

Understanding Caretakers' Treatment Facility Preferences for Children with Febrile Illnesses: Insights from Ishaka Town, Bushenyi District, Uganda

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ABSTRACT

This study was carried out to assess the factors that influence choice of treatment facility by the caretakers of children with febrile illnesses in Ishaka town, Bushenyi district. A total of 50 questionnaires were issued to respondents after attaining their consent. The respondents were chosen randomly. The study showed that transport costs, good customer care and quality of health care were the major factors that influenced the choice of treatment facility for children in Ishaka town. The biggest number of caretakers is the mothers of these children, who are mostly housewives. These caretakers usually seek treatment from private providers near them, such as clinics and drug shops. Caretakers prefer treatment facilities with a constant supply of drugs, knowledge of health care provider, and diagnostic services as they have a perception that quality of care provided depends on these factors. To increase access of quality health care for children with febrile illness, all aspects need to be addressed. Health care providers need to be accessible, and avail the community with appropriate medication. The community need to be sensitized on the signs and symptoms commonly affecting children with febrile illnesses, as well as training the drug shop owners on how to diagnose diseases based on the symptoms manifested.

Keywords: Febrile illnesses, Treatment, facility, Caretakers, Health-care

INTRODUCTION

Febrile illnesses, characterized by an abnormal elevation in body temperature, are a leading cause of childhood morbidity and mortality in sub-Saharan Africa. Globally, in 2015, roughly 5.9 million children under the age of five perished from preventable causes [1, 2, 3], with approximately three-quarters of these deaths attributed to acute respiratory infections (ARIs), diarrhea, and fever [4]. This trend is particularly significant in low and middle-income nations [5], where childhood mortality and morbidity remain pressing health concerns [1, 6], particularly in sub-Saharan Africa [2, 7]. Despite overall reductions in under-five mortality worldwide, the issue remains acute in sub-Saharan Africa [8, 9], with the region bearing the burden of around half of all preventable deaths in this age group [10]. The global annual reduction rate in under-five mortality decreased from 3.8 percent in 2000–2015 to 2.1 percent in 2015–2022 [11].

According to the 2006 Uganda Demographic and Health Survey (UDHS), the under-five mortality rate was 137 per 1,000 live births, with malaria accounting for up to 32% of these deaths [12].

Prompt and appropriate care-seeking behavior for febrile illnesses is crucial in reducing childhood morbidity and mortality [13]. However, several factors influence caretakers' decisions on where to

seek treatment for their ill children. These factors can be broadly categorized into individual, household, and health system-related factors.

At the individual level, caretakers' knowledge, beliefs, and perceptions about the cause and severity of the illness play a significant role in determining their care-seeking behavior [14]. In some communities, febrile illnesses may be attributed to supernatural causes, leading caretakers to seek traditional or alternative forms of treatment [15]. Additionally, caregivers' ability to recognize danger signs and their perception of the quality of care provided by different health facilities can influence their choice of treatment provider [16].

Household factors, such as socioeconomic status, education level, and gender dynamics, also impact care-seeking decisions [17]. Poverty and limited financial resources can restrict access to healthcare, particularly in settings where user fees are charged [18]. Furthermore, women's ability to make decisions regarding their children's health may be influenced by cultural norms and power dynamics within the household [19].

Health system-related factors, including the availability, accessibility, and affordability of healthcare services, also shape caretakers' treatment-seeking behavior [20, 21]. The geographic

distribution of health facilities, distance to these facilities, and transportation costs can act as barriers to accessing care, particularly in rural areas [22]. Additionally, the perceived quality of care, availability of essential medicines, and the attitude of healthcare providers can influence caretakers' preferences for specific treatment facilities [23].

In Uganda, the healthcare system comprises a mix of public, private, and traditional providers. While the government has implemented policies to improve access to healthcare, such as the abolition of user fees in public facilities in 2001 [24], the private sector continues to play a significant role in providing healthcare services, particularly in rural areas. Private providers, including clinics, drug shops, and traditional healers, are often the first point of contact for caretakers seeking treatment for their children [25].

Understanding the factors that influence caretakers' choice of treatment facility for their children's

febrile illnesses is crucial for developing effective strategies to improve healthcare utilization and reduce childhood morbidity and mortality. This knowledge can inform interventions aimed at addressing barriers to care-seeking, enhancing community awareness, and strengthening the capacity of healthcare providers across different sectors [26].

This study aims to identify the factors that influence caretakers' choice of treatment facility for children with febrile illnesses in Ishaka Town, located in Bushenyi District, Western Uganda. By exploring the interplay of individual, household, and health system-related factors, this research seeks to provide insights that can contribute to the development of targeted interventions and policies to improve access to prompt and appropriate care for febrile illnesses in children.

METHODOLOGY

Study population

The study was conducted on caretakers in Ishaka town whose children had febrile illnesses.

Study site

The study was conducted in Ishaka town which is located in Bushenyi district, western Uganda.

Study setting

This was a descriptive non observational study, carried out by collecting data issuing questionnaires to caretakers of children in Ishaka town.

Sample size

A total of 50 questionnaires was used and given to respondents who had children with febrile illnesses and were willing to answer them.

Data collection

Data was collected using questionnaires, which were given to the respondents who had children, and willing to answer them.

Data processing and analysis

Data was processed and analyzed manually, and the findings were presented in tables.

Ethical consideration

A letter of introduction was retained from the Pharmacy school. It was taken to the field and the respondents first consented before issuing them with questionnaires.

RESULTS
DEMOGRAPHICS
Table 1: Age of the child

Age	Frequency	Percentage
0-2	18	36
3-5	28	56
6-8	4	8
9 and above	0	0
Total	50	100

The majority of children surveyed (56%) were aged 3 to 5 years, likely contracting infections from school. Children aged 0 to 2 years (36%) were largely cared for at home and fell ill under parental

observation. Children aged 6 to 8 years (8%) were less represented, likely due to less time spent at home. No children aged 9 and above participated, likely because they attended boarding schools.

Table 2: Socio-economic activities of the caretakers

Profession of the caretaker	MALE		FEMALE	
	Frequency	Percentage	Frequency	Percentage
House wife	0	0	19	38
Accountant	1	2	0	0
Nurse	0	0	2	4
Shopkeeper	6	12	7	14
Carpenter	4	8	0	0
Banker	1	2	0	0
Businessman	3	6	0	0
Student	0	0	1	2
Social worker	0	0	1	2
Teacher	3	6	2	4
Total	18	36	32	64

FACTORS AFFECTING CHOICE OF TREATMENT FACILITY**Table 3: Care takers whose choice of treatment facility is influenced by signs and symptoms of the child.**

	Frequency	Percentage
Affected	28	56
Notaffected	22	44
Total	50	100

Table 4: Caretakers whose choice of treatment facility is influenced by time spent in health facility.

	Frequency	Percentage
Affected	33	66
Not affected	17	34
Total	50	100

Table 5: Caretakers whose choice of treatment facility is influenced by transport costs

	Frequency	Percentage
Affected	47	94
Not affected	3	6
Total	50	100

Table 6: Caretakers whose choice of treatment facility is influenced by knowledge of health care providers.

	Frequency	Percentage
Affected		68
Notaffected	16	32
Total	50	100

Table 7: Caretakers whose choice of treatment facility was influenced by quality of health care provided.

	Frequency	Percentage
Affected	41	82
Notaffected	9	18
Total	50	100

Table 8: Caretakers whose choice of treatment facility is influenced by good customer care

	Frequency	Percentage
Affected	43	86
Notaffected	7	14
Total	50	100

Table 9: caretakers whose choice of treatment facility is influenced by cost of drugs

	Frequency	Percentage
Affected	20	40
Notaffected	30	60
Total	50	100

DISCUSSION

The choice of treatment provider by an individual in response to illness is influenced by many factors that are linked to the cost and benefits of the different treatment options available. These factors have been described as predisposing, enabling, and need factors. From this study, the biggest number of children were between 3-5 years (56%) followed by children aged between 0-2 years (36%). Yet there were no children above nine years. A study showed that the biggest burden in children is febrile illness especially those below five years where 15% of the deaths in Ugandan National referral hospitals were due to pneumonia [27].

Most of the caretakers were female (64%) while the male caretakers were only 36%. Housewives accounted for 38% of these females, while shopkeepers comprised the largest group of male caretakers. Skilled employees in most cases are well educated. Utilization of health services is often due to affordability, availability, and accessibility by women [19].

Previous studies have indeed shown that education level influences caretakers' choice of care provider to visit [29]. For example, the type of therapy to look for and the healers to consult are dependent partly on the perceived etiology of the illness [30]. Moreover, the care that children receive is influenced by the caretaker's understanding of the illness [30, 31, 32] and the naming of the illness.

Also, a low level of education affects the interpretation of symptoms in a non-biomedical way as observed in South Africa, where mothers perceived that supernatural causes were responsible for respiratory symptoms and hence traditional remedies were preferred [33]. Importantly, the caretaker's interpretation of signs and symptoms does not always agree with that of the physician [34, 35]. From the foregoing, it's indeed true that the education level of the caretakers has a significant role in influencing healthcare-seeking behavior.

Influence of signs and symptoms on caretakers' choice of treatment facility

From the study, the biggest number of caretakers (56%) were influenced to choose treatment facilities according to the signs and symptoms presenting in the child. Depending on the classification of the illness as complex or simple by the caretaker, the

child is taken to a treatment facility they think is capable of handling the child's condition.

Some studies have shown that once the caretaker labeled the illness, they would give appropriate remedies according to experience, and advice given by other caretakers nearby by their homes. Sometimes when the child didn't get better, they would then seek treatment [35]. A study in Burkina Faso found that local classification of the illness determined what treatment the caretaker looked for and which treatment facility to go to [36].

Influence of time spent at the health facility on the caretaker's choice of treatment facility

The results showed that 66% of the caretakers preferred treatment facilities where they spent little time compared to the 34% of the caretakers who didn't mind the time spent in the treatment facility. Caretakers usually prefer to seek medication from facilities where they will not spend a lot of time with sick children [25].

Influence of transport costs on the caretaker's choice of treatment facility

The results showed that transport costs highly influenced the caretaker's choice of treatment facility (94%). At the community level, caretakers preferred treatment facilities like drug shops and clinics near their households [26].

Influence of knowledge of health care provider on the caretaker's choice of treatment facility

The results showed that 68% of the caretakers were influenced by the knowledge of the healthcare provider. Caretakers preferred treatment facilities with qualified and experienced personnel as they regarded them as being able to handle the child's condition better [37].

Influence of quality of health care provided on the caretaker's choice of treatment facility

The results showed that the quality of health care given strongly influenced the caretaker's choice of treatment facility (82%). Caretakers saw knowledge of the health care giver, customer care, and availability of drugs as some of the indicators of quality care. Caretakers sometimes preferred drug shops and clinics where they would pay instead of the free treatment with limited availability of drugs [38]. They go to treatment facilities with a variety

of drugs, and where they can do diagnostic investigations.

In Tanzania, caretakers have been shown to bypass some treatment facilities depending on what they consider as quality of care provided in terms of knowledge of staff, and prescription practices [39]. Other studies have shown that the quality of health care provided was in terms of the packaging of drugs [40].

Influence of customer care on the caretaker's choice of treatment facility

The results showed that 86% of the caretakers were influenced by customer care at given at the

Transport costs, quality of health care given, and customer care are the most important factors influencing the choice of treatment facility for children with febrile infections.

The biggest number of caretakers are the mothers of these children, who are mostly housewives. These caretakers usually seek treatment from private providers near them, such as clinics and drug shops. Caretakers prefer treatment facilities with a constant supply of drugs, knowledge of health care providers, and diagnostic services as they have a

CONCLUSION

treatment facility. The handling of caretakers with their children at a treatment facility enables caretakers to seek treatment from the facility.

Influence of cost of drugs on the caretaker's choice of treatment facility

The results showed that 60% of the caretakers were not influenced by the cost of drugs in terms of choosing a treatment facility, yet 40% of the caretakers chose to use treatment facilities they regarded as having cheaper drugs. Previous studies in Uganda showed that some caretakers perceived free drugs from community medicine distributors (CMD) as weak or ineffective [38, 41].

perception that the quality of care provided depends on these factors.

Recommendations

To increase access to quality health care for children with febrile illness, all aspects need to be addressed. Healthcare providers need to be accessible and avail the community of appropriate medication. The community needs to be sensitized to the signs and symptoms commonly affecting children with febrile illnesses.

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