International Journal of Innovative Social Sciences & Humanities Research 12(2):203-210, April-June, 2024

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doi:10.5281/zenodo.18076287

Healthcare Seeking Behaviours Of Women Attending Primary Healthcare Facilities In Nigeria

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ABSTRACT

This study examined the healthcare seeking behaviour among women attending primary healthcare facilities in Nigeria. Descriptive research design was used with a population which consisted of 3,500 women attending primary health care facilities. A sample size of 385 was selected using multi-stage sampling procedure. A self-structured questionnaire with a reliability coefficient of 0.709 was used for data collection. Data collected were coded and analyzed with the aid of statistical product for service solution (SPSS) version 25.0, using statistical tools such as mean, standard deviation, ANOVA, and z-test at 0.05 level of significance. The result of the study showed that, the respondents had positive attitude towards health seeking ($\overline{X}$ = 2.96±0.83) and good behaviour towards antenatal care (3.32±0.68), delivery care (2.97±0.93), postnatal care (3.22±1.13) and family planning (2.83±0.98). Based on sociodemographic factors, good health seeking behaviour was more among those aged 40-44 years, those with monthly income of ₦>100,000, urban dweller and those with tertiary education. The tested hypotheses showed that, there was a significant difference in healthcare seeking behaviour based on educational status [F(3, 353) = 4.711; p<0.05]. It was concluded that, mothers attending primary healthcare facilities in had good health seeking behaviour towards antenatal, delivery and postnatal care including family planning. It was recommended that mothers should make conscious effort to sustain the good behaviour towards their antenatal care by adhering strictly to every recommendation they are given.

Keywords: Behaviour, Healthcare, Primary, Seek, Women

INTRODUCTION

Appropriate health seeking behaviour towards maternal healthcare services has been one of the effective strategies for preventing and controlling maternal morbidity and mortality. The World Health Organization (2016) report showed that, every day, approximately 800 women die from preventable causes related to pregnancy and childbirth and 99% of all maternal deaths occur in developing countries. Maternal Mortality in Nigeria is one of the highest in the world. In the first five years of the millennium, maternal mortality rose by 14 percent from 704 to 800 per 100,000 live births while under five mortality rate rose from 97 to 110 per 1000, an increase of 13 percent. Majority of the causes were preventable and treatable diseases like diarrhoea and pneumonia for children and haemorrhage, preeclampsia/eclampsia, sepsis and septic abortions for mothers which can be treated at the primary healthcare centres where emergency obstetric care capacities and functions are available (Asesegun cited in Toyin & Kayode, 2014). According to the WHO (2014), child mortality and morbidity could be reduced by 20% if there is appropriate health-seeking behaviour.

Healthcare seeking behaviour (HSB) has been defined by Olenja (2004) as, any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy. Similarly, MacKian cited in Latunji and Akinyemi (2018) stated that,

health seeking behaviour is situated within the broader concept of health behaviour, which encompasses activities undertaken to maintain good health, to prevent ill health, as well as dealing with any departure from a good state of health. In this study, the later definition will be adopted. Health-seeking behaviour is a function of not only the accessibility of health facilities and other sources of health care but also inspiration and capacity of individuals to seek medical treatment (Teerawichitchainan & Phillips, 2008). According to Mwase (2015), Inappropriate healthcare seeking behaviour has been linked to worse health outcomes, increased morbidity and mortality and poorer health statistics.

Women are at further risk of morbidity and mortality due to poor health seeking practices and limited access to health facilities. There is a gross deficiency in the distribution of health facilities; many communities in rural Nigeria do not have good access to facilities staffed with qualified personnel (Ibekwe, 2010). Sambo et al. (2013) stated that, in Nigeria, the ability of women to seek care is significantly moderated by the cost of the health care service. In the same vein, Rehman (2014) reported that, households whose average income was below the minimum wage were less likely to seek formal medical care for their illness than those whose incomes were above the minimum wage. In a similar vein, Phiri et al. (2014) also reported that, almost 70% of pregnant women within households in the upper socio-economic stratum were found to have their deliveries in health facilities compared with 42% among pregnant women in the middle socio-economic stratum and 38% in the low socio-economic status.

Nigeria was one of the worst hit in the COVID-19 pandemic. It is worth noting that, during the outbreak of diseases, health-seeking behaviour might change; due to the qualms that come with it. Specifically, in Kuje council area, all attention is now on the pandemic, several aspects of health have been going unattended including maternal and child health; this if not well handled, could heighten maternal and infant morbidity and mortality. On the other hand, the attendant hardship and high cost of living presented to citizens in recent times, seems to be diverting the attention of many families mainly to the survival, with minimal consideration to health. However, mothers who are majorly concerned about the family's upkeep, including their healthcare matters should not be neglected in scholarly research yet, there is paucity of study on health seeking behaviour among mothers. This study is intended to fill this gap in paucity of literature. Thus, this study was focused on the attitude and healthcare seeking behaviour among mothers attending primary healthcare facilities in Kuje Area Council in Abuja, Nigeria. The following research questions were stated to guide the study. What is the:

1. health seeking behaviour during antenatal care among mothers attending primary healthcare facilities in Nigeria?
2. health seeking behaviour during delivery among mothers attending primary healthcare facilities in Nigeria?
3. health seeking behaviour during postnatal care among mothers attending primary healthcare facilities in Nigeria?
4. health seeking behaviour for family planning among mothers attending primary healthcare facilities in Nigeria?
5. healthcare seeking behaviour among mothers attending primary healthcare facilities in Nigeria based on socio-demographic factors?

The following hypotheses were stated to guide the study and were tested at 0.05 alpha level:

1. There is no significant difference in the healthcare seeking behaviour among mothers attending primary healthcare facilities in Nigeria based on age.
2. There is no significant difference in the healthcare seeking behaviour among mothers attending primary healthcare facilities in Nigeria based on socio-economic status.
3. There is no significant difference in the healthcare seeking behaviour among mothers attending primary healthcare facilities in Nigeria based on location.
4. There is no significant difference in the healthcare seeking behaviour among mothers attending primary healthcare facilities in Nigeria based on level of education.

METHODOLOGY

The descriptive cross-sectional research design was adopted with a population which consisted of 3,500 women attending primary health care facilities in Nigeria. A sample size of 385 was selected using multi-stage sampling procedure. A self-structured questionnaire titled: Health Seeking Behaviour Questionnaire (HSBQ) with a reliability coefficient of 0.709 was used for data collection. Face and content validity of the instrument were established by constructing the questions in line with the study objectives, then presenting the instruments to experts to certify that the items are relevant to the area of research. Comments, suggestions and recommendations made were carefully studied and used to improve the quality of the instrument as well as the entire study. Data was collected by a face-to-face administration of the instrument to the respondents. Data collected were coded and analyzed with the aid of Statistical Product for Service Solution (SPSS) version 25.0, using statistical tools such as mean, standard deviation, ANOVA, and z-test at 0.05 level of significance.

RESULTS

The results of the study are presented below:

Table 1: Mean and standard deviation on health seeking behaviour during antenatal care among mothers attending primary healthcare facilities in Nigeria

SN	Items	$\bar{X}$	S.D.	Decision
1	Registered for antenatal on time, during my first trimester	3.50	.66	Good
2	Didn't miss antenatal visits during pregnancy	3.38	.63	Good
3	Went to the health facility alone for antenatal check-ups	2.85	.80	Good
4	Took routine drugs as prescribed	3.47	.52	Good
5	Followed every instructions given to me for my antenatal care	3.41	.79	Good
	Grand mean	**3.32**	**0.68**	**Good**

Criterion mean = 2.50

Table 1 presented the mean and standard deviation on health seeking behaviour during antenatal care among mothers. The result showed that the respondents had good health seeking behaviour during antenatal care as, the grand mean of 3.32±0.68 was greater than the criterion mean of 2.50, indicating a good behaviour. Thus, the health seeking behaviour during antenatal care among mothers attending primary healthcare facilities in Nigeria was good.

Table 2: Mean and standard deviation on health seeking behaviour during delivery among mothers attending primary healthcare facilities in Nigeria

SN	Items	$\bar{X}$	S.D.	Decision
1	Visited the healthcare facility alone for delivery care	2.72	.98	
2	Adhered to advice given concerning delivery from skilled birth attendants in the healthcare facility	2.86	.99	
3	Visited traditional birth attendants for delivery care	3.02	1.01	
4	Prepared adequately for delivery as directed by the healthcare provider	3.12	.90	
5	Contacted the healthcare providers whenever there is any sign of delivery	3.17	.80	
	Grand mean	**2.97**	**0.93**	

Criterion mean = 2.50

Table 2 presented the mean and standard deviation on health seeking behaviour during delivery among mothers. The result revealed that the respondents had good health seeking behaviour during delivery as, the grand mean of 2.97±0.93 was greater than the criterion mean of 2.50, indicating a good behaviour. Thus, the health seeking behaviour during delivery among mothers attending primary healthcare facilities in Nigeria was good.

Table 3: Mean and standard deviation on health seeking behaviour during postnatal care among mothers attending primary healthcare facilities in Nigeria

SN	Items	$\bar{X}$	S.D.	Decision
1	Visited the healthcare facility alone for healthcare after delivery	3.15	.91	Good
2	Took infants to the healthcare facility for check-up after delivery	3.27	1.76	Good
3	Visited traditional birth attendants for delivery care	3.35	.92	Good
4	Followed instruction as directed by the healthcare provider after delivery	3.11	1.00	Good
5	Contacted the healthcare providers whenever there is any sign of illness in the new born baby	3.20	1.07	Good
	Grand mean	**3.22**	**1.13**	**Good**

Criterion mean = 2.50

Table 3 presented the mean and standard deviation on health seeking behaviour during postnatal care among mothers. The result revealed that the respondents had good health seeking behaviour during postnatal care as, the grand mean of 3.22±1.13 was greater than the criterion mean of 2.50, indicating a good behaviour. Thus, the health seeking behaviour during delivery among mothers attending primary healthcare facilities in Nigeria was good.

Table 4: Mean and standard deviation on health seeking behaviour for family planning among mothers attending primary healthcare facilities in Nigeria

SN	Items	$\bar{X}$	S.D.	Decision
1	Went to medicine dealers for drugs that to prevent pregnancy	2.89	.96	Good
2	Took advice from a healthcare professional on how to go about family planning	2.98	.99	Good
3	Preferred to use any family planning method from a healthcare provider in the government approved facilities	2.94	.94	Good
4	Requested for contraceptive when pregnancy is not needed	2.83	1.03	Good
5	Preferred abortion than using any family planning method	2.27	1.12	Good
6	Accepted using family planning method when healthcare provider recommended it	3.09	.85	Good
	Grand mean	**2.83**	**0.98**	**Good**

Criterion mean = 2.50

Table 4 presented the mean and standard deviation on health seeking behaviour for family planning among mothers. The result revealed that the respondents had good health seeking behaviour for family planning as, the grand mean of 2.83±0.98 was greater than the criterion mean of 2.50, indicating a good behaviour. Thus, the health seeking behaviour for family planning among mothers attending primary healthcare facilities in Nigeria was good.

Table 5: Healthcare seeking behaviour among mothers attending primary healthcare facilities in Kuje Area Council based on socio-demographic factors

Sociodemographic factors	**Healthcare seeking behaviour among mothers**							
	Antenatal care		**Delivery care**		**Postnatal care**		**Family planning**	
Age	$\bar{X}$	S.D	$\bar{X}$	S.D	$\bar{X}$	S.D	$\bar{X}$	S.D
18-24 years	3.27	.38	3.01	.57	3.23	.61	2.87	.52
25-29 years	3.15	.41	2.93	.68	3.16	.50	2.77	.59
30-34 years	3.13	.41	2.89	.64	3.16	.47	2.73	.55
35-39 years	3.33	.46	3.08	.72	3.29	.44	2.96	.71
40-44 years	3.28	.45	3.13	.67	3.34	.41	2.83	.68
Grand mean	**3.23**	**.42**	**3.01**	**.65**	**3.23**	**.48**	**2.83**	**.61**
Monthly income								
₦ <30,000	3.23	.39	2.97	.58	3.21	.59	2.81	.54
₦ 31-70,000	3.29	.42	3.05	.65	3.29	.53	2.96	.61
₦ 71-100,000	3.12	.25	3.00	.40	3.13	.33	2.76	.27

₦ >100,000	3.18	.44	3.26	.40	3.15	.34	2.75	.46
Grand mean	**3.21**	**.37**	**3.07**	**.51**	**3.19**	**.44**	**2.82**	**.47**
Location								
Rural	3.24	.39	3.01	.58	3.17	.46	2.82	.55
Urban	3.23	.41	2.98	.62	3.24	.59	2.84	.57
Grand mean	**3.23**	**.40**	**2.99**	**.60**	**3.20**	**.52**	**2.83**	**.56**
Education								
Primary	3.24	.43	2.98	.71	3.23	.54	2.86	.68
Secondary	3.10	.33	2.93	.55	3.06	.43	2.65	.48
Tertiary	3.38	.41	3.12	.61	3.31	.57	2.96	.56
Grand mean	**3.24**	**.39**	**3.01**	**.62**	**3.20**	**.51**	**2.82**	**.57**

Criterion mean = 2.50

Table 5 revealed the healthcare seeking behaviour among mothers attending primary healthcare facilities in Kuje Area Council based on socio-demographic factors. The result revealed that, good health seeking behaviour for antenatal care was more among those aged 35-39 years ($\overline{X}$ = 3.33±0.46 & 2.96±0.71), delivery and postnatal care was more among those aged 40-44 years ($\overline{X}$ = 3.13±0.67 & ($\overline{X}$ = 3.33±0.46). Based on income, antenatal care was sought more by those with monthly income of ₦31-70,000 (3.29±0.42), and delivery those who had ₦>100,000 (3.26±0.40). Rural dwellers had good behaviour towards seeking antenatal (3.24±0.39), and delivery care (3.01±0.58) while postnatal and family planning were sought more by urban dwellers (3.24±0.59) and (2.84±0.57) respectively. Based on education, good behaviour towards antenatal, delivery, postnatal care and family planning was more among those with tertiary education (($\overline{X}$ = 3.38±0.41), ($\overline{X}$ = 3.12±0.61), ($\overline{X}$ = 3.31±0.57) and ($\overline{X}$ = 2.96±0.56) respectively. Thus, based on sociodemographic factors, good health seeking behaviour was more among those aged 40-44 years, those with monthly income of ₦>100,000, urban dweller and those with tertiary education.

Table 6: Analysis of Variance (ANOVA) showing significant difference healthcare seeking behaviour among mothers in Nigeria based on age

Sources of variance	Sum of squares	df	Mean sum of squares	F-value	p-value	Decision
Between group	1.098	4	.275	1.629	.166*	H_o Not
Within group	60.343	358	.169			Rejected
Total	61.441	362				

*Not Significant, p>0.05

Table 6 shows the One-Way ANOVA of significant difference in healthcare seeking behaviour among mothers in Nigeria based on age. The findings of this study shows that there was no significant difference in healthcare seeking behaviour based on age [F(4, 358) = 1.629; p>0.05]. Therefore, the null hypothesis which stated that there is no significant difference in healthcare seeking behaviour among mothers attending primary healthcare facilities in Nigeria based on age was not rejected.

Hypothesis 2: There is no significant difference in the healthcare seeking behaviour among mothers attending primary healthcare facilities in Nigeria based on socio-economic status.

Table 4.9: Analysis of Variance (ANOVA) showing significant difference in healthcare seeking behaviour among mothers based on socio-economic status

Sources of variance	Sum of squares	df	Mean sum of squares	F-value	p-value	Decision
Between group	.733	4	.183	1.074	.369*	H_o Not
Within group	60.557	355	.171			Rejected
Total	61.290	359				

*Not Significant, p>0.05

Table 4.9 showed the One-Way ANOVA of significant difference in healthcare seeking behaviour among mothers in Nigeria based on socio-economic status. The findings of the study showed that there was no significant difference in healthcare seeking behaviour based on socio-economic status [F(4, 358) = 1.074;

p>0.05]. Therefore, the null hypothesis which stated that there is no significant difference in healthcare seeking behaviour among mothers attending primary healthcare facilities in Nigeria based on socioeconomic status was not rejected.

Hypothesis 3: There is no significant difference in the healthcare seeking behaviour among mothers attending primary healthcare facilities in Nigeria based on location.

Table 4.10: z-test summary showing significant difference in healthcare seeking behaviour among mothers based on location

Group	N	$\bar{X}$	SD	df	z-cal	p-value	Decision
Rural	110	3.0611	.40530	365	.264	0.792	H_o not rejected
Urban	257	3.0734	.41326				

P>0.05 = Not Significant

Table 4.10 showed the z-test summary of the significant difference in in healthcare seeking behaviour among mothers in Nigeria based on location. The result of the study showed that there was no significant difference at (z-cal = 0.264, df = 365, p = 0.792). The p>0.05 therefore, the null hypothesis was retained. This shows that, there was no significant difference in in healthcare seeking behaviour among mothers attending primary healthcare facilities in Nigeria based on located.

Hypothesis 4: There is no significant difference in the healthcare seeking behaviour among mothers attending primary healthcare facilities in Nigeria based on educational status

Table 4.11: Analysis of Variance (ANOVA) showing significant difference in healthcare seeking behaviour among mothers based on educational status

Sources of variance	Sum of squares	df	Mean sum of squares	F-value	p-value	Decision
Between group	2.367	3	.789	4.711	.003	H_o
Within group	59.124	353	.167			Rejected
Total	61.491	356				

*Significant, p<0.05

Table 4.11 shows the One-Way ANOVA of significant difference in healthcare seeking behaviour among mothers in Nigeria based on educational status. The findings of this study showed that there was a significant difference in healthcare seeking behaviour based on educational status [F(3, 353) = 4.711; p<0.05]. Therefore, the null hypothesis which stated that there is no significant difference in healthcare seeking behaviour among mothers attending primary healthcare facilities in Nigeria based on educational status was rejected.

DISCUSSION OF FINDINGS

The findings of the study revealed that the respondents had good health seeking behaviour towards delivery care (2.97±0.93). The finding of this study is in tandem with that of Chanda-Kapata et al. (2016) whose study on health seeking behaviour among individuals in Zambia showed a good health seeking behaviour among the respondents. The finding of this study is akin to that of Kifle et al. (2017) whose study on maternal health care service seeking behaviors and associated factors among women in rural Haramaya District, Eastern Ethiopia revealed that women had good health seeking behaviour during delivery. The result revealed that the respondents had good health seeking behaviour towards postnatal care (3.22±1.13). The finding of the study is in line with that of Uprety (2018) whose study on health care seeking behaviours of mother having under 24 months old child attending Outpatient Department of Tribhuvan University Teaching Hospital, Kathmandu showed that, majority of mothers had good health seeking behaviour during postnatal care of their children. The finding of this study is akin to that of Kifle et al. (2017) whose study on maternal health care service seeking behaviors and associated factors among women in rural Haramaya District, Eastern Ethiopia revealed that women had good health seeking behaviour during postnatal care.

The findings of the study revealed that the respondents had good health seeking behaviour towards family planning (2.83±0.98). The finding of this study is in line with other studies such as Long et al (2012);

Islam (2013); Khan et al. (2012); and Heisler et al. (2012) where the good health seeking behaviour was found for family planning. The similarity between the present study and the previous ones might be due to the homogeneity of the population studied. The finding of study is at variance with that of Marrone et al. (2014) who found poor health seeking behaviour towards family planning among the respondents. The finding of this study is also not in keeping with that of Banerjee (2004) where poor health seeking behaviour towards family planning was found. The heterogeneity of the population might be implicated for the variation found in the present study and the previous studies.

Based on sociodemographic factors, good health seeking behaviour was more among those aged 40-44 years, those with monthly income of ₦>100,000, urban dweller and those with tertiary education. The finding of this study gives credence to that of Mirshra et al. (2019) whose study on health seeking behavior among caregivers of under-five children in an urban slum of Bhubaneswar, Odisha showed that a significant association was found between the age of the mother, educational status of the mother, and socioeconomic status of the caregivers, and appropriate health seeking behavior. The finding of this study is in line with that of Kuuire, et al. (2016) whose study on health-seeking behaviour in Ghana showed that a good proportion of the respondents had good health seeking behaviour of which individuals in the poor and poorest wealth quintiles were less likely to seek treatment in a health facility during their last illness compared with individuals in the richest wealth quintile (β = 0.41, ρ < 0.01 and β = 0.45, ρ < 0.05, respectively), individuals who were 35 years or older and those with tertiary education were more likely to exhibit good health seeking behaviour. The finding of this study is in keeping with that of Begashaw et al. (2016) whose study on health care seeking behavior in Southwest Ethiopia showed that, majority of the households (45.3% of urban and 50.5% of rural) sought health care from public health center. The finding of this study is akin to that of Kifle et al. (2017) whose study on maternal health care service seeking behaviors and associated factors among women in rural Haramaya District, Eastern Ethiopia revealed that women had good health seeking which was significantly associated with educational status of women. The finding of this study is in tandem with that of Chanda-Kapata et al. (2016) whose study on health seeking behaviour among individuals in Zambia showed a good health seeking behaviour among the respondents of which older age groups and urban dwellers were more likely to seek healthcare than their counterparts.

CONCLUSION

Based on the findings of the study, it was concluded that, mothers attending primary healthcare facilities in Nigeria had good health seeking behaviour towards antenatal, delivery and postnatal care including family planning.

RECOMMENDATIONS

The following recommendations were made based on the findings of the study:

1. Mothers should make conscious effort to sustain the good behaviour towards their antenatal care by adhering strictly to every recommendation they are given.
2. Non-governmental organizations who are interested in upholding maternal health should carryout interventions aimed at reducing unemployment rate, increasing literacy rate, and improving the socioeconomic status of mothers as these were found to have influence on the health seeking behaviour of mothers.
3. The government should motivation mothers' good behaviour towards seeking postnatal care by ensuring that all babies born in the health facilities are given postnatal care free of charge.

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