

Promptness of health-seeking behaviour among children under five years with fever in Malawi: evidence from 2017 Malawi Malaria Indicator Survey

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Introduction and background

Fever in malaria-endemic countries may be caused by malaria. Major public health problem with substantial risks for severe morbidity and mortality. Delay in health care seeking leads to complications and death especially in sub-Saharan Africa. Despite managed successfully if timely diagnosed, facilitation of prompt health-seeking behavior remains a challenge in Malawi- 33% U-5 with fever not taken for care at all.

Study objective

Determine factors affecting promptness of health-seeking, using 2017 MMIS. Aimed at improving the health-seeking behavior of caregivers by understanding barriers to timely care-seeking in Malawi.

Methodology

Cross-sectional quantitative study using secondary data from 2017 MMIS. Analysed using svyset command in Stata v16 to account for the complex survey design. Percentage used for descriptives, prevalence of health seeking and places for care. Logistic regression utilized to identify factors affecting prompt health-seeking. Binary logistic regression analysis carried out, variables with p-value <0.1 were included in the final multivariable logistic regression model. A backward stepwise regression approach used to retain variables with adjusted p-value <0.1. Permission to use and access data was provided by the DHS Program and no additional ethical approval was required. More details regarding DHS data and ethical standards, visit: <http://goo.gl/ny8T6X>.

Results

Socio-demographics of children U-5

28% had mothers aged 20 to 24 years, 36.4% were from Chewa Tribe, 77.6% were Christians. Most children (86.1%) resided in rural areas; 51.2% were males while 22.4% were 4 years old.

Health-seeking behavior and places for treatment

45.6% were not taken for care at all, 23.9% had healthcare sought after the next day of fever and only 30.5% sought care within the same day of fever onset. 68.1% went to public health facilities including health surveillance assistants, 17.4% went to drug stores and pharmacies and 14.5% visited private and Christian Health Association of Malawi facilities.

Factors associated with prompt health seeking behavior

Prompt health-seeking is associated with child's age (p-value: 0.002), religion (p-value: 0.071), mother's age (p-value: 0.093), and mother's education (p-value 0.072) in bivariate analyses. In multivariable model, there was evidence of association of prompt health-seeking with religion and age of child. Children aged 2 years were more likely to be taken for care promptly than those aged below one (AOR 1.71; 95% CI: 1.02 – 2.86), while children 4 years old were less likely to be taken for care in time compared to those less than 1 year (AOR: 0.56; 95% CI: 0.34 – 0.93). Muslims were less likely to seek healthcare promptly compared to Christian caregivers (AOR: 0.54; 95% CI: 0.31 – 0.94).

Conclusion

Prevalence of prompt health-seeking behavior is at 30.5% in Malawi. Public health facilities are dominant source of care for sick children. Age and religion are associated with prompt health-seeking behavior. Health education programs should be intensified to raise awareness among caregivers of the importance of early treatment-seeking regardless of child's age.

Future research direction

Qualitative studies should be done in Malawi to explore different religious beliefs and their influence on health-seeking behaviors.

References

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