Science (IOSR-JNHS),* 1(6), 9 - 16.

Ajzen, I. 1991. The Theory of Planned Behaviour. *Organizational Behaviour and Human Decision Processes*. 50, 179 - 211.

Atwine, Fortunate, Sally Hultsjö, Björn Albin & Katarina Hjelm (2015). Health-care seeking behaviour and the use of traditional medicine among persons with type 2 diabetes in south-

western Uganda: a study of focus group interviews. *Pan African Medical Journal*. doi:10.11604/pamj.2015.20.76.5497.

Bisiriyu, Luqman & Ojewumi T. Kolawole (2014). Mothers' health seeking behaviour and socio-economic differentials: A factor analysis of full childhood immunization in South-Western Nigeria. *Journal of Public Health and Epidemiology*, 6(3), 132 - 147, DOI: 10.5897/JPHE2013.0593.

Chandwani, Haresh, Jyotsna Pandor (2015). Healthcare-seeking behaviors of mothers regarding their children in a tribal community of Gujarat, India. *Electronic Physician,* 7(1), 990 - 997, DOI: 10.14661/2015.990-997.

Ghulam, M. Zahid (1996). Mother's health-seeking behaviour and childhood mortality in Pakistan. *The Pakistan Development Review,* 35(4), 719 - 731.

Kotecha, Prakash V., Sangita V. Patel, Shruti Shah, Parul Katara & Geetika Madan (2012). Health seeking behavior and utilization of health services by pregnant mothers in Vadodara slums. *Healthline,* 3 (1), 30 - 35.

Likawunt, S. A., Samuel Y. A. & Yitagessu H. A. (2018). Health-seeking behavior and associated factors among community in southern Ethiopia: Community based cross-sectional study guided by health belief model. *BioRxiv,* DOI: http://dx.doi.org/10.1101/388769.

Manjubala, Dash (2018). Assessing perception and health care seeking behaviour on newborn danger signs among postnatal mothers in government maternity hospital, Puducherry". *EC Paediatrics* 7(2), 68 - 72.

Mbagaya, G. M., M. O. Odhiambo & R. K. Oniang'o (2005). Mother's health seeking behaviour during child illness in a rural western Kenya community. *African Health Sciences,* 5(4), 322 - 327.

WHO (2010). *Global immunization vision and strategy, 2006-2015*. Geneva, Switzerland and New York, USA: WHO and UNICEF; 2006. 'updated ed.' 2010.