

## Health seeking behavior in Bulak Banteng, Surabaya

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### ABSTRACT

Infant and under-five mortality rate in the world is still a major health problem that must be resolved immediately. Mother's health seeking behavior very important to manage the health of his children. Purpose of this study was to investigate health seeking behavior among mothers when their children were sick. This study was descriptive quantitative involved 50 respondents. The results show majority mothers choose to take action when their children are sick with most choosing to take them to health care facilities and do their own treatment. Mothers are expected to always care for their children well and not too late for giving treatment when their children are sick.

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## 1. INTRODUCTION

The high rate of infant and under-five mortality in the world is still a major health problem that must be resolved immediately. According to UNICEF data (2018), the total neonatal deaths in the world have decreased from 2000 to 4,003,141 to 2,612,443 in 2016. Similarly, post-neonatal deaths experienced a decline from 2000 of 6,047,778 to 3,036,996 in 2016. However, this number is still quite high and must be strived to continue to experience a decline in the following year [1]. This is because neonatal mortality rates (0-28 days) contribute to 59% of infant deaths [2]. In Indonesia according to the results of SUPAS (Inter-Censal Population Survey) (2015) shows a decrease in infant and under-five mortality rates in which the infant mortality rate has decreased to 22.23 per mile of live birth while the infant mortality rate has decreased to 26.29 per mile of live birth. This result has reached the 2015 MDGs target of 23 per mile of live birth for infant mortality and 32 per mile of live birth for under-five mortality, but still relatively high compared to other ASEAN regions [2].

The lives of babies and toddlers are very important for a country because they are the next generation of the nation. Therefore, the high rate of infant and under-five mortality is a health problem that must be resolved immediately. According to Minister of Health Regulation No. 25 concerning Child Health Efforts, clause 21 states that one of the health care efforts that must be obtained by a child can be done by mothers through monitoring of child growth and development, monitoring of growth and development disorders, integrated management of sick toddlers and referral of cases that cannot be handled in stable condition and on time if needed to go to health facilities that are more capable [3]. Children are part of the family and family are the most important elements in child care [4]. According to Kyle and Carman (2002) family is one of the factors that influence the development and health of children. That is because the child will begin to learn something from his immediate environment such as health care activities, beliefs

and health values of his family [5]. There are 6 main keys to maternal behavior in caring for children, one of which is a health seeking behavior [6].

Health Seeking behavior can be interpreted as a mother's response when she finds out her child is not healthy. Andersen's theory revealed that there were 6 types of responses of a mother when she found out that her child was unhealthy, including 1) not doing anything, 2) taking self-medication, 3) seeking traditional medicine, 4) buying medicine to a stall or pharmacy, 5) go to health care facilities (hospitals, health centers), and 6) go to modern health care facilities such as practicing doctors [7]. The first form of mother's response is a form of response of mothers who choose to leave their children in the condition or symptoms experienced without making an effort to restore the child's condition or make delays in seeking health services. the second, third and fourth forms of mother's response are the responses of mothers who choose to do healing on their own initiative without seeking referrals or consulting with other parties, this response is included in the concept of self-care. While the form of the fifth and sixth responses of mothers is a form of response from mothers who choose to get referrals or consultations with other parties, namely health workers, both carried out in formal and non-formal health service centers.

The health seeking behavior in Indonesia can be said to have increased in terms of utilization of health care facilities [8]. This is evidenced by the increase in community visits to public health centers, especially for neonatal health service visits or immunization visits. KN1 coverage in 2016 has increased by 91.14% higher than in 2015, which was 83.67%. East Java Province itself has fulfilled the KN1 (99.20%) coverage target according to the 2016 strategic plan target of 78% [2]. The use of good health care facilities will make health efforts successful, but as Andersen's theory says, not all people have a treatment seeking behavior in formal health services, cultures and customs in different places that have different influences search for treatment [9]. Therefore, it is necessary to observe the behavior of people in seeking treatment, especially in rural areas or areas with cultures and customs that are still trusted such as in Bulak Banteng. Study by Begashaw (2016) told that the general health seeking behavior of households was satisfactory but lower in rural compared to urban [10]. The purpose of this study was to find out the description of the community in the working area of Bulak Banteng Public Health Center in conducting a health seeking behavior when the child was sick.

## 2. RESEARCH METHOD

This research was descriptive quantitative. The target population is all mothers of children under four years old that come to Bulak Banteng Public Health Center in April-Mei 2018. The total sample consisted of 50 mothers; were selected by accidental sampling. Data collection has been carried out done interview using questionnaire. Analysis of data used univariate analysis and showed by frequency's table and diagram.

## 3. RESULTS AND DISCUSSION

There were 50 mothers were interviewed. Tabel 1 shows the characteristics of children under four years old and Tabel 2 shows the characteristics of mother. Table 1 shows the characteristics of children under 4 years old from 50 samples, the majority of children were in the age group <1 year (32%), had a male gender (62%), and was the first child in the family (54%). Whereas in Table 2 below shows that most of the mothers are in the age group > 25 years (52%), the majority of mothers have a low level of education, most junior high school graduates (40%). The majority of mothers from children in the Bulak Banteng Community Health Center work area do not have jobs or are only housewives (84%), mothers who have a job to work as traders, employees, factory workers, teachers, and entrepreneurs. The majority of family income is below the UMR of Surabaya City in 2018 (Rp. 3,583,312), and most are in the range of 1-2 million rupiah (56%). Results from 50 samples showed the distribution of health seeking behavior when children were sick as shown in Table 3.

Table 3 shows that the majority of mothers in the Bulak Banteng health center area prefer to go to health care facilities when their children are sick (50%). However, most also choose to do self-care by treating themselves before going to health services (38%). Based on interviews conducted by researchers, the reasons for mothers going to health care facilities are as follows.

Figure 1 Shows that the reason why mother go to public health center when his child sick was because mother's assumption about the child's condition will get worst if she did a self medicate (55%). Figure 2 shows that mothers aged  $\leq 25$  years prefer to go to public health care facilities compared to mothers aged > 25 years. Mothers who are > 25 years old majority choose to do self medicate. Figure 3 shows that the higher the mother's level of education, the mother's response when her child is sick is to take medical treatment either to take her child to a public health center or do self-care. Mothers who have higher education

(college) self-medicate more on their children, while mothers who have a lower level of education go to health services more. Figure 4 shows that mothers who take medical treatment both going to formal and non-formal health services, the majority are mothers who do not work with the highest percentage, mothers prefer choose to go to health services (46%) rather than self-medicate.

Table 1. Characteristics of children under four years old

Characteristics	Frequency (n=50)	Percentage (%)	
Age	< 1 tahun	16	32
	1-2 tahun	14	28
	2-3 tahun	11	22
	3-4 tahun	9	18
Gender	Man	31	62
	Woman	19	38
Birth Order	1	27	54
	2	15	30
	3	8	16

Table 2. Characteristics of mothers

Characteristics	Frequency (n=50)	Percentage (%)	
Age	≤ 25 tahun	24	48
	> 25 tahun	26	52
Level of Education	Not graduated	1	2
	Primary school	12	24
	Middle high school	20	40
	Senior high school	13	26
Job	College	4	8
	Work	8	16
Family Income	Does not work	42	84
	≤ 1.000.000	5	10
	> 1.000.000-2.000.000	28	56
	> 2.000.000-3.000.000	11	22
	> 3.000.000	6	12

Table 3. Health seeking behavior distribution

Characteristics	Frequency (n=50)	Percentage (%)
Do nothing	1	2
Self medicate	19	38
Searching alternative medicine	0	0
Buy medicine to pharmacy or market	4	8
Go to public health center	25	50
Go to practicing doctors	1	2
Total	50	100

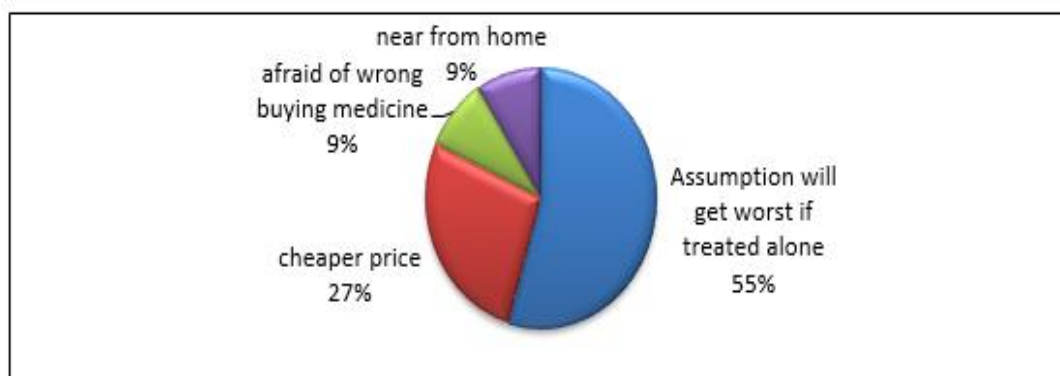


Figure 1. The reason of visiting public health center

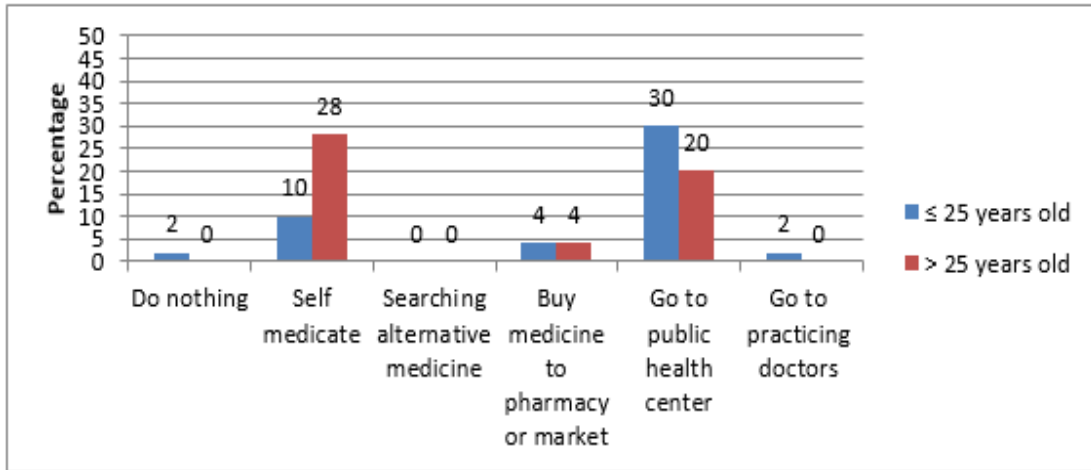


Figure 2. Health seeking behavior based on mother's age

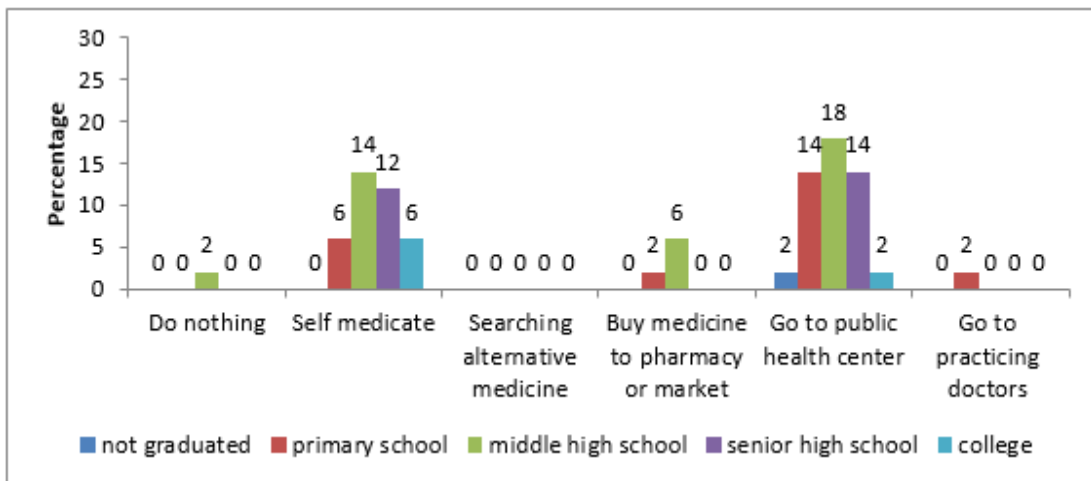


Figure 3. Health seeking behavior based on mother's level of education

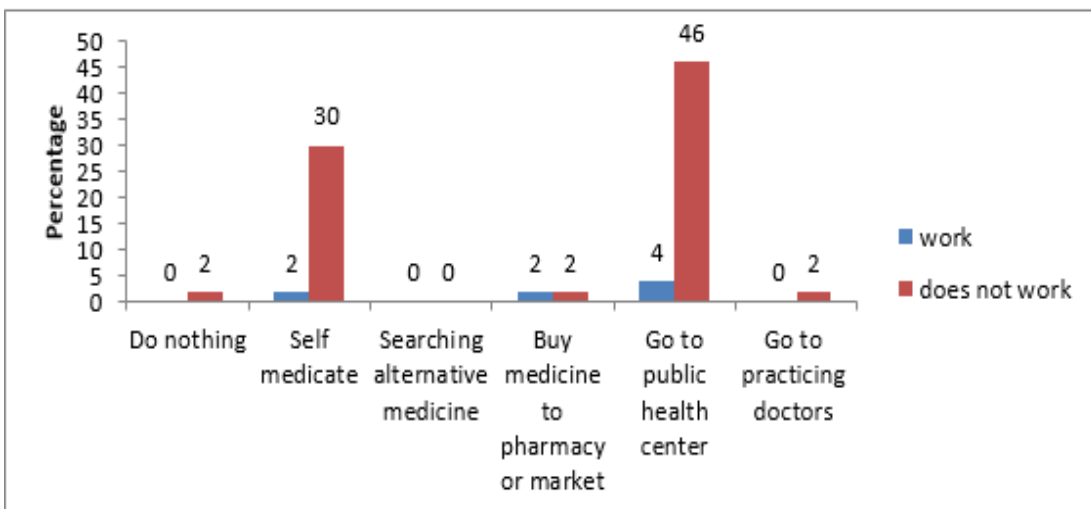


Figure 4. Health seeking behavior based on mother's job

Figure 5 shows that mothers who have a family income of 1-2 million majority choose to take medical treatment by going to health services. Mothers who have a family income of  $\leq 1,000,000$  choose to buy medicine at the pharmacy. Whereas mothers who have family income  $> 3,000,000$  choose to self-medicate and go to health care facilities.

The distribution of mother's health seeking behavior for her children which have been carried out on 50 mothers in the Bulak Banteng Public Health Center showed that the majority of mothers choose to respond or to take a good health seeking behavior by taking their children to health care facilities or self-medication. This study has in common with the research conducted by Widayati (2012) on 640 households in the city of Yogyakarta which shows that the most health seeking behavior is a combination of self-care efforts and going to public health care facilities (consultation) with a percentage of 41% [9]. In this study majority mother's go to public health center because mother's assumption about the child's condition will get worst. It is similar with case report by Oberoi that one of mother in Tripuri that have five children, change her mind and behavior for her fifth children to stop conducted at home by traditional birth attendant and start visiting health center because she had pain and was scared for getting complications [11].

Study by Ngugi in Kenya showed that majority household in rural area visiting health facility and 43% household that not visiting health facility prefer to choose self medicated when her child sick [12]. In Ahmedabad district, the rural people prefer to visit trust hospitals, took treatment from faith healers than people in rural area [13]. National Social Economics Surveys in 2007 shows that percentage of Indonesian population that used traditional medicine have been increased from 15.2% in 2000 to 38.30% in 2007. But in this study none of samples used traditional medicine to treat her unhealthy child [14]. The behavior of self-care in this study shows that mothers prefer to do their own treatment if the child is sick. This is the impact of health promotion efforts that have been carried out by health workers in the Bulak Banteng Public Health Center in an effort to fix and improve lifestyles. In addition, according to Wantania (2010) mothers are said to be late in handling the sick child when the child is not taken to a health care facility for more than two days in the condition that the child is still ill [15].

This emphasizes the self-care behavior that needs to be done first when the child is sick in accordance with the knowledge of child care or treatment that is owned to prevent the tendency of the mother to take her child to a health care facility when the child is still in the condition of not showing symptoms or is still in light symptom condition. According to study in Bidara Cina with 378 sample, 63.2% choose to self-medicate if they are sick [16]. As well as study by Budijanto (2006) in regional communities the port of Tanjung Perak, Pabean Cantikan shows that the community prefer to do self medicate if they were sick but if their child sick, they preferred to visit health center [17].

The results also revealed that mothers who were  $\leq 25$  years old preferred to go to public health services because mothers still did not have the experience and low knowledge about the care of sick children compared to mothers aged  $> 25$  years. These results are consistent with Prayitno's (2016) study which states that mothers aged  $\leq 30$  years (young adults) are better able to understand the condition of children when they are sick because mothers always come to health care facilities to consult with health workers regarding their child's growth and child's development [18]. Not only mother's age, but also child's age can affect health seeking behavior. According to Krisnanto child's age is one of the influencing factors for mother to visit health center. The younger the child the more mother's choose to visit health center [19].

The level of education is a very important thing for parents to have in relation to children's health. If the level of parental education is high, the level of understanding will be high and knowledge will also certainly include more knowledge about how to care for children, especially when the child is in an unhealthy condition [16]. Ignorance or lack of knowledge can be a factor in the delay of mothers bringing their children to health care, as in the study of Hidayat in Bandung City 90.6% revealed the reason for delay in TB treatment due to ignorance or lack of knowledge about the severity of the symptoms experienced [20]. The results showed that mothers who were highly educated preferred to treat their own children because they already had the knowledge of how to care for children, in contrast to mothers with low education choosing to go to health care facilities on the grounds that their children would not recover if treated alone. This mindset is very good because by bringing their children to public health care facilities, mothers can consult with health workers so that mothers can get new knowledge that was previously unknown.

Mothers who have a job or have not a job majority choose to go to a health care facility if their child is sick. This is because the working mother will choose to work leave or ask family members to take her child to public health center. Study in Wakiso district Uganda by Musoke shows that health seeking behavior and occupation were related each other ( $p=0.009$ ), Community in Uganda told that most challenges for utilizing health center were high cost of services, distance from home to public health center, and stock-out regular medicine [21].

There is no different from mothers who have a family income at low or high levels while carrying their children to health services when their children are sick especially now there is insurance from BPJS. Study in Malaysia shows that the promotion of health insurance ownership can increase the number of visits to private health institutions compared to the number of visits to health centers [22]. This is different from research conducted in Jakarta which shows that subjects who have insurance will prefer using traditional medicine than subjects who do not have insurance [23].

Study in Ghana by Kuire found that individuals in the poorest wealth quintiles were less for utilizing health center compared to individuals in the richest wealth quintiles [24]. The result of this study similar to study with population in Bidara Cina Jakarta by Danneto that found there is no difference between people who have income below regional minimum salary or above it. Their respondents choose the first treatment seeking behavior or health seeking behavior (self-care, go to primary health care, go to secondary health care); that is because in this study people in Bidara Cina Jakarta or in Bulak Banteng have the right to choose which treatment that will be received [16].

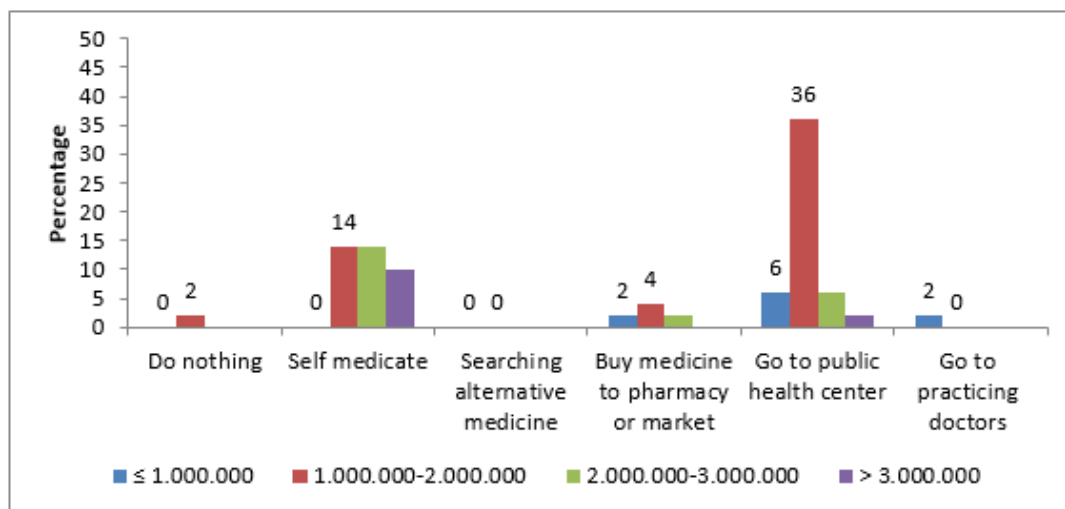


Figure 5. Health seeking behavior based on family's income

#### 4. CONCLUSION

Majority mothers in Bulak Banteng Public Health Centers choose to take action when their children are sick with most choosing to take them to health care facilities and do their own treatment. To improve health care efforts, mothers are expected to always care for their children well and not too late for giving treatment when their children are sick.

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