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Careseeking for childhood diarrhoea at the primary level of care in communities in Cross River State, Nigeria

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Abstract Risk factors for care-seeking choices for childhood diarrhea in Nigeria are poorly understood. They are essential to the control of childhood illnesses because diarrhea is an important cause of childhood mortality. This study explored the contributors to care-seeking choices in Cross River State, Nigeria. Caregivers of children aged 0—59 months in 1240 randomly selected households in Cross River State were involved in this cross-sectional study. Questionnaires were used to collect information on demographics, knowledge of illness, and care-seeking patterns, and observed associations were explored using logistic regression. Care was given at home (50.4%, *n* = 142; as recommended), at the health center (27%, *n* = 76), and at the local drug store (19.1%, *n* = 54). Main reasons for care sought were health education (31.9%, *n* = 94), treatment cost (18%, *n* = 53), and experiences (16.6%, *n* = 49). Caregivers living in the mainly urban area of Calabar Municipality [Adjusted Odds Ratio (AOR) = 2.81 (1.26—6.26)] and the mainly rural area of Obanliku [AOR = 3.59 (1.94—6.64)], were more likely to give home treatment. Choice of treatment was only associated with area of residence. Influencers of care-seeking behavior, especially for childhood diarrhea, are complex and need to be better understood to encourage enhanced care for young children with diarrhea.

1. Introduction

Globally, the rate of deaths in children below the age of 5 years has reduced, however, the decline is inconsistent, with only five countries (Nigeria, India, Pakistan, Democratic Republic of Congo, and China) [1] being responsible for more than

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50% of these deaths. The heaviest burden of deaths is found in sub-Saharan Africa where one in 12 children die before the age of 5 years [2]. Diarrhea is the second most important cause of deaths in children under 5 years in the countries in sub-Saharan Africa [3] including Nigeria. Although diarrhea incidence in Nigeria has reduced in the past 42 years, the number of deaths of children from diarrheal diseases is still high [4].

In 1978, the fight against diarrheal diseases in Nigeria began with the launch of the global Control of Diarrheal Diseases Program, which has since been through several modifications and is presently delivered through the community directed child survival program, Integrated Maternal, Neonatal and Child Health Program. The emphasis of this intervention was and remains on oral rehydration therapy [5], and was very successful in the 1980s leading to a very effective reduction in the mortality from childhood diarrhea, although there was no change in the incidence of childhood diarrhea especially at the primary level of health care. However, in Nigeria only 26% of children aged <5 years with diarrhea received oral rehydration solution during their illness [6], which is far below the recommended 80% that is required to show optimal use of the intervention to be able to impact on the burden of diarrheal diseases.

Although there was not enough data (at the time of the study) to ascertain the main causes of death in children below the age of 5 years in Cross River State specifically, for every 1000 live births, it was estimated that 250 children die before their fifth birthday, mostly from pneumonia or acute respiratory infections, diarrhea, and malaria, with malnutrition as an underlying factor complicating these causes [7]. An examination of caregiver knowledge of diarrheal disease showed that there was a low level of knowledge of the causes and primary management of the illness at home in northern Nigeria [8]. Further investigation in the southern part of Nigeria showed that although caregivers showed some knowledge of the disease, the use of drugs was more common compared to the recommended use of oral rehydration [9,10].

At the household level, the choice of care given to the young child is mainly determined by the perception of illness by the caregiver [11,12]. Care-seeking patterns may have evolved over the centuries, but it is a complex mix of dynamics that has been the subject of many an enquiry [11,13—17].

These factors include, amongst others, caregiver characteristics like the cultural factors that influence the perception of illness [14,18], illness severity [19], knowledge of the signs and symptoms [20], their knowledge of the causes of the illness, educational status, and economic power [21]. Other factors like nearness of the household to health-care centers [22] and the supply of drugs [15,23], and the population demographics of the households [15] are also considerations in the patterns that eventually emerge in the care that is sought for the ill child.

In this study, the aim was to explore the burden of the illness and its contributing factors, and the different care-seeking routes used by caregivers at the first indication of illness by their young children and the factors that determine the care that is given during diarrheal illness.

The results of this study can be useful in strengthening the delivery of diarrheal disease interventions through the Integrated Maternal Neonatal and Childhood Health Program.

2. Materials and methods

2.1. Study area

Cross River State is situated in the south geopolitical zone of Nigeria and has a total population of 2,892,988 people (2006 census) of which 372,909 are below the age of 5 years. Spread out over its 18 local government areas (Fig. 1), the State is ethnically diverse. The health services in the State provide care at three levels; primary, secondary, and tertiary care. The primary level of care is the first point of contact at the community level and the different local government councils in the state are responsible for primary health care in their areas.

2.2. Study design

A cross-sectional study was carried out in randomly selected communities in five local government areas in Cross River State, Nigeria. The local government areas chosen were the mainly urban Calabar South and Calabar Municipal areas in the southern part of the State, the mainly rural Abi area in the central part of the State, and Obanliku and Yala areas in the northern part of the State (Fig. 1).

Using a two-stage cluster design, communities were selected from these local government areas. With a relatively high proportion of riverine communities, especially in the creeks, some of the selected communities were situated in the riverine areas while others were in nonriverine areas.